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PAINSONG :

A NARRATIVE STUDY OF CAREER-CHANGING INJURY AND ILLNESS IN ELITE PROFESSIONAL DANCERS, WITH IMPLICATIONS FOR CLINICIANS

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CONTENTS

Tables and figures

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CHAPTER 1 Introduction and Background

"Dance is a song of the body. Either of joy or pain." (attributed to Martha Graham).

1.1 Background and rationale

I begin with an exposition of the background and context of professional dance. I delineate my research problem and my research aims and intentions, and consider related supplementary questions, drawing on an extensive body of literature around dance injury, and on the experiential knowledge which dancers, as specialists and experts in their field, possess of the career implications of their condition.

In the course of my life in professional ballet, I have frequently accompanied ill and injured dancers to Emergency Departments, and followed their treatment. I have witnessed countless performers, trying to explain their condition, or how they have hurt themselves, to medical staff who are unfamiliar with what dance involves, or what dancers need. They are in important ways different from non-dancing patients. Rigorous training equips them with unusual strength and range of joint movement, often locating them outside the normal statistical bell curve of physical attributes. They are characterised by distinct habits of behaviour, stance, and nutrition. Their schooling, their idealism, their movement patterns, their tolerance for pain, their expectations of treatment outcomes, their income, identities, and professional obligations, their programmed deferral to authority, their self-confidence, and their pain threshold; all of these are mediated by occupational considerations which

render them, at the least, unusual. These attributes, and the genesis of their medical conditions and concepts of treatment outcomes, often lie outside the experience of medical professionals unversed in dance, who may be mystified by their *genre*-specific characteristics.

Healthcare is a complex field requiring great expertise; some practitioners, by virtue of their training, may tend to view ill or injured dancers (or indeed other patients) effectively as matrices of health issues which are to be resolved through standard medical methods. Despite copious literature in the field, they may sometimes imagine such 'specialist' patients to be less informed about the significance of their own condition than are the clinicians who will treat them. The situation may not be helped by the fact that many dancers are conditioned to non-assertiveness, and are reclusive by habit. Unless reassured by perceptions of empathy, and of intelligent listening on the part of interlocutors, these dancers may feel inhibited from conveying the esoteric details and implications of their condition. They might perhaps fear that their specialised area of experiential knowledge could seem incomprehensible or irrelevant to the layman, especially to one as busy and awe-inspiring as a medical expert. Openness and mutual understanding are nonetheless crucial to their healing. Dancers' inability to make themselves understood may coincide with clinicians' inclination to focus on biomedical manifestations of the type which they regularly see in non-dancing patients. This might result in suboptimal treatment outcomes, potentially limiting dancers' physical capacity, impacting their ability to do their job, and possibly even ending their careers.

I investigate causes and characteristics of this communication gap. My research aims to identify possible contributory influences in dance education, and dancer interaction with medical professionals, to examine the effect on them of career-ending injury or illness, to propose mitigatory interventions, and to explore how public perceptions of dance affect dancers.

In this study I have used the term, ‘ELITE dancers’, to denote dancers who have reached either the final stages of pre-professional training, or who are actually professionals, and thus oriented on a full-time basis around dance as their principal occupation. I thereby underline the distinction between these participants and recreational or less advanced students, for whom dance activity, while an important part of their lives, is not their principal occupation. This is the sense in which I have used the term, both in the title and in the body of the thesis.

The aesthetic pleasure of watching dance may obscure in spectators’ perception the risks associated with this demanding profession, in which annual injury rates have been estimated to be as high as 97% (Rivera *et al*, 2012). Despite its high frequency, there is no universally agreed definition of dance injury; the term remains ambiguous and its interpretations multifarious (Allen *et al*, 2012; Kenny *et al*, 2018: Kenny *et al*, 2021). Bronner and Brownstein (1997) proposed “time lost from performing”, which seems to me unsatisfactory, as injury is not time, and may also affect other aspects of dance life, apart from performing. Lost dancing time is of course one of various aspects of the effects of injury; there are many descriptions, of incidence, nature, and consequences, but no clear definition. For example, Bolling *et al* (2021, p.388)

conducted an informal survey among professional dancers and company staff, and came up with "… a limitation regarding (optimal) performance level …", which, although more specific, again describes effects of injury, rather than defining the term itself. Given the semantic bewilderment surrounding the question, I propose here to side-step this conundrum -- my research concerns itself more properly with the phenomenology than with the definition of injury.

My findings are from narrative interviews with 23 participants, a sample too small to be considered generalisable. Although, to my knowledge, these participants had never met each other, themes within their narratives nonetheless resonate across the sample, and may denote issues common to dancers or other performing artists (see Sections 3.1, and 9.3).

1.2 Professional dance – history and current status

Classical ballet originated during the 15th and 16th centuries, in the form of short, danced performances by professional entertainers at Italian courts. In the middle of the 16th century, Catherine de Medici married Henri II of France -- after his death, she imported leading Italian artists to France to create the first full-length court ballet for the wedding of her son, Henri III. Other Italian talents followed, and Paris became the dance centre of the civilised world. French court ballet reached its apogee in the 17th century under Louis XIV. During his reign, France's first national ballet school, the *Académie Royale de la Danse,* was formed, the King himself contributing to the codification and terminology of steps, which subsequently developed into the

technique of ballet. Today's audiences may still see in the classical repertoire traces of the courtly bearing and social forms dictated by the conventions of that period. This inheritance materially affects dancers' lives, both in training and professionally.

The dance profession promulgates an image of the ideal dance body. The concept of the 'ballerina look' harks back to a Romantic aesthetic which dominated 19th-century European art (5.2.7). Much of the Romantic *oeuvre* arose at a time when tuberculosis and syphilis were widespread. The poignant, dramatic appearance of sufferers from these maladies excited creative imaginations; many *libretti* involved the ghosts of abandoned maidens, haunting lake or graveside to wreak vengeance upon their faithless lovers. Dance technique has evolved to become more demanding and strenuous; today's female dancers must display levels of strength, speed, and endurance, comparable to those expected of the male dancer. Nonetheless, the etiolated Romantic stereotype of the ideal ballerina, as depicted in contemporary photographs and engravings (see the portrait of Emma Livry in Figure 1, below), survives. This brings implicit pressure to bear on dancers (especially on females) to maintain levels of slimness which may be out of proportion to the nutritional requirements of athletic health. To reconcile two such conflicting demands as vigorous activity and restricted energy intake is extremely difficult; attempts to do so may be dangerous and unsustainable. Meanwhile, traces of this tradition persist in the gendered structure of many ballet companies (see Section 1.3, below).

FIGURE 1: EMMA LIVRY (1842-1863)

1.3 Conditions governing work in professional dance

Most classical companies are hierarchic in structure, with the Artistic Director (AD), at the summit, followed in order of decreasing seniority by staff, and then by dancers. Policy decisions, as well as repertoire and artistic choices, are made by the AD, reporting nominally to a Board of Directors and collaborating with the Chief Executive Officer, whose title may vary from one country or company to another. Casting and rehearsal are planned collaboratively by the AD, ballet masters / rehearsal assistants and administration, and touring by the AD together with the financial and administrative departments, and other department heads, all of them usually on permanent contract. In quite a lot of companies, by contrast, dancers may be contracted annually or even sometimes for one production of a few weeks' duration.

Principal dancers take precedence over soloists, soloists over *coryphé[e]s*, *coryphé[e]s* over the more numerous *corps de ballet* dancers, and these group dancers over apprentices. (Nomenclature for these discrete ranks may differ from one company to another, or even be absent altogether.) Rankings manifest in prestige, casting, pay grades, working conditions, dressing-rooms, places at the barre (some more convenient, more spacious, or more visible than others), touring accommodation, and public profile. Casting is mediated by rank: principal roles for principal dancers, solo roles for soloists, and so on. It is, however, not unusual for a choreographer to select a junior dancer for a role above their normal rank, and the AD may well agree to this. The dancer will receive financial recognition of the extra work required, and if this happens sufficiently often to one person, union rules generally ensure that she or he be promoted. Generally, young dancers join the *corps de ballet* through selection at an audition, hoping to rise through the ranks, dance bigger roles, and become important – promotion, however, is not automatic, but the result of hard work, talent, and luck. Most dancers strive for promotion -- only some will succeed.

Companies engage choreographers to create and / or stage productions for them. There are also, in some companies, resident or associate choreographers, who may simultaneously hold a contractual position such as AD, rehearsal director, or some other senior role. Guest choreographers, sometimes with their own assistants, are allotted a rehearsal period to ‘set’ their creation on the dancers; they work closely with the AD on casting, design, lighting, and music. They devise and teach every detail of choreography and staging, and usually remain in charge of supervising and

preparing their production throughout rehearsals, right up to stage calls, the General Rehearsal (final rehearsal prior to the *première*, with full orchestra, lighting and production, and, not infrequently, an audience), and the opening night, before leaving for their next engagement somewhere else. For each new production, a ballet master is assigned to supervise execution of the choreographer's requirements, and it is the ballet master / rehearsal assistant who will take over responsibility for rehearsing, and reviving the work once the guest choreographer has moved on. Much of the routine studio work (i.e. class and rehearsal) is led by ballet masters, who direct the daily maintenance of repertoire, and are the interface between dancers and direction. Changes in casting for current or subsequent seasons may be influenced by the ballet-master in charge of the production -- considerable power is thereby invested in this position.

Most professional companies occupy a surprisingly unstable financial niche, relying on uncertain government funding, and on sponsorship. This unpredictability of funding tends to impede long-term planning, restricting production choices and limiting the numbers of performers who can be engaged. Every year, hundreds of recently-graduated dancers apply to audition, but there may be room in company budgets for only a few new contracts. By way of example, I remember conducting an audition for two soloist contracts in a medium-sized ensemble of some 40 dancers – the process lasted for three days and attracted over 200 candidates. Nearly all of them were sent home without a contract; most auditionees fall by the wayside. Awareness of this situation permeates dance schools and the profession, and tends to engender competitiveness and rivalry (5.2.4, 7.2, 8.1).

Financial restrictions on most companies preclude engagement of a ‘safety-net’ of inactive reserve performers; dancer injury and absence tend therefore to necessitate urgent adaptations to choreography, casting or schedules, frequently requiring overtime rehearsals or costly engagement of substitute artists. For many companies, it is relatively easy, within contractual limits, to dismiss an incapacitated performer and replace them with a healthy one from among the many unemployed dancers on the market, and this reinforces dancers’ sense of insecurity. No-one wants to appear unreliable or disposable – dancers tend, therefore, to conceal injury, even from colleagues, and there is a tradition, widely seen as normal, professional behaviour, of working through pain (2.3.5) as though all were well (Anderson and Hanrahan, 2008). Competitiveness, concealed pain, the emotional and physical load of constant rehearsal and performance, meagre salaries, and job insecurity, may place habitual stress on dancers; the deleterious health effects of this are copiously documented (Mainwaring, Krasnow and Kerr, 2001; Allen *et al*, 2012; Rivera *et al*, 2012; Shaw *et al*, 2021).

1.4 Demands of dance and dance training

Training for professional dance may require from ten to twelve years of concentrated, specialised study, involving long, hard hours of studio work and performance, high learned tolerance of pain, and ability to cope with the exacting demands of dance (1.3). Many students in preprofessional dance schools, often (but not invariably) boarders, are subjected from an early age to a foretaste of the

discipline and rigours of future professional life. In the chapters which follow, I explore these issues in detail, and offer suggestions to ease the associated strain on dancers.

We have, in sum, a situation in which idealistic young people pass through training, working increasingly hard to perfect the requisite skills while coping with normal schoolwork and the challenges of adolescence, emerging after years of preparation to take their chance in a highly overcrowded jobs market. The few who actually gain contracts embark on a regimented way of life requiring intense work, rigid discipline, mental resilience, and the ability faultlessly and repeatedly to deliver feats of virtuosity, often despite diet restrictions, some of which may be self-imposed. Their injuries may be significant, and treatment, sometimes at the hands of ostensibly uncommunicative clinicians, unsuccessful. The risk of professional incapacitation is high, the employment prospects for ex-dancers often circumscribed, and the social, emotional, and existential toll exacted by the loss of dance, frequently daunting. In the ensuing chapters I discuss this phenomenon and the associated problems.

I have known many dancers who, because of what they saw as inadequate dialogue or comprehension in the medical consultation, have lost their careers (4.1). Some possess only basic knowledge of the body upon which their livelihood depends. They may be as bewildered as some of the clinicians who treat them, and lack informed knowledge of their own urgent health and injury issues. While many dance schools provide instruction in anatomy, physiology, biomechanics and nutrition, these ‘academic’, non-dancing classes, unless imaginatively presented, are sometimes

undervalued by students, who habitually prefer to concentrate on achieving technical brilliance, and who may consequently find such lessons distracting, superfluous, and uninteresting.

Such was the experience of my participants, for whom the premature, involuntary end of dance entailed significant biographical disruption. Many had known only dance, all their lives. They identified as dancers, they knew and wanted no other work. Following traumatic injury or illness, deprived of livelihood, friends, identity and context, they felt disoriented and helpless. To manage alone in a non-dance world with (as they perceived) only dance-relevant skills, was frightening for them. Many felt they had to take unskilled work to survive (4.1). Copious literature attests to the frequent occurrence of this situation (Greben, 2002; Jeffri, 2005; Jefri and Throsby, 2006; Roncaglia, 2010; Petitpas, Tinsley and Walker, 2012; Maitlis, 2022).

There are in fact systems in place in the UK under the aegis of the Dancers Career Development programme, to help dancers to retrain for a new life after dance – access is, however, conditional upon specific criteria which not everyone can satisfy. I discuss this further in Section 8.5. For those who fall through the net and hope to re-train, little formal assistance is normally available, apart from the general option to apply for a student loan. I shall suggest measures which might be introduced at successive stages in the dancer's training and work, to render this phase of their lives less traumatic and more productive. I also propose means whereby dialogue between dancer-patients and healthcare professionals might be enhanced.

1.5 Research aims, objectives and questions

My original research question is: “How can seriously ill or injured elite ballet dancers and their clinicians find a way to understand each other and to enhance mutual awareness and collaboration?”.

My research aims are:

1. To identify how professional and elite student dancers experienced the loss of their vocation through what they perceived as clinical incomprehension following injury or illness;
2. To explore the effect of the dance mystique on the formation and tenacity of their lifelong dancer identity, even after the end of the dance career;
3. To propose potential mitigatory interventions on the levels of academic clinical education, dancer training, the dance profession and public perception of dance.

My research objectives centre on the origins and growth of their common dependence on dance and on their idea of themselves as dancers. I decided to recruit a sample of dancers (see Sections 3.1.3 to 3.1.6), to collect and to analyse their biographical narratives. This enabled me to explore, at physical, mental, social and financial levels, the lived experiences of top-level ballet dancers deprived of their vocation by illness or injury, how the context of ballet had influenced their condition, their response to it, what measures might be taken to reduce the risk of dance-related illness and injury, and how to alleviate the impact of these events on their identity and their future lives. To this end, I researched the reasons why people dance and why they enter the profession, the driving force behind their attachment to

their art, and the conditions and challenges of their training. Their strong and persistent dance identity had enabled them to surmount the numerous obstacles to becoming dancers, the challenging experiences of their active dancing life, their injuries and their perceptions of the ensuing clinical interaction. I was to discover, however, that the circumstances of their transition from dance, and the effect of involuntary career termination, would pose serious difficulties in maintaining this identity, to which they were by now thoroughly conditioned. I propose interventions based on these findings to ameliorate the harsh conditions which pertain during training and performing careers, and to mitigate the deleterious effect of the kind of misfortunes and incomprehension which led to their traumatic loss of dance and the concomitant radical alteration of their lives.

I examined reasons behind the clinical communication gap, the frequent failure of treatment, and the consequent existential rupture. I explored ways in which they had attempted to build a new post-dance life; I also researched the extent to which their efforts at reconstruction of a new, non-dancer self might (or might not) have succeeded. I explored why the world outside dance felt so alien to them, what had caused their sense of vulnerability, and why their social lives outside the company seemed so limited. I concentrate here on specific lived experience of career termination following what the dancers perceived as inadequate dialogue with clinicians who, in their view, were unable or unwilling to understand dancers' own expertise and lived experience of their illness or injury, particularly in respect of the implications for their subsequent professional lives. For this reason, I do not here consider cases with happier, more successful outcomes – my focus is on exploring and finding ways to mitigate the problem of dancer-clinician incomprehension.

1.6 Thesis structure and outline

In this chapter, I have introduced my topic, laying out my research aims, objectives and questions, explaining the historical background and current state of professional dance, and noting the difficulties which beset dialogue between dancer-patients and clinicians unversed in their specific needs and priorities. In Chapter 2, I review and evaluate the relevant literature. I devote Chapter 3 to an exposition of my methods, details of data collection, transcription and analysis, the demography of participants, and the methodology informing my work. I have used Chapter 4 to present and comment on the case history of one of my participants, and to consider the extent to which themes and aspects of her narrative are echoed in the accounts of other participants.

Chapter 5 provides a perspective on social, physical, and mental influences which formed and defined these dancers in training; I move on to follow their continued development as they entered the profession. Chapter 6 considers the critical moment of career-ending illness or injury; I then examine their interaction with healthcare professionals. I explore the effects of the disruption to their life after dance, and the extent to which they have (or have not) managed to construct a viable replacement *persona* to succeed the now untenable version of themselves as active dance performer. In Chapter 7, I present theoretical reflections on the psychology of the dance personality, the origins of the dancer identity, the lived experience of the professional dancer, the constraints embodied in dance as an

institution, aspects of the definitive, traumatic career rupture, and the epistemological / ethical connotations of the dancer-clinician communication gap.

Chapter 8 provides an overview of the implications of my research, both for dance and for the medical profession. I suggest modifications to dance training, and to the way in which dancers are schooled to see themselves and their choices, as well as to the approach of clinicians to these specialist patients. I further consider academic clinical education, the institution of ballet in general and public perception of the performing arts. Chapter 9 concludes the thesis by summarising my work and recommendations, noting strengths and weaknesses, and considering further measures and research which arise from my conclusions.

Appendix A shows the bases of my workings in the case of one participant, Sheila, with her case history in condensed form, an annotated interview transcription, a thematically organised table of quotations from her narrative, an intermediate stage in the process of managing the data for analysis, and graphic models of the techniques I used to visualise her themes. Appendices B and C illustrate how I collated and organised analogous themes across the sample, while Appendices D to F show the documentation I used during recruitment correspondence.

CHAPTER 2 Literature review

2.1 Introduction and Search Methods

Here, I consider literature dealing with the attraction of dance to young people and their parents, dancers' experiences of training and professional life, the dance identity, body image and nutritional issues, incapacitating illness, dance injury and treatment, and dialogue between dance and the medical profession. I further examine published research around career termination, psychological health of former dancers, and current and future prospects in professional dance. In this section, I lay out my search methods, while Section 2.2 considers literature on the dancer in training and at work, organised under sub-headings devoted to fascination with dance, the group and individual dance persona, the effects of discipline, the pressure for thinness, the experiential results of body-shaming on students, and the effects of disordered eating. Section 2.3 examines literature covering life within the profession, looking at fatigue, pleasure in dance, effects of gender gradients, influence on dancer wellbeing of teaching methods, misuse of power, effects of pain, the dancer-clinician dialogue, career termination, and post-performing life as a dancer turned teacher. I conclude by summarising the trends and gaps I have observed in the literature, and signposting the next part of the thesis

I searched Google Scholar and PubMed for literature on the issues I have mentioned, including stressors affecting dancers and dance students, disordered eating, injury, biographical disruption from illness and injury, forced career termination among dancers, and adaptation to 'normal' life among former athletes

and dancers. I was greatly helped in this phase by Nia Roberts, Outreach Librarian of the Bodleian Health Care Libraries, who was able to guide me through the intricacies of searching for and managing literature around my ostensibly rather obscure and specialised areas of research. Thanks to her expert advice, I was able, successfully to unearth a considerable quantity of illuminating research findings, which provided me with an invaluable literary context in which to locate my investigations. I followed up references and citations from published research, spoke to medical and dance experts, and consulted the grey dance literature (trade journals, internet courses, news reports, dancer biographies and autobiographies, films and television programmes).

I used the following MeSH terms: Adolescent, Adult, Cross-Sectional Studies, Dancing / injuries*, Dancing / psychology, Decision Making*, Female, Follow-Up Studies, Humans, Incidence, Interpersonal Relations*, Male, Patient Acceptance of Health Care / psychology*, Physician-Patient Relations*, Prospective Studies, Risk Factors, Surveys and Questionnaires, United States / epidemiology, Wounds and Injuries / epidemiology, Wounds and Injuries / psychology, Wounds and Injuries / rehabilitation*, Young Adult.

During this review, I covered a considerable quantity of literature, much of it dance-specific. For the benefit of the reader who may not be familiar with this area of research, Table 10 in Appendix G provides a compilation of these authors and their relevant findings. In Section 2.4, the concluding section of the Literature Review, I

note the new contributions which the present study brings to this most complex and extensive area of research.

2.2 The dancer in training and at work

For centuries, ballet has tacitly relied upon the dutiful obedience of socio-culturally and physically homogeneous bodies to the *Diktat* of authority. Some of present-day dance teaching may appear to perpetuate this principle of imposing homogeneity on corporeally heterogeneous dance students. The literature acknowledges the persistence of the tradition, despite implied ethical questions. It would seem that aspiring dance pedagogues might do well to adopt the habit of vigorous critical thinking, if only to avoid replicating the errors of their own teachers, and continuing thereby a *perpetuum mobile* lineage of autocratic instructors. This issue is highlighted by Mitchell *et al* (2016), who warn of stresses on adolescent students from the simultaneous demands of training, physical attributes, and puberty; related concerns are voiced by Buckroyd (2000), McCormack *et al* (2004), van Staden *et al* (2009), Diehl (2013), van Winden *et al* (2020), Krakkóné Szászi and Szabó (2021) and Mitchell and Clements (2021), and echoed in analogous research around PE students by Miller *et al* (2022). The subject is further explored by Worthman and Trang (2018) – as I shall show, many of their apprehensions were also shared by my participants. Ballet education is indeed a hard indenture -- vocational dance training demands much of pupils (1.4), to a degree sometimes considered excessive, as mentioned by Newman (1986), writing of the ballerina Antoinette Sibley:

> From childhood to retirement you must force your body into the studio and through its paces – exacting, unnatural, exhausting paces – on six days out of every seven. You must accept constant criticism with thanks, accept praise with humility, and accept a regimen that dictates what you can eat, when you can rest, how much you can play. You must accept – or ignore – pain and disappointment, and resign yourself to never-ending fatigue. And when you think you will go mad trying to perfect what you know can never be perfected, you must continue trying (pp.4-5).

2.2.1 Passion for dance

There appears to be a voluntary component to such painful striving. Ample literature (van Rossum, 2001; Rip, Fortin and Vallerand, 2006; Pickard and Bailey, 2009; and Hallberg, 2017) references the fascination exerted by dance upon these students and their families. Throughout their schooling, aesthetic and physical stimulation, idealism, artistic spirituality, and social bonding born of shared experience, all contribute to students' already fervent attachment to dance. We read, for example, of Hallberg (2017) aged 11, marvelling at the quasi-religious dedication of the professionals around him, the atmosphere of hushed expectation backstage, and the excitement of proximity to the performers. Potter (2008) described bonding and group identity among adult contemporary dance students; her work evokes Wenger's 'community of practice' (2011), a group habitus arising from shared experiences and interests, encouraging common preferences in other contexts. Frank *et al* (2013), observing homophily, the 'birds of a feather' phenomenon, among adolescent schoolmates, found that many adopted the norms and values of friends, thus reinforcing group-specific characteristics, the eventual combination of which may influence the constructed dancer identity.

2.2.2 Group habitus and identity

The labyrinthine paths of identity development which adolescents must navigate are notoriously complex. They include the rupture of leaving home for new settings, unaccustomed social and educational landscapes, and the psychological changes associated with puberty, all of which affect their evolving concept of self. Their dancer identity, constantly developing throughout their training, simultaneously becomes for these young people a tool with which to negotiate social contexts of dance, as they begin to define themselves. A rich vein of literature is devoted to the travails which beset dance students. As Tulle (2008) reminds us:

> Embodiment and enselfment are life-long processes, primarily because the body is unfinished and their achievement needs a constant labour of maintenance(p.2).

Erikson (1959), researching adolescent identity development, referenced the additional potential influence of future life events – employment, deselection, career advancement (or stagnation), adult life, injury, illness, treatment, outcomes, career transition, and its sequelae. Marcia (2002) developed Erikson's theoretical propositions, retaining their original structure while introducing internal subdivisions of interpretation: Identity Achievement, Moratorium, Foreclosure, and Identity Diffusion. The category of Identity Foreclosure describes individuals embracing:

> …authoritarian values … obedience, strong leadership, and respect for authority. Self-esteem was vulnerable to negative information…(p.557)

These personal characteristics may often be found in dancers, and echo in the findings of Brewer and Petitpas (2017), discussing identity foreclosure among young

athletes. Bakker (1991), following similar lines of thought, questioned whether specific traits might predispose students to ballet training, whether “the ballet subculture” might appeal to certain types of personality, and whether the processes of vocational ballet training might drive personality changes. He classified many dancers as emotional, goal-oriented, and introverted, with low self-esteem, and concluded that such people might be inclined to self-select for ballet. His research accords with other literature on personality and identity development among vocational dance students. Mitchell and Clements (2021) noted multifaceted impact of environmental and social changes on the identity development of preprofessional students. Mitchell, Haase and Cumming (2021) interviewing professional dancers on their schooling, referenced difficulties in adapting self-concept to relationships altered by pubertal development, as did Pickard (2013) when she interviewed adolescent ballet students whose self-concepts were influenced by their own changing mirror reflections during puberty. Kirkland and Lawrence (1986) also acknowledged the baleful effect of the mirror on self-confidence.

2.2.3 Discipline and self-discipline

All of this turbulent self-adjustment by students should be viewed against a backdrop of firmly-enforced discipline in their training (1.4), the severity of which is ostensibly aimed at preparing them for the rigours of their chosen profession. Clark and Markula (2017) researched specific aspects of ballet class which seem to conform to the prescriptions for control, discipline, and maintenance of power structures laid down by Foucault (whom we shall explore in Section 7.4) in his reflections on the

techniques for coercively maintaining discipline and control over numbers of people (1984); Green (2003) adduced similar findings.

Lakes (2005) researched perceptions of instructors who failed to notice the dismay they were causing to pupils through overemphatic exhortation or correction; Clements and Nordin-Bates (2022, 2024) found associations between illbeing and poor motivational climate in the studio. O'Neill *et al* (2013) highlighted the risks to Australian ballet students of excessively high performance expectations, while Crow (2020) questioned conventional hegemonic concepts of dancer training, and Paschali and Araújo (2023) researched young people's subjective experiences in dance classes, noting concerns around injury, pressure of work, body-shape, and interaction with classmates. Such findings suggest that atmosphere in the dance studio would be a matter of considerable importance.

On the positive side, by contrast, Aujla *et al* (2014), studying motivation in Advanced UK Training schools, credited dance teachers' expertise, and the pupil-centred stimulation they generated, for growth of common interest and group cohesion among students, with task-focused enjoyment of the act of dance, enhanced by the experience of performing.

2.2.4 The 'ballet body'

An extensive literature on adolescence, puberty and pressure for thinness (especially, but not exclusively. in girls) is pertinent to my research. Numerous

studies have documented the associations of disordered eating with delayed puberty, menstrual abnormalities and bone mineral deficiencies (see for example Byrne and McLean, 2002; Stokić, Srdić and Barak, 2005; and Hincapié and Cassidy, 2010). Some female dance students may see deferred puberty and late menarche as advantageous, facilitating retention of the androgynous slimness and innocent appearance conventionally valued in ballet – such students may consider themselves fortunate to be 'late starters'. A price, however, may later be exacted, as many late-maturing adolescents face health challenges, high injury frequency, and exclusion from the puberty-related rites of their peers (Mitchell, Haase and Cumming, 2021). Ravaldi *et al* (2006) found that encouraging leanness disturbed normal gender role differentiation among both females and males in pre-professional ballet schools. Negative consequences included depression and diet irregularities; indeed, many of my participants related histories of disordered eating.

The troubled dynamic between the ideal of the 'right' body and the incidence of nutritional anomalies among dancers has been well documented (Ackard, Henderson and Wonderlich, 2004; Price and Pettijohn, 2006; Donti *et al*, 2021; Gvion 2008). Thomas, Keel and Heatherton (2011) evidenced positive correlation between disordered eating and musculoskeletal injury among adolescent student dancers; the condition merits further investigation of what they describe (p.221) as: "… a form of functionally impairing psychopathology …". As my own data will illustrate, this problem, which may be widespread, can have far-reaching implications among professional ballet dancers. Notable among these is a syndrome, once known as the Female Athlete Triad, and now called REDs (Relative Energy Deficiency in Sport). Allen *et al* (2024) offer the following definition:

> … an energy deficiency relative to the balance between dietary energy intake and EA required to support homeostasis, health and activities of daily living, growth and sporting activities. ***[Author's note: The abbreviation 'EA' here denotes Energy Availability.]***

The condition is often found among dancers, known under the acronym, RED-D, (Relative Energy Deficiency in Dance). As Allen *et al* (2024) tell us, a principal effect of this broad-spectrum syndrome resides in possibly severe health and performancer outcomes. Dancers, who may easily undertake 30 hours of more of physical activity in a week, and who are constantly under the pressure for thinness, are held to be at high risk for RED-D, a syndrome with multi-system impact affecting both males and females. In females, it is known to induce an alarmingly high probability of developing Functional Hypothalamic Amenorrhoea, sequelae of which may include disturbances of ovarian function, negative effects on the health of bones, cognitive and mental health disturbances, cardiovascular issues and potential infertility.

Competitive pressures endemic in dance training should be considered in the light of the aesthetics of dance: Pickard (2012) warns that the 'perfect' dancer image, as offered to audiences, renders the performer both an object of desire and, simultaneously, co-creator of the illusion of desirability. Such concentration on the body (seen as somehow distinct from the self) appears to figure frequently in preprofessional training, as well as in the profession itself; the literature mentions pressure to embody and maintain an 'ideal' physical instrument for classical ballet (1.2), and this is confirmed by participants, as we shall later see in Chapters 5 and 6. Alexias and Dimitropoulou (2011) cite requirements for students to refine and perfect the body, as does Pickard (2013). Attempts to achieve this may, however, be

frustrated by hitherto unnoticed physical anomalies (see, for example, Dijkstra *et al* on young athletes, 2021). In order to detect such problems, candidates who audition for most major ballet schools submit to medical examination prior to acceptance. Accurate biomedical assessment of physical suitability for vocational dance training may, however, not be universally applied; in smaller schools, such rigorous evaluation of candidates' physical suitability may be less common. Steinberg and Siev-Ner (2017) listed attributes – joint mobility, rotation at the hip, posture, technical execution and similar considerations -- for which applicants may be screened in auditions. Assessments of this type, frequently seen throughout the sector, may sometimes consist essentially of "snapshot" evaluations carried out on a single occasion, and may be skewed by artistic or casting considerations. Among possible associated disadvantages are their innate subjectivity, and the risk of possible failure to detect occult physical anomalies. Bronner and Bauer (2018) suggested a screening protocol predicated on full medical history, Beighton score and motor control; Critchley *et al* (2023) correlated students' balance skill and lumbopelvic control with reduction in injury rates, while McCormack (2022) advocated musculoskeletal profiling, to enable evidence-based evaluation of vocational suitability, and avoid potential subsequent injury from yet-to-be-discovered structural irregularities.

2.2.5 Shame and shaming

The literature reports incidences of open disparagement of dancers' physique by teachers, Artistic Directors, choreographers, even classmates or colleagues --. Kirkland (1986) for example, accepted into a major New York vocational school, was

persuaded that her own flexibility was inadequate by comparison with her classmates, and devised agonising stretching exercises for herself, with long-term, negative physical effects. During a class led by her much-feared Artistic Director, when she was still in her teens and weighed less than 100 pounds, she was singled out by the Maestro, who rapped his knuckles upon her chest and ribcage and muttered his disapproval of overweight. Benn and Walters (2001) researching a major UK ballet company, found that dancers, if censured for overweight, suffered in self-esteem and identity. Many aspects of their work (mirrors, costume design, reprimands in class or rehearsal, casting disappointments, and similar setbacks) reinforced their sense of inferiority, encouraging subliminal, tacit collusion in their own repression. Price and Pettijohn (2006) found analogous body-shape distress among adolescent female students, obliged to wear tight-fitting ballet leotards for studio work— as I shall suggest in Chapter 7, related issues here were highlighted by Slater and Tiggemann (2002), writing of Objectification (Fredrickson and Roberts, 1997). Muehlenkamp and Saris-Baglama (2002) noted the complex relationship between self-objectification, disordered eating and depression. Their study dovetails with self-objectification research by Szymanski and Henning (2007), further borne out by Gregory and Interiano-Shiverdecker (2021), writing of affective reactions to mirrors, the dancer-typical obsession with weight and body image, disordered eating, and its professional consequences -- impulse control, potentially maladaptive perfectionism, and idealisation of the ‘perfect’ body. Some of my participants, whom I shall cite in Chapters 4, 5 and 6, recalled similar experiences in their own training and careers.

2.2.6 Effects of disordered eating

As I have mentioned (1.3), many ballet dancers attempt to reconcile pressure for slimness with the inexorable physiological demands of dance. Part of the problem here lies in the schedule of work. Ballet often consists of sporadic anaerobic activity, neither intense nor prolonged enough to affect the aerobic system. Lacking time for supplementary exercise, and seeking to maintain a low body weight, some dancers may opt instead for calorie restriction (Sousa *et al* 2013), and their worries over weight and physical appearance tend to intensify with age. Dotti *et al* (2002) studied nutritional habits of adolescent dance students in a major Italian conservatory, and found habitually insufficient energy intake in relation to physical demands of training. Similarly, Heiland *et al* (2008) researched Los Angeles dancers who struggled with disordered eating patterns and occupational pressure for slenderness. Sundgot-Borgen and Torstveit (2004), working with elite Norwegian athletes and controls, encountered anorexia nervosa, bulimia, and anorexia athletica, all of which are associated with endocrine problems. Analogous findings come from Georgopoulos *et al* (2004), Stokić *et al* (2007), Gvion (2008) Hincapié and Cassidy (2010), Nordin-Bates *et al* (2011), and Thomas *et al* (2011). Arcelus *et al* (2014) in a systematic review and meta-analysis, found significantly higher incidence of bulimia, anorexia nervosa, and EDNOS (Eating Disorder Not Otherwise Specified) among dancers than among non-dancers -- indeed prevalence among professional dancers ranged from ~16% to ~83% across the lifespan. There is, however, disconfirming research, notably by Chaikali *et al* (2023) who concluded that adolescent non-professional female dancers were *not* at greater risk than their peers of developing eating disorders, even while considering all adolescents a high-risk group. The authors

conceded that their work contained intrinsic limitations, including the subjective nature of self-reported questionnaire data, absence of causal evidence, and sample heterogeneity.

The literature in general reflects a certain disquiet over dance students' obsessions with weight and body image, and their attempts to modify their (as they perceive) 'unsatisfactory' bodies through unsafe nutritional practices. As we have seen (2.2.5), what is striking here is the inherently objectivist view held by many, of their bodies as separate from themselves, amenable to self-hacking in the service of externally-driven aesthetic or social ends.

2.3 Life as a professional dancer

A large body of literature deals with the tribulations of life as a professional dancer. In this Section, I reference research that has been conducted on the areas of dancer fatigue, the pleasure dancers take in dancing, gendered aspects of dance, the effects on dancers' wellbeing of teacher comments, power gradients, pain and injury, interaction with clinicians, the effect of career loss, and the life of a dancer turned teacher.

2.3.1 Fatigue in dancers

To dance all day, and especially, on top of that, to perform in the evening, is tiring (Kelman, 2000). Dancers need enough sleep, continuously to sustain the necessary

exertion levels without hurting themselves; much research, however, indicates their sleep time to be insufficient. Among authors concerned over injury risk from sleep deprivation are Fietze *et al* (2009), Kozai *et al* (2020), and Shaw *et al* (2023), who deplore the constant tiredness which colours the daily lives of overloaded dancers. Important in this context is psychological wellbeing. Van Staden *et al* (2009), and Warnick *et al* (2016) warned that mental stress, tiredness, and unhappiness may mediate suboptimal mental health among dancers.

Interesting research by Sarnataro et al (2025, p.7) suggests a physiological link between hunger and fatigue at the level of cellular metabolism, and offers an arresting image, which might suggest a potentially fertile area for future research in the context of dance and dance training:

> … sleep pressure and hunger both have mitochondrial origins, and … electrons flow through the respiratory chains of the respective feedback controllers like sand in the hourglass that determines when balance must be restored.

2.3.2 Joy of dance

As research suggests, there is often sadness in performers' lives (5.4). Fortunately, there is also much joy, as substantiated by Fraleigh (1987), Wainwright and Turner (2006), Horwitz *et al* (2015), Flower (2016), Wulff (2003) and Hallberg (2017), who remembers spontaneously discovering 'flow' in early morning ballet class, an unremarkable daily training routine executed almost automatically by nearly all

dancers. His description recalls Hefferon and Ollis (2006), whose interviewees enjoyed similar experiences.

2.3.3 Impact of gender in dance

There is nonetheless, often a gender issue in the background, as Kirkland recalls in her 1986 autobiography:

> I was at a loss, held under the spell of those men in my life from whom I sought approval. I could neither please nor resist them. Nor could I read their motives. (p.180)

In a profession still largely governed by male influence, most, but not all, victims of eating disorders or body objectification are female (2.2.4). Dance, of its nature, involves young, healthy, fit, attractive human bodies, occupationally compelled to constant physical contact with one another, during which the line between onstage simulation of passion and its actual manifestation may become indistinct or confused, or be exploited by those with power to enforce their will. Literature around this subject tends towards the autobiographical or the autoethnographic, some of it more vehement than is customary in scholarly writing. There are, however, several well-known discussions of this area. One of the more celebrated is by Kirkland (1986), who caught the eye of the founder and Artistic Director of New York City Ballet, George Balanchine. Describing her student years at the company's school, she wrote that the atmosphere in her class was, "a mixture of convent and harem." (p.40), and relayed a warning by the choreographer:

> …You have to be vairy careful when you use your mind … or you will get into trouble.(p.48).

Expatiating on this combination of power and gender domination, and particularly referencing a famous Principal dancer, the ballerina Suzanne Farrell, she noted:

> Balanchine attempted to pass on those sensual attributes that had worked for Suzanne through further distortion of our training process and his own choreography. He tried to give Suzanne's endowments and facility to everyone, to replicate her everywhere, to reproduce even the shade and texture of her alabaster skin. In passing on those fine points, Mr. B magnified the demoralization of each female dancer; her despair that she did not look like someone else. But how we tried, and to a certain extent, even succeeded.(pp.53,54).

As we shall see in Chapters 4, 5 and 6, many dancers' narratives reveal similarly loaded situations. Such autobiographical data, which can not always be substantiated, may be regarded with some suspicion. Nonetheless, as many ballet biographies treat of analogous situations, I here accord them a passing mention. Thus Panov (1978), Schwezoff (1935), de Mille (1952), Dyer (1993), Novack (1993), Moola and Krahn (2018), Kaufman (2019, 2020), Cumming *et al* (2024) and many others write of embedded power imbalances which enabled gendered maltreatment of all kinds – maltreatment comes in many guises. Analogous experiences are cited by McEwen and Young (2011), Hallberg (2017), Ezrahi (2021), Wensel *et al* (2024) and others. Bullying, gender bias, and challenging behaviour by peers or staff are common both in the profession and in preprofessional training. The associated cumulative fatigue and pressure are thought to heighten risk of dance injury (Ekegren *et al*, 2014; Yin et al, 2016), and are referenced by several authors (Risner

2002; Risner 2014; Meredith, 2015; Mitchell *et al*, 2016; Mitchell *et al*, 2021; Clements and Nordin-Bates, 2022). I discuss this further in Section 5.5.

2.3.4 Power gradients in dance

It appears that, in this ostensibly serene art, maltreatment may be widespread. A study by Brenke *et al* (1996) exemplifies the extraordinary lengths to which dancers may go when criticised by company staff. They cite the case of a 27-year-old female dancer who, not wishing to appear bloated, consumed diuretics and laxatives for ten years and induced herself to vomit regularly, before eventually being diagnosed with renal failure. Gregory and Interiano-Shiverdecker (2021) described dancers' fear of losing dance time through illness, with a report of a participant suffering from gastroenteritis who, summoned to work, had to keep leaving the room to be sick, before coming back to continue rehearsal. Farnsley (2022) writes of entrenched power bases and hegemony:

> Ballet is … financially precarious, physically brutal, and psychologically exhausting … a career that should arguably only be pursued by those who are quite sure they could not be happy doing anything else. While the challenges of a life in ballet affect both men and women, even a cursory reading of biographical literature in the profession points to the fact that women experience ballet's injustices more acutely and more frequently than their male counterparts. Ballet's inequitable social structures mean that men are more likely to be directors or choreographers, encouraged to take risks and innovate, while women are expected to (literally) fall into line. Recognition of this phenomenon is imperative if meaningful solutions are to be found and greater industry equity achieved (p.24).

2.3.5 Pain and injury in dance

Much of the literature deals with dancers' approach to pain, often from accidental physical damage. As we have seen (1.3), it is common to conceal injuries (Vassallo *et al* 2019b; Baldwin *et al*, 2021). Dancers who are unable to perform must be replaced at short notice – this may require emergency rehearsal and recasting, an expensive and time-consuming process. As I mentioned in Section 1.3, in the highly-charged, competitive atmosphere of ballet, no-one wishes to be seen as the cause of these problems or, worse yet, to lose their role. Examples abound – Valery Panov (Panov and Feifer, 1978) recalled an injury to his groin, which caused him considerable pain, night after night, but which he did not dare to mention for fear of losing performances. Anderson and Hanrahan (2008) described frequent instances of such behaviour among dancers, who regularly work through pain, refusing to acknowledge their injury, training, and performing in considerable distress.

In fact, much of the profession is reportedly dogged by injury, both in training and rehearsal, and in performance -- exploring this issue, Byhring and Bø (2002) found that many dancers in a Scandinavian ballet company blamed their high rates of musculoskeletal injury on stress and inefficient timetabling. McEwen and Young (2011) described ballet as "a culture of risk", requiring performers to live with injury and pain. Baldwin *et al* (2021) acknowledged that professional dancers often concealed pain, exerting themselves to maintain the illusion of dancing pain-free. Wulff (2003), wrote of backstage incidents exemplifying the unpredictability to which dancers are subjected at work:

> Suddenly in the first act, 'my knee collapsed, I had snapped a ligament' … … The dancer was carried offstage … a dancer who was watching from the wings was asked to continue the

> performance … the dressers put the injured dancer's costume on him – and 15 minutes later he was onstage.(pp.115-116).

Vassallo *et al* (2019a), following dancers in Australian companies, commented on the career complications which can arise from dance injury:

> Professional dancers are at risk of losing contracts or roles if they are injured, and therefore, it is common to dance through their occurrence. Many dancers, particularly those dancing part-time, are unwilling to tell their employers about their injuries (p.260).

Paglione *et al* (2023) remind us of the psychological effects of pain or injury on dancers and students -- a sense of worthlessness, depression, self-blame, and hopelessness, and a loss of self-concept. A major student worry noted in their study was the perceived need to remain on a level with classmates and colleagues (simultaneously comrades and rivals) and the fear of being kept by illness or injury from meeting instructors' expectations.

In related research, Thomson and Jaque (2015b, p.157), explored post-traumatic stress disorder in 209 dancers who had lived through vividly negative experiences. They found that their sample displayed >20% distribution of Post-Traumatic Stress Disorder (PTSD), as compared with <8% found among the general population. As they note:

> Results indicate that dancers had a significantly higher distribution of PTSD (20.2%) compared to the normal population (7.8%). They also had a higher frequency of family members with mental illness, an inability to speak about their trauma, and more suicidal thoughts. The PTSD group of dancers had higher levels of psychopathology (anxiety,

> depression, dissociation, and shame) and they had more childhood adversity and adult trauma. Compared to the no-PTSD group, the PTSD group had higher scores on fantasy proneness and emotion-oriented coping strategies. These coping strategies may increase psychological instability.

Later in this study (5.2.5) I relate participants' lived experiences of protecting their jobs by concealing pain (1.3, 1.4). I explore this area further in Section 5.2.5.

2.3.6 Dialogue with healthcare professionals

In this thesis, I argue that patient's experience of living their condition is significant, both to the outcome of treatment, and to its sequelae. I am thinking here of the American psychiatrist and anthropologist Arthur Kleinman (1988), who highlighted the distinction between *disease*, which he saw as the medical practitioner's view of patient's condition through a biomedical lens, and *illness*, as lived by the patient with its immanent symptoms, sociocultural stigma, and life impact. He recognised that, for clinicians, consultations reside within empirical biomedical parameters, in which canonical remedies hallowed by medical science are presumed to apply. For Kleinman, however, a principal obligation for clinicians should be mastery of the skill of interpreting illness narratives in the light of individual patient's personal idiom – he regretted that this skill was no longer adequately taught in clinical education.

Baena (2017), reasoning along similar lines, argued for a reset of the conventional medico-scientific construction of the patient, not solely as the repository of a biomedical conundrum which invites solution by biomedical means, but also as an entire person, whose notions of themself, their family, their future and their life, are

transmogrified and imperilled by the disruptive workings of illness on every facet of their reality. I suggest that dancers, in fact, often perceive serious injury in this way, as an existential threat to their life and calling. Alimena and Air (2016) found that dancers in their study were overwhelmingly inclined to consult a physiotherapist rather than a physician for injury treatment; similar findings come from Shah and Weiss (2006). Several references attest to dancers' preference for consulting physical therapists, rather than doctors -- the tendency is based on the conviction that a "physio", especially one who treats dancers, will understand about the reasons for the injury, about what dancers do in their daily work, and about the career implications of the condition. Physicians, in contrast, were predicted to show neither understanding of, nor much sympathy for, dancers' *genre*-specific problems. As Shah (2008) reminded us, one principal impediment to dancer-practitioner dialogue resides in the fact that these patients' occupational needs and worries may be bewildering to clinicians who lack dance knowledge (see Sections 4.0, 6.2, 7.6, and 8.4). Lai *et al* (2008) also referenced failures of dialogue in and around clinical dance injury consultations, Morgan (2008) proposed an ideal of the patient-centred medical relationship, and Agledahl *et al* (2011) concluded that clinicians may tend by default and training to concentrate on medical issues, neglecting patients' worries around life impact, and thereby both annoying and offending them.

Problems of this type are not new -- indeed a century ago, in 1927, Peabody was decrying conventional paternalistic assumptions of medical superiority in the physician-patient relationship, when he admonished his colleagues that:

> … the secret of the care of the patient is in caring for the patient (p.1).

74 years later, Barry *et al* (2001) echoed Peabody's appeal for medical professionals to communicate on the patients' wavelength, rather than devaluing the relevance of their "lifeworld". The authors were referring to patients with chronic musculoskeletal problems, a category into which many injured dancers eventually fall.

It might be suggested that clear patient-clinician understanding would logically be key to successful outcomes – its absence, by implication, inimical (see Sections 4.1, 7.6, and 8.4). Dotson (2011) wrote of the ineluctable right of both parties to clear dialogue, not only allowing them to give utterance, but also to be heard and understood. She notes, "…to communicate we all need an audience willing and capable of hearing us" (p.238). To withhold the right to be heard is tantamount to inflicting what she calls epistemic violence. Dotson's work is reinforced by several writers, including Fricker (2017), who reminds us that such epistemic injustice is essentially discriminatory in its nature and origins (for an elucidation of this term, see also Sections 3.1, and 7.7).

An underlying principle running through the work of these authors and others, is the irreducible necessity, for both parties, of attentive listening. Spiro (1993) underlined the salience of empathic comprehension in the clinical consultation:

> Empathy is the feeling that persons or objects arouse in us as projections of our feelings and thoughts. It is evident when "I and you" becomes "I am you," or at least "I might be you"…. Doctors prefer dichotomies: right or left, up or down, physician or patient, you or I. Medicine

> is, however, both science and narrative, both reason and intuition. Empathy may yet prove essential in the third millennium, when we have relegated computers to routine diagnosis. Computed tomographic scans offer no compassion, and magnetic resonance imaging has no human face. Only men and women are capable of empathy (pp.7,14).

Cassell (1998), referencing Osler's insistence (1892) on detachment and imperturbability in medical practitioners, lamented that sometimes healthcare professional and patient might as well be speaking different languages, potentially causing treatment to exacerbate, rather than alleviate, the patient's problem. Nimmon and Stenfors-Hayes (2016) noting the complex interpersonal dynamics in medical consultations, urged healthcare professionals to study enhanced, patient-centred dialogue, to moderate the power imbalances inherent in diagnostic and therapeutic encounters. Charon (2008) underlined the fundamentality of patient narrative, indispensable for understanding, absorption, recognition and empathic reaction from the clinician. Turabian (2018) wished that interaction between patient and clinician might resemble a dance, with both partners reacting and adapting to each other. Kristeva *et al* (2018), argued against medical paternalism:

> … we present a prolegomenon to a more radical programme for the medical humanities, which calls the conventional distinctions between the humanities and the natural sciences into question, acknowledges the pathological and healing powers of culture, and sees the body as a complex biocultural fact. A key element in such a project is the rethinking of the concept of 'evidence' in healthcare (p.55).

Arnaldi (2022) further underlines the significance of translation:

> The transformation of laboratory research into clinical practice (a process known as knowledge translation) and the efforts made by patients and doctors alike to become fluent in each other's "foreign" tongue are but two examples of translation's many meanings (p.295).

Arnaldi's findings, tangentially reinforced by Agledahl (2011), accord with those of Bontempo *et al* (2022), who confirmed that "invalidation of symptoms" by healthcare professionals negatively affected patients' self-esteem and state of mind, becoming an obstacle to dialogue. Recently, it seems that recognition of this issue may be growing, thereby conferring much-needed status upon listening, and paying due attention, to the patient's point of view. There is even, now, one body of opinion which worries that the epistemic pendulum may have swung too far in this direction. Pilnick, for example, (2023), writing of the increasing use of Patient-Centred Care (PCC), warns that patients, no longer confronted by the customary, authoritarian, almost parental figure of the clinician, might feel disoriented, left to their own devices and deprived of the expert help and care they seek:

> … we need to consider how medical expertise can be rehabilitated for a 21st century public, and how patient expertise can be better incorporated into co-design and co-production of services and resources, rather than being seen as something to be expressed through a binary notion of control (p.1785).

2.3.7 Effects of career loss

The melancholy truth remains that some dance careers end, traumatically and involuntarily, to the evident distress of those afflicted. Numerous publications consider athletic retirement; it seems perhaps that fewer, at least in terms of published, peer-reviewed academic studies, deal with the lived experience of involuntary career end among dancers. The topic appears, however, to be becoming

fashionable as a focus for post-graduate theses and dissertations submitted for degrees in a number of Higher Education institutions in the UK and abroad.

Among the peer-reviewed published literature that is available, Milne and Neely (2022) in a longitudinal study using interpretive phenomenological analysis of 18 interviews from 10 elite female dancers between the ages of 20 and 26, concluded that career loss due to deselection produces long-lasting negative emotions among those affected. Irina Roncaglia has published a substantial body of research on and around the subject -- Roncaglia (2010) applied Interpretive Phenomenological Analysis and Grounded Theory to semi-structured interviews with 14 international professional dancers whose careers ended between the ages of 21 and 49. She concentrated on two case studies from this sample, and found that the process of career transition for these participants revealed numerous extremely complex issues requiring in-depth and sensitive assessment of many overlapping contributory factors.

It should be noted that there are, however, similarities between available literature on athletes and on dancers. Several researchers (Kleiber and Brock, 1992; Neimeyer *et al,* 2002; Rönkkö *et al*, 2007) suggested that dancers and sportspeople who were emotionally invested in their careers were likely to suffer negative affect to wellbeing and self-esteem. As we shall see in Chapter 6, many ex-dancers felt bereaved, as they struggled to adapt to non-dance identities, with phases of grief resembling those discussed by Neimeyer *et al* (2002). Such distress is corroborated by Wippert and Wippert (2010), Petitpas *et al* (2012), Soklaridis *et al* (2011), Willard and Lavallee

(2016), and Shiloh and Halfon (2024), evoking parallels with Bury's (1982) work on biographical upheaval associated with chronic illness, and Engman's (2019) reflections on post-operative biographical disruption. Related conclusions were drawn by Roncaglia (2006, 2010) who found professional dancers feared (and eventually experienced) social exclusion from their former ensemble.

2.3.8 The ex-dancer as teacher

Jeffri and Throsby (2006) noted that many ex-dancers believed continued connection with dance to be essential to their future trajectories. Many former dancers become teachers, perhaps in the hope of somehow thereby maintaining a dance connection, however tenuous. The transformation from performer to instructor is, however, rarely seamless. Wanke *et al* (2015) remind us that dance teachers, too, experience their own complex distresses (see Section 6.5). Although the physical loads of teaching differ from those borne by active dancers, the hours of preparation and daily studio work are long and sometimes painful (Lampe *et al*, 2019). It is perhaps a truism to add that, with the passage of time, our physical capacities decline. Wainwright and Turner (2006) describe classical dancers as existing within "a culture of youthful ageing" (p.245), adding that by the age of 30, many lament increasingly stringent physical limits, initially noticeable through their highly-developed kinaesthetic sense, and growing more restrictive with time. Few dancers-turned-teachers have the opportunity to train regularly -- they may become deconditioned, and many, with a legacy of injury, work in daily pain. Most habitually underpin their teaching with imagery, using visual and kinaesthetic input; for these teachers, vocal instruction serves a relatively minor, supplementary purpose, at least in point of conveying

kinaesthetic concepts. If, however, physical incapacitation begins progressively to deprive teachers of options for movement and demonstration, they must of necessity fall back on verbal explanation and description. The problem they encounter is that movement and speech are two discrete idioms. As the ballerina Margot Fonteyn is reputed to have said, “I explained it when I danced it”. For the instructor, attempting didactically to convey motoric concepts through speech, and for the listener, who must try to transform verbal description into embodied movement, neither form is fully translatable into the other; speech has no precise equivalent in dance, nor movement in prose. Mastery of the necessary semiotic tools for this way of working requires long, introspective, reflective, experiential trial and error. The task is not impossible – success, however, hinges on conscientious listening and empathy. (In Chapter 6, I suggest that listening and empathy are precisely the two ingredients needed to render faltering dancer-clinician dialogues both successful and effective.)

2.4 Conclusion

Much of the literature contains research into the education, wellbeing, professional life, occupational hazards, injuries and (to a lesser extent) the post-performance careers of dancers. I have, however, found relatively less research devoted specifically to solving the mutual comprehension problems which dancers experience in dialogue with healthcare professionals, and the associated negative psychological and social effects on their identities and subsequent lives. As I shall point out in Chapter 5, dancers depend for their livelihood on the maintenance of their extraordinary physical abilities, many of which may lie outside the experience of some clinicians. Any clinical misjudgement of diagnosis or treatment options may

therefore imperil, limit, or destroy, their chance of resuming the performing career; until a means is found of reducing or eliminating this danger, the problem and its traumatic consequences will remain unaddressed.

My findings augment the cumulative body of knowledge, underlining what I believe to be a general unawareness of the startling frequency of inadequate dancer communication with medical professionals. (This is a phenomenon which I discuss in detail in Sections 6.2 and 8.4). By comparison with the works I have cited in this Review, I venture to suggest that the current study provides an additional perspective. I come to this research, not from the point of view of an academic, but as a dance professional of many years. I have lived the dancer-patient paradigm, and share direct, detailed, personal knowledge of participants' lived experience of injury and its sequelae. This provides me with an experientially-grounded view of their narratives and frustrations; they spoke to me candidly and confidently, as to a colleague, rather than as to a non-dance researcher. I believe my conclusions to offer new insights into hitherto incompletely understood aspects and causes of dance injury, the frequency of inadequate clinician-dancer communication, (common across my entire sample) and the way in which participants coped when they were forced by circumstance to try, in an unaccustomed, ex-dancer identity, to locate themselves in a post-dance life. My hope is that the present work will go some way towards filling these gaps in the literature. In the next chapter, I explain the methods which I have used in this research and the methodology informing my approach to the subject.

CHAPTER 3 Methodology and Methods

3.1 Epistemology and methodology

Some recent literature explores lived experience of career-ending medical conditions among elite performers. I have seen encouraging anecdotal indications of attempts to improve dancer-clinical understanding, however there is apparently still not an extensive corpus of new research into this sensitive area. Here I elucidate my approach to researching perceptions of participants whose dancing lives were ended by injury or illness. I start by setting out my epistemology and methodology, and my reasons for the choices I made. I present my methods, then examine the ethics and governance which regulate the work, before explaining procedures for data collection, management and analysis, and the means by which I was able to ensure rigour and transparency of my methods, findings and conclusions. Finally, I justify the appropriateness of my choices, before summing up the chapter.

There is, I suggest, an important distinction here between the alignment I choose, based *a priori* on dancers' related accounts, and the opposing alternative of a hypothetical construct built on theoretical writings of other authors. My guiding principle is the primary significance and value of participants' own words. For this reason, I have eschewed the notion of building my work around previous theory, and consistently worked instead to safeguard the hermeneutic integrity of dancers' original utterances, abductively using their perceptions and descriptions as the primary data which drives the direction of my findings and conclusions.

Narrated experiences of dancers seeking urgent medical attention may sometimes be sidelined, or even to some extent excluded, from clinical considerations around diagnosis and treatment. Working from an interpretivist viewpoint, I explore the discrepancy between the dancer's perception of their condition and the objectivist view of appropriate treatment options among clinicians, and consider quality of dialogue and parity of what is called epistemic esteem, between these performers and their healthcare professionals. This term, "epistemic esteem", was amplified by Fricker, (2018), who explains:

> … positive epistemic self-esteem might be conceived as a way of relating that is distinctive of epistemic cooperation among people whose baseline conception of each other is that of generic epistemic equal. (I say "generic" to signal that this epistemic egalitarian attitude is entirely compatible with asymmetries of specific epistemic authority such as A knowing of B that B is an expert as regards the matter in hand and so should be deferred to.) The point is really that the spirit of epistemic cooperation generates the special ethos we might describe as that of mutual epistemic recognition. (p.4)

Quite often in dancer accounts, disparities in conflicting assessments from patient and clinician seemed to be born of mutual incomprehension; such mutual incomprehension may result in lifelong, career-changing limitations for the dancers. Many participants related such experiences, as instantiated in the case study of Katherine (Chapter 4) and in transcript quotations throughout Chapters 5 and 6, as well as in the thematically-based graphics illustrated in Appendices C, D, and E.

The dancers in my study constructed their interpretations of events on the basis of their perceived experiences, these interpretations being potentially susceptible to

discrete constructions at different points in time. As many scholars have noted, narrative is, in such cases, autobiographical, intimately bound up with identity, and thus subjective. For example, Andrews (2010, p.151) points out:

> Narratives structure our experience, and they are the means by which we organize our memories. It has become commonplace to say that we are the stories we tell, indeed the stories we live. Our stories are our identity, and without them, we lose our compass.

Polkinghorne (1988, p.1) offers further reflections on the nature of narrative:

> … narrative, the primary form by which human experience is made meaningful. Narrative meaning is a cognitive process that organizes human experiences into temporally meaningful episodes…. Examples of narrative include personal and social histories, myths, fairy tales, novels, and the everyday stories we use to explain our own and others' actions.

Bruner (1991, p,6) discusses the particularities of narrative time:

> Narrative is an account of events occurring over time. It is irreducibly durative. It may be characterizable in seemingly nontemporal terms (as a tragedy or a farce), but such terms only summarize what are quintessentially patterns of events occurring over time. The time involved, moreover, as Paul Ricoeur has noted, is "human time" rather than abstract or "clock" time.' It is time whose significance is given by the meaning assigned to events within its compass… there are many conventions for expressing the sequenced durativity of narrative even in discourse, like flashbacks and flash-forwards, temporal synecdoche, and so on. As Nelson Goodman warns, narrative comprises an ensemble of ways of constructing and representing the sequential, diachronic order of human events, of which the sequencing of clauses in spoken or written "stories" is only one device." Even nonverbal media have conventions of narrative diachronicity, as in the "left-to-right" and "top-to-bottom" conventions of cartoon strips and cathedral windows. What underlies all these forms for representing narrative is a "mental model" whose defining property is its unique pattern of events over time.

This line of reasoning seems to me to justify my use of qualitative, interpretivist methodology, appropriate to hermeneutical analysis of lived experiences, narrated in

participants' own words. I foreground their perceptions of traumatic, premature, involuntary career termination following unsuccessful treatment, an outcome which they attribute to mutual incomprehension and the effect of power gradients during clinical interactions. I investigate how their career loss affects their view of themselves, how their identity as dancers has been impacted, how that identity developed, and how it was nurtured and reinforced throughout their dance training and performing lives. Important, now that they no longer can call themselves dancers, is how they presently perceive themselves and their futures, what adaptations they have had to make to cope with their current, non-dancing existence, and what, if anything, might be done to forestall further such events, or to mitigate their effects. Crucial to this research is the word-for-word primacy of their recounted perceptions, their lived experiences throughout their dance life, especially their retrospective view of the clinical interaction, following illness or injury. It seems likely that not only my perception of participants' stories, but even their own versions, would evolve and develop with each new telling; I suggest, therefore, that attempts to pin down 'events as they happened' with any attempt at historical accuracy would be unlikely to succeed, and would in fact be irrelevant. My focus turns, instead, on their views and reactions to the stories they relate, not on the facticity of detail.

The fluidity of their narrated experiences recalls Merleau-Ponty's (2013) thoughts on his view of a shipwreck on the shore, changing constantly with every new angle of vision, as he approaches from a distance; another example might be his perceptions of his neighbour's house, seen from successive viewpoints. Perception, for Merleau-Ponty is neither fixed nor anchored in objective reality, but is a constantly developing phenomenon, mediated not only by location and timing, but also by constructed

premonitions of what we expect to perceive. Discussing the interpretive, flexible nature of perception, Ricoeur, too (1979), suggested that a narrator's interaction with discrete interlocutors means that any historical narrative will consist of elements in constant flux, relocating and changing shape with every recollection. The writings of Ricoeur, van Manen, Merleau-Ponty and other phenomenologists form part of the theoretical basis for this study. In Chapter Seven of this thesis I discuss the theoretical underpinnings of my work in greater detail. It is important here to make clear that, while I have quoted liberally from several theoreticians to underpin the interpretations I have derived from my findings, I did not have recourse to any of their theoretical constructs while designing my research.

Use of an unstructured and conversational narrative interview style has allowed me access to deep, rich, data in participant accounts. My life in professional ballet has provided a vantage point from which to consider their narratives of specialist injury, illnesses, treatments, and sequelae. It also emboldened them to grant me their confidence, a privilege perhaps less freely available to researchers lacking embodied dance knowledge. There are echoes here of Participant Observation – I am, in their eyes, one of them, yet separated from them by my implicitly acknowledged role as observer, irrespective of my ex-dancer self. As Riessman (2015) noted:

> … the investigator adopts an active voice to interrogate her role in producing knowledge about others. The goal of such reflexive questioning is greater rigor; that is, to generate research that is more trustworthy – the kind of objectivity suited to the narrative enterprise. The subjectivity of the investigator does not stand in the way, nor does it belong at the center; rather it is one object among many (p.234).

I have, however, been careful throughout not to expropriate their narratives through inadvertent subliminal integration with my own experiences; I therefore concentrate on foregrounding their actual spoken words, to avoid risking accidental inclusion of leading questions – this kind of data serves to convey participants' own perceptions, rather than reflecting the researcher's preconceived ideas. Painstaking avoidance of researcher impact, however, once considered essential, is now deemed less relevant; indeed, the inevitability of observer impact on primary qualitative data is now generally acknowledged. Researching practical applications of this, I came across a concise observation from Alvesson and Sköldberg (2017, p.79), writing of research in ethnomethodology:

> There is no one-way street between the researcher and the object of study; rather, the two affect each other mutually and continually in the course of the research process. A positivistic conception of research, according to which the object is uninfluenced by the researcher and the researcher unaffected by the object, is thus untenable. Both researcher and object are involved in a common context, and are thus context-dependent …

While findings from a sample of 23 dancers, can of course not be generalised for larger populations (see Chapter 1), I am able to distinguish several common themes which I suggest would be transferable and potentially relevant to the cases of other specialised performers such as gymnasts or musicians.

3.2 Methods

I use the established technique of extended biographical narrative interview (Bornat, 2015; Smith and Watson, 2010), in which the participant tells the story of their life, their dancing career, their illness / injury, and how they were affected by it. This

technique has been used to research lived experience of sufferers from many other conditions from cancer to psychosis, and is particularly appropriate here because it allows the illness or injury to be explored and understood from the patient's perspective. There are many different versions of biographical analysis, indeed Smith and Watson (2010) are said to have listed over 50 variations on the theme, encompassing, as Bornat (2015, p.113) points out:

> …a variety of loosely related approaches that draw on the self as a central source: narrative studies, life history, oral history, storytelling, autobiography, life writing, biography, auto/biography, reminiscence, life narrative.

3.2.1 Biographical Narrative Interview Method

Among the more widely-known of these approaches is the Biographical Narrative Interview Method (BNIM) a formulaic analysis of three strands in the interview; Biography, Narrative and Interpretivism (Corbally and O'Neill, 2014). BNIM specifies particular interviewing and analysis techniques, with a sequence of interviews held in sub-sessions; the process involves 10 discrete processes, 2 (or sometimes 3) of which are analysed by an interpretive panel of 8 to 10 researchers. Eventually, conclusions from thematic analysis and text structure analysis are brought together to form a full interpretive analysis, and a case account is created. The method deploys extensive personnel resources; I had, however, no panels of interpreters at my disposal. In the event, having examined several of the various analytical techniques, I decided to work abductively from my primary data, and to develop my own processes for analysing them. I resolved that I would conduct my sequence of interviews, allowing interviewees to follow their own narrative trajectories, and using

open-ended prompts only where these might become necessary in order to keep the discussion moving and centred around their lived dance experiences.

3.2.2 Ethics and Reflexivity

I applied to the Central University Research Ethics Committee, requesting ethical approval for this study, providing them with completed application forms, and details of my research and of myself as sole researcher, compliance with relevant ethical requirements, and my plans for ensuring confidentiality and concealing participant identity. I also attached a plan of the timing and form of the projected research, characteristics of potential participants, my recruitment material and plans, examples of my ‘Request for Informed Consent’ and ‘Participant Information’ documents, a lay description of my research design and subject, and samples of the interview prompts I had prepared. I enclosed a plan for data management and encryption, storage, and handling, and referenced my intention to incorporate participant feedback. I further provided information on my supervision team, my plans for dissemination of findings, and confirmation of initial approval from the Nuffield Department of Primary Health Care Sciences (see Appendices D to F). The Committee approved my application, whereupon I was able to move on to the next steps in the study. In the preliminary phase, I attended academic courses on qualitative research and analysis, research design, and ethics, as well as training to become a Peer Supporter, to enhance my listening skills.

I realised from the beginning that reflexivity would be an ineluctable component of data collection and analysis, and would, in fact, constitute an ethical responsibility for interpretive qualitative researchers. Exploring the literature to this end, I found insights which seemed both penetrating and relevant. As Launer (2022, p.xi) notes:

> My understanding of reflection is that it is essentially a metaphor. It means looking at yourself as in a mirror. Reflective practice involves doing something and simultaneously observing yourself – or more often, listening to yourself -- as you do so. It means continually examining your interactions with others …

Ethical obligations for reflexivity are, for example, borne out by Riessman in her 2022 Essay on 'Entering the Hall of Mirrors' in which she asserts that:

> Thinking about the thinking that runs through a research project and making that explicit is, of course, essential to reflexivity. … Is critical self-awareness as one is doing the work a necessary condition for reflexivity? Thinking about, rather than simply revealing biographical facts about ourselves as producers of knowledge, is certainly necessary (pp.222-223)…

It seemed to me likely that an ill or injured performer recounting events of great personal importance to them, might be expected to position their narrative from the angle of the victim, the wronged party, which they might feel themselves entitled to embody. While I understand their reasons for doing so, I nonetheless felt that clarity of perspective would be desirable for the purposes of research,. Participants' motivation, an essential component of the conversation, should be viewed, as far as I could manage, in contextual proportion. I was interested, therefore, to see the observation by Riessman and Quinney (2005), that narrative analysis, properly conducted, deals with:

> … analytic attention to how the facts got assembled *that* way. For whom was *this* story constructed, how was it made, and for what purpose? What cultural resources does it draw on – take for granted? What does it accomplish? Are there gaps and inconsistencies that might suggest alternative counter-narratives? (p.393).

Bhattacherjee, following ana analogous line of thought, pointed out (2012) that:

> It is the job of the interpretive researcher to "see through the smoke" (hidden or biased agendas) and understand the true nature of the problem. … Interpretive interpretation is an iterative process of moving back and forth from pieces of observations (text) to the entirety of the social phenomenon (context) to reconcile their apparent discord and to construct a theory that is consistent with the diverse subjective viewpoints and experiences of the embedded participants. Such iterations between the understanding/meaning of a phenomenon and observations must continue until "theoretical saturation" is reached, whereby any additional iteration does not yield any more insight into the phenomenon of interest (pp.105-106).

Inasmuch as I was the sole researcher in this study, I needed to maintain high levels of self-questioning and reflexivity throughout data collection and analysis, and therefore used every opportunity which might arise to review my work in the light of reactions from participants and supervisors. Such multipartite external feedback allowed me continually to gauge and assess my analysis, and functioned somewhat along the lines of a kind of triangulation. My Principal Supervisor, an eminent and widely-published academic, is a GMC-registered medical doctor and former international athlete with experience of providing medical advice to elite athletes. One of my co-supervisors, who trained as a ballet dancer, is a literature scholar with specialisms in narrative medicine and the translational medical humanities – another, co-opted after the project had begun, is an experienced supervisor in qualitative research methods, with particular emphasis on observational and ethnographic work,

and extensive experience in dance. Throughout the study this supervisory team has constantly reviewed my work as it progressed, offering advice and encouragement, and ensuring that the project has adhered to best ethical and academic practice.

3.2.3 Sampling

Once I had secured ethical approval, I recruited a sample of former elite professional or preprofessional dancers, all of whom volunteered to participate, and who satisfied the recruitment criteria, which I describe in detail below. I recruited by means of a poster which I sent to dance companies and schools, dance publications, and physiotherapists in different parts of the world; I also posted it on social media, and appealed to organisations such as the International Association for Dance Medicine & Science to publicise the study and call for volunteers – I made no direct appeal to individual dancer-patients. The illustration in Figure 2 below, shows a thumbnail version of this poster.

FIGURE 2: RECRUITMENT POSTER

Within two weeks of publication, 41 potential volunteers made contact by email. They were located in discrete time zones, in different regions all over the world. The 23 participants in the final sample consisted of 20 women and 3 men whose careers had ended as a result of illness or injury. Their ages ranged from 21 to 62 (median age 37). This, as will be recognised, was purposive sampling – I was researching a specific aspect of the lives of a clearly defined population. I was particularly interested in people who had lived the professional or near-professional experience, and had thus been subjected to whatever developmental and occupational influences might have brought them to their present state. Criteria for selection included:

- being aged 18 or over,

- a background in professional or preprofessional dance,
- regular professional dance or training activity which had been involuntarily terminated by illness or injury,
- willingness, capacity and availability to participate in the study, and
- absence of any debilitating physical or mental health issues which might preclude participation.

I excluded volunteers who were unable through physical or mental incapacity to give informed consent, who could not guarantee consistent availability throughout the projected period for data collection, or who explicitly withdrew consent prior to, during, or following, the research.

Before starting data collection, I gave every participant detailed information, both verbal and written, on the aims, procedures, and methods to be employed in the research. They were all asked to provide informed written consent, and advised that they were free to withdraw their consent and participation at any time, with no obligation to give a reason for doing so.

3.2.4 Interview schedule

I planned three separate narrative interviews with each participant, in which I explored biographical life narrative interviews of these 23 former elite dancers. Table 1, below, shows some of the prompts I prepared for use, should they turn out to be necessary during these interviews, to elicit whatever recollections and reflections the participants might wish to offer.

TABLE 1: POSSIBLE PROMPTS FOR NARRATIVE INTERVIEWS

Could you tell me about what it was like when you started dancing? How did you feel then? How did you get into it?
What made you want to take up a career in dance? What was it like at your dance school? How were your teachers / training sessions / rehearsals / performances? What did your family think?
Please tell me about your dancing life. Could you please talk about the friends / favourite roles / dance partners /(tours / adventures you had?
Are there pictures / videos of you as a performer? May I see some of these?
Could you please talk about the illness / injury? What did you think about it at the time? What kind of treatment did you first receive when it happened?
Could you please tell me how things progressed from that point? How did you find out you weren't going to be dancing any more? How did you feel about that?
How did your friends in the company react when you became injured / ill? Were people around you supportive? In what ways did they help (or fail to help)?
Tell me about the reaction of the Company as your employer, and how you felt about that.
What was it like with friends / dancing colleagues / your family? How proactive were they? Did that help to reassure and comfort you in the new situation?
What kind of support did you feel / receive from the Company (as your former employer) once you had stopped dancing professionally? Tell me about the contact and support from dancer friends as time went on.
Could you talk about the medical investigations and treatment you were given? How did you find communication between you and your doctors / therapists? How much do you feel that they understood your needs? Were you allowed or encouraged to participate in decisions about your treatment? Did you feel that the treatment protocol was the right one for you? Could you please explain why?
[For any of the above points, where appropriate] Can you tell me a story that illustrates this?

Before beginning data collection, I created pseudonyms for all participants, retaining their own ethnicity and gender, but disguising their names. I kept their actual identities and details separately on an encrypted list, available only to me, to which not even my supervisors have access. Their (pseudonymous) first names are listed

below in Table 2, which also shows their gender, age at the time of incapacitation, and the medical / health issues which occasioned their clinical presentation at the defining final stage of their dancing lives.

PARTICIPANT	INITIALS	GENDER	AGE AT TERMINATION	INJURY / ILLNESS
Bethany	BY	F	25	Car accident 1990: Whiplash injury, cervical spine, kidney, lumbar spine, hips, knees.
Bianca	BA	F	33	Hip pain ('congenital'?) posterolateral approach total hip replacement, long delayed by COVID.
Bohdana	BN	F	39	Anterior cruciate ligament rupture, inadequate rehab.
Bridget	BM	F	20	Chronic Fatigue Syndrome, Ehlers-Danlos Syndrome, idiopathic calf pain ('compartment syndrome'?) Autism Spectrum Disorder.
Brenno	BR	M	29	3 x ACL, cartilage damage.
Carol	CG	F	26	Skiing accident, iatrogenic anterior cruciate ligament, medial collateral ligament, meniscus, spine, hamstring.
Cynthia	CT	F	22	Central lumbar spinal stenosis, T11/T12, facet arthrosis L1-L5, bilateral femoral acetabular impingement.
Elaine	EH	F	21	Preprofessional, long medical history, shin splints, Posterior talofibular ligament, anterior talofibular ligament, 'calcaneofibular ligament', habitual hyperpronation.
Ewan	EC	M	26	DIY accident 2012, bilateral resect. Quadratus femoris, Haemothorax, deep vein thrombosis, Autism Spectrum Disorder, Thoracic Outlet Syndrome, ruptured Musculus obliquus, multiple medical issues.
Francesca	FM	F	30	Damaged cuneonavicular ligament, chronic pain.
Kate	KC	F	26	Hypermobile Ehlers-Danlos Syndrome (following Muldowney protocol), Leg length dysplasia, Scoliosis, osteoarthritis, labral tear (hip), ruptured transverse acetabular ligament, dysautonomia, cranial cervical instability.
Katherine	KK	F	33	Traumatic inguinal ligament rupture, 1998.
Kenneth	KM	M	25	Spontaneous idiopathic ventricular tachycardia, pneumothorax.
Kirsty	KZ	F	26	Spinal injury, spondylolisthesis.
Marjorie	MN	F	32	Osteochondral talar lesion surgery.
Mary	MT	F	22	Labral tear (hip), Chronic Fatigue Syndrome, bulimia, hyponatraemia, gluten intolerant, lactose intolerant, Helicobacter pylori, Relative Energy Deficiency, primary & secondary amenorrhea ('Functional Hypothalamic Amenorrhea'?) multiple co-morbidities.
Melissa	ML	F	34	Spinal injury, torn labrum (hip).
Miranda	MU	F	19	Fluid on ball of foot, tendonitis, dropped metatarsals, spinal injury, depression, Graves' Disease.
Nicola	NL	F	42	Spondylolisthesis, vertebral fracture, arthrodesis L3/L4.
Nora	NP	F	19	Traumatic rehearsal accident à concussion, cervical compression.
Sandra	ST	F	29	Car crash, 3 x cervical fractures, plastic thoracic & maxillary reconstruction, multiple appendicular musculoskeletal injuries.
Sheila	SD	F	30	Ruptured inguinal ligament.
Shelley	SH	F	27	Hypermobile Ehlers-Danlos Syndrome, Peroneus longus & brevis, retinaculum, anterior talofibular ligament, ruptured calcaneofibular ligament, presence of Peroneus quartus, multiple surgeries.

TABLE 2: PARTICIPANTS' PSEUDONYMS, GENDER, AGE AT CAREER TERMINATION,

The first interview allowed me to introduce myself and to lay out the aims and shape of the research. The second (main) interview was for them to talk about their first contact with dance, their early dance memories, their training, their performing careers, their injury or illness, their interaction with clinicians, and their subsequent lives, and to discuss any relevant thoughts they might have. I set up Interview Two, the main interview, as soon as practicable after Interview One, hoping that participants might retain the details of my research interest and my background clearly in their memories. This worked well in the majority of cases – for most participants the gap between the first two interviews ranged from 10 days to a month. In some cases, however, this was not possible for a variety of reasons, usually to do with the state of health or availability of the remaining individuals – for these participants the interval was necessarily longer. The most protracted interval was due to a series of cardiovascular events suffered by one participant, living with a chronic heart condition, who had to take time off to have a stent fitted. I asked several times whether she wanted to withdraw from the research, but she insisted on continuing. Another, living in a different continent and time zone, could only be available to talk to me while waiting in her car for her child's music lesson to finish, and was dogged by frequent changes of schedule; yet another, recovering from neurological and spinal cord injury, suffered a series of relapses requiring prolonged rest, and could therefore not be disturbed for some months. Such complications occasionally rendered scheduling of remote interviews in discrete time zones quite a convoluted problem.

I intentionally let a longer interval elapse between Interview Two and the final, farewell conversation. The elapsed time between the second and third interviews

across the sample ranged from nearly six to eleven months, and provided opportunities for interesting insights into the evolving perspectives and identity development of interviewees (see Section 3.1). As I approached the last few of the Interview Two conversations, I realised that, regardless of the fact that participants were strangers to each other, many of the same narrated experiences came up in every interview. Details and timing varied with individual accounts, but the substantive issues, as the reader will see from Table 6 in Appendix B, recurred with notable frequency across the sample. All of their rich, personal, shared themes were recounted with considerable intensity, and I sensed numerous points of correspondence with my own empirical experience and understanding of these issues. It became clear to me that, in important respects, a homogeneity of experience had been established, that no further new insights were forthcoming, that the interviews had provided sufficient substantive material for analysis, and that we had thus arrived at the stage of data saturation.

The final interview was often somewhat in the nature of a rounding-off of the research. It was generally briefer than the second conversation, serving to answer any of the participants' remaining questions, to revisit salient points which might have needed clarification, and to thank them for participating. Altogether the three recorded interviews yielded nearly 34 hours of data. The first interview lasted from 8 to 23 minutes; the second from 49 to 158 minutes; and the third 15 to 59 minutes. The time between first and second interviews ranged from 12 to 114 days, and between the second and third interviews between 90 and 330 days. Three participants were unable to complete the final, summing-up interview – one was mourning the recent decease of their life partner, one was in hospital for emergency

medical care, and one, convalescing from major surgery, failed on four occasions to keep our remote appointments for Interview Three. Since I had already collected considerable substantive data from her in Interview Two, and since I was reluctant to impose on her, I decided to take her repeated non-appearance as indicating unwillingness or inability to devote any more time to the study. In sum, data collection thus comprised 66 initial, principal and, in most cases, follow-up narrative interviews, which I recorded and transcribed, subsequently sending the main interview transcripts to participants for member checking (Birt *et al*, 2016; McKim, 2023; see Section 3.2.5 below), and incorporating their feedback into the data.

3.2.5 Data management

I interviewed all participants remotely, and recorded their interviews for transcription and analysis. The University of Oxford prefers this type of research to be conducted using MS Teams software, but because of a systemic incompatibility in availability of permissions for recording external conversations on Teams, I requested, and received, permission to record my interviews using Zoom.

I listened to each interview many times, to eliminate as many ambiguities of interpretation as possible, then transcribed them, removing all details which might have made it possible to identify the dancers, their companies or their clinicians. Manual transcription of interview data is, however, a protracted process. I did, in fact, transcribe the first few interviews by hand, but was happy to discover that appropriate transcription software was available and approved by the University.

Although MS Teams does feature automatic transcription for recorded interviews, Zoom does not offer this function, so I applied for, and was granted the use of, Otter.ai transcription software through the IT Department. Correction of transcripts was in itself a long undertaking, as the application, somewhat in the same manner as subtitling software, tends to offer an interpretation based on the sounds recorded, which may (and frequently did) differ from the actual words used by the speaker. By dint of repeatedly reviewing the recordings, however, I was able to organise and amend the material which the software had produced; I thus benefited from multiple opportunities for iterative listening, reflexive interpretation, and correction of the transcripts, and the resulting verbatim texts were approved by participants as accurate and representative. I subsequently archived all the corrected transcripts as line-numbered Word documents. The modest sample size, characteristic of this type of qualitative research, does not of itself constitute a weakness. Essential to rigour, in any event, are recursive, reflective, iterative analysis, and direct consultation with participants over accuracy and connotations of the recorded primary data. I was able to reinforce the legitimacy and transparency of my findings by the process of member-checking (3.1.4), submitting the transcript to participants by email as soon as possible after the interview, securing their recognition and approval of the content, and discussing in detail any questions, ambiguities or new ideas which arose. I asked them to return their feedback within two weeks of receiving their transcripts – we agreed in advance that if they did not react to the written transcript within fourteen days, I would presume their tacit approval. In the event, many replied promptly, and everyone in the sample approved the verbatim transcripts, either explicitly or tacitly. Had they asked for changes, the question of ownership of the data might have arisen, however no-one proposed any changes in their feedback. I

did, nonetheless, incorporate additional, confirming contributions which some of them provided. Further support for my assertion of rigour and transparency derives from my having discussed and modified my work as a result of frequent meetings with my supervisors, either individually or in a group.

3.2.6Data analysis

My original plan had been to use NVivo software for pre-analysis collation of data. I felt, however that the spontaneity and vivacity of interviews seemed somehow to be thereby diminished and, in my perception, blunted. I found myself agreeing with Robson and McCartan (2016, p. 466), over certain disadvantages to reliance upon this type of programme. As they note, there may be latent pressure within such programmes towards certain ways of conceptualising and managing the data, as well as a degree of systemic inflexibility, meaning that internal areas or topics, once established, become difficult to modify. It also seemed that the need for data to be treated as objects for coding, packaging, and logistical distribution, was distracting my attention from the actual story which made up the phenomenological essence of the work. I therefore changed my approach and adopted a range of diverse methods, using tables and illustrations, seeking an optical and spatial appreciation of thematic relationships across the data. It is, nonetheless, important to clarify here that I attribute no fault, either to the NVivo software or to its producers.

The technique which I developed for my analysis involved entering the transcripts into what I called an Analysis Table, allotting a cell to each response, selecting

relevant excerpts, and noting my reflections and commentary in the adjacent cell. In Appendix A, Section 2.0, Table 4 shows a full analysis table in respect of Interview 2, for a participant pseudonymised as ‘SD’. This process took time, but had the advantage of fostering prolonged, iterative familiarity with the primary data, encouraging both reflexivity and interpretive speculation, and enabling me to isolate and focus on specific themes in each utterance. I then organised my data thematically in table form (see Appendix B). By working iteratively back and forth from these tables I was able to conceptualise the data in the form of what I called ‘mind-maps’, and could thus benefit from the additional visual illumination which these provided. I then organised the topics manually, using what is known as One Sheet Of Paper (OSOP) technique (Ziebland and McPherson, 2006), which allowed me the advantage of comparing and contrasting themes repeatedly and simultaneously across multiple interviews. I had previously attended a course on this technique, led by one of its creators, who had examined me at an upgrade viva earlier in the progression of my DPhil work. OSOP allowed me to focus at leisure on interpretive aspects of the material, and this prolonged reflexive consideration of narrative content offered valuable insights into the lived experiences of these dancers. Figure 3, in Chapter 4, illustrates one such OSOP graphic, summarising themes from one participant narrative – further examples in respect of the other participants are shown in Appendix C. I have since learned that the OSOP technique is also known by some researchers as Very Large Dining-Table (VLDT) analysis. Such phenomenological interpretation of co-created knowledge provides insights which cannot be gathered by positivist, quantitative methods; the latter are generally considered more suited to analysis of empirical data from large populations (e.g.

percentage distribution, frequency of an occurrence or trait, speed, height, weight or other such measurable information).

By thus analysing the transcripts at length, iteratively and recursively, collating, reflexively comparing, and synthesising thematic and narrative analysis of the transcripts of all my participants, I was able to discern topics arising in many or all of their accounts; these common, experiential *leitmotifs* form the basis for my conclusions, discussion and recommendations. I organised these themes under topic headings, then grouped related interview extracts from across the data together, theme by theme, in what might be described as a type of thematic coding. This approach is akin to thematic analysis, as described by Riessman (2005, p.2):

> A typology of narratives organised by theme is the typical representational strategy, with case studies or vignettes providing illustration.

Figure 3 below illustrates the sequence of these processes across my study.

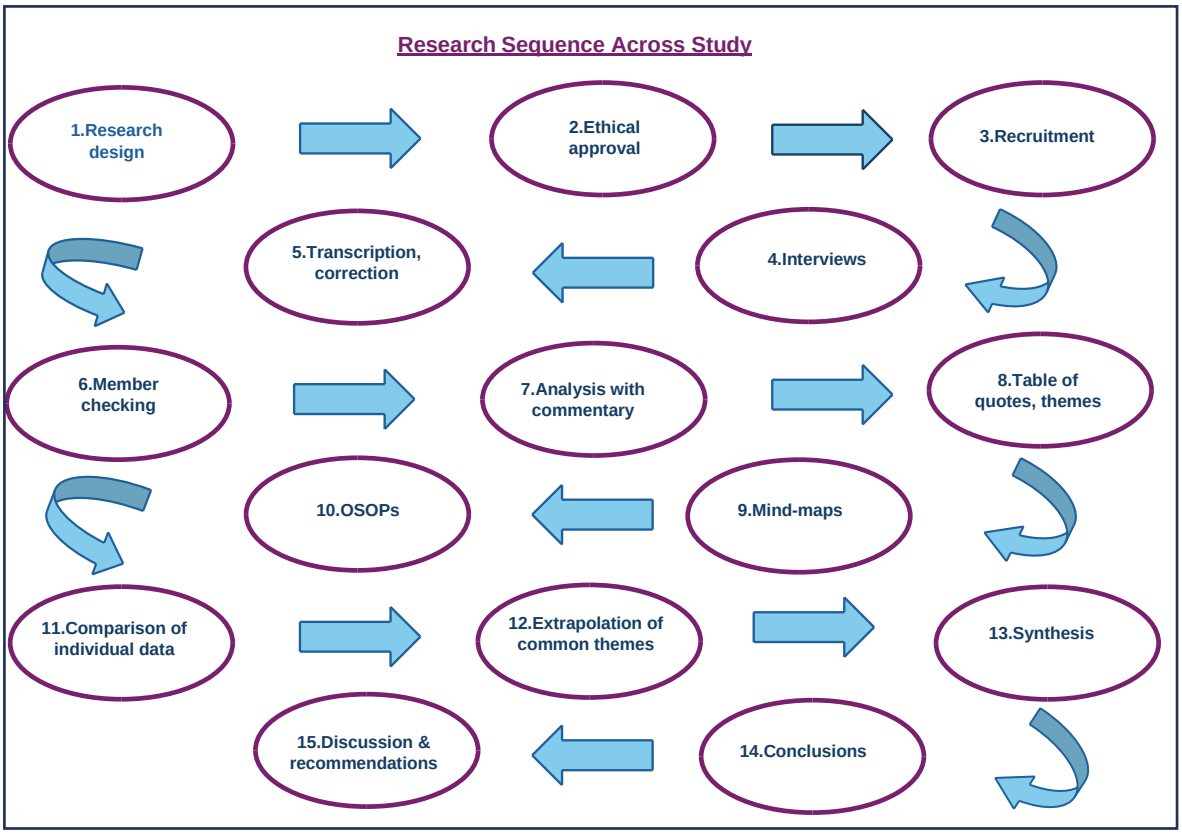

FIGURE 3: SEQUENCE OF RESEARCH PROCESSES ACROSS STUDY

In Chapters Five and Six below I shall show how my findings indicated a commonality of experience throughout many aspects of their lives before (5.3), during (5.4, 5.5), and after (6.3, 6.4, 6.5) their active dancer phase.

The longitudinal nature of the interview schedule has allowed me to observe in precise detail the changes of nuance and emphasis in their choice of wording and their thought patterns across the time frame of their sequentially transcribed interviews, enabling subtle yet comprehensive narrative analysis of the type referenced by Riessman and Quinney (2005) -- see Section 3.2.2 above.

3.3 Summary

In sum, data collection thus consisted of initial, principal and follow-up narrative interviews, which I recorded, transcribed, and subjected to member checking, with participant feedback incorporated in the data. I analysed their data iteratively and recursively, discussing it at length with my supervisors and developing the concept in the light of their feedback, then formulated the results in graphic form – this allowed me to discern frequency and patterns of narrative development and thematic similarity and to reach the conclusions which I shall lay out in Chapters 8 and 9. In the next three chapters (Chapters 4, 5, and 6), I present findings from my primary data, beginning with the illustrative case study of a single dancer, then broadening out to include the experiences of others in training, professional activity, injury or illness, unsuccessful interaction with clinicians, and the struggle to adapt to a new identity and a new life, following the traumatic end of the lifelong career.

CHAPTER 4 The dance disrupted

4.1 The break in the lifeline

My study bears witness to the biographical disruption experienced by 23 elite dancers, purposively sampled for career-changing injury or illness. This and the ensuing two chapters introduce experiential themes which they mentioned. Many of them felt that clinicians had misunderstood their priorities, that they had been let down and disenfranchised by obstacles systemically embedded in the clinical interaction, and that this had led to the involuntary, premature loss of their careers and their life's work, a significant rupture in their lives. I should point out that there are likely to be many narratives of dancer-clinician interaction with far happier outcomes; none, however, figured in this purposive sample of dancers with career-ending illness or injury. (I remind the reader that, in the hope of reducing future incidence of such situations, this research centres on experiences of dancers for whom medical treatment did *not* succeed in providing a resumption of dance activity).

Elite dancers are specialised performers, dedicated to their art. As I noted in the Introduction and Background Chapter they are in many ways visibly different from the world around them – this is noticeable in their physicality, anthropometry, movements, social lives, employment conditions, fitness levels, nutrition, personal priorities, all of which are obvious and exceptional. This exceptionalism is not deliberate, but rather the product of their professional formation, the result of years of

intense training, and of a life which revolves single-mindedly around dance. To put this another way, they are different -- not by choice, but by virtue of their occupation, as I shall show in Chapter 5. One consequence of their occupationally-mediated singularity is that when they become injured, as frequently happens, they may be treated by a clinician unfamiliar with their elite dance-specific pathologies or priorities – I explore this further in Sections 6.2 and 7.6. In such a situation, neither side would be able fully to recognise, or to engage with, the experiential referents of the other; mutual incomprehension would be the probable result. To evaluate and, where possible, propose ways to ameliorate, this incomprehension and its sequelae, is the purpose of my thesis.

In Section 4.2, below, I summarise the narrative of one interviewee, Katherine, noting the biographical significance of themes which were to recur frequently across the sample. I include in Figure 4 a graphic OSOP (One Sheet Of Paper) collage of quotations from her transcribed account, collated under groupings drawn from subjects which appeared throughout her story, and those of other injured ex-dancers. I selected this individual as her account illustrates themes which recurred many times across my sample, as I shall illustrate in Appendix B.

4.2 An example life narrative – Katherine

Katherine was born into a family of artists. Her first ballet school, which she joined when she was eight years old, encouraged her artistic and intellectual development. At the age of 11, she was accepted into a well-known junior vocational school attached to a large ballet company -- she refers to this school as “the sausage

factory" and was sent down after little more than a year for, as she said, "asking too many questions". She transferred to another school, eventually graduating to join a national company. She appears, like many classical dancers I have known, to display self-doubt and low confidence. Several times in the course of our conversation, this celebrated ballerina accused herself of physical and technical inadequacy. She told me she was only taken into her first ensemble as a courtesy to her ballet teachers, who were personal friends of the Artistic Director – in fact during the decade and a half that she performed there, she rose to considerable eminence, dancing principal classical roles; her name is well-known and esteemed in the ballet world. Despite this, she felt only grudgingly acknowledged, and after a long classical career which is generally viewed as impressive, she spontaneously decided to accept the invitation of a smaller, highly regarded, *avant-garde* ensemble. She recalled the moment when, having gone to see the smaller company perform, she decided to change allegiance:

> I got so tired of feeling like I was just never really quite, not really quite enough, not really quite what they wanted. And then I went to see the performances at the [theatre] with [Company] ... I happened to meet [Director] in the foyer and ... I was just enthusing about how wonderful it was and he said, "Well, come and join us." And I was just, I was, I was staggered, because I didn't, I had not, I'd just gone to say, "They're great, I'm so impressed." And I thought, for God's sake, why not? Let's just try it. Don't think much, just... do it … But at the same time, I knew that I was going to be relinquishing something that had taken me a very, very long time, the blood, sweat, and tears to work up.

In Katherine's perception, throughout her years in the big classical ballet company she had been made to feel unworthy; kept, as she remarked, "on tolerance". She felt that the Company had little interest in providing the psychosocial support or agency she craved. In her second, smaller company, with its different structure, she felt freer and more valued.

She plunged into this new stylistic and technical context with enthusiasm, relishing the renewal of creativity, energy, and autonomy in her altered life. In so doing, she followed the same path as the American ballerina, Gelsey Kirkland (1986), who, oppressed by what she saw as the overweening, autocratic rule of the Director of New York City Ballet, moved to a different company structure in American Ballet Theater. As Wainwright, Williams and Turner (2006) point out, this enabled her to escape a situation which had restricted her, thus radically altering her development as a dancer.

While rehearsing a difficult sequence in a well-known contemporary work, Katherine hurt her groin. Her clinicians, although she repeatedly described the movement for them in detail, appeared initially unable accurately to diagnose or treat the problem. Katherine's experiential knowledge seems to have been discounted in favour of the 'objective' examinations and tests undertaken by her doctors:

> …it hurt me to do the vacuuming. It hurt to, you know, push the thing along the floor. … I went to, to Mr. B, and he was the one who I think was... yes, who was doing the … steroid injections. And I think I had two, to dampen down the inflammation in the hip. And I went back to him. I kept going back and saying, I'm still having so much pain. I can't even really walk properly. I was sort of dragging my leg. And after a while, he said, "Okay, I'm going to send you to my colleague, Mr. C". He said, "I don't think that he'll be able to help you. I don't think it's this, but I can't think of anything else to do. And I'm praying for you". That's what he said.

Seeking diagnostic clarity, her clinicians conducted several tests for possible causes. These included Magnetic Resonance Imaging, a Computed Tomography scan and an arteriogram. A series of diagnoses were suggested in an attempt to understand what lay behind her injury: calcific tendonitis, stress fracture of the femur, venous embolism, a torn blood vessel in vastus lateralis, inflamed acetabulum, muscle tears,

calcification of the joint, or psychosomatic causes. Treatments and investigations followed each other -- vigorous psoas massage, hip traction, physiotherapy, ultrasound, and corticosteroid injections. Many of these hurt her, but none solved the problem, and Katherine experienced two years of pain, distress, and disruption, before the correct diagnosis was made – a ruptured inguinal ligament, the type of injury more usually incurred by ice hockey players or Gaelic and Australian Rules footballers. She felt that, had this been promptly detected and treated at the time of the injury, she might have been able to continue dancing. This is a conventional desire and expectation on the part of many injured dancers, and Katherine remains convinced that with timely treatment, she could have had at least a few more years of dancing. There have been several instances of dancers who managed after this same injury to resume full, active performing careers. For Katherine however, the prolonged delay before accurate diagnosis and treatment meant that there was no realistic option for her to resume professional life. Effectively, her career was over; she attributes this to the extended hiatus following the initial injury. As she continues to suffer severe pain and limitation at the site of the operation, it is possible that she may have been so badly hurt as to be untreatable. Perhaps she could never have been successfully healed and able to return to dance. It is, on the other hand, equally possible that, with prompt and appropriate treatment, she might, like the others before her, been able to dance again. By now there is no way of knowing.

The role she was rehearsing when she hurt herself had been choreographed for a man, on a man, by a man, who made no adaptions for her female body. To her, this suggested a gendered disregard for the difficulties she experienced while trying to execute the steps in the style he wanted to see. A video of that rehearsal shows her

attempting the step 22 times in succession. She injured herself in the attempt, and because without correct diagnosis and treatment she could not recover, she was unable to dance. She told me of a conversation with her Artistic Director:

> … he said, it was probably not going to be possible to renew my contract, because you know, you can't, especially that little company [xxx] dancers, you know, you can't be carrying someone who's, who's injured all the time. So that was from... from the eighth of September [year] to February [following year]. That's when I was trying to get back. And then my contract was terminated on the first of April [year]. Still without really knowing what it was that was the matter.

In ending her contract, the Company also ended her career, propelling her into unemployment and a protracted existential crisis. Her phenomenological account of the chaos into which her life was now thrown is evocative. With no income, nor any idea of what she could do except dance, she relied on her mortgage insurance for a year but eventually had to sell the house on which she had worked long and lovingly with her recently deceased parents. These, she related, were months of bewilderment, fear, and identity loss. She told me she fell into depression and denial, surviving through menial employment, too traumatised to think about dance. Hoping to ‘cauterise the wound’ she disposed of her extensive dance library of books, videos, and music. As she said in one interview, “My diaries show I was quite insane.”

Eventually, realising that she would need qualifications of some sort, she enrolled in an undergraduate degree programme. She had always loved plants, and thought of going into landscape design, but was instead persuaded to study architecture. During a field trip to a cathedral, she heard a choir rehearsing. This was, she said, an emotional moment. The floodgates opened without warning, and she found herself with tears streaming down her face, surrounded by startled undergraduates.

She knew then that she missed music and dance with an intensity she had not thought possible. She had felt, in her own words, “useless”. Now she realised that she could not live without dance.

It seems possible that Katherine’s distressing experiences might have mediated a state of psychic trauma, of which she may perhaps not even have known, prior to the dramatic revelation she experienced in the cathedral. I explore this notion below in Section 4.3.

Her injury precluded any return to performing; she would have to find another avenue. Eventually her husband (and former dance partner) was offered a teaching position in the dance department of a European university. Katherine followed suit, first qualifying, then teaching in the same department, a tangential path back into her beloved profession. She still suffers both chronic and acute pain from the effects of the physical demands of teaching on her injured hip. She tells me she mourns the lost years of her dancing career, but is learning to subsume this distress in a newly discovered passion for teaching, as she comes proactively to terms with her radically different life.

Katherine has been, in many respects, more fortunate than most of the other participants in this research. As her narration records, following a long period of disintegration, she found her epiphany in the aisle of a cathedral, listening to the beauty of a choir – this gave her the strength and self-realisation to revive the passion for music and dance which she had tried, and failed, to suppress. Describing this powerful realisation, she told me:

> … most of all, I missed music, I really missed working with music.

She now derives fulfilment from teaching and is enthralled and stimulated by the demands of that profession on her patience and her ingenuity. Speaking of a greatly respected tutor on her course, Katherine told me:

> She said, “There are three noble professions, the nurses and the priests and the teachers.” This burning desire to express something despite the fact that your feet don't point properly, or your legs don't stretch, turn out or whatever it is. So it can be a good kind of engine for a dancer if they can get past their inferiority complexes on all this. So it's fascinating. It really is fascinating and exhausting in equal measure.

Although presently in a stable situation, teaching dance at a university, she recalled having gone through considerable distress and dislocation before reaching this point. Like other participants whom I shall discuss in the Chapters 5 and 6, she appears not really to have separated herself from dance; it seems unlikely that she might ever want to do so. Dance has been her life since she was a small child. A few years ago, Katherine wrote an essay on the topic. With her permission, I quote a few excerpts from it here:

> Dance … is my life’s passion …. part of me almost all my life … I began dancing when I was four . … It’s a way of life. When I stopped dancing, I tried to turn away from it altogether -- I tried … to stay active. But no, body and soul wanted to dance classical ballet, as they had always done. Ballet is ‘home’ ...

> I don’t for a moment regret the time I spent studying, it proved to me that I could express my artistic impulses through some other medium besides dance. What was missing was that, deep down inside me, *I just didn’t want to*. Now I’m home again.

Figure 4, below, in the ‘One Sheet Of Paper’ (OSOP) format, shows a distillation of her utterances on her love of dance, her training, her life in performing companies,

her perceptions of the role of rank- and gender-mediated capital in her dancing life, her injury and the clinical encounters arising out of it, her life after dance, and her experiences of teaching.

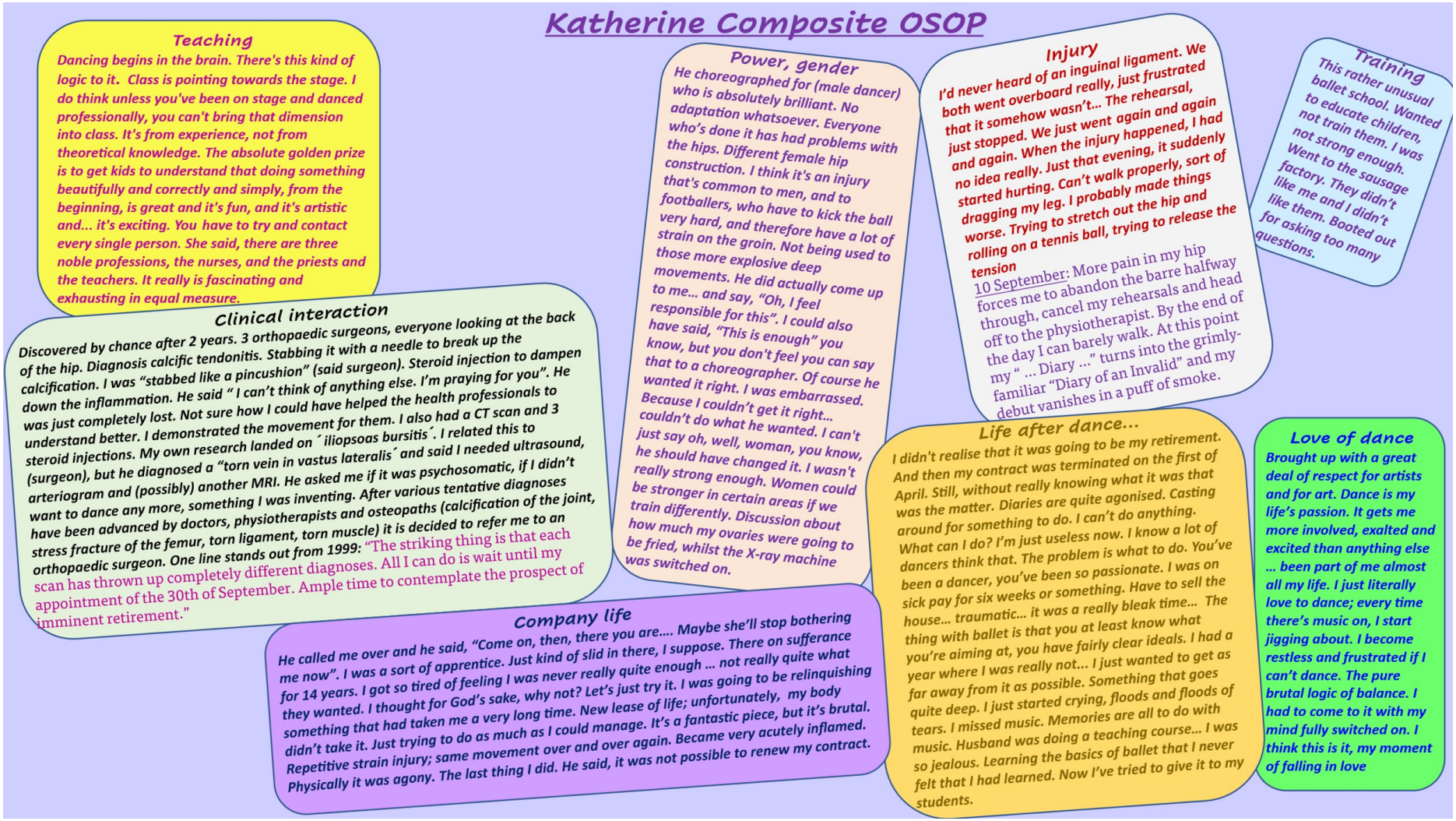

FIGURE 4: KATHERINE OSOP

4.3 Comment

Katherine's account makes clear the degree of traumatic biographic dislocation she experienced. Svenaeus (2000) describes this state of mind, citing Heidegger's concept of what he calls "*Unheimlichkeit*", the "unhomelikeness" of having to live the experience of inhabiting one's own body when it has been altered by illness or injury, a body which, as he (p.125) asserts, is:

> … alien, yet, at the same time, myself. It involves biological processes beyond my control, but these processes still belong to me as lived by me. This a priori otherness of the body presents itself in illness in an uncanny and merciless way.

Of relevance here is the engrained self-concept incorporated in dancers from the very beginning of their training, which comes eventually to function not only as a neurological and kinaesthetic map learned by heart over years, but also as an integral part of the person's identity. Pickard (2012) experienced at first hand the immediacy of dancers' physical and psychological identification with their profession:

> Ballet has become engrained in my body. My body is ballet, on the surface of my body and at my core. It is in my posture, my alignment and in my mannerisms, in the way that I carry myself, sit, stand, speak and eat – I am precise. I became a dancer through a process of construction that began in early childhood. I could not possibly have known the consequences of regular, intensive training on a body so young that aches and pains would be with me into adulthood. I loved the way it made my body feel, what I could do with my body and how my body looked. I did not complain or question why it was painful and uncomfortable, why I was regularly looking forward to doing something that was painful and uncomfortable; I just accepted that this was an important part of the activity. Ballet shaped my body and my mind as it shaped my perceptions, motivations and actions. (p.25).

Dancers are highly trained athletic artists, who view their own optimal physical efficacy as a given, a baseline, something taken for granted. If injury renders them “un-able” to dance, they may see themselves as “dis-abled”. Mattingly (1998, p.78) recognises their distress:

> To become disabled is to become disembodied, alienated from one's own body.

Mattingly’s assertion resonates through the work of Critchley and Garfinkel (2017, p.7) as they explore the development and connotations of our implicit and explicit sense of ourselves:

> Influential theories suggest emotional feeling states arise from physiological changes from within the body. Interoception describes the afferent signalling, central processing, and neural and mental representation of internal bodily signals. Recent progress is made in conceptualizing interoception and its neural underpinnings. These developments are supported by empirical data concerning interoceptive mechanisms and their contribution to emotion. Fresh insights include description of short-term interoceptive effects on neural and mental processes (including fear-specific cardiac effects), the recognition of dissociable psychological dimensions of interoception, and models of interoceptive predictive coding that explain emotions and selfhood (reinforced by structural anatomical models and brain and experimental findings).

Such findings suggest that altered ability to control and perform movement would be able to mediate states of wellbeing and mental health. Ataria *et al* (2021) note the intimacy of the links between the implicit self-representation or ‘body-schema’ and the explicit ‘body image’:

> … *body schema* is understood here as the preconscious, ‘automatic’ (i.e., implicit) dynamic system representation governing posture and action. In contrast, *body image* corresponds to the explicit conceptual representation or conscious ‘idea’ of one’s embodied self.

It would seem, perhaps especially so for dancers, with their heightened kinaesthetic / proprioceptive and interoceptive faculties, that a mismatch between the self as

interiorly mapped and engrained in the ‘body schema’, and the injured and in some ways unrecognisable ‘body image’ with its altered function and reduced capacity, would occasion significant stress. This resonates in the work of Thomson and Jaque (2015b, p.157), in the work on the incidence of Post-Traumatic Stress Disorder among dancers, to which I referred in section 2.3.5.

For Katherine, who had spent her entire life moving to, and interpreting, music, the emotional impact of her unexpected musical experience in the cathedral was clearly significant. Krueger (2011) notes that music is fundamental to the way we react to and mediate intersubjective and emotional encounters in daily life. On this basis, it would seem feasible that Katherine, in that moment of catharsis, might indeed have been suffering the effects of psychic trauma (see Section 4.1) brought on by the prolonged, helpless despair which succeeded her injury and loss.

Debilitating, life-changing injury renders painfully immediate the uneasy question, “Who am I?”. Mattingly (1998, p.118) recognises the existential anxiety of this sudden encounter with the impermanence of identity:

> Severe illness or injury which results in sudden disability poses a particularly potent challenge to self-identity and raises a host of interesting conceptual questions about what it means to have a self, as well as the role of narrative in self-construction. If our sense of self is ensured, in part, by the continuity and sameness of our body, how do we know we have the same self if our body is suddenly, unalterably changed? Does this self come to an end in some way? How does this situation of radical bodily change provoke a search for self, for some new self which can fit a new body?

Finkenauer *et al* (2002) confirm the profound and intricate connection between self-image and the body. These authors suggest that physical and corporeal changes

wrought by accident or illness might be mirrored interiorly in our sense of our own identities; for physically expert practitioners of artistic activity, sudden involuntary incapacitation and exclusion from that activity would therefore be especially traumatic. I explore this theme further in Chapter 7.

4.4 Summary

I have devoted this chapter to Katherine's story, because her account embodies parallel themes which I have found in many other narratives across the sample. In the chapters that follow, I provide findings and perspectives on other participants' career-ending injuries or illnesses and their experiences of medical treatment. I also discuss analogous experiences in the period immediately following their injury and the concomitant loss of their career, at a point when they were still trying to come to grips with the similar disorientation and loss of identity of which so many of them spoke.

In Chapter 5, I look at the education of the dancer, the eager wholeheartedness with which my participants embraced the initial sense of adventure and joy in dancing, the processes by means of which their 'dancer' *persona* and passion were constructed and socialised, and the influences in their ballet schools which drove the formation of their identity throughout their training and subsequent professional lives. Later chapters will examine their injuries and illnesses, the clinical shortcomings which they believed to have terminated their careers, the disintegration of their cherished dance world, and the coping strategies by means of which they strove to reconstruct themselves as non-dancers.

CHAPTER 5 The making (and breaking) of the dancer

5.1 Initial delight and joy in dance

Here, I discuss participants' initial sense of adventure and joy in dancing which they referenced in their narratives. I examine the formation of their identity across their training and performing lives, and the processes by means of which their characteristic, *genre*-specific dancer identity was constructed and socialised (5.3, 5.4). During analysis of the themes they adduced, I discuss the ways in which bodies and minds were moulded over years by the dance ethos, and the complexities of simultaneous, continuous development on multiple levels, social, physical, psychological and existential. Subsequent chapters follow their career through to the trauma of career termination and loss, the consequent impact on their self-concept, and the disintegration of their dance world, before examining the coping strategies through which many strove to achieve what Frank (1995) calls a "restitution narrative".

For many, their first dance contact was in childhood. Common to all participants was a keen love of dancing, encouraged by their parents, a topic which I explore in more detail in Section 7.1. They talked of inheriting their joy in music and the arts; this had in many cases been part of their family life. The mothers of three participants owned ballet schools; three others had parents who danced professionally or pre-professionally, and there were eight with family members who attended dance classes. Several had watched parents or siblings in class; one recalled seeing her

mother dancing onstage, another was taken backstage after the show to meet cast members. Several mentioned maternal encouragement, reinforcing their love of dance. Nicola remembered being driven to ballet class every week by her tap-dancer mother, traversing a 25-mile bridge over a huge, beautiful lake, as she and her five siblings changed from school clothes into ballet kit in the back of their van. Nora's parents were balletomanes, with season tickets; she was taken to several live performances every year. As she said:

> I just fell in love with it. I was seven. I just thought it was the most magical experience.

Others had no family dance connection, yet recalled a chance meeting or event, the beginning of a lifelong love affair with dance. Kate's passion was sparked by the picture of a ballerina on a magazine cover. Mary was "obsessed" by dance. Bridget "liked the prettiness of it". The events which precipitated each individual's passion thus appear to have varied from case to case, yet for each of them, it was this love which impelled them to seek a dance career. As Shelley said:

> It always felt like it was my calling, like that I had to do it. I absolutely had to do it. It's kind of non-negotiable.

Participants saw learning to dance as a huge adventure, as though setting off on the road to their dream. Ewan recalled the enjoyment and fulfilment he experienced at ballet school:

> … we took his morning classes every Saturday …. And he was, again, very encouraging, and very kind. And it was just nice having a happy energy around and a positive energy around and a very encouraging energy…So it was, it was like, wow, this is actually what ballet could be. It could be fun, it can be energetic it can be, you can actually do things, you can move and stuff. So that was really, really, I guess, a big turn in my aspirations at that point.

Little of the requisite skill-set is innate. The seeds of such specialised cognitive, physical, and spiritual knowing are planted, nurtured, and brought to fruition over many years. As we shall see below, the process is time-consuming (Schupp, 2020). Most interviewees recalled spending more and more time in the studio as their training continued. Starting from one lesson weekly, they progressed to several hours every day, frequently putting in extra weekend time in rehearsals, exam work, and performances.

5.2. Vocational training

Dance as a prospective career choice displays several particularities. Training, as I have noted, starts in early childhood, becoming progressively harder over the ensuing 10 to 12 years; the risk of injury is considerable, the chances of success limited. Admission into preprofessional training mandates submission to an institutional ethos which governs the trajectory of their lives from vocational student to elite, fully-formed dance professional. The student's principal function within the school is to absorb, incorporate and try to perfect the technical and artistic components of dance to the highest standard they can achieve. Little agency is involved here – their obligation is to do what they are told, as well as they can. I explore the implications of this in later on, in Section 7.4.

For my participants, acceptance into a pre-professional school seemed to confirm successful negotiation of the first hurdle along their way. Miranda told me:

> … it felt very serious. It felt very real. It felt very important you know, or I've, you know, it's quite silly because I look back on it now, because I was so young mentally. I felt like I'd made it already. …

Nicola said:

> … I just loved it. I loved dancing all day. I loved that sort of, you know, sense of exhaustion, but like good exhaustion. I just loved it. … it was just it was an all-consuming thing that that was really the, the one activity I did the most. So yeah, it was, it was, just it was part of... it was my identity, really. So when I had to quit, it was a real identity shift. And that was that was the hardest part.

Students' perception that they were on the way to realising their dream inspired in many a new sense of self. Their accounts confirm that their lives were becoming increasingly organised around dance -- they became, in their own view, dancers in the making, a mindset which would eventually lead to adoption of the dancer identity (2.3).

5.2.1. Companionship, pride and fun in pre-professional training

For these full-time students, indentured to an art they loved, to spend hours at school in the company of people whose enthusiasms they shared was often a joyously sociable experience. Bianca revelled in the sociocultural immersion in this *milieu*:

> Yeah. I loved it. I loved being in boarding school with my friends. The fact that I'm very social. I'm quite a social person. So for me, like just being out, having friends at your disposal 24 hours a day. For me, it's just a dream. And I loved the dancing.

Seeing dance as their calling, they became socialised into a cultural subset of coevals with whom they had much in common, impassioned by, and embodied in, dance, sharing similar goals and ambitions, excited by the voyage of discovery upon which they were all embarking together. They thus formed what Lave and Wenger (1991) recognise as a group of likeminded individuals interacting with each other and learning a practice through social learning, and became, as I mentioned in Section 2.3, what the authors subsequently termed a "community of practice". Many bonded closely with friends in their schools, forming a kind of surrogate family. As they related, there began to develop within them a worldview which accorded value to the familiar ambiguities of dance life, while dismissing the non-dance world as comparatively less interesting. By the time they reached adolescence, they had learned to perceive their world as bifurcated – the dance cosmos, filled with fun, excitement, companionship and adventure, and the contrasting 'reality' outside. In Section 5.4, below, I examine the ways in which their security and delight in their social grouping, so familiar and self-affirming by comparison with the outside world, contributed to the growth of their dancer identity. Given the dance-aligned social emphasis evident in their narratives, such individuals might be expected to reach adulthood with relatively little experience of most other types of interconnectivity beyond those prevalent in their habitual world of dance and dancers.

As I noted in Chapter 4, this protective separation of their private dance 'bubble' from the non-dance world around them should not be taken for deliberate exceptionalism

(Zingora, Stark and Flache, 2020). Young people may feel their own reasons for concealing secrets from the outside world (Kwiatkowska and Rogoza, 2019). Such reasons might include fear of ridicule, or reluctance to expose their personal fantasy to the harsh glare of daylight. Adolescents frequently live periods of confusion and uncertainty. Some may be reluctant to abandon their protective coloration; many might worry about being seen as different (Frank, Mueller and Mueller, 2013; Juva, 2022). It frequently happened that these students constructed themselves within a cohesive social stratum of like-minded devotees, banding together as if for mutual protection against what they may have felt to be the uncomprehending, unsympathetic environment outwith the world of dance.

Julia Buckroyd (2000), writing of vocational dance schools, notes the differences in social development between dance students and other, non-dancing, adolescents:

> … the student at a vocational school has an extraordinarily busy life. As well as continuing formal academic education until at least the age of sixteen, she is undergoing an intensive training as an elite athlete. There will certainly be far less unstructured time available to her even in terms of breaks during the day. The physical demands of doing so much are likely to make her too tired to have a very ambitious social life, so that the dance student may very well meet only other dance students and have a much more restricted and limited social life than the average youngster of her age. Even during her training, the traditional mode of dance teaching, where a teacher does whole class teaching or addresses individuals within the class, means that there is very little interaction between students in the course of the learning. Collectively these limitations often mean that the dance trainee does not mature as a social being in the way that is usual for her age group. (p.63).

Some pages later, Buckroyd (2000) returns to this theme of polarised social activity:

> … their social lives were spent very largely with other dancers. (p.138).

As Warnick, Wilt and McAdams (2016) confirm, the sense of being part of a community of practice develops in parallel with the occupational formation upon which dance students concentrate their attention throughout their training:

> Aside from the competitiveness the dancers felt between their classmates, they also likened the dance community to family. Further, the students did not think people outside of the dance culture understood them. This sensation of being set apart from the broader culture causes dancers to self-identify within the group and to feel dependent upon dance as an identity (p.36).

It seems understandable that subsequent abrupt loss of their dance-based intersubjectivity might be traumatic and bewildering, as indeed it was for my participants. I explore this further in Section 6.5.

5.2.2. Negative perceptions of dance training

These newly-admitted vocational students gradually began to recognise that much would be, indeed was already being, demanded of them. During their studies, many were selected for small parts in Company productions. They might perform onstage, even travel with the Company on tour. This was the realisation of a cherished hope, their chance to meet, perform alongside, perhaps get to know, real professional dancers. In Company performances they were not expected to show the technical virtuosity of professionals; they had nonetheless to display accuracy, discipline, and stagecraft, commensurate with that of the adult artists around them. Unsatisfactory students could quickly be replaced by someone of the required quality. They learned by experience the strictness and self-control which must accompany delight in being onstage. Simultaneously, they needed to keep up with their schoolwork, knowing

that any sign of academic backsliding could put at risk their ambitions as dancers in the making (5.2.3).

Throughout their training, they were also constantly required to expand their capabilities; this obligation entailed progressively greater investments of time, concentration and energy. More (and more demanding) dance disciplines and styles began to be included in their mandatory curriculum. The work of dance training is both physically hard and emotionally tiring, and in the natural process of their physical development, such heightened expectations on the part of the school typically coincided with the sensitive, turbulent onset of puberty and adolescence (Buckroyd, 2000; Pickard, 2013). Training of body and mind should be precisely balanced and coordinated with students' development during this most critical life stage (Mitchell *et al,* 2016); many factors (growth spurts, puberty, morphological, social, and psychological changes and much besides) must be considered. Students' shape and personal appearance changed with what may have felt like bewildering speed, affecting proprioception, balance, strength, and flexibility, accompanied by confusing psychosocial changes (Mitchell *et al*, 2016). Sometimes, even when trying (as they perceived) their hardest, they might fail to deliver what was being demanded of them. They spoke of reprimands, conflicts, disciplinary issues and apprehension. Mason and Bannerman (1991), cited in Buckroyd (2000, p. 124), sound a warning about the wellbeing of these hard-pressed young people:

> Are we aware enough of the mental pressures and stresses on young dancers? How do we instil in them a positive healthy attitude to their bodies and their work so that they are not constantly in fear of injury and more importantly so that they do not work on through the warning signals which often precede the serious injury? We all know of instances in which

> dancers and dance students almost have to be physically restrained from carrying on even when they risk long term damage to their bodies. Why is this and how do we stop it?

There are grounds for their concern. A mere nine years earlier, the presiding genius of a major New York school was comparing ballet training to the military academy of West Point. Schorer, cited in Newman (2004, p,43) quotes Lincoln Kirstein:

> I was amazed at the thoroughness with which they pursued a single goal. Dance is like that. … Rule one here is “There’s No Justice.” Rule two is “No Complaints”. Rule three is “Shut Up.”

Annual assessments were another recurrent cause of disquiet; students judged unsuitable for further training would be asked to leave. Participants recalled the implicit threat of dismissal as reinforcing their sense of being under pressure. Socially, too, this could be a difficult time – formerly close companions might sometimes find their social priorities and allegiances changing – group bullying or exclusion may happen among groups of teenagers (Risner, 2014), including young dance students (Bakker, 1991) as they start to realise that they will always be competing with their erstwhile friends (5.2.4) for the attention and favour of their superiors (Passos, Araújo and Davids, 2016). For many, there came a moment when the enchantment faded, when they began to experience vocational schooling as hard, painful labour, physically demanding and mentally stressful. They used words like “bullying”, “stressed”, “worried”, “scared”, “traumatised”, and “mean”.

Pickard and Bailey (2009) note the psychological conditioning inherent in vocational training:

> The world of an elite dancer is a tough environment fraught with potential rejection, prejudice, and injury. Those involved in ballet education and training seek to prepare the young people for negative experiences. As Brinson and Dick suggest: 'Whatever the safeguards, dance is a risk business. Under extreme physical demands or in particularly challenging new movement, the frame of the dancer may give way at its weakest point. Nor will the psyche of the dancer sustain extreme stresses of performance indefinitely' (Brinson & Dick, 1996, p. 61).

Strict mental and physical discipline were taken for granted as part of the pre-professional ethos. Kate recalled the exhaustion and desperation she felt at her school, one of the most established and highly regarded in her country:

> And the schedule was intense. And the teachers, like the people were mean. I just couldn't understand when I was studying out there, I couldn't understand … why I was even dancing anymore. Like it was just, it seemed like I was good at it. But it's constant, constant criticism. Stressed, and the way that they had us scheduled … there wasn't time for a break or time to eat or, but then you had to go to a nutrition class, but they didn't even schedule you enough time to be able to get to the cafeteria for lunch… I was also like, very worried about getting injured there. Because every day in class, somebody was horribly injured. And like, just never came back …I remember one girl she did, yeah, when we were doing *allegro*, [name], she did her *plié*, and her kneecap went round behind her knee. And she took off for the jump and it stayed there … and then she never came back to class. And then another day, in jazz class, [name] was doing something. And she tore her hamstring, and it rolled up the back of her thigh. And then she just … never came back … at all, like, the whole programmes, like my classmates were disappearing left, right and centre. And I remember … being really scared. And anyways, my parents pulled me out.

All these themes were evident in their narrative interviews. Sheila remembered a teacher stamping on the floor and screaming in her face. Not every participant, however, saw their teachers as despots or aggressors, to be obeyed out of fear -- there were those for whom deference to instructors was voluntary. Katherine thought of her vocational teachers as eminent, competent, highly qualified professionals.

> I mean, you, you are trained, you're conditioned, let's say to, if somebody says do it, then you do it. And it's not because it's the army. But I think because it's a respect. I mean, the people that I worked with, I had an enormous respect for them and for their knowledge. And I thought, well, if I do what they say, then I will get better and I will learn something.

I note, in this context, that recently-announced measures, which will come into effect in 2026 and 2027 at the Royal Ballet School, are announced as having been designed to lessen the load on students in Years 7 and 8.

5.2.3. Pressure for academic excellence

As well as striving for the highest standards in dance, these students needed to excel academically. The parents of many insisted on satisfactory schoolwork as the condition for continuing with dance training.

> I mean, my parents are academics. My mom is a History professor. So, yeah, they were supportive, they understand the, the importance of the arts and that kind of thing. They did, of course, want me to get my college education as well … -- Nora

Several participants spoke of the difficulty of coping with their academic workload. Mitchell and Clements (2021, p.77) refer to the independent responsibility which devolves upon young dancers as they adapt to structure their existence around the demands of their dance training:

> While the norms and expectations of the ballet subculture prescribe delayed physical puberty, cultural constructions relating to cognitive and emotional development are more varied. At the same time, young dancers may be exposed to early opportunities to develop independence and self-reliance. Young dancers who undertake vocational training do so residentially,

> gaining responsibility for tasks such as laundry, organisation of schoolwork tasks and cooking, far in advance of their non-dance counterparts.

Paschali and Araújo (2023), in their study the pressures of academic requirements on vocational dance students, note that:

> Examinations and increased academic pressures were identified as largely negative experiences, some modules were described as ‘unbelievably difficult’ (MP1661) and at the time ‘hard to cope with’ (MP2061) psychologically. Studying at HE was described as ‘intense’ by half of the dance students, who felt there was insufficient time between classes and improperly spaced breaks throughout the day, negatively impacting their stretching, rest, and nutrition…. (p.10).

Participants discussed the perceived overload in their schedules not only in terms of dance training but also of increased academic pressures and in some cases to the additional burden of working part-time jobs. Analogous issues arose in an Australian study of young elite athletes preparing to compete at Olympic level while trying to combine their training schedules with the demands of their academic schooling (O’Neil *et al*, 2013).

5.2.4 Culture of competitiveness

In professional sport academies (as opposed to dance schools), students train to compete, to outdo each other in speed, distance, strength, points and scores. (Thomas *et al*, 2021). Although the art of dance is not competitive in the same sense, there are admittedly some contexts in which dancers do compete against each other; these include auditions, but also such annual events as the Prix de

Lausanne, the International Dance Festival, or the Braemar Highland Games, among others. Such occasions are not restricted to dance. They also take place in festivals devoted to classical piano, bel canto or painting, and there are in fact one or two folkloric or street dance *genres* which either embody or depict rivalry. Such exceptions notwithstanding, I contend that dance in general is not inherently competitive, any more so than classical music or sculpture. The young dancers in my study were, however, obliged to compete against each other, although for a different reason — the scarcity of employment opportunities in their profession (see Section 1.3). This phenomenon is mediated by sociocultural factors, among which is public perception of the value of dance as compared to sport, specifically in terms of funding. Governments and commercial interests in many developed countries provide generous funding for competitive sport. Performing arts, such as dance, are generally less well supported, and are thus often restricted by budgetary constraints, which limit job opportunities. I unpack this topic further in Section 8.5.

Participants said they were often reminded, implicitly and explicitly, that once they had finished their training, they would need to stand out from the crowd, to outclass thousands of rivals, all of whom would be competing for very scarce opportunities to enter the profession. Throughout training and their subsequent careers, they were constantly aware of the need to ‘do it better’, in the sense, both of improving their own technique, and also of outclassing their rivals. This led, as they perceived, to fierce rivalry, every student striving to impress teachers and ballet masters, thus exacerbating the atmosphere of competitiveness which so many mentioned. Mary, for example, described arriving alone, as a scholarship student, at her vocational school:

> ... everyone was giving each other stares and not talking, you know, sizing up the competition ... I still remember everyone lining up and everyone just, you know, quiet and just staring at each other. … I think it's something amongst all dancers where they're all trying to get this one goal. And to get this one goal, you have to be so obsessed and focused. Because everyone's so competitive. Everyone wants to be the best. Everyone wants to be the top... And if you're not, well then you don't make it. And if you don't make it well, then that's it. No career for you. So it's quite cutthroat in that sense…

5.2.5 Working through pain

Dancers have a particular relationship with pain, drawing a distinction between 'good pain' and 'bad pain' (Tarr and Thomas, 2021). Definition of these terms remains hazy, subjective and individual. At their root, however, lies the notion that the end justifies the means; in other words, the aesthetic value of the result is considered to compensate for the suffering that has gone into producing it. 'Good pain' is seen as the expected, recognisable consequence of hard, conscientious work; the bruised and broken toenails, blisters, corns, and callouses that come from *pointe* work, the delayed-onset muscle soreness, stiffness, black eyes, stubbed fingers, wryneck, aching shoulders and lower back pain from long, heavy lifting, microtrauma of ankles, calves, knees, thighs, hips, and backs, from hours of jumping. These things are almost comforting in their familiarity – they seem, in a sense, to validate the virtuous work done, the engagement, and the effort, and are often worn like battle-scars, with a certain pride.

'Bad pain', by contrast, manifests unexpectedly, ambiguously, lacking the weary predictability of its more benign counterpart. Dancers experiencing 'bad pain' worry about the cause, the unfamiliarity, the extent of damage, potential restrictions and

consequent time loss. Sometimes both types may manifest simultaneously, the dancer becoming anxious over which kind of pain this might be. There is yet another confounder – a dancer still warm from work may not immediately feel what later will turn out to have been a significant injury, only discernible when the body has cooled down and the symptoms developed. Thus, Katherine, describing the day she hurt her hip, told me that at first, when she went home after rehearsal, she could feel nothing seriously wrong – later, however, she could hardly walk. One difference between the two pain types is that 'good pain' will eventually subside, while 'bad pain' remains or recurs, sometimes more intense, sometimes with complications.

Even during their teenage years, many participants were implicitly encouraged to normalise the concept of working through 'good pain' (Lampe *et al*, 2018).Teachers or coaches, pleading a higher interest, sometimes tried to persuade them to re-categorise their 'bad' pain as 'good', perhaps for the sake of a forthcoming performance or syllabus examination.

Kenneth, a former dancer, now a clinician, warned of the dangers of this concept:

> The more I hear about it, the angrier I get. I've got a ... she's 13. She does 30 hours of training a week. She's already out of school, has literally no identity outside of dance, and of course injured. So, you know, that's great. I've got heaps of other kids who, who are being overstretched and being put, they're literally being injured, and it's just child abuse. I'm on a crusade at the moment to try and do some work to reduce the number of hours young dancers are doing because it's stupid, like, got 12-year-olds doing 30 hours a week of dance. And then I'm seeing them. Like, I just shouldn't be seeing pre-teens burnt out, that's really upsetting. Like, we shouldn't be burning out children. I've got some kids do two-and-a-half hour-classes. I can't focus for that long, like... can't expect a 12- or 13-year-old to do it! So that's just a tension, let alone the physicality of maintaining that level of exertion and precision. Like it is a precision art. We're not marathon runners. This is, you know, highly detailed, precise work. Like, again, you can't maintain it for that long.

5.2.6 Loss of agency and autonomy

Dance is a complex, codified system – hundreds of steps in thousands of combinations, with specific choreography for head, eyeline (direction of gaze), legs, arms, and hands, as well as the position occupied by each individual within a formation, musical speed, time signature and content, proprioception, the dynamics of partner work, dramatic-artistic considerations, lighting, costume, footgear, headgear, props, décor, and storyline all at the same time. To perceive and control these influences requires vigorous cognitive function – there is evidence (Karpati *et al*, 2015) that dancers and dance students display elevated neuroplasticity. Such alleged cognitive enhancement notwithstanding, participants' training within the hierarchical ethos of dance seldom took the form of dialogue between teacher and pupil – many remembered discourse as almost always unidirectional, emanating from instructors and addressed to students, who conventionally remained silent and attentive throughout class or rehearsal – individual conversation was actively discouraged. From their student days to the end of their careers, ballet convention dictated that they be told what to do, as if they had no will or knowledge of their own.

It can of course be essential, at specific moments in some productions, precisely to coordinate the spatial location, position and alignment of the body, timing, and performance values, of every member of the *ensemble.* This is group work in unison – audiences easily pick up even minor discrepancies of line or timing, which ruin the desired effect of unanimity in the choreography. Individualism in such contexts is therefore considered undesirable. Such suppression of initiative and individuality

may, however, presently become irksome. As Wacquant and Bourdieu (1992, p.222) remind us, teaching an art differs from teaching knowledge, in that:

> … a number of modes of thinking and action, and oftentimes the most vital ones, are transmitted from practice to practice through total and practical modes of transmission founded upon direct and lasting contact between the one who teaches and the one who learns (“Do as I do”).

I shall return in Chapter 7 to the theoretical connotations of pre-professional and professional dance discipline.

5.2.7 Objectification of the [female] dancing body

For about 200 years, as I noted in Chapter 1, the culturally constructed, preferred Western image of the female dancing body has been rooted in the waif-like look which fascinated the artistic minds of the Romantic era (1.2, 7.3). Across the intervening centuries, classical ballet technique has evolved to become progressively more athletic, but with this evolution have come new demands in virtuoso execution, partnering, and lifting technique. The emaciated appearance of female dancers, which in the mid-to-late 1800’s might be seen as an aesthetic choice, has today become almost a practical requirement for physical slightness in the women being lifted. Today’s female dancer needs to be light, slim, and yet extraordinarily strong. These obligations (1.2) may in the nutritional context seem mutually contradictory – apparently, dancers are expected somehow to square this physiological circle, an expectation implicitly endorsed and explicitly reinforced in dance schools and companies through pre-audition screenings (2.3), regular weigh-ins and admonitions

from staff. There is in many dance schools, a requirement to achieve and maintain the ‘perfect’ dance physique (Kalyva *et al*, 2023). Sanctions for overweight are serious. Many dancers’ lives are fraught with uncertainty and the pressure for thinness, and guided by beacons of idealism and perfectionism (Crow, 2021; Clark and Markula, 2017).

Some participants also sensed a gendered aspect to this, both during training and in their careers. Several spoke of perceived gender bias in their companies. It is true that most, though not all, choreographers, directors and ballet masters are male, ex-dancers who, after active performing careers, make the transition to leadership, creating capital and a power differential; the majority of dancers, meanwhile, are female. In 2022, for example, around 70% of ballet company Artistic Directors were male, compared with 30% female (Dance Data Project, 2022).

There is thus a gendered divide between senior staff who make decisions and give instructions, and dancers, who obey them. Participants’ accounts confirmed this. Katherine’s career-ending injury, for example, as I related in Section 4.1, came when she was rehearsing a principal role in a contemporary work choreographed by a man and originally created on a virtuoso male dancer. Here, gender-mediated and rank-based power differentials were clearly discernible. The choreographer, leading the rehearsal, had an implicit duty of care which he seems to have ignored. There is a ‘triple twist’ to Katherine’s account of this power dynamic – not only the gender bias of her having to dance a male role with no allowance for her differently constituted

female body, but also the fact that the choreographer was also male, and, furthermore, her superior in the organisation, to whom she felt obliged to defer.

The traditional narrative and substance of ballet might be seen as being, of its nature, overtly biased against females. Through much classical repertoire, *corps de ballet* men have had a far easier time than women. In **Swan Lake**, for example, male group dancers perform in Act I and Act III (although, exceptionally, the Principal male role in this ballet does demand considerable exertion throughout). All the women, however, also bear a heavy load throughout Acts II and IV, the so-called 'White Acts', long, demanding, unison sequences *sur les pointes*. Similar uneven workloads prevail in many classical pieces -- **Giselle**, ***La Bayadère***, ***Don Quichotte***, **The Sleeping Beauty**, ***Les Sylphides***, ***La Sylphide***, and so on. Most of these works date from between the 1830s and the late 1890s, when European artistic conventions revolved around the fashionable Romantic stereotype of the doomed, tragic, supernatural female figure – the bride forsaken, the Princess enchanted by a sorcerer, the murdered temple dancer – all haunting forest glades and lakesides, waiting to wreak revenge upon the male author of their misfortunes. This Romantic aesthetic, pervading literature, music, theatre, painting, and other arts, was situated as I mentioned above in Section 1.2, in the medical and sociocultural landscapes in a time of widespread infectious, and often sexually transmitted, disease; the transformed appearance of those thus afflicted, inspired the artistic output of that period. It is interesting, parenthetically to reflect that this archetypal libretto, often ending with the destruction of the male by the *femme fatale*, poignantly illuminates the then current view of women's guilt in the transmission of venereal disease.

For the sake of fairness, I should mention that nowadays, men in current repertoire do much more than carry their partners around the stage. Today they need real, virtuoso dance technique, and consequently work a great deal harder than did their predecessors.

Participants whose appearance seemed at odds with conventional physical criteria of suitability for professional dance, recalled being subjected to anthropometric criticism (see Section 2.4) and were deemed unacceptable (too tall, too short, overweight, wrongly shaped foot, insufficiently attractive, under-stretched knees, bowlegs, excessively muscular, wrong hair colour, wrong skin colour).

Melissa considered this an instrument of oppression:

> Yeah, the body is an object that is sometimes appreciated. But most of the time something to fight with, especially as you get older … And they're saying you are not adequate as a dancer, because your body is not adequate. So there's, there's it also, they're criticise ... I think the hard part is that they are criticising ... for me, as a young woman, they were criticising who ... they were criticising me. This was, this is me, this is my body, now criticising me. And at the same time, they are helping me objectify my body as a thing to be judged and picked apart. And constantly trying to shape it and mould it into an object of beauty, as you say.

Bethany described the body objectification and the built-in sense of subservience, noting the aspirational perfectionism inherent in the dancer mindset:

> There seems to be a pretty, a pretty high proportion of dancers tend to be, you know, maybe not perfectionist, but they definitely are high achievers, they're focused, they, they're trying to, to check off all the boxes that they get handed. I mean, I remember company contracts used to have your height was in it, but then your maximum allowed weight was in it, the colour that your hair could be, how long it had to be, like, we had something about tan lines not being

> allowed. It was just, it kind of dictates everything about you. And you know, you have your company weigh-ins where they're yelling across the room...

I discuss and theorise this phenomenon in Section 7.2.

5.2.8 Low self-esteem

Within the strict discipline of preprofessional schools (5.2.2.), some participants felt that the unrelenting criticism they endured was stifling their sense of self-worth. Under the combined pressures of academic obligations (5.2.3), rivalry for roles and attention (5.2.4), physical discomfort or pain (5.2.5), homesickness, cumulative fatigue and the stress of pubertally mediated anthropometric changes, some felt socially isolated and alienated; there were those, too, who wrestled with disordered eating as they strove obediently to maintain the ideal dance physique (5.2.7). Some began to lose confidence and self-esteem, doubting whether they had what it took to succeed in their chosen profession. Their accounts reveal low self-efficacy and (in several cases) self-condemnation for perceived inadequacy (Krakkóné Szászi and Szabó, 2021).

Cynthia, among many others, struggled to maintain a sense of self-worth:

> I didn't feel valued ... I did feel selfish. But I also … knew I needed it. Like I knew dance was the only thing for me. It was, there was, there was no other thing that I was going to do in my life … I was going to be a dancer. … I think it's really, really hard. Trying to when you're, especially when you're with a big company, you know, trying to be noticed, trying to feel important. Like, you can be replaced like that, you know, it doesn't feel very good, you know? Oh, I feel like you're constantly striving ... for a sense of worth, honestly, as a dancer, I think it's really hard to find a sense of worth, as a dancer, you do this for yourself, because you love it.

Sheila (whose transcript appears in Appendix A, Section A.2), described her pessimistic evaluation of her own talent.

> I thought I was terrible, because obviously, your teachers make you feel that way. And you know, think oh … you'll never get into the Company, you're too tall. You'd have to be a soloist, you're not good enough to be a soloist and so I didn't even really try that. I auditioned for two ballet companies, that was it. But yes … maybe it's just, in yourself you know that that was so bad about it. You just feel bad about yourself. That you're not good enough.

Thus, although they had in their student days begun their journey with a passion for dance (5.1), and the dream of becoming a dancer, they gradually came to inhabit a new reality of fear, pain (5.2.5), exhaustion, learned insecurity, low self-confidence, and the probability of traumatic injury. Nonetheless, for a minority of graduates, in spite of all the stress of their training, after all the worry and self-doubt, there came one day the longed-for moment when they actually were offered a real professional contract. This was the moment when it finally happened – they had made it, and now it was time for the dream to come true.

5.3. Being the dancer, living the dream

To become a professional dancer engenders a heady sensation, as we shall discover in Section 7.3. Not every company is perfect, however and no professional dancer's life consists exclusively of seamless joy – there are also frequent occasion for sadness. In spite of participants' obvious love for their jobs, there were, also, negative aspects to these apparently joyous lives.

In fact, a dance career is very hard work. The pay is meagre, there is little job security, career progression depends on the whims of senior staff, the physical labour of the job is exhausting, and the delight of performance is accompanied by constant, and sometimes increasing, levels of pain and worry. Participants, as Katherine recalled, often felt unfairly treated in matters of casting – whenever new directors or choreographers came in, expectations and conventions of preference in the ensemble could be swept away instantly. In many companies, casting is announced via printed notices on the bulletin board; dancers may not know beforehand of their inclusion, exclusion, promotion, demotion, or relocation relative to a forthcoming production, tour or performance. Some saw this as exemplifying inadequate communication with staff and management. Many recalled frequent disappointment. They spoke of losing roles they had danced successfully in the past, of struggling to maintain their place in the hierarchy, sometimes of being dismissed – continued employment is never guaranteed, either in dance or in the theatre as a whole.

As in most organisations, power structures operate within, and control, dance companies. In Section 1.3, I illustrated the organisational structure of a company , showing relative status and capital of people working at different levels within the ensemble. Dancers occupy the lower strata of these structures; their working lives are governed by decisions at senior level, over which they may exercise little or no control. Some dancers perceived differences of rank being leveraged within the ensemble for personal advantage and power. Katherine, for example, always felt,

even after she became a Principal, that she had to struggle to keep her place in the big Company:

> At [classical Company], you know, we changed directors so often. And everyone that came in had their own dancers and I was always at the back of the queue, and had to prove, prove myself, my self, my self belief was, was like this [downwards-pressing gesture of the hands]. And I felt like my image of myself was like a salmon, you know, trying to swim up the stream all the time, all the time and the amount of effort that it took just to, just to stay where I was and not just slide down.

Katherine's frustration at casting patterns affecting her career in the classical company shines through her account – several participants voiced similar frustration, indeed the experience is known to most professional dancers. Warnick, Wilt and McAdams, (2016, p.38) quoted one of their interviewees, whose sentiments would be familiar to many in the profession:

> I think some of the – I like the word smallminded control needs of some of the artistic direction – so with an expectation that you come and you work hard, you act professionally, you be on time, you do what is asked. You would expect a certain amount of respect or professionalism in return and I would have to say that the majority of the time it's not what I experienced in dealing with artistic staff, people who are in charge of the company. So that was very challenging.

Importantly, dancers are subject to marked and unpredictable fluctuations in intensity and duration of work. Shaw *et al* (2023, p.8) looked at 123 dancers of all ranks in the Royal Ballet over five years, and found considerable variation in hours of work:

> We observed mean weekly dance hours between 19.1 and 27.5 hours, exceeding training and competition durations reported in elite rowing,[18] rugby union,[19] and track and field.[20] While it is important to acknowledge that the present data lacks a measure of intensity and is, therefore, not a comprehensive measure of training load, the extent to which these values

> exceed those in sporting contexts is notable. Even the highest daily durations reported in sport[18-20] fall at the lower end of those observed in the present study. These dance volumes likely underpin the reduction in physical performance observed at the conclusion of a ballet season[21] and the high rate of burn-out in classical dance.[22] Large variation in weekly dance hours was evident across the cohort; the "worst-case-scenario"[23] for a dancer may, therefore, be approximately 50 hours of scheduled dance in a week.

In the Strengths and Limitations section of the article I have quoted above, Shaw and colleagues acknowledge that no measure of intensity was available in respect of work involved during the hours they recorded – this, for the purpose of the current discussion, renders their findings less informative than they might otherwise have been. Company timetabling for rehearsal and performance varies widely according to scheduling requirements, which change from week to week, fundamentally affecting dancers' workload. It seems probable that, in addition to the physical burden throughout a season, they may experience cumulative fatigue from constantly varying levels of stress and tension, and these also combine to reinforce perceptions of exhaustion at specific phases of the season. De Wet, Africa and Venter (2022) studied recovery-stress states in professional dancers in a South African ballet company and noted significant fluctuation, with concomitant deteriorations in sleep quality, more marked in the performance phases of the year, as opposed to during less stressful, rehearsal phases – the effect was most pronounced among female dancers and among the soloist/principal ranks. Such findings are reinforced by recent research into the interplay of physiological and mitochondrial factors in the homeostatic context of sleep (Sarnataro *et al*, 2025).

To illustrate dancers' obsessive dedication to the demands of dance, and their readiness to sacrifice freedom, comfort and normality for its sake, I quote here from

an interview (Newman 2004, p.424) given by the French ballerina Violette Verdy, in which she describes working on the film **Ballerina** (Berger, 1950). As she relates:

> It became clear that I was going to do this film for 80 days, from 12:00 to 18:00, except Sundays, and I wasn't getting my ballet classes. … so at 6:30 every morning I was picked up in my apartment with my mother in the limo. We would go to the studio, which was, of course, empty. We were given the things they use to hold the high pieces of equipment like the lights … battens, that's it. They would be tied to something to make a barre. Viktor would give me a full class, with pointe work and everything. Without music, no music. … they would make me up, do my hairdos, give me my lunch, then I would put my costume on, my toe shoes, and I was ready to film. 80 days And I was only 15. They then realized that I was getting dark circles under my eyes from when I took my class, and for certain comedy scenes they said, "We'll wait until the end to do those, and don't take your class so your face is more normal." At 15, can you imagine?

In general, many felt unfairness, discrimination, objectification of the body, and the same perpetuation of the pressure for thinness which they had encountered in training. They recognised the familiar, unspoken message that an injured dancer is viewed as unreliable, perhaps unsuitable for promotion (5.2.5). They evolved over time to realise the mental and physical price of their dream: self-sacrifice on the altar of their ideal, recognition of the exploitation to which they subjected themselves, physical pain, fear of losing dance, possible separation from their accustomed *milieu*, frustration in the face of clinical incomprehension (see Section 6.2), bewilderment at the ensuing chaos of their lives, and loss of the dancer identity. Many also perceived a gender bias, both during training and in their careers. It is however important to recall here that, despite their complaints, participants reported loving, and taking pride in, their careers, revelling in their dancer identity and in being dancers.

5.4. The dancer identity

In this section, I examine the ways in which participants' security and delight in their social grouping, so familiar and self-affirming by comparison with the outside world, contributed to the growth of their dancer persona. Their awareness of inhabiting a 'dancer' identity, constructed, grown, lived and embodied throughout their training (see Section 2.2.2), was reinforced by their sense of belonging, and of being part of something they loved. It crystallised in their image of themselves as dance people, to such an extent that later, when dance was eventually no longer part of their lives, most experienced real difficulty in defining themselves. Among those I interviewed, love of dance (5.1.) developed into passion (Vallerand *et al*, 2007).

Dancers have been called 'performing athletes' (Koutedakis & Jamurtas, 2004; Bird, 2009; Wyon, 2016). It is known that, in the course of their training and development, athletes acquire and cling to identities which are strongly influenced by their sport and its requirements. A qualitative study of elite athletes, musicians and dancers (Hill *et al*, 2015) found shared characteristics among all three groups; these included high motivation, strain, perfectionism, valuing achievement, insistent passion for quality in their own work, and a sense of never being satisfied with themselves.

For dancers, inhabiting the dance identity, the physiological implications for their highly trained bodies of involuntary post-injury deprivation of the ability to dance, may inflict long-term damage on their concept of themselves. The workings of this effect are concisely explained by Berrol (1990, p.259), who noted that:

> … psyche and soma are linked by an intricate system of interactional neuronal networks, interdependent in function and operation. In practical terms, all modes of behaviour –

> physical, cognitive, psycho-social – affect each other, whether under normal or pathological conditions.

Similarly Greben (2002) pointed out that dancing:

> … has great satisfactions that are difficult to do without once they have been enjoyed. Dance is one of the most complicated sources of pleasure in work. The dancer has aesthetic and kinesthetic pleasure from the use of the body, a sense of mastery or control in that use, and the pleasure of working with a group or company of others, as well as the gratification of a beautiful visual and musical environment. Performance also yields the pleasure of fantasy through story and of imagery through characterization. Furthermore, the dancer, like all performers, has the satisfaction of the attention and applause of the audience (p.16).

There may also be a neural element involved here. Fried *et al* (2011) and other writers point to the neuromechanical signals which precede the activation of all movement. Dance movement of the level of sophistication and expertise which we are discussing in this study is the product of many years of painstaking work, devoted to nurturing within the dancer a precognitive, reflexive kinetic capacity, one logical result of which might be enhanced speed, efficiency and parietal / premotor cortical activity on the part of trained dancers as compared with non-dancers. In this sense, dancers' superior movement ability, even at the precognitive stage, is, physiologically a part of themselves – in other words, as I shall suggest in Chapter 7, the dancer, the dance, and the dancer's body are in this sense one and the same.

Most of my participants clung to their sense of the self-as-a-dancer even after traumatic events had proven to them and everyone else that their construct was no longer viable (Sections 6.5, 7.6). These tensions between the objective reality of

their incapacitation, and their tenaciously maintained self-image, form a principal theme in my work.

5.5 Comment

For my participants, as for most dancers and preprofessional students, love of dance takes the form of a passion, indeed, for some it seems to become an obsession. Vallerand *et al* (2007) writing of this mindset, observed:

> Such a passion becomes a central feature of one's identity and serves to define the person. For instance, those who have a passion for playing the guitar or for dancing do not merely play the guitar or dance; they are ''guitar players' or 'dancers.' Passionate activities are part of their identity—of who they are (p.508).

Pickard (2012, p.25) notes that these experiences are significant for students, not only in terms of their development within dance, but also in the growth and formation of their system of values and their personality:

> This is the 'logic of practice' (Bourdieu 1990) where the values of the field, for example notions of body image, body shape and size, discipline, training regimes, identity and taste, are transmitted and perpetuated via the ballet school and ballet class to the young dancers who strive to accrue the important physical capital.

In Pickard's quotation, above, she references Bourdieu's concepts of habitus, field and capital, embodied in their practical application to the lives of my participants; these will form the basis for further discussion in Chapter 7.

As we have seen, the training of dancers is, broadly speaking, a ‘top-down’ process, and, like most such systems of control, open to abuse (5.2.2). Maltreatment in dance education has recently attracted considerable attention in the UK, where, in September 2023, the BBC broadcast an episode of **Panorama** about bullying and body shaming at two eminent vocational ballet schools, and their impact on those students who felt targeted. The effects of aggression and maltreatment on students and dancers have been copiously documented (Risner, 2002; Lakes, 2005; Kaufman, 2019; van Winden et al, 2020; and many others). In 2020, for example, a major and successful vocational dance school in the UK had to close when funding was withdrawn, following some 60 allegations from students and parents of sexual abuse by a member of staff. It should be explicitly pointed out here that none of the participants in my study recounted sexual abuse, and this topic does not in itself form part of my research. Abuse of some variety, however, appears to be regrettably widespread, not only in classical ballet schools. Such abuse may be sexual, psychological, or physical, or any combination of these. There are similar reports on dance and sport education from across the world -- there is even a ballet, specifically about abuse in the ballet studio: **The Lesson**, choreographed in 1963 by the Danish dancer Flemming Flindt (see Figure 6, below). The story is loosely based on the Ionescu play of the same name, and depicts a private ballet class in which a female pupil is berated, maltreated, and eventually killed by her increasingly deranged teacher.

FIGURE 7: THE LESSON (CHOR. F. FLINDT)

This important subject of abuse is, in any event, large, complex, and beyond the scope of this thesis. A matter of such gravity merits extensive research on its own merits. It should however be pointed out in passing that the film, '**Black Swan'** (Aronofsky, 2010) which portrayed sexual abuse in a ballet company, is generally regarded by the dance world, despite its popularity and acclaim. as exaggerated, prurient, commercial sensationalism. The film is a work of fiction, and ought not to be conflated with the empirical reality referenced in the **Panorama** programme.

Professional dance is a complex and unpredictable undertaking, often steered largely by social and market considerations. Worry over job insecurity is a fact of life for many dancers – there are not enough jobs for all the highly-trained graduates who want nothing better than to become professionals. According to Statista.com, 11,500 UK dancers and choreographers were working professionally in 2025. Any

overview of working conditions for dancers and performers in general, needs, however, to consider the context of their engagement. Their lives are heavily influenced by where, and on what terms, they are employed. By way of example, many dancers in Europe are, in my experience, at first contracted annually to Opera Houses, often within an artistic triad comprising opera, orchestra and ballet, performing either separately or in combination. Analogous arrangements are found in a few subsidised companies here, however many UK performers are hired for the run of one specific production. Productions may close for various reasons, often financial. Income from box-office and marketing may be able to keep a popular piece running for a surprising length of time, but costs have risen steeply, and are projected to climb further. I quote below from the 2025 Annual Report of the Society of London Theatre and UK Theatre:

> … the cost of making and presenting work is rising rapidly. 94% of producers expect staffing costs to rise as a share of income, and 75% foresee higher energy and utilities bills. Meanwhile, many of the UK's theatres - often historic and central to their communities - are in urgent need of investment. One in five venues requires at least £5 million over the next decade simply to remain operational. Without substantial capital funding, nearly 40% could close or become unusable.. … Touring remains vital to cultural access and levelling up – with 72% of producers touring domestically – but is increasingly hard to sustain amid rising transport and production costs. International touring faces additional barriers from trade uncertainty, currency volatility, and visa complexities… simply adding more seats to a venue is not possible and increasing ticket prices risks excluding the very audiences' theatres seek to welcome. Public investment has fallen by 18% per person since 2010, with local authority support down by up to 48% in some nations. These cuts now risk dismantling the very foundations of success.… To safeguard the future of British theatre - and with it, the wider creative economy – Government must act. That means sustained investment in infrastructure, skills, access and innovation (pp.5-6).

An analysis of official statistics by the Campaign for the Arts revealed that audience attendance figures, two years after COVID, were still only at 64% of their pre-pandemic levels, with the level for dance performances reported as a mere 5%. Very

disconcerting for performers, many of whom worry about making ends meet on their small wage, is the possibility that the Company employing them might, as I note above, actually be forced to cease trading. The risk of this problem bedevils many performing arts organisations, indeed the Chief Executive Officer of the Royal Opera and Ballet, notes in his contribution to the Annual Report of 2023-24, that:

> " …like many arts organisations, we continue to tackle enormous financial challenges. Economic shifts, pressure on box office revenues and funding uncertainties have impacted our resources, necessitating difficult decisions and strategic adjustments. Despite these pressures, we achieved a financial break even position for the year. This was in part because of a one-year decision to reduce the number of new main stage productions… In the meantime, we face new challenges in an uncertain world including … the urgent need to replace our end of-life backstage infrastructure. " (p.8).

In view of the financial precarity in which these organisations operate, it might seem prudent and logical to undertake a partial reconceptualisation of venues and target audiences, with a view to strengthening audience impact, increasing attendance, expanding employment opportunities for dancers, and securing the economic health of companies. It might, in this context, be helpful to offer programmes which would be popular with a broader public and a wider demographic than may currently be the case. I venture to describe this process as a type of "vernacularisation", and unpack the concept further in Sections 8.6 and 8.7.

5.6. Summary

In this chapter I have discussed the means by which students and professionals constructed what was to become their cherished concept of themselves as dancers,

the sociocultural ethos which underpinned this development, the impact of the privations and privileges of their training and their careers, and the vicissitudes of their chosen profession. All 23 participants in this study had given themselves wholeheartedly to their art; every one of them would eventually pay an exorbitant price for the halcyon days of their professional exultation. My findings provide vivid accounts gleaned from their interviews, including:

- their inherited predilection for, and cumulative love of the idea and identity of ballet,
- physical and academic stress of training,
- gradually augmenting competitiveness,
- body objectification,
- their sense of belonging, and of a career path that started in childhood,
- increasing levels of demand and expectation from their teachers, ballet-masters, Directors and choreographers,
- diminished self-esteem and self-confidence, and
- financial insecurity.

Their interviews, by illuminating and instantiating the literature I have quoted, confer a new immediacy on the topics they narrate, revealing and emphasising a paradigm of distress and danger, an urgent physical and mental health crisis among a poorly-understood subset of the population.

Subsequent chapters will examine the impact of the trauma which ended their dancing lives, the short-and-medium-term sequelae, the ways in which they reacted to their distress, and their coping strategies for survival during the construction of

new selves to replace their former ‘dancer’ *personae*. Next, in Chapter 6, I examine their post-dance lives, the successes and the failures they experienced. I further reference the power and origins of sociocultural and historical factors which mediate the conditions under which they were obliged to operate, both during their time as professional dancers, and in their subsequent lives.

CHAPTER 6 The end of the dance

6.1 The career-ending injury / illness

At this point in my thematic analysis of their narratives, I focus on the critical moment of traumatic rupture, and the events which surrounded the involuntary, premature career endings experienced by participants. I consider the moment of the accident, nature of the injury or illness, and any pre-existing conditions with potential relevance to the outcome. Section 6.2 explores dancers' experiences of medical interaction; in Section 6.3, I note implications of the career-ending event. In Section 6.4, I offer insights into dancers' biopsychosocial experiences of the immediate aftermath, while Section 6.5 looks at the sense of rejection which coloured their subsequent lives. I conclude with a discussion and summary of the issues, mediating factors, and ramifications of their new post-injury status, positioned on the temporal continuum of their lives.

All participants in this research had been obliged by illness or traumatic injury to renounce their careers and aspirations in professional dance. This represented for them a significant loss, entraining important changes to their lives, their immediate and future plans, their social status, income, bodies, career options and their concept of themselves. In Table 3, below, I summarise how these injured dancers adapted to their current occupations, and how they feel about their present lives.

TABLE 3: LIFE AFTER CAREER-ENDING INJURY OR ILLNESS

PARTICIPANT	WHAT ARE THEY DOING NOW	RESIDUAL HEALTH AND WELLBEING ISSUES
Bethany	Teaching dance, emphasis on biomechanics and kinesiology.	Reports feeling dissatisfied, depressed.
Bianca	Freelance actor, trying with limited success to find work in London.	Constantly missing dance, worried about her unstable employment in the gig economy.
Bohdana	Still seeking (and failing) to find a way forward.	Chronically exhausted, alone, depressed, unemployed. No longer able to dance, she feels she has irretrievably lost her identity.
Bridget	Convalescent.	Chronic Fatigue Syndrome, EDS, depressive, neurodivergent, never had a career, living with regrets.
Brenno	Teaching a little.	Recently bereaved, disoriented, lost.
Carol	Teaching a little.	Ageing, arthritic, apprehensive about future.
Cynthia	Teaching remedial students.	Worried by shrinking client base for her remedial classes, but still retains hopes of success.
Elaine	Teaching a little, wondering what next.	Never had a career, constantly unhappy. Contemplating leaving dance altogether.
Ewan	Still trying to teach, despite injuries and multiple medical issues.	Long-term invalid, chronic mental health problems, deeply depressed, pessimistic.
Francesca	Retrained as foot and ankle physio.	Satisfied with present course.
Kate	Retrained as paediatric cardiac nurse, perfusionist.	Fragile, concentrating on recovery from chronic ill-health and spinal injury.
Katherine	Retrained, teaching dance at university.	Finding balance, interested in the possibilities offered by teaching.
Kenneth	Sports Med., physician/surgeon, specialising in Dance Medicine.	Missing dance, some solace in job, angered by typical maltreatment of dance students.
Kirsty	Academic turn (criminology). Taught dance in prisons.	Long-term spinal injury, chronic discomfort, still wants to teach.
Marjorie	Has moved into dance administration.	Currently pain-free after multiple surgeries, maintaining precarious equilibrium.
Mary	Teaching a little.	Ehlers-Danlos Syndrome, chronic depression, never had a dance career, still disappointed by her failure. She appears lost.
Melissa	MSc Dance Science, teaching contemporary dance.	Still wants to get onstage, despite age. Still angered by power/gender biases in dance.
Miranda	Teaching in own school.	Graves‘ Disease. Worrying prognosis, knows she will have to stop. Uncertain future.
Nicola	Teaching dance at university.	Physical toll of age and injury are wearing her down, sapping motivation.
Nora	Co-directs own dance school.	Chronic pain, limitation, anger, frustration.
Sandra	Teaching ballet, contemporary dance & somatic technique.	Permanent pain, fragile health, severe incapacity from multiple injuries.
Sheila	Teaching in own dance school.	Chronic pain and limitation. Questions reasons for dance teaching. Pessimistic.
Shelley	Teaching a little, when possible, re-trained as Pilates instructor.	Resents perceived clinician gaslighting. Surviving, within marked limitations.

Table 3 lists 20 out of the 23 former dancers who were in one way or another unhappy in their attempts to find a life after dance. The fortunate ones who managed to some extent to construct, and to live within, their new selves are Francesca (physiotherapist), Katherine (teacher) and Marjorie (dance administrator). Kenneth, too, was just beginning, as he told me in Interview 3, to manage to see himself as a clinician first, and a dancer second – this gradually evolving view of his self-concept developed over the course of the study, and provides a longitudinal insight into data surrounding the dance identity. All these ex-dancers are still attached, emotionally or in some other way, to dance, and this again raises the question, to what extent is it (indeed, could it ever be) possible for people so thoroughly conditioned, to detach themselves from their lifelong and now perpetually frustrated, definition of themselves as 'dance people'? Looking at the Residual Health Issues column on the right side of the table, I am struck by the sadness of these brief summations. The end of dance has been a moment for most of them, following which nothing can ever again be as it was. Their loss resembles a bereavement, which they carry within them throughout their days. In one way or another, their stories bear witness to this grief:

> I'm 23 now ... too old for the ballet world in one sense. Kind of sad, I know I won't find anything like it… You can't escape it, it's part of who you are. I had no idea what I was doing. It was very disheartening. …That had been my goal, my dream, my passion. Now, it's not pursuing a job because you have a passion. Casual job, that you can somewhat do, get money and say, I survive..– Mary

Sheila, too, remembering her loss, told me she felt as though she had died. It will be apparent that many of my participants' new lives are permeated, as were their former

dance careers, by physical pain, injury risk, financial insecurity, a sense of mourning for their past, and existential disquiet over what the future may hold. Jeffri (2005) recorded the effect on a celebrated American dancer of involuntary, premature career termination:

> Former dancer Edward Villella said: 'I fought like crazy not to be depressed. … I wouldn't admit that I was depressed. But I certainly think I was for about ten years' (Upper 2004). These findings underscore the common notion that the end of a career in dance is 'one of life's little deaths'. (p.346)

Jeffri and Throsby (2006) cited examples of this moment of realisation among dancers who spoke to them:

> Kevin MacKenzie, Artistic Director, American Ballet Theatre, said: "The retiring dancer and the heartbroken lover are never more alike than when their relationships end." And…while no one is surprised at the heartbreak of first love, the nature of heartbreak for the dancer is more poignant if he or she is unprepared, still relatively young, perhaps physically injured…. The very strong identification dancers have with their profession often exacerbates the heartbreak. "Who am I if not a dancer?" asks a former dancer, a female in her late 50s. (p.2)

Greben (2002) points out that for such people the significance of dance is fundamental:

> The school or the dance company often includes not only most of a dancer's colleagues, but friends and even lovers as well. Losing a job with a company can deprive a dancer of most of the sources of security and pleasure in life. Dance is often not just an occupation or profession but also a calling. Because the dancer's identity is intimately tied to his or her work, loss of that work can be disorienting and bewildering.(p.16)

Such quotations illustrate the bereavement which participants experienced when their careers ended. There appeared to be a general consensus across the sample that, having danced all their lives within their constructed, self-defining dancer traits and affinities, their loss of dance amounted to dissolution of the main referent landmarks by means of which they had located themselves. All their life's edifice, their sociocultural dancer existence, and their habitual embodiment of dancer narrative had been destroyed. The world they recognised was closed to them; they no longer knew who they were, nor where they belonged. They had become spiritually displaced, metaphorically homeless – indeed, with no livelihood and no prospect of income, it was not impossible that, like Katherine, they might soon become literally homeless as well. They recalled their bewilderment at the ephemeral nature of what had seemed to be their dance careers and their lives. Most told me that, in that moment, they had had no idea how to begin constructing a new context within which to continue their existence For nearly all of them, to shake off the dancer *persona* has been difficult, and in some cases, impossible. Some still cling to their lost selves, even in their non-dancing lives. Ewan, for example, seems unable completely to abandon his dancer identity. In his case, perhaps even more than for other participants, his mental health may have led him to feel that maintaining a viable equipoise after his injuries would depend heavily on his self-image in dance:

> I've been diagnosed with all kinds of different learning disorders like dyslexia, ADHD, of course, OCD, ASD autism, like, not severely, I'm high functioning. But that's also why I hyper focus on dance… I guess... as a dancer, you're just in tune with your body. So you know, and I think it stays with you for, it must stay with you for life.

Ewan's prospects offer scant grounds for optimism. The number of students who come to him has shrunk by more than half; he survives by adjudicating at festivals, a sporadic, and at best a provisional, occupation. Other participants, too, arouse concern. We have seen in Table 3 the indecision which has hamstrung Bohdana's attempts at rehabilitation – I consider her predicament further in Sections 6.3 and 6.4. In a similar protracted state of stasis is Bridget, still grappling with what she sees as medicine's failure to heal her. She is further hampered by myalgic encephalomyelitis, also known as Chronic Fatigue Syndrome. This condition is sometimes regarded with scepsis by lay people, and Bridget, who, in addition to her other comorbidities, is also autistic, says that, given her state of health and the reactions of apparent disbelief she perceives from those with whom she tries to interact, she finds meaningful change hard to effect. Within her capacity, she attempts to work with a cooperative, to ameliorate the health and wellbeing of afflicted dancers, but has yet to make much measurable progress.

6.1.1 Overuse and accidental injuries

In the following sections, I examine the events which precipitated these radical, unexpected developments. As one might expect from the high rate of injury in elite dance (Rivera *et al*, 2012; Smith *et al*, 2015), serious accidents — in class, rehearsal, and performance, as well as outside dance — were common. While it is encouraging to note that some of the main UK dance company managements are attempting, with partial success, to reduce the frequency of injury, much remains to be done (Bronner, McBride, and Gill, 2018). In Section 6.1.3. below, I discuss circumstances of specific dance injuries narrated by participants. Many suffered

musculoskeletal insults, some of them accidental, while others may have been attributable to repetitive strain or overuse. Indeed, ‘accidents’ are more likely to occur, and to cause damage, in an over-used body. Francesca, for example, rehearsing an unaccustomed style of contemporary choreography over an intensive three-week period, ruptured a cuneonavicular ligament in her mid-foot. Katherine, trying to execute a technically difficult step 22 times in one rehearsal, tore a ligament in her groin (4.1). For others the onset of incapacitating pain was progressive, brought on by continuous work on a long tour, with no opportunity to rest or recuperate. Kirsty, for example, performing and touring in an illusionist’s show, spent hour after hour in contorted positions, damaging her back.

Bohdana ruptured the anterior cruciate ligament of her knee in class, Brenno suffered the same injury onstage in performance. Shelley (6.1.3) sprained the outer ligaments of her ankle, performing on a dangerously designed stage-set. Another tore the transverse acetabular ligament and labrum of her hip in class; she was also subsequently diagnosed with osteoarthritis. Kirsty landed wrongly in her first audition, turned her ankle, and ruptured the outer ligaments. Sheila, trying to impress a choreographer in rehearsal, threw herself into a spectacular, diving turn and injured her groin. Yet others hurt their backs in rehearsal, injured an ankle dancing on the unstable stage of a cruise ship, or sustained traumatic hamstring, hip, and spinal injuries.

There were also accidents outside the context of dance. One participant hurt her back on a vaulting horse; another twisted her knee doing cross-country skiing. Bethany was hit by a speeding car, with long-term impact injuries to her back, knees,

and neck. Sandra suffered a punctured tyre while driving at high speed, leaving her with multiple injuries which cost her months in hospital, with enduring sequelae. Ewan has had an extraordinary chapter of accidents, including severely lacerating the muscles of both legs in a DIY incident, hurting his wrist in a fall, tearing the muscles off his ribs, and several other unconventional injuries.

6.1.2 Pre-existing conditions and vulnerabilities

Several participants reported pre-existing musculoskeletal anomalies. Five displayed indications of Ehlers-Danlos Syndrome, a genetic condition of the connective tissues which can affect skin, tendons, ligaments, bones and organs. This syndrome manifests in various different forms; one type sometimes found among dancers is associated with joint hypermobility and laxity of supporting structures. Because of the expansive range of movement it allows, benign joint hypermobility is sometimes seen, even in vocational and company contexts, as advantageous to dancers (Foley and Bird, 2013; McCormack et al, 2004; Briggs et al, 2009), however many Ehlers-Danlos sufferers also experience kinaesthetic / proprioceptive and other difficulties, and the condition may leave them vulnerable to musculoskeletal injury. It is thought that some people with Benign Joint Hypermobility Syndrome may self-select for dance or other occupations which similarly require extensive range of movement (Chan *et al*, 2018).

In addition, several other participants reported congenital structural or developing anomalies (such as scoliosis, leg-length differential, muscle spasticity, and venous Thoracic Outlet Syndrome) and cardiovascular or neurological issues.

6.1.3 The instant of injury

Many participants' narratives describe the moment when injury ended their career. In some of these cases (and in others across this sample), the accidents could perhaps, under safer working conditions, have been avoided altogether.

Shelley, performing in a touring version of a holiday variety show, was wearing a costume of about one-third her own weight, with restricted vision. The stage was full of large sets, moving at high speed on tracks laid in the metal floor, and she was working in pointe shoes with rubber glued to the soles, because of the danger of slipping. She remembered:

> "I caught the rubber of my *pointe* shoe on the tip of the track, and I had this big 35-pound suit on, and I didn't fall, but I twisted my ankle pretty badly. And the schedule was such that we danced, four shows a day…. But it's, that's, that's the schedule. It's sort of like a Christmas …. And it's really elaborate. …And so at first I kind of twisted my ankle and I thought, this isn't quite right. And I knew something was wrong. But I didn't know. I just felt like something was a little extreme."

Marjorie performed on cruise liners, and told me of her experience, dancing on a moving surface:

> "When you danced on a cruise ship … they were giving us three inch hard soled character shoes. So you know, we're doing hustle, we're doing all kinds of things on a moving cruise ship. …. So there were times when you know, you're doing this beautiful *grand jeté* in a three inch hard soled shoe and the floor comes up and meets you before you're ready to land. Oh, that didn't feel great. But I'm gonna keep going through the rest of this hour-long show. Because … the ship just doesn't care. It's gonna move and you have to sort of navigate where you are in time and space to safely land, you know?"

The injuries were in themselves traumatic; participants' associated distress was also, as we shall see in Section 6.2 below, frequently exacerbated by their negative perceptions of encounters with the health care professionals who were to treat them. There were two exceptions. Sandra accepted early in her treatment that the severity of injuries from her traffic accident would preclude any return to performing. Even in her case, she perceived that clinicians' failure to engage with her in meaningful dialogue aggravated the trauma of her experience. Kenneth, too, believed that his dance career was over, not because of clinical factors, but because his former companies, wary of his heart condition, had become reluctant to re-engage him.

6.2 The clinical encounter

As I have noted, most participants perceived (see Section 4) that healthcare professionals had taken insufficient account of their 'elite dancer' background, some clinicians apparently lacking the skills or prior knowledge to assess their dance-specific injuries. They saw this as having two consequences: perceived errors in diagnosis, and perceived lack of empathy. This sentiment echoes the observations of Waitzkin (1984, p.2441):

> During recent years, leaders of the other primary-care specialties—family medicine and pediatrics — have designated communication skills as a major goal of training programs. … research confirms the disconcerting misunderstandings, confusions, and barriers that often arise in doctor-patient communication. The process of communication takes on added importance because it can affect the outcomes of medical care, such as satisfaction, compliance, and physiologic responses to treatment. (p.2441).

Waitzkin writes of the researcher, Mishler (1984), exploring the medical interview:

> … there are typically two voices in the medical encounter. One is the "voice of medicine." … the doctor tries to get the patient to give a history that meets the technical requirements of diagnosis, treatment, and record keeping. The voice of medicine is involved in repetitive questioning, getting the patient back on track during the medical history, and maintaining the high-control style. On the other hand, the "voice of the life world" has to do with the patient's concerns about everyday life. These concerns do not always fit neatly into the format of history taking. (p.2445).

The final sentence of Waitzkin's article resonates with a main theme of this thesis:

> Improvement of doctor-patient communication demands a combination of humility and courage, in short, the best qualities of medical work.(p.2446).

As I noted in Chapter 4, medical incomprehension and lack of firm diagnosis were behind the two-year hiatus endured by Katherine (4.2), which delayed her treatment so long as to vitiate her chances of a return to performing. For dancers whose potential career span may, even under optimal conditions, last for only 10 to 15 years, loss of active dancing time is a serious problem, with the potential to compromise their chances in a highly competitive profession. This occupation-specific hazard may perhaps not be universally appreciated or considered in clinical interactions. Indeed, dancers sometimes saw healthcare professionals as unwilling or unable to help them get back to dance. Nora, for example, thought her clinicians incapable of treating either her injury or its sequelae:

> "… a lot of doctors that didn't know what to do with it. … there wasn't a crack, there wasn't a fracture, it was just smished [***sic***] vertebrae and nerve damage. So even today, almost 11 years later, I there's weakness in my right arm. … there's nerve damage all the way from the spot down into my arm…. I have nerve pain every day. It never goes away. So, I mean, just not a lot of doctors know what to do with nerve pain, unfortunately. And nerve damage."

An interesting sidelight on one conventional clinical approach to such an interaction emerges from Frank's 1995 summing up of the work of the social scientist Talcott Parsons, writing in 1951:

> Parsons's sick role articulated … that ill persons delegate responsibility for their health to physicians: illness responsibility is reduced to patient compliance….the greatest responsibility to *all* patients is achieved when the professional places adherence to the profession before the particular demands of any individual patient. (p.15).
>
> … one of the most important aspects of the physician's performance is refusal to "collude" with the patient; medical sympathy is to be limited by the overriding message that the sick person's task is to get well …. The physician is there not to pander but to prod, gently but firmly. (p.82).

Most recalled their interaction with clinicians in negative ways. As Marjorie told me:

> It's the ones who think, I'm a doctor, I know the answers, those are the ones that hurt you. Without any sort of understanding or kindness about it.

Some experienced physical examination or treatment as painful and traumatic. Carol recalled one clinician's approach to assessing a mild pain in her knee:

> I don't know if you know how they examine your knee, they take it and they try to make it go like this, you know [gesture indicating the Anterior Drawer Test for ligament injury]. And so he did that to my previously injured knee. And he re-injured my anterior cruciate ligament while doing it because he shook it so violently.

Clearly discernible was the sense of helplessness in dancers who felt themselves ignored or excluded during clinical and rehabilitation discussions. Of the 23 narratives in my dataset, 21 include a perception of clinical incomprehension in which dancers believed their clinicians had not fully appreciated their injury or its professional implications. They believed this had led directly or indirectly to career termination, sometimes with significant psychological sequelae. I am not able to consult their medical records, and so cannot judge the extent to which their view might correspond to empirical biomedical reality. It would be safe to say, however, that they believed their injury could and would be healed by the treatment they received, and that in the absence of this expected recovery, they assumed the burden of failure to lie with the clinician. Their conclusion may or may not be correct. Such a clinician, however, despite the best intentions, may be retrospectively perceived by the agitated dancer-patient as villain, destroyer, culprit. Dancers struggling to make narrative sense of their personal disaster may seize on this in their drama. Conventional procedures which inflict no limitation may be paraded as a personal attack. Thus Bianca, talking of her damaged cartilage, complained:

> They couldn’t fix it, so they just chopped it off.

Bianca’s pronouncement is suffused with indignation, victimhood, and outrage. She perceived the operation on her meniscus as wanton destruction; she was probably factually wrong, but for her, the surgeon became retrospectively an invader, an enemy.

The psychological effect on many, injured, and anxious that their problems were being either misunderstood or neglected, was sometimes very powerful. Francesca, for example, returning to the United States following a complex mid-foot injury in Italy, felt, as she said, “dismissed and abandoned” by the clinicians she attempted to consult. Her perception was that she had been left to sort out her own injury and rehabilitation by herself. Here we encounter the fundamentally important issue of empathy and clinician-patient dialogue which lies, I suggest, at the root of many subsequent negative developments in the treatment outcomes and post-dance lives of my participants.

6.3 Implications of the career-ending injury

The long-term life situation in which these incapacitated former dancers now found themselves, represented for all of them a radical and involuntary change, a disruption both of external circumstance and of their inner selves. In their telling, narrative and identity were inextricably intertwined. Dancers so severely injured that they cannot successfully be rehabilitated to their former level of execution, face the significant ordeal of involuntary career termination, and with it the loss of the special dancer identity (5.4) which goes with that career. Frank (1995, p.9) articulates the dilemma of the patient facing such complete reconfiguration of a life:

> The postmodern experience of illness begins when ill people recognize that more is involved in their experiences than the medical story can tell. The loss of a life’s map and destination are not medical symptoms, at least until some psychiatric threshold is reached. The scope of

> modernist medicine … does not include helping patients to think differently about their post-illness worlds and construct new relationships with those worlds.

Maitlis (2022) points out that:

> … a forced career transition can be deeply threatening to an individual's identity and can challenge the meaning they have made of their lives. (p.3)

As we have seen in Chapter 5, dancers, whether professionals or in the final stages of their training, tend to identify as dancers, conceptualising themselves and their *raison d'être* primarily in terms of their art form (Griffin KL *et al*, 2019; Warnick, Wilt and McAdams, 2016). This was the case for Kirsty, who, even when already dealing with the spinal damage which would end her career, could not conceive of life without dance:

> What if this is the end? What if I can't do it any more? But I didn't want to think about it. I never want you know, I never wanted to think about it. I was like, This is what who I am, this is what I want to do. I'm a dancer.

More than a year after the injury, Bohdana said that she still did not know how to continue living, nor what she ought to do next:

> For me, that's a big problem … I don't do anything. …I really wonder, you know, … how much of me actually doesn't want to do it anymore? Or how much of me already for a long time, didn't want to do it? But I just did it. Because, I mean, that's what you do, you love that, you do it.… … because I was very confused. I was like, why don't I like it anymore? … Is it people or the job, or the things are changing, or what? So now I need to get acquainted with the part of myself that just doesn't want to do it.

In Chapter 7, I theorise participants' experience of this catastrophic life interruption.

6.4 An outcast in an injured body

As I have shown, all of the dancers in this study relinquished their active careers prematurely, traumatically, and involuntarily. Petitpas, Tinsley and Walker (2012, p.517) reference the literature surrounding involuntary retirement of athletes:

> Several studies have shown that the strength and exclusivity of an athletic identity is related to negative consequences when athletes disengage from sport roles because of retirement, injury or the selection process (Brewer 1993; Hinitz 1988: Kleiber & Brock, 1992).

Inasmuch as dancers are considered 'performing athletes', (5.4), it is perhaps reasonable to suggest that a similar situation might pertain among them. Participants spoke of their feelings in the aftermath of losing their dance futures. All through the interview transcripts, themes of loneliness and isolation kept recurring. Within the hermetic social space of professional dance, strong tribal cohesion reinforces the bounds of group identity. Not only do individual members of the active professional collective cling together, but many also felt there to be implicit rejection of perceived outsiders, even extending to former close friends and colleagues (Roncaglia, 2010). Such a perception exemplifies Goffman's (1963, p.137) observation that:

> … what an individual is, or could be, derives from the place of his kind in the social structure.

This is illustrated by Bohdana, who, following her absence from the theatre due to injury, found herself no longer fitting in with her peers; in her own view, she felt cast out from their fellowship. Believing herself banished from what Goffman (1963) describes as “the place of [her] kind”, she felt she had lost her identity – as she saw it, colleagues and erstwhile friends could neither define nor relate to what they perceived as her new, post-injury, facelessness. Probably none of her group would consciously have decided to exclude her, yet somehow no-one ventured beyond the pale to console her in exile, and in her solitude she experienced non-personhood in a most painful manner. Similar perceptions of rejection colour the accounts of several participants, who felt banished from the society of their peers, as though injury or demotion were somehow infectious. It is of course conceivable that, in order to avoid being tainted by association with perceived misfortune like injury and incapacity, erstwhile friends and colleagues may indeed shy away from dancers experiencing such predicaments. This would exemplify what Goffman (1963, p.64) describes as the curse of ‘the “with” relationship’, analogous to the principle of guilt by association.

> … the social identity of those an individual is with can be used as a source of information concerning his own social identity, the assumption being that he is what the others are …

An alternative, equally valid explanation, might be that the constant workload borne by dancers left no time for them to manage a social life with injured colleagues who had not been physically present in rehearsal or performance. Shaw *et al* (2023) bear witness to the varying load borne by dancers during peak rehearsal periods (5.3).

6.5 After the dance

Most of these dancers have managed, despite their initial trauma, to get on with the project of constructing a new life for their new selves. Despite recognising they will never again enjoy the euphoria of ‘being a dancer’, they have built an existence contiguous with, if not formed of, dance. As we saw in Table 3, the majority, having overcome their initial distaste for the prospect, are now dance teachers. A cynical trope in the profession, adapted from George Bernard Shaw’s maxim in “Man and Superman”, suggests that, “Them as can, do; them as can’t, teach”, perhaps implying the glamorous, sought-after life of a performer to be preferable to the relative obscurity and lower status associated with teaching. The fallacy of this sentiment rapidly makes itself apparent to ex-dancers who find themselves having to apply their existing skillset to survival in the post-performer phase of their lives. A pragmatic realisation for them, however, is that teaching embodies physical challenges which may never be surmounted, and which increase in intensity as the teacher ages (2.3.8). With age, dance of every kind requires more effort and determination, merely to maintain baseline homeodynamic levels of physical condition and technical capacity (Rattan, 2014; Butcher, 2022). Bone growth and remodelling slow down, muscle strength and volume decrease, lung capacity shrinks, tissue elasticity declines, reaction times lengthen, neuroplasticity diminishes, and each successive microtrauma feels more significant (2.3.8). Some of these phenomena may be thought of as belonging to later life, but this is not invariably true – sarcopenia (loss of muscle mass), for example, generally considered a geriatric phenomenon, begins at the age of 30 (Marcell, 2003). Several participants

described additional medical conditions which arose after the event, some ostensibly unrelated, while others may have been possible consequences of the career-ending injury or its precursors. One participant developed spontaneous idiopathic pneumothorax, complicated by supraventricular tachycardia, in which heart rhythms race out of control. Another suffered a haemothorax, a third developed a hyperthyroid disorder. Three others report degenerative conditions of the hip, owing perhaps to the effect of their injuries, and two complained of having to teach with one already injured hip, which restricts and distorts movement options and overloads the sound leg. Nora reported worsening neurological problems in her damaged foot, Nicola is often temporarily immobilised by chronic discomfort in her injured lower back, Bethany has a degenerative intervertebral disc with numbness and tingling in her fingers. Some of these conditions may be progressive, and it is likely that the requirement for dance teachers to demonstrate steps in class, coupled with deconditioning and increasing age, may contribute to the gradual deterioration of their health.

Dance teachers have little or no opportunity to warm up or to stay warm during the series of classes they lead every day. Their function is to concentrate on, and try to improve, the execution of steps by others. If they make the mistake of leaping up to demonstrate the correct execution of a virtuoso move, they run the risk of serious injury. To propose causal links between the career-ending injury and these sequelae is, however, beyond the scope of this thesis.

As Sheila, speaking of teaching ballet in her own school, reflected:

> I did try and retire. But that that wasn't gonna happen. So yeah, so I, that's quite hard actually, to modify your teaching, not turning out. And, you know, I teach some pre professionals, students in musical theatre, who some of them have never done any dancing. So, you know, even just demonstrating a *grand plié*, you know, and everyone in the room has got no idea what one is just trying to do that on one leg.

Miranda hurt herself while demonstrating a move in a contemporary piece:

> I wasn't warm remotely. And they, it was a contemporary class, and they weren't doing a roll how I wanted them to roll. So I was like, let me show you. And I did the roll. And something in my back went DIIING!! And I was like, see? That's how you do the roll! And I'd actually sprained my spine.

Miranda's experience exemplifies a not atypical trajectory for occupational injury among dance teachers (Wanke *et al*, 2015).

Among the non-teachers who form the minority in the sample, Kenneth is now a sports orthopaedist specialising in treating dancers, others have retrained to become variously, a foot and ankle physiotherapist, the Pilates expert of a major international organisation, a perfusionist, a sporadically-engaged freelance actor in London, and a dance administrator. As we have seen above, however, Bohdana and Bridget are still seeking in vain for a way to go on living without an active dancer existence.

6.6 Summary

This chapter has dealt with participants' traumatic career termination, mediated by illness or injury. I have discussed potential contributing factors, looking at their lived experiences of the medical encounter, and their perceptions of inadequate dialogue with their healthcare professionals. We have considered the ramifications of this bilateral incomprehension, explored the impact on the dancers in the period immediately following these events, and examined their subsequent lives, assessing implications and immediate prospects in their new situation after injury and treatment.

I have summarised the post-performance lives of my participants, cited literary sources relevant to the theme of career rupture, (Greben, 2002; Jeffri, 2005, Jeffri & Throsby, 2006) and considered the factors and conditions which mediated the development of career-changing injury, (*inter alia*, Katherine's catastrophic, obligatory repetition of a single step, the unsafe conditions surrounding Shelley's ankle injury, and the excess of zeal which resulted in Sheila's torn inguinal ligament), the range of pre-existing medical conditions which they reported, and the subsequent mutual incomprehension and inadequate dialogue they experienced with clinicians. I cite Frank, Maitlis, and other authorities. on the post-treatment implications of potential outcomes, and review the effect on the lives of the individuals afflicted – Bohdana who, long after the injury, finds herself still effectively rudderless; Sheila, who has found a new life teaching dance, only to realise that this new job is becoming progressively as hard as, and more limited than, performing, combining many of the disadvantages and none of the joys of dance itself; Miranda, increasingly weighed down by recurrent injury and illness; Ewan, incapacitated through permanent effects of multiple injuries and unstable mental health, yet

perceiving himself totally dependent on the modest, unreliable income from dance teaching; and other related cases. Unique to my study are the participants' powerful voices, recounting the emotional effect of realising at 23 that one is too old for ballet, or that one is carrying a range of mental health conditions. The immediacy of their narratives brings the issue of dancers' long-term destiny and life quality into a sharper focus than is generally found in the literature.

The next chapter theorises these dancers' experiences, from their first contacts with dance, through their training, their performing lives, and their involuntary career end, and develops these, to look more closely at participants' medium and long-term options within the new selves which they have had perforce to adopt, by virtue of having lost their accustomed dancer selves.

CHAPTER 7 Theoretical reflections

7.1 Overview

Here I bring together key empirical findings, setting them in the context of selected theories from the social sciences and humanities. I have been fortunate, through presenting at annual conferences of the International Association for Dance Medicine and Science, and other analogous symposia, to be able to disseminate my research to scholars and practitioners in both of these disciplines. In Appendix H, I provide details of this dissemination work.

In Section 3.1, I pointed out that, as a practitioner of dance, my primary aim, based on my findings rather than on pre-existing theory, has been to influence practice in medicine and in ballet; development of theory was a secondary aim. Hence, this chapter references some, but not all, relevant theorists. I have selected in particular those whose work allows me to consider the dancer's habitus and dance education in the light of cultural capital (e.g. Bourdieu 1986, 1997, 2020) the psychology of the dancer in terms of theories of body objectification (e.g. Fredrickson and Roberts, 1997); the presentation of self as a component of identity (e.g. Goffman 1959, 1962); and the institutional elements of professional discipline (e.g. Goffman, Foucault 1984). I also relate my participants' accounts of their experiences to phenomenology (Merleau-Ponty, 1962, and others). Finally, and most centrally to my goal of influencing medical practice and dance practice, I examine career-terminating illness or injury, and dancer-clinician conversation in the light of sociological theories of

biographical disruption (e.g. Bury, 1982; Charmaz, 1983; Engman, 2019), and consider in Section 7.6 the nature of epistemic injustice (2.4, 8.3) as apparent in the dancer-clinician interaction (Fricker, 2017; Dotson, 2011).

7.2 Origins of the dance identity

In Sections 2.3 and 5.4, I noted that ballet was core to participants' identity from an early age. Many had followed in the footsteps of their dancing (or ex-dancing) parents, encouraged in particular by their mothers (5.1), and undergone lengthy and demanding professional training. Theoretically, this might be viewed in Bourdieusian terms as an example of the production and reproduction of cultural capital, including ways of thinking, opinions, stylistic quality, and resources, in and through the family (Bourdieu 1986). Reay (2000) reminds us that mothers, who typically spend the most time with children, are often the drivers of cultural capital reproduction in families. Research into sociology of opportunity reveals unequal access to families' cultural capital across different social strata (Stein, 2019; Sanchez, Aujla, and Nordin-Bates, 2013).

Learning to dance, and to be a dancer, is necessarily a mind-body phenomenon – physicality is intrinsic to any dance form. Bourdieu's thoughts on capital (2020) help explain how the acquisition of dance identity manifests a physical as well as a psychosocial component. In the quotation below, he talks of kinaesthetic learning as part of the child's habitus:

> … the essential part of the *modus operandi* which defines practical mastery is transmitted in practice, in its practical state, without attaining the level of discourse. The child imitates not "models" but other people's actions. Body *hexis* speaks directly to the motor function, in the form of a pattern of postures that is both individual and systematic, because linked to a whole system of techniques involving the body and tools, and charged with a host of social meanings and values … (pp.87-88).

The dance phenomenologist Sheets-Johnstone (2012, p.50), discussing the faculty of kinaesthesia, reflected:

> The process of learning in dance might be compared to our learning our bodies and learning to move ourselves to begin with. It is a wordless occupation in each instance. … whatever the words, they are merely means to the nonlinguistic attainment toward which one strives, as in learning to tie a shoe lace. In the process of learning, integral kinesthetic structures come to undergird a familiar kinetic melody whose kinesthetically felt dynamics flow forth ultimately without hesitation or doubt. In both instances, the sense modality of kinesthesia is basic.

In sum, this theoretical literature corroborates my findings on the early, and deep-rooted, formation of the complex dance identity, and the significance of cultural capital acquired and transmitted under maternal influence. It also underpins my results chapters (see in particular Section 6.5), which show that loss of the ability to dance was experienced by injured dancers in my sample as a grievous blow to their identity. This should be viewed in the light of my suggestion in Section 5.4, when I cited the research of Fried *et al* (2011) into the superior, learned, neuromechanical attributes of dancers ultimately becoming a component of their identity. If we view this unconscious, precognitive, involuntary physiological and neural activity, inculcated over years, which precedes initiation of skilled dance movement, in combination with their love of dance (see Sections 2.4, 5.4 and Chapter 7), it becomes clear that, once irrevocably deprived of the beloved activity, their suddenly superfluous kinaesthetic capacity might indeed constitute a frustrating and painful reminder of their former identity.

7.3 The psychology of the dancer: personality traits and the mind-body link

In Section 5.2.2, I presented my findings on preprofessional students' experience of the dance school, noting pressure, both from teachers and from fellow students, to control and shape the body. In a prevailing culture of fierce competition for limited places (1.3, 5.2.4), students submitted to strict discipline through the long hours of training, hoping to achieve their desired goal — a professional dance career. Many experienced low mood, low self-confidence and poor self-image. Some described perceived bullying from staff and fellow students. Much has been written on the psychology of the body and the exercise of [self]-discipline. In 1997, Fredrickson and Roberts proposed their Body Objectification Theory, according to which girls and women become socially conditioned, and feel subjected to the censorious external gaze; they monitor their own appearance, with concomitant embarrassment, shame, and self-dissatisfaction (e.g. "My bottom's too big, my legs are too short, etc."). Heiland, Murray and Edley (2008) point out that, although women everywhere endure perpetual physical scrutiny, the effects are particularly virulent in a dance context, reinforced both by dancers' typical idealism and self-criticism, and also by unfavourable comparison with stereotypes of the perfect ballet body. The authors warn of dancers who attempt to modify their physical being at will, as though it were separate from the self, in order to secure a professional goal, an engagement, or a desirable role.

Buckroyd (2000) references the perception, common in vocational dance schools, of a professional obligation for students to dominate the body, ignoring such normal considerations as fatigue, hunger, or physical distress. To give in would suggest weakness, undermining, in their perception, both the longed-for career and the burgeoning dancer identity. Such learned, habitual domination, overriding the body's natural warning signs of physiological distress, appears to set the scene for dancers to push themselves too hard, which (as in the case of many of my participants) may lead to the catastrophic injury. The potential for that life-changing crisis often seems to go unrecognised in pursuit of the magical dancing ideal. As Frank (2013, p.21) reflects:

> We ourselves weave the nets that hold us.

A full examination of the psychology of dance training is beyond the scope of this thesis. Briefly, the work of Quested and Duda (2010), Stark and Newton (2014), Maehr and Zusho (2009), Nordin-Bates and McGill (2009), Nordin-Bates *et al* (2011), Nordin-Bates (2012) and others, on the motivational climate in vocational dance schools, offers a psychological explanation for the extreme competitiveness and self-discipline described above.

In Chapters 2 and 5, I discussed the kind of personality needed to become a successful ballet dancer, in particular, their dutiful perfectionism, low self-esteem, humility, frequent anxiety, eagerness to please, and self-sacrificial willingness to tolerate pain for the sake of their ideal. My findings align with those of Bakker, whose longitudinal study of 52 students in vocational dance training (1991), revealed a

homogeneous personality type, introverted, highly emotional, very motivated to achieve in dance, and censorious of their own talent. As Sanchez, Aujla and Nordin-Bates (2013) observed, psychosocial conditions among dance students, all committed to years of arduous training in pursuit of a common ideal, foster both comradeship and acknowledgement of mutual goals. In this situation, classmates may become close, supportive companions, sharing similar experiences and beliefs; through such interactions, ostensibly durable bonds of affection and friendship may form. This seems likely, as I have suggested, to facilitate the formation of group identity, effectively a social environment nurturing strong intragroup affinities and similarities. There need be, I contend, no perception of paradox between such experiential commonality, and the implicit rivalry latent in a profession beset by chronic scarcity of employment options.

This psychological literature on identity links to Bourdieu's sociological concept of habitus, an individual construct that is powerfully shaped by social experiences in a group:

> One of the fundamental effects of the orchestration of habitus is the production of a commonsense world endowed with the objectivity secured by consensus on the meaning (*sens*) of practices and the world, in other words the harmonization of agents' experiences and the continuous reinforcement that each of them receives from the expression, individual or collective (in festivals, for example), improvised or programmed (commonplaces, sayings), of similar or identical experiences. The homogeneity of habitus is what … causes practices and works to be immediately intelligible and foreseeable, and hence taken for granted. Bourdieu (2020, pp.80-81)

In this Section, I have examined aspects of the psychology of dance, including how essential psychological traits like self-discipline, competitiveness and perfectionism,

can become maladaptive in the context of the extreme pressures of professional dance training, creating the preconditions for catastrophic physical injury or illness.

7.4 Living the dancer

My findings (see Sections 5.1 and 5.4) illustrate the extent to which professional dancers delight in the physical and aesthetic aspects of dance, talking about how they “love” both the physical moves and the beauty and enchantment they can achieve. The current Section considers, from a theoretical and phenomenological perspective, how dancers live their dance.

Costa, Martins and Faria (2023) explore the euphoric, autotelic experience of delight in dancing. Wainwright and Turner (2004) confirm that being a dancer is associated with enjoyment, observing that ballet dancers see their profession as an artistic vocation, and are often initially incredulous at receiving a salary for doing a job which offers them such copious delight and fulfilment. On this basis it would be logical for them to love their work and the status that goes with it. Fundamental here is the lived kinaesthetic experience of dancing. Pakes (2011) referenced Husserl on the lived body, conceptualising it neither as a mere factual, physical object nor as an independent, bodily “thing”, but as a matrix of feelings and perceptions, the subjectively perceived, subliminal location of the human experiential nexus. She suggests that through relinquishing our conventional positivistic insistence on the body’s ontology, we may recognise and value its perceptive, conceptual, experiential potential.

Fraleigh (1987) suggested:

> To experience the dance is to experience the lived body in an aesthetic form. The body, understood in its lived totality, is the source of the dance aesthetic. It is not simply the physical instrument of dance, nor is it an aesthetic object, as other objects of art are. The essential reduction and significance of dance lies in this distinction: **I am embodied in my dance[1]. I am not embodied in my painting.** The painting is separate from me; it is, finally, out there in front of me, but my dance cannot exist without me. I exist my dance. (p.xvi)

She posits the dance phenomenon as the integrated mind-body in action, rather than a sequence of gesture executed by an objective body controlled by an independent mind. She notes that dance can exist only through the body, cannot be in the world without the body, and creates no empirically extant artefact:

> Movement … **is** body, not just something that the body accomplishes instrumentally as it is moved by some distinct, inner and separable agency. Embodiment is not passive; it is articulate. I live my body as body-of-motion, just as I also live my self in motion. Body, movement, self and agency (implicating human will and freedom) are ultimately not separable entities … (p.13)

Shilling (2004), compares accrued physical-aesthetic assets of the dancing body with Bourdieu's concept of capital. Put another way, dancers incorporate their physical and cultural capital in and through their physical being. They exude attractiveness, health, vigour, skill, and artistry, their stock in trade. Judiciously deployed, such assets are economically and socially transactable. For as long as they remain so, they enable a life widely (if sometimes erroneously) considered glamorous; they confirm a social identity, essential both to the audiences who purchase the illusion, and to the dancer who embodies it. We need not be surprised

[1] Here Fraleigh paraphrases Sartre (1943): "I exist my body".

that these young people, living the dance myth, should believe their own presentation. Goffman (1959, p.28) tells us:

> … the performer can be fully taken in by his own act; he can be fully convinced that the impression of reality which he stages is the real reality. When his audience is also convinced in this way about the show he puts on – and this seems to be the typical case – then for the moment at least, only the sociologist or the socially disgruntled will have any doubts about the 'realness' of what is presented.

Goffman's use of the term "act" refers here, not to a theatre performance, but to the self which people present (p.109) in what he calls "the front region" of ordinary social interaction. The character they present forms a social phenomenon, sustaining the dancer-audience relationship.Such an unwritten compact between performer and public exemplifies for Goffman (1959, pp.21-23):

> a kind of interactional *modus vivendi*. Together the participants contribute to a single over-all definition of the situation which involves not so much a real agreement as to what exists but rather a real agreement as to whose claims concerning what issues will be temporarily honored. Real agreement will also exist concerning the desirability of avoiding an open conflict of definitions of the situation.

This amiable fiction lasts only until some crisis breaks the spell. For dancers, that crisis may be occasioned by career disruption through injury or illness, which devalues physical capital and necessitates an enforced reset of their worldview.

7.5 The institutional discipline of dance

In Section 5.2.2, I described the state of subservience, the progressive cognitive overload, and the minute supervision to which students felt themselves subjected

throughout their training, and in Section 5.4 I examined the compulsive quality of professional dancers' dedication to their profession. Here, I consider institutional aspects of discipline within dance schools and dance companies.

Thomas (2017, p.168) reflected on why it is that dancers make such extreme personal sacrifices on the altar of their love of dance and of being dancers:

> All in all, dance is an extremely demanding occupation that requires levels of dedication and effort that are often above and beyond what any reasonable person would consider the call of duty. I have on numerous occasions asked dancers why they put in so much work, tolerate so much physical pain and give up so much of their prime social years for what are in truth rather mediocre financial rewards, very limited 'glitz and glimmer' and a constant exposure to detailed scrutiny and sometimes cruel criticism. The answer I have often received is: **'I just have to do it'**. (p.168)

The phrase, 'I just have to do it,' may be variously understood. In one sense, it suggests dance as the kind of addictive delight to which nothing else compares, and this is of course a component of the myth to which many dancers tend to subscribe. It might also, however, denote specific coercions and constraints of the environment in which they train and work. Wainwright and Turner (2004) confirm that:

> … the cultural world of ballet is replete with embodied practices. … the mental and physical demands of a career in ballet become embodied in a craving for perfection. This daily quest for the unattainable is one of the features of class, rehearsal and performance. The ballet coach literally inscribes the steps onto and into the bodies of the next generation of dancers. Ballet is based on the production and reproduction of this generational artistic embodiment. (p.316)

Paradoxical in dance training is the disconnect between educators' attempts to instil optimal standards of execution, and the effect which they may inadvertently produce

on people they teach. Green (2001, p.156) notes that even well-intentioned instructors may not realise the extent to which their 'guidance' may precipitate damage to a subservient body and mind (see also Section 2.4).

In pre-professional dance schools, training is sacrosanct. Discipline becomes paramount, subsequently evolving into a lifelong habit. Indolence, poor concentration or insubordination typically merit expulsion. Vocational dance students' comportment in training evokes what Goffman, (1962, pp.328,330) calls 'colonization':

> … a stable, relatively contented existence is built up out of the maximum procurable satisfactions procurable within the institution …,

and 'conversion', in which the individual

> … takes a more disciplined, moralistic, monochromatic line, presenting himself as someone whose institutional enthusiasm is always at the disposal of the staff … a model of conduct … felt by its advocates to be in the supreme interests of the very person to whom it is applied

These musings recall Foucault's (1984, p.181) description of the 18th century approach to military training, in the *Docile Bodies* chapter from *Discipline and Punish*:

> To begin with, there was the scale of the control: it was a question not of treating the body *en masse*, "wholesale" as if it were an indissoluble unity, but of working it "retail" individually; of exercising upon it a subtle coercion, of obtaining holds upon it at the level of the mechanism itself – movements, gestures, attitudes, rapidity: an infinitesimal power over the active body. Then there was the object of the control: it … was no longer the signifying elements of behaviour or the language of the body, but the economy, the efficiency of movements, their internal organization; constraint bears on the forces, rather than on the signs; the only truly

> important ceremony is that of exercise. Lastly, there is the modality: it implies an uninterrupted, constant coercion, supervising the processes of the activity rather than its result, and it is exercised according to a codification that partitions as closely as possible time, space, movement. These methods, which made possible the meticulous control of the operations of the body, which assured the constant subjection of its forces and imposed on them a relationship of docility-utility, might be called “disciplines”.

Foucault’s “time, space and movement” might denote habitual pre-activity parameters within dancers (for whom precognition of dance embodies time, space and movement). All three of these -- time, space and movement -- simultaneously comprise the ambit within which dancers themselves operate in the world. In this sense, both dance and dancer express themselves within these same three dimensions, echoing Yeats’ (1974) question, “How can we know the dancer from the dance?”. This could be said to instantiate Fraleigh’s assertion (see Section 7.3) of the identification overlap between the dance and the dancer who executes it.

Clark and Markula (2017) draw our attention to several ways in which ballet training conforms with surprising accuracy to aspects of Foucault’s prescription. The studio, for example, is functionally partitioned so that different spatial areas become the main location for an ordered series of prescribed exercise components (the barre for warming up, restricted movement in specific spaces for the earlier parts of the centre practice, more expansive use of the whole dance area as the class progresses, the sides of the room as a holding-area for dancers queuing to demonstrate their execution of choreography, the mirror for self-monitoring and self-criticism). By the same token, the progression of steps and sequences is broken down and separated into small segments, required to be learnt, memorised and executed in precise order, dimension, intensity and timing, all stipulations cited in the Foucault text I quote

above. In yet another, striking parallel to Foucault's description of the Panopticon, the guard-tower surveillance system in a prison, the instructor is positioned in front of the class, occupant of the sole vantage point which enables surveillance of every person in the room at all times. In short, my findings (see Section 5.2.2) exemplify the ways in which discipline, both extrinsic and intrinsic, is perceived by dancers as fundamental to the learning and execution of professional dance: the descriptions proffered by Foucault and Goffman thus comprise, to a considerable extent, integral components of the dancing life.

Conditioned as they are to the demands of this stern, unyielding ethos, professional dancers live with hard work and fatigue, frequently driving themselves to the brink of exhaustion. (I have known professional dancers to compare their existence to that of a galley-slave). Kozai *et al* (2020) wrote of links between fatigue and dance injury; awareness of this risk may contribute to the stress under which dancers work. Performers are also subject to marked, often unexpected progressions in intensity and duration of work, a potential consequence of injury patterns, variations in repertoire, performance frequency and touring schedules. Some dancers may be cast more frequently, or in more demanding roles than others; programmes and patterns of rehearsal requirements change regularly throughout the season. In Section 5.4, I referenced the deleterious effects on professional dancers of unpredictable fluctuations in workload, and the associated sleep deprivation.

To survive, dance companies must perform; in order to safeguard reliable output they must therefore maintain power structures and regulations. In Chapter 1, I

provided an illustration of the organisational structure of a ballet company and the relative status and capital of people working at different levels of the ensemble. Dancers' working lives are ruled by decisions at senior level, over which they may exercise little control. In Chapter 4, this was exemplified by Katherine's frustration at casting patterns affecting her career – several participants voiced similar frustrations, familiar to most professionals. The discipline in some companies may, as suggested above, resemble Foucauldian techniques of control. This incongruity is so engrained in the dancer worldview that it is taken almost for granted, and attracts little attention, even among those who are themselves its victims, including the majority of my participants. Kate, by way of example, recalled sustained, aggressive, verbal abuse (5.2.2), while Brenno deplored the antipathy of his Artistic Director and Ewan found himself obliged to work in an exceptionally combative atmosphere. Such examples illustrate the power and gender gradients which govern daily work routines of professional dancers. These instantiate Bourdieu's view (2020) of the means of control across such systems. He suggests that what he calls the "dominated classes" (in this case, the dancers) are inhibited by the structure of habitus from any attempt to oppose the doxa controlling their lives. In 5.2.8 I noted examples in Cynthia's narrative, as she tried vainly to establish her value, both to the ensemble and as a person. Her feeling of being repressed, belittled, and discounted, was echoed by Katherine, who lamented the lack of regard accorded her by successive directors of the national classical company where she worked for so long.

Narrative data from Katherine's account, with those Bianca, Melissa and others, furnish ample indication of gendered power gradients. Bourdieu suggests that gender bias, and its differentiated relationship with the channels of power, is

constructed from an early age, and that children's gender concepts are already engrained by the time they are five, based on their perceptions of tasks and functions performed by the adults in their lives (normally the parents). Childhood observations of the discrete roles of mother and father encourage perception of the mother as a loving, kind, agreeable presence. The father cuts a more powerful and daunting figure. (I remind the reader that, as I noted in Chapter 5, recent surveys reveal around 70% of Artistic Directors of current dance companies to be male.)

There is a convention, dating from the 19th century, that "The Show Must Go On". This is conventionally attributed to the American showman, P. T. Barnum, and is thought to have originated in his reluctance to offer audiences any pretext for demanding the return of their ticket money – his motto is still dictum in professional companies today. Dancers learn this early, and learn too that the performer who cannot appear, causes considerable trouble for the ensemble (see Section 5.2.5). The place thereby left vacant must somehow be covered – it is, as we have seen, rarely possible to present group dances without a full cast, since all the choreographic formations and patterns will be affected. Adaptations of casting or steps become inevitable. To avoid being blamed for causing such a situation, dancers maintain a simulacrum of reliable health, with no sign of discomfort or affliction. Ability to perform despite illness or injury counts as mere professional self-discipline. Lived examples of this kind of institutional pressure appear in the narratives of Sheila, Kirsty, Shelley, and Bohdana, cited in Section 6.1.1. It seems clear that habitual risk-acceptance, once embodied, leads dancers to discount pernicious effects on their physical and mental health (Vassallo *et al*, 2019a). Rivera *et al* (2012, p.9) confirm a dancer mindset which voluntarily ignores or devalues pain,

adding that the physiological effects of such behaviour not only aggravate clinical damage but also increase risk of recurrence. Turner and Wainwright (2003, p.284) suggest that dancers expect to deal with pain as a part, not only of their vocation but also of their very selves, their own identity. Such self-abnegation persists throughout their dancing lives (Crow, 2021), reinforced by the financial and competitive pressures in companies, to which I have already alluded (Anderson and Hanrahan, 2008). Gvion (2008) discusses ramifications of the dancer's situation, loaded with the submission ethos, noting that ballet depends on the dancers' habit of trivialising pain and danger, constructing these as standard occupational conditions, a normal part of their professional identity.

McEwen and Young (2011) considered institutional components of dancers' risk-taking, and potential sequelae:

> Authoritarian power structures, intensely competitive training and performing environments, and hyper-critical and perfectionist attitudes of instructors and performers are … ubiquitous pressures that initially appear to facilitate success in dance but may ultimately compromise health … the pain–injury experience was found to have negative emotional consequences, such as feelings of crisis and loss, shame, guilt and anxiety … including problem approaches to eating and weight. (p.152)

Aalten (2005a) observes that dancers, instead of taking care to preserve and safeguard their body, routinely overload and overwork it, viewing this as a normal requirement of their job. They work, she adds, in an unremitting cycle of effort, trying to perfect and reconstruct the body, which, as we have seen, they regard as a work-in-progress, to be reconfigured at will. Acceptance of attendant physical discomforts is considered normal, even admirable. Lampe *et al* (2018, p.573), concluded that

professional dancers display high, learned tolerance for pain, habitually ignoring the danger signal which it represents. Gregory and Interiano-Shiverdecker (2021) found that dancers in their sample believed normalisation of injury, and unfulfilled perfectionism, to be inseparable from their identity. Even though they themselves recognised this compulsion, endemic to their vocation, they still found in their job a source of great delight. In paradoxical simultaneity, Wainwright and Turner (2004) confirm dancers' fear of potential incapacitation:

> … accident and injury are inevitable features of ballet dancing that constantly threaten to terminate what is a young vocation. Because the classical ballet dancer spends most of his or her youth preparing for a ballet career, the injury may spell disaster, as it opens up the prospect of premature retirement. (p.312)

Among other aspects of the institutional 'discipline' are the disadvantageous employment conditions for dancers, which I discussed in Section 5.2.4. As I noted in Section 7.2, the physical and cultural assets which, in Bourdieu's terms, constitute dancers' capital, represent their sole livelihood. The hard-won virtuosity beloved of audiences is the intangible which they can exchange for the means of their existence. Unfortunately for the dancer, such assets are perishable, vulnerable both to the ravages of time, and to traumatic degradation from injury or illness. A dancer deprived of strength, beauty, technical brilliance, and artistry, will soon be in a parlous state, with no transactable capital left to barter (see Section 7.3). Few companies have the resources to maintain incapacitated performers on the payroll; the likely outcome now will be termination of the artist's contract. At this point, not only are their dancing days done, but their livelihood, too, is destroyed.

To sum up this Section, I have theorised the institutional aspects of dance discipline, drawing particularly on the work of Bourdieu, Goffman and Foucault, thereby highlighting an inherent contradiction between dancers' joy in their art form and what it is tempting to label as potentially a subliminally normalised tendency to self-harm, instantiated in their acceptance of coercive pressures endemic to the dance institution.

7.6 Injury and illness as biographical disruption

In Sections 6.3, 6.4, and 6.5, I presented examples of how participants experienced career-ending injury or illness as a devastating breach in the life narrative. The term 'biographical disruption' appears frequently in medical sociology, denoting illness as a fracture in the tenor of existence, which destroys the continuum of past, present and future upon which we locate ourselves. Bury (1982), researching sufferers from rheumatoid arthritis, found that many mentioned biographical disruption to describe a phenomenon of the illness experience, accompanying perceptions of stigmatisation, which they inferred from altered quality of social interactions.

Charmaz (1983) recognised the effects on the self of altered physical capacity associated with chronic illness:

> Chronically ill persons frequently experience a crumbling away of their former self-images without simultaneous development of equally valued new ones. The experiences and meanings upon which these ill persons had built former positive self-images are no longer available to them…. ill persons define former actions, lives and selves as now precluded by illness. Over time, accumulated loss of formerly sustaining self-images without new ones results in a diminished self-concept. (p.168)

Engman (2019) wrote of the disruptive effect of illness and injury on daily life in embodied being, referencing the discrepancy between habits, expectations, and the actual physical options available to incapacitated patients. There was a perception of invalidity status, a conflict of identity, at odds with their concept of themselves and their lives in the world. Her description of the experience of illness reveals a key aspect of participant experience:

> … the experience of illness is not, in fact, an experience of illness. Rather, it is always an experience of the ways that the features of illness interact with a subject's embodied orientation towards the world and with the life narrative that orientation gives rise to. (p.127)

Unable to do what they have always done, to be whom they believed themselves to be, these patients may lose their persona, not solely through deprivation of accustomed activity, but also by almost literally mislaying their identity; not knowing how to find their accustomed basis for existence, they may become actually *unable to remember* how to be themselves. This is illustrated by the example of my participant Bohdana (6.3), who, since the accident, literally no longer knows what to do next.

Rosenfeld (2006) discussed biographical disruption in injury and in illness, arguing that conventional sociological differentiation between the two events masks experiential factors, which she terms *practical effects* (quoting Bury's 1982 expression, "meaning as consequence") and *symbolic salience* (in Bury's term, "meaning as significance"). The combination of these effects may be devastating.

My own experience may perhaps serve here as a lived example. In 1970, a traffic accident resulted in my being hospitalised for an open shin fracture and a broken wrist. Prior to the operation, I explained my dancer-typical need for bilaterally equal flexibility and function, hoping that these considerations would inform my treatment.

An Examiner, commenting on my Viva examination, pointed out that today's advanced surgical and rehabilitation techniques generally allow good, functional restoration of ankle Range of Motion (ROM) after such accidents. While acknowledging this encouraging state of affairs, I nonetheless venture to suggest that during my treatment 55 years ago, surgical nailing, materials, and therefore outcomes, may arguably have been generally less good than they have since become. My own outcome was disapointing. I was left with restricted hyperextension of the fractured wrist (meaning that I could no longer attain the required position or kinematic for lifting in partner work) and with limited active and passive left ankle Range of Motion. Some research (Kröger *et al*, 2022; Lefaivre *et al,* 2008; Zelle, B.A. and Boni, G., 2015) hypothesises that such an outcome might be due to effects produced by the transverse locking screw, commonly used to prevent the implanted intramedullary nail from rotating. Lefaivre *et al* (2008) recorded reduced post-operative ankle iflexion in >42% of their sample, attributable, as they suggest, to fibrotic developments asssociated with healing of damage from locking screw insertion. Analogous cases are mentioned by Kröger et al (2022) and Canseco *et al* (2024).

ROM restrictions of this type not perhaps seem funtionally relevant to non-dancing patients, who are not generally required to develop (and deploy) a dancer's extreme

mobility, flexibility and fine motor control. Indeed, some non-dancing patients might consider their normal capacity to have been largely restored. For me, however, reduced technical facility, and post-operative limitations of my *pas de deux* ability*,* restricted my career options, and my potential for promotion within the Company. I could also no longer estimate how long I might be able to continue my performing career.

This exemplifies Engman's 2019 thoughts on biographical disruption – the before-and-after paradigm, life sundered by an event. *Before* the accident, young, fit, and hopeful, I saw myself as a dancer with a promising future. *Afterwards*, Rosenfeld's (2006) *symbolic salience* made itself felt -- I was still young, but could no longer be considered a promising dancer. My dance career had derailed, losing a trajectory I had constructed over years. The gap between what I had explained to my clinicians that I needed, and what they perceived, illustrates what underpins the assertions of Rosenfeld (2006) and Charmaz (1983), and exemplifies inadequacy of the clinician-dancer dialogue.

Such negative outcomes conduce to the self-devaluation which participants reported. Scambler (2009) considers the stigma of non-normality born of unexpected or inexplicable diversions from an accustomed manner of self-presentation. For my participant Ewan, for example, the difference between his "normal" dancer being, and the reality of this metamorphosis, is the perceptual cleft between his 'before' self, and the unrecognisable 'afterwards' enigma he has become. Now that he is not as he was, how can he process what he is? Goffman (1963) cites the radical transformation of self in a patient suddenly afflicted by a debilitating condition:

> Suddenly I woke up one morning and found that I could not stand … all of a sudden something happened! Something happened and I became a stranger. I was a greater stranger to myself than to anyone. Even my dreams did not know me. (p.48).

While all illness or injury is to some extent disruptive, the striking aspect of these dancer narratives is the profundity and permanence of disruption, affecting all current, but also future, aspects of their life, often precipitating major existential fallout. Many spoke of losing, not only dance, but their self-esteem at the same time. Murphy (1987) living disability, writes of completely losing his self-respect, with profoundly damaging effects on his view of himself. Macolm and Pullen (2020) researching sports injuries, confirmed the destructive affect and spiritual trauma.

Rimmon-Kenan (2002) catalogued existential issues associated with chronic illness or injury: the disconnect between accustomed reality and a new, unrecognisable present, distorted by the difficulty of constructing a future, no longer based on the past-present contuum, robbing identity of any safe experiential anchorage, and life narrative of contextual meaning.

Maitlis (2022) wrote of the longitudinal, experiential interweaving of a life under construction in the planned and imagined future, broken off and disrupted by involuntary career transition, radically disorienting temporal perspective. This is exemplified by the predicament of my participant, Sheila, cited in Section 6.5, as she spoke of trying to make sense of her life and her self after the unsuccessful

operation to treat her groin injury. She felt as though her life had come to an end -- she was unable to define, or even imagine, her existence without dance.

This is a not uncommon reaction in her world. Hays (2002) notes that professional dancers routinely insulate themselves inside the protective bubble of dance, refusing to accept that one day, they will lose dance, their livelihood, their social and professional connections, and their identity. Greben (2002) cites multiple consequences of injury-driven career transition (see Section 5.5), among them financial need, loss of friends, geographical dislocation, destruction of the career dream, death of hope, discontinuation of the physical and aesthetic thrills of performing, and absence of interactions with audiences, fellow dancers and directors, all exemplified above by the experiences of my participants. Turner and Wainwright (2003) warn that loss of company life is a serious rupture, not only a disconnection from a proto-familial circle of intimates, but also enforcement of distance from the inherent meaning and significance even of the injury itself. They note, too, the incongruous effects of the passage of time on practitioners of what is, by its nature, a career predicated on youth, attractiveness and extraordinary physical abilities.

> The habitus of classical ballet generates dispositions or tastes that establish norms of beauty, youthfulness and athleticism … ageing and injury and retirement are deeply problematic for identity within the field of classical ballet. … Because the identity … is rooted in a ballet habitus … permanent injury is a profound crisis to the embodiment of the ballet dancer's identity. … a potentially rich insight into the production and destruction of an occupational identity. (pp.270-275)

In sum, in this Section I have examined how dancers rely on dance for biographical meaning and dimension. Ejected by injury or illness from the dance world, they become "… strangers in a strange land" (Exodus 2:22) – their shock and disorientation are understandable. The theoretical literature cited above helps explain why so many of these dancers experienced career-ending injury or illness as deeply affecting, a point of no return, involving the catastrophic destruction both of their self-concept and of their entire life-plan. Following the disruption and destruction of their worldview, participants found they had become unrecognisable to themselves. Traumatic disfigurement of their internal self-portrait rendered their accustomed *persona* untenable. For dancers who can no longer dance, it is hard to embody the paradox they thus represent. The corresponding expression in German would be "*ein Unding*" – literally, an 'un-thing', a nonsense which cannot exist).

7.7 Epistemic injustice in the clinical encounter

In Section 6.2, I presented data on how most of my participants lamented a pattern of communication failure in their encounters with clinicians. In their perception, their dance expertise and lived knowledge of the injury or illness, especially its implications for them as dancers, were ignored, misunderstood or discounted in favour of a biomedical discourse which emphasised objective clinical examination and test results. Barry *et al* (2001, p.489), offer a concise description of the nature and effects of this medical discourse:

> … in dealing with patients, science-based medicine operates on a number of hidden assumptions which could be seen as distortions of the lifeworld. Examples include the medicalisation of every day life (Illich, 1976), the imposition of mind/body dualism (Sampson, 1999) and the power of the medical profession to dominate medical interactions and control communication (Beisecker, 1990; Brody, 1992; Maseide, 1991; ten Have, 1991).

This leads to the issue of theoretical perspectives on mismatches between clinical assessment and the patient experience of illness or injury. Fricker (2017) discussed the concept of epistemic injustice, defined as "a wrong occurring to someone in their capacity as knower". Epistemic injustice in healthcare may come in two distinct forms. One is *testimonial injustice*, when the patient is considered untrustworthy, perhaps even a malingerer. The second is *hermeneutic injustice*, the failure of dialogue which arises when the patient is unable to communicate in a way that the clinician is prepared to understand. Dotson (2011, pp.238-239) extends this concept with the notion of *pernicious ignorance* as a component of epistemic violence:

> Pernicious ignorance should be understood to refer to any reliable ignorance that, in a given context, harms another person (or set of persons). Reliable ignorance is ignorance that is consistent or follows from a predictable epistemic gap in cognitive resources. … Epistemic violence … is enacted in a failed linguistic exchange where a speaker fails to communicatively reciprocate owing to pernicious ignorance.

An example of pernicious ignorance in operation among my participants is related by Francesca (6.1.1), who, following an overuse injury to a cuneonavicular ligament in her midfoot, was unable to find a single clinician who knew what treatment to offer her – this ignorance had directly negative effects. Francesca felt, she said, lost and "abandoned", and the lack of informed medical assistance, which ought to have been available but was nowhere accessible, ended her dance career. Similarly, Katherine, whose story we have seen in Chapter 4, believed the premature loss of her dancing life to be due to prolonged, repeated pernicious ignorance on the part of several

medical professionals. A clinician who does not thoroughly comprehend, and openly discuss with the dancer, the potential personal and occupational implications of their illness or injury, risks committing epistemic injustice (see Fricker 2018, cited above in Section 3.1). By implication, the withholding of such epistemic esteem by a clinician would exacerbate the apprehension and sense of exclusion experienced by an ill or injured dancer in the face of apparent clinical repudiation of his or her expert, dance-specific understanding and perspective. It might even be argued that an implicit ethical responsibility would devolve upon that clinician to ensure full appreciation of these issues.

With related considerations in mind, Rita Charon *et al* (2008, pp.131-153), formulated techniques to foster what she called Narrative Competence. These were:

- *Attention* -- the complete focus and commitment which the clinician can devote to the patient's utterances,
- *Representation*, which signifies a re-telling of that narrative by that clinician back to that patient, to check that every known detail has been clearly understood and agreed by both of them, and
- *Affiliation*, which puts patients and clinicians on the same side throughout, working together along a mutually agreed trajectory through whatever is to be faced.

Drawing on Charon and others in the narrative medicine tradition, Launer (2022) wrote of "systemic literacy"—that is, a literacy that takes account of the entirety of the

patient's predicament, including what is at stake for them. This is practical empathy, effectively a moral imperative. As Launer says:

> … it concerns sensitivity not just to the problem but to everything and everyone else who might be involved as well. Some people describe this as 'taking the helicopter view'. Others describe it as seeing yourself as part of an enormous dance. (p.11)

Earlier in this chapter, I pointed out that what is at stake for dancers facing traumatic injury or serious illness is not only their livelihood and their wellbeing, but also their very definition of themselves in the world. They have everything to lose -- they are facing professional (and, therefore, personal) annihilation. Clinicians should hear and understand this message in terms adequate to the lived truth of the dancer's catastrophe (from the Greek, *καταστροφή*, "an overturning", a disastrous happening). It may or may not be medically possible for the clinician to meet the dancer's expectations. For example, satisfaction of the desire for full recovery of dancer-typical flexibility and strength might have proven either impossible or infeasibly protracted. Effective clinician-patient dialogue must nonetheless be built on the firm foundations of narrative competence (Charon *et al*, 2017) and epistemic esteem (Fricker, 2017, 2018).

Much has been written on the "clinical gaze" since Foucault introduced the term in his 1963 book, The Birth of the Clinic. Studies of clinician-patient interactions over the subsequent five decades (see for example Murphy 1987, Sacks 1991 & 1998, Williams and Bendelow 1998, and Rosenfeld 2006) observed that doctors tended to concentrate on the biomedical aspects of diagnosis (such as 'objective' clinical examination and tests such as X-rays) and treatment (particularly drugs and surgical

operations), looking at the wider personal and social implications only in cases when the diagnosis was in doubt or the treatment failed. This exemplifies the ‘medical discourse’ of which I wrote in Section 3.1, instantiated in the case of Katherine, in Chapter 4.

While the narrative medicine movement which emerged in the early 2000s placed strong emphasis on such things as active listening, witnessing suffering and other elements of ‘narrative competence’ (Charon *et al*, 2017; Greenhalgh and Hurwitz, 1998; Launer, 2022), and while wider social changes helped foster a gradual shift from paternalism to patient-centredness in clinical care, many healthcare encounters remained epistemically unequal. In fact, as Pilnick (2023) has argued, the transition to patient-centred treatment has been neither easy nor, yet, entirely successful – the frequent and mistaken conflation of medical *authority* with medical *expertise* may, for example, leave today’s patients feeling as though they had been abandoned unaided, to reach important decisions which they feel unqualified to make (see Section 2.4). Patients come to their doctor because they want and need the resources the doctor can offer them. There is a marked difference between bowing to the perceived overbearing power of medical authority, and benefitting from the wealth of resources and treatments available through the doctor’s experiential knowledge. Sullivan (2016) raised the intriguing concept of medical *maternalism*, citing the example of Japanese physicians who concealed cancer diagnoses from patients, feeling that, in their informed view of the individual case, non-disclosure would be in the patient’s best interests. A thoroughgoing discussion of bioethical issues attaching to such a policy would, however, lie outside the subject area of the present work.

Nettleton (2021) discussed the sociology of bodily alienation in the clinical situation:

> … There is a tension here then, between the way the body is experienced or *lived* and the way the body is observed or described by "medical experts".
>
> … for the sick person the body … undergoes a metamorphosis and becomes a "diseased body" which is separated and alienated from the self. … (Toombs, 1992:127) says that "the breakdown in body is experienced as … "an alteration of one's sense of self." (p.54)

Indeed, given the specialised nature and acute relevance of dancers' bodily and professional knowledge, clinicians' failure fully to apply Charon's principles of narrative medicine at this critical interface could be seen as ethically problematic. Clinicians' biomedical knowledge and surgical skill are esssential, but should enter into equal dialogue (Fricker's 'epistemic esteem') with dancer expertise in the significance of the illness or injury for *them* and what is therefore at stake. In the experience of my participants, this vital parity of esteem was withheld, and the consequences for them have been grave indeed.

7.8 ummary

In this chapter, I have considered key theoretical perspectives to situate my approach to analysis of the empirical findings within the literature. In particular, I have presented the desire to dance as culturally produced and reproduced within the family, noting the influences and formative patterns described by Bourdieu; I developed these themes with reference to Heiland *et al*, Bakker, and Frank, and examined the psychological traits needed to succeed in professional dancing to show how they can become maladaptive (and even self-destructive) over time. I

have drawn on Goffman and Foucault to write of discipline and repression in dancers' training and professional lives; noted experiences of flow and pleasure in dance, discussed by Pakes, Fraleigh, Shilling, Sheet-Johnstone and others, considered the biographical disruption associated with illness and injury; and used the lens of writers such as Fricker and Charmaz on epistemic injustice and narrative medicine to explain dancers' dissatisfaction with (and in some cases traumatisation by) the clinical encounter, in which failure of communication may be all too frequent.

All of these reflections echo through the narratives of Kate, Brenno and Ewan, deploring power gradients and discrimination in their companies, or those of Kate and Cynthia, reporting overwhelming bullying and repression. By the same token, Katherine, Bianca and Melissa spoke of gendered inequity dominating their dance lives, while Kirsty, Shelly, Sheila and Bohdana lamented the pressure to carry on performing regardless of pain, injury and danger. Every dancer in my study had lived through the life disruption of incapacitation, and many (here I cite Francesca and Katherine, however the theme was common to most) knew and resented epistemic injustice, inflicted through what they considered arrogance, lack of awareness, or inaccessibility of the medical professionals who controlled their imminent destiny. The urgency of their accounts brings, I suggest, a level of clarity and specificity to the findings I present, underlining the poignant clinical relevance of the conclusions and recommendations which follow in the next chapters.

CHAPTER 8 Implications for dance and for medicine

8.1 Proposals for change

In this chapter, I look at potential changes, based on my findings, which might alleviate some of the problems that beset dance and its practitioners. I consider the current dance landscape and associated risks to dancers' health and wellbeing at both educational and professional levels. I also identify hazards embedded in the perception of dance by students and teachers, look at their incongruent perspectives, and discuss the discrepancy between their view of the profession and its reality.

I then examine potential long-term risks inherent in the genesis of the dancer identity, and discuss gaps in dance education, taking issue with some traditional training concepts, noting employment prospects, and proposing modifications to Company practice. I identify entrenched power and gender imbalances in professional ensembles, and reference such negative considerations as body objectification, nutritional irregularities, overloading, insecurity, injury incidence and perceived suppression of equity. I go on to consider mutual incomprehension between dancers and the medical profession, and the dangers of inadequate dancer-clinician dialogue, then propose interventions which might help mitigate the effects of this problem. I consider the difficulties of funding, of image, of employment and career transition conditions, and of profitable, equitable use of human resources.

Finally I offer a perspective of present insufficient financial support for the profession, and offer some thoughts on how the art and its presentation might evolve to improve growth and bolster its chances of survival. I close with a brief summing up of my findings/views.

8.2 How dance teachers and rehearsal directors need to change

Dance schools benefit from a widely-shared, idealistic view of the profession they serve, incorporating the myth of a glamorous world, in which talented pupils become professionals, successful performers enjoy effortless prestige and wealth, and star dancers receive reverential adulation. Participants' desire to enter this world, and the certainty that ballet is their destiny, are exemplified in Nicola's account (5.2) and echoed in Cynthia's story (5.2.8). Having worked with many ballet schools, I have often observed analogous convictions among students, parents, and even teachers, sharing a mindset tangentially reinforced by a considerable body of children's literature. This *corpus* of fiction is too voluminous to cite here, however a perfunctory glance at a search engine such as Google reveals extensive references to such productions, which may be deemed credible by the public. Countless children, urged into ballet classes by mothers who may have shared the same vicarious dream, have duly yearned to be dancers.

By way of example, Kate's desire to be a professional dancer was, as we saw in Section 5.1, inspired by a picture of a ballerina; Mary admitted to being obsessed; Nicola, as she told me, "fell in love with it … the most magical experience", while

Shelley “felt like it was my calling --- kind of non-negotiable”, and Bianca’s mother, who had spent years as an amateur dancer, was keen for her daughter to enter the profession she herself had been unable to join. This ambition is often based, as I noted in Chapter 1, on wishful thinking. The fact is that superbly trained graduates flood the job market annually, all coveting the same few contracts. For most, there will be no dance career, a painful truth which deals a heavy blow to their self-efficacy.

I do not here impute either cynicism or evil intent to the dance schools which embrace this myth. Numerous private schools are run by ex-dancers; others, however, by people with little or no professional performing experience. Many (though not all) of these teachers have qualified in major training organisations, and are competent to teach syllabus, submit examination candidates, and put together performances for the young people who train there. My point is that the idealism of teachers who may have little experience of the lives of dancers ‘at the coalface’, combined with a well-intentioned desire for pupils to taste of the excitement of performance, may nurture a wish-fulfilment mentality among students and parents. Among children in private schools are those who, as they grow older, audition for vocational (pre-professional) schools, where they are likely to find a profession-facing mindset among classmates and staff. It would hardly be surprising in these circumstances that, in their eyes, the only culmination of their years of hard work and love would be to become dancers themselves – alternative outcomes may enjoy little currency among such enthusiastic acolytes.

Should this dream turn out, as often happens, remain unrealised, their disappointment will be considerable. It seems to me, having witnessed this outcome many times, that a more realistic, humane approach might therefore be for schools to bring dance down off its pedestal, to characterise it as a valuable pursuit, physically and artistically satisfying, one of many roads to fulfilment, among others which are similarly valid and interesting, such as a career in education, law, medicine, media, publishing, design, retail, or other, less self-destructive, occupations (6.3., 6.4). Even successful professional dancers will, after all, at the end of their career, need to construct a post-dance life. There should, I contend, be provision of honest, informed career advice from qualified counsellors – alternative trajectories should be prepared, normalised and considered valuable throughout their studies. Professional dance is a wonderful job, but it is not the *only* one open to them -- this should be promulgated, impartially, consistently, and often. This recommendations, are of course connected by their nature to the content of participants' narratives, but are nonetheless heavily influenced by my years of teaching, both in my own school and as a guest, working with ballet academies around the world.

Also frequently undervalued in many dance school curricula is study of the human body. Informed maintenance of the dancer's physical capital (see 5.6) is an important part of dance education (7.4). Some vocational schools value such learning; in others, the weekly Dance Science lesson may sometimes be seen as an onerous, homework-encumbered chore (see Section 1.4). In my own experience as a ballet-master, introducing occasional nuggets of biomedical information into Company class, I have heard many recent graduates bemoaning the monotony of

the Dance Science teaching in their vocational schools. Many added that, had the subject been taught with passion and relevance, it would have come alive for them then. Preprofessional education needs to acknowledge not only the importance, but also the enjoyment to be had from basic anatomical, physiological and biomechanical literacy. The topic should be framed as fascinating and stimulating in itself, as relevant and vital for dancers as *pas de deux* classes or *pointe*. It seems reasonable to suggest that pupils who delight in the detailed, corporeal fine-tuning of dance training might enjoy persuasively presented biomechanical teaching of the relationships between their anatomy, their physiology, their state of mind, and their nutrition, as well as the remarkable artistic and technical freedom which this can facilitate. The implicit didactic message could be along the lines of:

a) This is the step. Watch, and try to imagine and feel it on your own body.
b) This is how to do it. Try to do it, and embody the kinetic corrections in class.
c) This is how to do it better. Practice doing it like this, in different sequences.
d) This is how it works, and why you will be able to do the step. These are the fascinating kinaesthetic, biomechanical components of what you are doing. Use this knowledge to fine-tune your execution.
e) This is how you can (and should) monitor, control, protect and maintain these components.

Such essential awareness and preparation, suitably applied, could reduce injury and enhance performance quality. The great American choreographer Martha Graham, for example, one of the most significant dance makers of the 20th century, is said to have exhorted dancers to:

> Think of the magic of the foot, comparatively small, upon which your whole weight rests. It's a miracle and the dance is a celebration of that miracle.

Dancers can, in my view, only benefit from this level of enthusiastic biomedical literacy, both in their work, and in the critical dialogue with clinicians who may one day need whatever information they can provide. Training for professional sport regularly incorporates this kind of teaching. A brief internet search has revealed at least 16 pre-professional UK sports academies with curricula which included detailed Sports Science modules, leading to BTEC / NCFE Extended Level 3 Diploma qualifications. Many of these programmes also feed into degree programmes at Universities, continuing in many cases via direct pathways to undergraduate or postgraduate degrees. Among them are West Ham, Charlton Athletic, Everton, Blackburn, AFC Bournemouth, Crystal Palace, Leeds United and numerous other professional clubs, as well as such sports colleges as the London Football Academy, The six Steven Gerrard Academies, FCV Leicester, Capital City College London and many others. Half of these randomly chosen academies were integrated preparatory academies attached to Premier League football teams. It seems therefore incongruous that so many dance schools should not yet fully have followed suit.

The arduous, extensive repetition and practice (7.4) of dance training should ideally be used alongside other techniques designed to lessen the strain on the dancer's body, an example in point being the incorporation of somatic practice into training and rehearsal. There is ample literature around somatic techniques in dance, some of the best-known of these being Alexander technique, Bartenieff Fundamentals, Feldenkrais Method, *Ideokinesis*, Gyrotonic®, Gyrokinesis®, and others. *Ideokinesis* (visualisation of movement under specific, controlled conditions, using constructive rest) can help to lighten the physical load on dancers, reducing fatigue and risk of injury. The concept, promulgated by Sweigard in 1974, rests on her description of

movement as “a neuro-musculo-skeletal event”, and builds on earlier theory by Todd (1929) which encapsulates what she called her “psychophysiological” concept. Exploration of the neuroscience involved is beyond the scope of this thesis -- I can, however, attest to having seen *Ideokinesis* used as a teaching tool, and it worked remarkably well. As Sweigard asserts:

> Concentration on the image of the movement will let the central nervous system choose the most efficient neuromuscular coordination for its performance, namely, the innate reflexes and feedback mechanisms. The idea of the movement alone is sufficient to start all movement along its most suitable path. (p.6)

Ideokinesis has been explored in depth by Batson (2009), Rafferty (2010), Franklin (2013), Kleynen *et al* (2015) and others. Batson (2009) notes a fallacy common to many schools:

> In dance, the physiological and behavioural values and benefits of intentional rest are far from understood….When it comes to traditional dance training, an ideology of rigorous and relentless physicality has prevailed. In western culture vestiges of a strong puritanical work ethic still dominate, influencing how bodies control themselves, not only among the general population (Messing et al. 2005; Foucault 1988), but also in the arts (Markula 2004). Dancers must prove themselves worthy by hard, unflagging physical effort and repetition well beyond the point of fatigue. Rest carries the negative connotation of lack of dedication or commitment to being an artist (Lakes 2005) … rest is an oxymoron, a last resort that reminds us that our biological bodies are, after all, merely human. (pp.179-180)

She underlines documented causal connections between fatigue and overuse injury in dance, adding that sport and exercise science, by contrast, deploy periodisation, the intentional juxtaposition of rest with effort during training. The positive results of such periodisation in recovery from muscle fatigue have been extensively researched (Kreider, Fry and O’Toole, 1998; Bock, Thomas and Grigorova, 2004;

Fuller *et al*, 2022). Batson attributes further benefits to *Ideokinesis,* suggesting that it enhances acquisition of movement skills, and improves performance and psychological wellbeing. She cites research confirming that the technique fires the same motor neurons within the brain as those which are activated during physical execution. In a similar vein, functional Magnetic Resonance Imaging (fMRI) studies indicate that passive listening to music activates brain areas associated with motor activity (Trevarthen, 1999; Trainor & Zatorre, 20009; Larsson et al, 2019; Fitch, 2015). I suggest that judicious, informed application of such methods to training and rehearsal might help to alleviate the overloading and fatigue reported by many of my participants.

While a detailed history of ballet lies outwith the scope of this thesis, I remind the reader that, as I mentioned in Chapter 1, the courtly gestures, discipline, deportment, terminology and sense of hierarchy of the classical ballet are deeply entrenched, inherited as they are from sociocultural praxis under the 17th century French political establishment. Such traditions are still recognisable in the great repertoire ballets. Although they comprise essential narrative infrastructure when used onstage, they are not suitable as a behavioural model for dancers or students, whose personal development ought not to be encumbered by customs and notions of bygone centuries. It is in my view questionable whether, for example, students really should bow or curtsey to every senior figure they pass in the corridor, as my participant, Bohdana, complained she was obliged to do in her training. Respect for teachers and senior figures is admirable, but I find this ritual display to evoke almost military connotations. I continue this line of speculation by suggesting that the atmosphere in class and rehearsal, while concentrated, and productive, need perhaps not always

require reverential silence from all present. Clearly, irrelevant chatter is disturbing, but rational, respectful, dialogic feedback around the job at hand could bring worthwhile dividends, both to dancers and to the leaders of class or rehearsal. In a similar vein, I would explore modifications to the work atmosphere in much of dance training. In Section 2.3.4, writing of dance climate, I cited Nordin-Bates (2022, p.208) and others, who found that insecure, harassed instructors may, in self-defence, appear aggressive, unintentionally damaging motivational atmosphere in the class. Motivational climate in many schools and professional companies is, as we have seen, goal-oriented and competitive (5.3.2, 5.3.4), and carries numerous associated risks (de Bruin *et al*, 2009).

Although I acknowledge self-discipline and reliability to be essential to any artistic endeavour, my findings support an approach in which dancers would, by default, be encouraged actively to participate in artistic decisions at company level. Interaction between Direction and dancers could and should be characterised by constructive cooperation, good faith and mutual respect, thus giving everyone personal stake in decisions, and encouraging a climate of cordiality, task-orientation and co-operation, in pursuit of common goals. The ground for such proactive participation would need to be prepared in dance education. This, I suggest, might enhance wellbeing and job satisfaction among dancers, as several scholars have proposed. Barrell and Terry, for example (2003), noted the relationship between trait-anxiety in dancers and denial, worry, self-blame, maladaptive coping strategies, and negative performance outcomes. In a related vein, Stark and Newton (2014) found a correlation between perceived caring, task-involving dance climates and psychological well-being in adolescent dancers, with particular reference to quality and number of friendships,

and enhanced body esteem. By the same token, Clements and Nordin-Bates (2024) evidenced the importance of intrinsic motivation to enjoyment and engagement throughout dance training and the dance career. Copious literature (Liederbach and Compagno, 2001; Adam *et al*, 2004; Noh, Morris and Andersen, 2013) acknowledges the correlation between fatigue and stress in dance, and the severity and frequence of injury. These findings lend support to my suggestion that conscious effort on the part of companies to reduce and ameliorate the effects of stress and fatigue on dancers might help reduce rates of injury-related absence.

Body image is a problem in dance education (Ohashi *et al*, 2023). The standard practice of dance schools in encouraging young dancers to stay as thin as possible (5.3.7) is mediated by deep-rooted tradition and custom. Conventional pressure for thinness has long been exerted, both by audiences and by Companies, and may therefore prove difficult (or even impossible) to eradicate. Indeed, this aesthetic convention brings with it serious risks. In Section 5.3.2, I discussed students' progress through puberty and adolescence, and their anxiety over the physical and mental changes of growth. They may involuntarily gain weight, lose confidence in their ability to control their changing bodies, or find their friends inexplicably transformed by personality upheavals. Some may be victimised for their appearance or figure, and such implicit / explicit abuse from classmates or teachers can cause lasting damage. Not only students, but also professionals, hoping to perfect the dance body (5.3.7, 7.2), frequently practise dangerous nutritional habits, risking illness, injury, (or even, as in the case of a close colleague, death). Low energy availability, due to constant physical exercise and dietary insufficiency may easily put

dancers at risk of Relative Energy Deficiency in Dance (RED-D). I remind the reader that a more comprehensive description of RED-D is provided in Section 2.2.4.

Ballet, in common with all arts and sciences, derives vitality from a more or less perpetual state of flux and development. Data from the present study suggest that dance schools and companies ought ideally to acknowledge, and act on, an ethical, pastoral responsibility to allow for, and insist on, adequate rest and nutrition. I would also advocate for pre-professional schools and for companies to engage trained, qualified, full-time curators, responsible for guiding and maintaining mental and physical health in employees and students. I acknowledge, however, that although the numerous associated risks are well known, a continued obsessive urge to achieve and maintain dangerously low body weight may well (and frequently does) persist among dancers subjected to pressure from conservative audience and management opinion, predicated on traditional ballet aesthetic.

Gender bias is yet another problem throughout ballet (Daly, 1987; Oliver and Risner, 2017). While many teachers, dancers, students, and rehearsal leaders are female, most Artistic Directors, as I noted in Section 5.3.7, are male; to them is arrogated the final say over dancers' permitted weight, appearance, income, and status. It seems, even in 2025, that men are giving most of the orders while women appear to be doing a disproportionate amount of the work (over which they have little decision-making discretion). This, over the long term, may prove unsustainable, perhaps even unacceptable. One solution might be to increase the number of female Directors. I am happy to note that some literature (Cholewicka, 2021) records a modest trend in

this direction, which may eventually help redress the balance and encourage what I might term humanisation of the art, both professionally and in dance education. (I concede that there may be individual male teachers or Directors who exemplify the utmost consideration, while some of their female counterparts may not, but I refer here to general principles, rather than individual cases.)

Many interviewees mentioned the obstacle posed by systemic power imbalances in their professional lives. I used Sections 1.3, 2.1,and 5.4, to illustrate the pyramidal structure of a typical ballet company, the inhabitants of each stratum maintaining position through the implicit social and cultural capital of rank, exercising sociocultural power over inferiors. In companies, as in any organisation, there may be potential for misuse of power, provoking grievance at real or imagined injustices. One example is casting – my participant, Katherine, recalled how she felt her position threatened every time a new cast-list appeared on the call-board. She feared slipping downwards and backwards in the hierarchy, resenting what she perceived as devaluation. Many dancers know such fears – their passion for dance, and the ease with which they can be ejected, may leave them prone to insecurity about the next role, season, or contract. Their perceived obligation to prove their worth may drive them to rivalry, overwork, exhibitionism, or risk-taking behaviour. Such competitiveness (5.2.4) can cause serious damage; I have seen many injuries from misguided efforts to outdo other dancers, to be stronger, faster, or thinner, to jump higher, or display greater virtuosity. People with this preoccupation may forget or ignore their limitations; pain from half-healed injury, residual weakness, fatigue, or dehydration -- consequences can be catastrophic. Additionally, a desire for affirmation from superiors may encourage competitiveness among peers, exposing

dancers to risk of injury, which, as we know, they may try to conceal for fear of repercussions. This approach to pain (5.2.5) is neither normal nor desirable.

8.3 How dancers need to change

Dance injury, which will probably always occur, can be seen as misfortune, not only to the individual but also to the company. Injury to a dance colleague may turn out to be of personal concern for everyone, not merely in terms of the extra damage-limitation work required to adapt the performance, but also because it can evoke sympathy and solidarity. An example is the case of my participant Sandra, hospitalised for months by injuries sustained in a road accident, who was accompanied throughout treatment by all her colleagues, coming separately or together every day to her ward to keep her company, watch television with her, and support her in recovery. They made sure to include her in Company social life, even after it became obvious that she could never return to performing. Her account contrasts with Bohdana's story (6.3) of solitude, disorientation, disillusionment, and anguish.

I devoted Section 5.4 to the 'dancer identity'. For as long as these young people are able to see themselves as *real dancers*, living their lifelong ambition, the dance persona can retain its cherished status. When the dream is shattered, however, the ambition denied, and the career destroyed, certainty may evaporate in a cloud of denial, disappointment, and grief for a lost past (6.4, 6.5). In Section 7.3 I wrote of the tendency of young, impressionable dancers to believe the myth of their own

greatness. We might, therefore, expect that abrupt deflation of this myth would radically affect their self-efficacy. As my data show, victims of such trauma may need years to recover; indeed, some may never fully regain equipoise. As a ballet-master, I have frequently encountered former dancers who find themselves in precisely this situation. Based both on my findings and my experience, I should argue for the potentially dark side of the idolatry endemic to the profession to be carefully, sensitively denatured. Dance should emphasise more the physical enjoyment, mastery, and aesthetic fulfilment of the task of dancing, and place less emphasis on creating personality cults around individual performers. If the post-trauma realisation of no longer being a dancer could be thereby de-dramatised, then cessation of that identity could be framed as less catastrophic than it is at present. Students, families, and audiences would benefit from this type of re-education, a task best undertaken and coordinated by schools and companies themselves.

8.4 How clinicians need to change

Participants related that their clinicians concentrated on the biomedical aspects of injury. They perceived little interest from healthcare providers in the long-term effect of dance injury on their quality of life and wellbeing.

In the days of Osler (1892), empathy in medicine was considered undesirable. Clinicians, went the assumption, should remain detached and unaffected by sentiment, cultivating equanimity and imperturbability. Osler contrasted this ideal with the undesirable alternative of an agitated, indecisive physician, whose visible

unease would risk communicating his [***sic***] uncertainties to the patient. I discern a latent *non sequitur* in this proposition. Surely it cannot follow that, merely through empathising with patients, physicians become emotionally incontinent, and thus incompetent. In the remainder of this section, I present some more contemporary arguments that, to the contrary, healing dancers requires not only the mere binding of wounds, but should also include active listening, patient-clinician dialogue, empathetic understanding of their priorities, and incorporation of their input into treatment. Osler's notions prevailed for over 30 years, until Peabody (1927), concerned over apparent callousness among young clinicians (see Section 2.4), lamented in his lecture, The Care of the Patient, that:

> … young graduates have been taught a great deal about the mechanism of disease, but very little about the practice of medicine—or, to put it more bluntly, they are too "scientific" and do not know how to take care of patients….The art of medicine and the science of medicine are not antagonistic to each other … One of the essential qualities of the clinician is interest in humanity …

Uncontroversial as this may nowadays appear, Levasseur and Vance (1993), even 65 years later, felt impelled to remind the medical profession that its job was not merely to repair people in the biomedical sense, but to heal them. From this perspective, a moral obligation on the clinician to treat the whole person, rather than just the injured body-part, becomes important. Their views are supported by, among others, Nimmon and Stenfors-Hayes (2016), who recommend adaptations to academic clinical education, to enhance medical sensitivity to the power imbalance in the doctor-patient relationship.

As Table 3 illustrates, much participant narrative revolved around the distress of post-treatment biographical disruption. This recalls Cassell's (1998) observation that suffering, despite the best intentions, may be provoked not only during treatment, but even sometimes because of it. It might be argued that injured dancers ought simply to 'buck up', stop mourning, and get on with making a new life. In fact, lacking clinical concern over long-term effects of treatment, most of my interviewees found themselves by default following precisely that pattern. They had no choice but to 'buck up', and sort themselves out. What was not recognised was the severity of their difficulties, bereft, as they abruptly were, of livelihood, social context, security, prestige and their lifelong dancer habitus. That many managed to weather this experience testifies to considerable moral courage. I suggest, however, that a less reductionist clinical approach, and the proactive implementation of Launer's (2022) "systemic literacy" (7.6) might have eased their transition.

If clinicians were to accord as much significance to the long-term phenomenological *sequelae* of dancer treatment, as they do to the technical management of injury, this would amount to what Fricker (2017) called "virtuous listening", from a conscious intention on the part of the hearer to glean as much information as possible from patients who may be hermeneutically marginalised by medical ignorance, shyness, or awe of authority. To listen intently to that patient, to appreciate the professional ramifications of treatment outcomes, and to agree a clear, mutual assessment of options – these are the basis of what Charon *et al* (2017 – see also Section 7.6) called "narrative medicine". It seems particularly applicable where a healthcare professional may be unsure of the implications of injury for specialist patients such as dancers.

In Section 7.6, I discussed Fricker's concepts of epistemic esteem, as well as testimonial and hermeneutic injustice, and Dotson's (2011) notion of pernicious ignorance. These, in their accounts, were experienced by participants whose clinicians ignored their experiential input, and occasionally carried out interventions which not only failed to heal the patient, but were even perceived (6.3) to have aggravated the problem. Indeed, clinical failure to apply "systemic literacy" (Launer, 2022) or "narrative medicine" (Charon *et al*, 2017) might be seen in such instances as bordering on epistemic violence. Communication ought therefore surely to be acknowledged as essential to successful treatment and rehabilitation, otherwise neither side is equipped, fully to understand the other. This is supported by Nimmon and Stenfors-Hayes (2016, p.7), who concluded that:

> One of the central values underpinning patient-centered care is the equal sharing of power that can be enacted through communication practices like shared decision making.

Mathiasen and Alpert (1993, p.140) remind us:

> The professional languages of the scientist and the humanist are specialized and more or less unintelligible to those outside the profession. Therefore it may not be literature or art professors who should teach health workers empathy through literature and art. Perhaps those who are to teach empathy need training in both science and the humanities".

I believe this notion to have merit. Glick (1993) suggested in the same vein that a model of patient-clinician interaction which valued, not only biomedical considerations, but also patients' state of mind, their experientially-based expertise,

their anxiety over treatment outcomes, and to their right to parity of epistemic esteem in discussions of treatment options, would be the only way to satisfy the requirements both of compassion and of scientific precision. He added that to discount patients' lived, human narrative, would lead to failures and deficiencies in treatment.

Other scholars (Morowitz, 1993; Halpern, 1993; Spiro 1993) agree that pre-clinical education should accommodate the teaching and practice of empathy, the humanities, art, literature, anthropology, the social sciences, philosophy and religion. Only by this means, they argue, will medical students receive the breadth of education needed to produce "the kinds of physicians we all want". Williams and Bendelow (1998, p.7) proposed:

> "In contrast to the dominant biomedical model, which prioritises sensation over emotion, pain, we argue, needs to be seen as a fundamentally *embodied* experience: one which embodies both physical and emotional dimensions of human suffering".

I interpret this as an exhortation to clinicians to view patients, not merely as cases, but as people, with fears and feelings, which also need attention. This line of thinking is supported by Halpern (1993, pp.169-172), who suggests that:

> --- unique about empathy is that the empathizers' current emotions are attuned to the emotions of another person through preverbal resonance, so that their attention can be directed to what is salient for the other person… empathy helps physicians understand patients and communicate better with them, which enhances diagnosis and treatment … physicians need to develop the emotional skills involved in empathy to practice more effective, and not just more pleasing, medicine.

Such reasoning, which foregrounds the need for empathy and Fricker's "virtuous listening" (2017) once again evokes Charon's 2017 concept of Narrative Medicine (7.6).

Working both from my findings across this sample, and from many relevant conversations with clinicians. I suggest that the kind of conscientious, proactive listening and dialogue which are fundamental to Narrative Medicine, could also be seen as a tenet essential to Dance Medicine, a discipline, akin, but not identical to, Sports Medicine, which is presently underserved. A few organisations are laudably active in the field, notably the US-based International Association for Dance Medicine and Science, and the UK initiative of the National Institute of Dance Medicine and Science. There are, however, still many more injured dancers than there are clinicians schooled in treating them. This imbalance could be redressed by enhanced provision of Dance Medicine in academic clinical education. I would suggest that Dance Medicine be widely taught, at undergraduate and at postgraduate level. Given that many dancers would probably present in the first instance at a GP surgery, a potential Dance Medicine curriculum should logically be structured and oriented in the direction of both generalist and specialist levels of care. The need is patent – according to the Office for National Statistics, in 2024, some 13,600 people in the UK hurt themselves while dancing, and were treated at a dwindling number of GP surgeries. Meanwhile, a sixth of all UK adults were practicing some form of dance, increasing potential for further injury. On this basis, uptake of Dance Medicine in this country might be considerable.

Academic teaching of this discipline, both in general practice and as a specialism, would require trainees, guided by dance professionals, to explore in depth the disciplines of dance, to watch performances, and to follow rehearsals and classes. They would need to study dance techniques, participate in training, become involved with dance schools and ensembles, and develop deep, experiential knowledge and appreciation of what dancers live and do, day after day. This structured programme would help them to appreciate, not only the damaged syndesmosis (or other injury) presenting in today's consultation, but also how and why this has happened, what is at stake for the dancer, how best to manage it in that dancer's world, how to work prophylactically with the dance institution to reduce risk of further occurrences, and how to support patients' wellbeing.

In view of the chronic and universal shortage of time experienced by nearly all health professionals, it might be seen as optimistic (perhaps even unrealistic) to expect doctors to come regularly to dance classes, rehearsals and performances. Nonetheless, I suggest that a solution might be found in existing Higher Education Institutions. In the first place, I should suggest a pilot project; modules provided for Special Interest Groups, aligned with subdivisions of Sports Medicine or Sport and Exercise Science, currently offered at undergraduate level across 29 course in 19 UK Universities, supplemented by 42 postgraduate courses at 24 Universities. A collaboration on this scale might go some considerable way towards advancing awareness of, and interest in, Dance Medicine in this country, and constitute a valid and valuable first step along the way.

I should be delighted to contribute to such a course. The level of empathy involved, vitally important to the dancer-patients in my study, was absent from their narratives. Their clinicians ought, I suggest, to recognise not only the inner state of their patient, but also the phenomenological consequences of that inner state. This would be the diametrical opposite of Osler's detached imperturbability. Professional rewards for practitioners could be considerable – dancers, like sportspeople, are complex, finely-tuned executants of remarkable prowess. This would surely be a most challenging and stimulating area of medicine in which to work, at once scientifically and artistically satisfying.

In order to realise this concept, it would be important to enlist and stimulate interest and active support from the medical profession. In this context, a note in the BMJ from 2008, recorded potentially promising developments on this front, as a prospective epidemiological study of dance injuries under the aegis of the University of Wolverhampton the form of a pilot scheme over two and a half years, investigating dancers' health in collaboration with OneDance UK, the Olympic Medical Institute, and the Laban Conservatoire in London, funded by a grant from the Jerwood Charitable Foundation.

It is, I suggest, not only the medical establishment which would benefit from improved communication skills – dancers too, and the institution of ballet as a whole, need to nurture comprehension and empathy in the clinical setting. In Sections 8.2 and 8.4, I have considered what might be done to improve these areas, while in Section 8.6 I examine these proposals from the point of view of the general public.

8.5 How ballet as an institution needs to change

Dance, like all professions, must evolve or wither. I have mentioned the advisability of democratising the decision-making process. I do not suggest that individuals without appropriate knowledge should decide matters of casting or repertoire; rather I argue for general, informed, rational participation and contribution from members of the ensemble to the making of such decisions. It need not be difficult to find consensus on casting, promotion and areas of responsibility within large company meetings. These matters can be regulated by contractual stipulation, with clear rules and practices. Most companies operate on a contract basis -- the important thing is how the rules are implemented. A union representative or Director who sticks obstinately to some procedural point, merely to win an argument, helps no-one. This is, as I suggested in the clinical context, a case for Launer's "systemic intelligence". Dancers and Artistic Directors would need to recognise that everyone's common interest is best served by agreeing a mutually satisfactory plan, whether it be about casting, the timing of a tour, the engagement of guest artists or an agreement for overtime wages. People who honestly and proactively communicate with each other may often find mutually satisfactory solutions.

At first sight, it may seem unrealistic to expect a dance company to be able to operate along the lines I have suggested, however, examples of this practice are actually more numerous than might be supposed. One example is London Ballet Theatre, a company advertising itself as being "#ForDancersByDancers" which operates on the basis that every dancer be involved in decision-making. Scottish

Ballet has for several years maintained an Equity, Diversity & Inclusion (EDI) committee of dancers, with a formal voice in directional issues. Ballet Black also lays great emphasis on collaboration and cooperation between dancers and direction. I, too, danced for years in the Royal Swedish Ballet, which was run for a time entirely by a committee chosen from among the dancers and which still operates an active counselling and monitoring body chosen from among their ranks. I believe these examples may serve to demonstrate that, while specific modalities may vary from one company to another, the model is in principle both viable and currently in use.

A related problem is that dancers, inevitably, become older. During their mid-30s, they may start to be viewed by Artistic Directors as ‘past it’ and hence disposable. It might seem tempting to dispense with these aging performers, as such a measure could potentially enable Company management to offer the contracts thus released to new arrivals. Money is chronically in short supply -- bringing new talent into the group often means parting ways with older dancers, a procedure which is, however, both inhumane and wasteful. Even mature dancers, beyond their peak of technical execution, comprise invaluable artistic, experiential and didactic resources for companies, not only in the so-called ‘character’ roles (i.e. roles requiring stage ability without great feats of technique), but also as teachers, coaches, rehearsal directors or choreographers. Presently, however, many companies lack the means to keep, re-train, and benefit from, these treasures -- this is yet another consequence of the straitened funding available for ballet.

In the context of career outcomes for potential followers of my participants, I suggest that career transitions, too, would be susceptible of improvement. The UK organisation in charge of this vital transition is Dancers Career Development, to which I referred in Section 1.4. Under their auspices, a performer who has worked full-time for a minimum of eight years in subscribing mainstream companies may be supported to re-train after their active onstage career. Problems arise, however, for those who cannot satisfy this criterion, even though they may have been more or less continuously employed in musical theatre, television or cruise work. Also affected are freelancers, typically in and out of work throughout their careers, but not necessarily under long-term contract to participating companies. For these people, who may fall through the net, financial support for career transition can be problematic -- yet another reason for vocational dance training to valorise alternative career choices, counselling and preparation throughout their education. While student loans for higher education may be a viable option for some, assumption of long-term debt may also be a daunting prospect. Dancers Career Development is part of the International Organization for the Transition of Professional Dancers. These bodies would be well located to provide input into larger-scale work towards establishing more equitable conditions for outlying, non-Company professionals.

8.6 How audience expectations need to change

Many of the difficulties facing dancers and students are rooted in the chronic funding shortage which afflicts dance companies. Funding is always tight, and this limits the number of contracts that can be sustained. As we know from Chapter 1 and from Section 8.0 above, few positions become vacant each season; the number of

excellent dancers who fail to find contracts shows no sign of diminishing. This shortage of opportunity, as we saw in Section 5.2.4, encourages a destructive competitiveness within schools and the profession, as performers try to outdo each other, merely to get or to keep work. Competitiveness among dancers can thus be seen as a by-product of systemically embedded institutional poverty.

No company can survive on box office takings alone – running costs are far too high. Money, whether from government subsidy or from commercial interests, needs actively to be sought, and somehow portrayed as sound, viable investment. Here, the elitist “image” of ballet poses a problem. Appreciation of classical ballet is shared by a relatively small number of *cognoscenti*, who may congratulate themselves on knowing traditions, narrative, construction, and the conventions of classical mime (without which, dialogue onstage, as represented in codified movement or signed idiom, may seem to be arbitrary, meaningless gesture). Ballet audiences often display informed appreciation of dance technique.

In other words, watching ballet demands an effort; spectators need to understand what they are watching, which parts are good and why, and what the story is about. For those not privy to such insider knowledge, some dance performance may appear “posh”, exclusionary, or snobbish, and such perceptions can impede companies’ access to potential sources of support. Funds tend to be more easily available for activities to which the public can relate. Unsurprisingly, ballet, with its esoteric appeal to an ostensibly exclusive following, receives, as I have mentioned, markedly less support than professional sport, an extremely popular (and therefore vote-winning)

recipient, of which many spectators have at least some degree of personal experience.

In the current financial climate, many arts subsidies are faltering under pressure of public opinion. Classical ballet and other types of performance art might have, I suggest, two, arguably undesirable, options. They might continue performing familiar or newmade masterpieces for *connoisseur* audiences, while hoping somehow to square their shrinking budgetary circle, although sooner or later they would probably have to raise ticket prices beyond people's ability to pay -- this is already happening to some major ballet, opera, dramatic and orchestral ensembles. Alternatively, they might try to cut costs by reducing staff, striving to produce more from less – this too is widespread in the sector, as companies close or cut back on what they can offer. It seems unlikely that either policy could be sustained indefinitely. The truism that money invested in the arts, repays itself with interest through incidental audience-generated income such as transport, accommodation, ticket sales, bar receipts, restaurants and so on, may cut little ice with hard-pressed officials under pressure to approve politically defensible investments.

I believe, however, that there may be a third way for the performing arts to garner public support, popularity and funding. They need, I suggest, to become accessible to all social strata and shades of meaning, making themselves available (and appealing) to wider audiences. Of course ballets could still be performed in their accustomed settings as well; I do not suggest that they be abolished. However, if dance is to thrive in the long term, I suspect it must work to broaden its appeal, to

bring accessible, enjoyable performance to the public on a large, frequent, generous scale. To this end, danced performance would need to adapt, radically vernacularising and re-framing at least part of its output. Big productions, for example, need not be restricted to classical output and framed by ornate, aristocratic venues – if adapted for the purpose, they could work as well in sports arenas, airports, railway stations, shopping centres, tennis courts, parks and countless other venues. New performance initiatives could be presented in many styles, in many places, sometimes subsidised, and therefore at low cost to spectators, or even free – the important thing here would be to make watching dance become part of people's normal lives.

If provided with opportunities for unpretentious, affordable performance, audience attendance for such events might flourish. Literature (Wildschut, 2008; Jola, Ehrenberg and Reynolds, 2012; Jola and Reason, 2016; Cross and Smith, 2022) confirms the infectious, motivational quality of watching movement to music, and the effect on audiences of what have been called mirror neurons. Seeing dance, people are often stirred by a sympathetic impulse to move, regardless of whether they are watching *ceilidh*, *Kathakali*, jazz, *capoeira*, classical ballet, *moreška* or any other appealing and 'portable' *genre*.

Such initiatives do exist, but might benefit from expansion. The big opera and ballet companies already stage outreach events in theatres, programmes for children, dance classes for the visually impaired, concerts for employees, and touring events in cathedrals and schools. Some companies offer classes for the public, and

organise themed events in partnership with schools, or lend their studio space to freelance groups and choreographers. This is a model for how to build grassroots support. In my view, however, there is room for this kind of activity to grow exponentially, to move beyond such theatre-bound initiatives. I should like to see dance move out into the *agora*, the real world, to become a feature of day-to-day public life, available in locations where it has not traditionally been seen. Street performance was thriving before elaborate theatres were built; given favourable conditions it might perhaps do so again. I suggest that, if framed and presented specifically for this purpose, a paradigm shift in funding options might become viable. There could be, perhaps, the possibility for sponsorship here, offering brand association with the phenomenon of a hitherto unfamiliar, widely-consumed, popular demotic culture -- such, after all, is the basis for the current liberal commercial support for professional sport.

Obviously these measures would entail costs -- this is outreach on a large scale. Viably portable flooring, sound, lighting, acoustic shells, seating, backstage provision, accommodation, security, and transport, all require investment. I remind the reader, however, that very successful use is already made of this principle in the area of pop music concerts and other mass spectacles. It would be intriguing to explore whether a farsighted development and implementation programme along these lines could alter the fortunes of the sector, while supporting increased inclusivity of cultural offerings. I can imagine no reason why access to this or any art should be restricted to a select few, but many reasons why anyone who so wishes should be enabled to enjoy, and perhaps actively participate in, the cultural life of society.

Such an undertaking would need vigorous lobbying and policy initiatives, bolstered by robust initial research, feasibility studies and pilot projects, with extensive stakeholder input and support. One aim here would be to invigorate funding for dance and the performing arts, thus increasing the number of performing contracts available, and enabling companies to retain, and to benefit from, the active pedagogic and artistic involvement of older dancers who might otherwise be forced into retirement (8.5). This might, in turn, help reduce the fear, insecurity and some of the competitiveness in education and in the profession, to enable a more balanced view of options for active (and for injured) performers.

A further potential effect of the ‘vernacularisation’ of dance would be an associated potential benefit to public health. If people, seeing and enjoying dance, are themselves moved to become involved, participation opportunities outside performance contexts could be envisioned. Many studies (Keogh *et al*, 2009; Quiroga Murcia *et al*, 2010; Philip *et al*, 2020; Laird *et al*, 2021) attest to health improvements from regular dance activity, typically accompanied by improvements in mental health and wellbeing associated with the community setting. The potential applications are interesting -- to research them in detail would be an enormous study in itself. Dance as a prophylactic tool in social prescribing does not form part of the present study, but I argue that the sociopolitical and economic advantages of such a scheme in many different areas of social health could be enormous. I intend to explore this matter thoroughly in a separate context.

8.7 Summary

A recurring theme throughout my data has been the fundamental significance of dialogue, the imperative need for plain talking, attentive listening, and mutual comprehension. We have seen how very much ill and injured dancers need healthcare professionals to know what has happened to them and what it means. Clinicians should (as some, apparently, do not) put aside customary patterns of behaviour, listen actively to the dancer's narrative, understand the *genre*-specific issues involved, and work with the patient to agree the optimal treatment. This would be communication.

Dance teachers need to empathise (as some, apparently, do not), and communicate fully with, their students, to recognise their needs, expectations and limitations, and to encourage agency and autonomy in these young people who happen to be learning dance. They need to shift the focus of training away from goal-oriented issues of weight and artistic / technical achievement, and onto the task-oriented mindset that promotes maximum enjoyment of the dance being studied. They need to establish the principle that not every student will or should become a professional dancer, and that viable and fulfilling alternative careers exist, offering professional longevity and humane living conditions. They need to equip students with the anatomical, physiological, psychological and nutritional knowledge to facilitate discussion and understanding of the biomedical aspects of training, performance, self-care and injury. This is communication.

Dancers and company managements need (as some, presently, do not) to work with each other, to collaborate on aims, procedures and policies, to treat each other, by default, with respect and epistemological esteem, to strive, all in the same direction, for the common interest, for optimal artistic production and the wellbeing of all involved. Dancers need to understand how to value and look after themselves and each other, both in their active performing lives and when ill or injured. When their career is over, their need for a sense of esteem, of security, of being valued by colleagues, becomes very important to them, and should rest on experiential affirmation of these qualities. This is communication.

Audiences need (as some, presently do not) to view dancers, not as though they were semi-mythical, incomprehensible inhabitants of a distant, alien aesthetic plane, but as fellow humans, whose job it is, expertly to fulfil a public need for inspiration and aesthetic delight. In the wider perspective, society could benefit from the vernacularisation and reconceptualisation of professional dance as a source of accessible entertainment and enjoyment for all social strata (see Sections 5.4 and 8.6). It seems unnecessary and counterproductive for audiences to see (for example) ballet as an exclusionary diversion for the few. If offered in terms which resonate with people, so that they may understand what they are watching, dance contains much for them to discover and enjoy. This is communication.

Put another way, the medical profession, academia, choreographers, Directors, teachers, performers, funders, audiences, sociologists, students of the humanities, philosophers, parents, media, and creators, perhaps all of us, need to become better

at listening to each other, to rediscover and value each other (as some, perhaps, presently, do not). This, too, is communication.

In the next, and final chapter, I bring together my principal findings and their significance in relation to my research questions, examining the extent to which they provide answers to the aims and issues under discussion. I pass in review the strengths and limitations of the study, consider ethical issues of data collection, and suggest what form the next steps in this research should take and the means by which they may be set in motion. I then offer my concluding reflections.

CHAPTER 9 Discussion

9.1 Summary

I devote this chapter to a summing-up of my findings from across the narrated trajectory of participants' lives in dance, from the beginning of their training to their eventual loss of their career, following definitive injury or illness. In this section, I summarise what I have found in respect of their schooling, the formation of their dancer identity, their experience of life in the profession, the events which led to the clinical consultation, their experiences of medical treatment, their perceptions of career loss, the effects of traumatic identity loss, and their post-dance lives. In Section 9.2, I discuss the strengths and limitations of this research, and consider the problems which I have identified throughout the formation and professional life of dancers. Section 9.3 provides an overview of gaps in the current literature, with suggestions and reflections of possible areas for further research, while in Section 9.4 I sum up my conclusions, and propose potential mitigatory measures in dance and academic clinical education and in the institutions of dance and theatre.

9.2 Principal findings

This study has been devoted to understanding and clarifying the roots of the gap in dancer-clinician comprehension. This was my initial area of interest, and the fulcrum on which I originally intended that my research should pivot. I began by considering

literature around salient narrative themes and topics, and observing the conclusions and the *lacunae* in this corpus of knowledge.

I investigated the training and socialisation of dancers whose careers were ended by illness or injury, exploring the ways in which they perceived their interaction with healthcare professionals. I considered their difficulties when injured or ill, particularly in the light of misunderstandings in the clinical encounter. My data suggest a number of problems which beset the institutions of dance both in training and in the profession.

These dancers began their education optimistically, excited by the notion of becoming professionals. Formed within habitual idealism, predicated upon respect for, and subservience to, authority, they laboured diligently to satisfy the increasing academic and physical demands of their schooling. Their stories illustrate the genesis and reinforcement of the dancer identity, which was to manifest itself across their dancing lives. Following their initial elation, they gradually began to perceive training as difficult, and sometimes even unpleasant. Alongside the euphoria, companionship, and fun which they had anticipated, they also found themselves experiencing exhaustion, stress, pain, hardship, and exploitation. They spoke of harshness, bias, unfairness, discrimination; body objectification, pressure for thinness, verbal abuse, and ill-treatment at the hands of staff and classmates. In their narratives, the discipline, the competitive nature of school life, the obsession with body image and weight, and their low self-esteem, eventually came to feel like a heavy burden. Their struggle to perfect their body as an instrument of technical and

aesthetic perfection, led them in many cases to excesses of overwork, to fatigue, to unsafe nutritional habits and sometimes to chronic ill-health. They had neither sufficient time nor energy for normal adolescent social development or their own agential growth.

I was struck by the realisation that the genesis and persistence of the dancer identity, often tenaciously maintained into old age, seem traceable to influences from their student days, among them powerful pressures intrinsic to the highly-disciplined, institutional, character of dance education. I began to suspect that such influences might encourage young people in classes of like-minded classmates / devotees / rivals, prematurely to adopt the aspirational persona, which they so ardently desired to embody. They spoke of growing educational demands, increasing fatigue, pain, sadness and fear, and it seemed likely that such formative mutual tribulations might draw them closer together, confirming and strengthening bonds born of shared mutual aspirations and personal similarities. I therefore widened the original scope of my analysis, to question the origins of dancer identity, and what might have been its effects on dancers in their post-career lives.

Budgetary restrictions on availability of contracts reduced their chances of winning a place in a Company, and encouraged competitiveness and rivalry, which had already been noticeable from an early point in their dance training. All of them, even the most talented, struggled to find jobs. A few achieved their goal; others did not. Reasons for failure were various: innate physical or psychological anomalies, bad luck, injury, illness, or scarcity of opportunity.

Those who managed to get jobs in companies encountered embedded power gradients in their organisations. They felt under scrutiny, pressured to maintain the ideal ballet physique, to stay in top form, to manage daunting workloads, to perform under varying and often hazardous conditions, to memorise at short notice enormous quantities of step sequences, and to survive on meagre salaries. They lived, as they told me, with a sense of precarity, fearing to report pain or physical distress. Conscious that admission of injury would imply unreliability, they tried to conceal its effects. Sooner or later, however, injury or illness led to an abrupt (or sometimes, more gradual onset of) inability to train and dance at the level needed to maintain their career. When eventually unable to continue dancing, they were treated by clinicians in encounters where, as they perceived, their voices often went unheard; many did not feel that they were accorded that parity of epistemic esteem which would, as they hoped, facilitate successful treatment. I have cited dancer-clinician interactions in which neither party truly understood the other, and clinicians failed to acknowledge the life disruption which injury and consequent treatment would inflict upon these dancers. Failures of this sort frequently contributed to patients' mental suffering, wasting the potential medical benefits of Launer's "courteous curiosity", restricting agency, and magnifying the risks inherent in language. I suggest that a more empathetic and generous clinical regard for their state of mind during and after treatment might have eased the distress of their involuntary transformation into non-dancers, however in their narratives this level of consideration was nowhere mentioned.

It is of course possible that some of their injuries or medical conditions might in fact have been untreatable, at least in terms of enabling a full return to dance. Recurrent musculoskeletal injury, for example, or hitherto unnoticed congenital anomalies, or long-term, slowly developing, disabling disease may, in the current state of medical knowledge, not be susceptible of such treatment – clinicians are after all not miracle workers, and in the event, restoration of performance activity may prove impossible. It is interesting to reflect that, had they been given appropriate levels of fundamental dance science education, these dancers might have been better equipped to understand potential outcomes, even including non-return to dance. Once freed from fear of the unknown, they might have coped with the prognosis in a more rational and less emotional manner. If so, the argument for improved biomedical instruction in schools would become correspondingly more cogent.

The dancers to whom I spoke hoped for, and expected, full resumption of their careers – the alternative for most of them was, as Kirsty related, inconceivable. In the event, as we know, none was able to resume the dance career -- nearly all blamed their clinicians. Failure of treatment precluded return to performance, forcing them into a different life, in which they were suddenly unemployed and unemployable in the only profession they knew. Their plight is illustrated by Sheila's account of feeling as though she had died. Like Bohdana, who believed herself isolated and rejected, they lost their friends, their dreams and themselves. None has entirely de-coupled from dance – many became dance teachers, physiotherapists or health care practitioners, or worked in dance contexts for theatrical agencies or dancewear retail. In their perception, none of their new 'peripheral' occupations offer them fulfilment comparable to the halcyon days of their dance lives. This is evident in

Mary's narrative when she tells us that, after the illness, her focus was no longer on the passion of dance, but only on eking out a mundane living. This is typical of many of their narratives; the contrast between 'being a dancer' and being, subsequently and irrevocably, an ex-dancer, intensifies their distress. The "dancer identity" (like the professional sport *persona*) grew in them throughout training and adolescent development, underpinned by historic classical traditions and intensifying across their performing lives. Traces of this (now defaced) dance identity persist even later, throughout their post-dance lives, even though must be clear to them and to people around them that they can no longer dance. The destruction of this identity by abrupt, involuntary career termination is, as I have shown above, traumatic, entraining numerous problems in many aspects of their subsequent lives.

This study is built on powerful individual narratives. Overall, they illustrate the physical, mental, social and financial suffering of individual dancers, but also the prerequisite relational and structural conditions which had contributed to generating such stories. I use the term 'relational' here to denote relationships between dance student and teacher, dancer and employer, dancer and dancer, or between dancer and clinician. Such relationships need not always be unsatisfactory, however, for my participants, many of them were. The term 'structural' refers in this context to the institution and ethos of ballet as a whole, the mystique which surrounds the public's concept of ballet and its executants, the budgetary straitjacket within which impecunious companies must perforce operate, and the existence and perpetuation of the clinical gaze encountered by so many dancers. I considered these relational and structural preconditions, and what might be done to improve them.

9.3 Strengths and limitations

It is my hope this study will add to the body of knowledge surrounding ill or injured professional and preprofessional dancers. I have offered suggestions to reframe the concept of a dance career as only one of many options in life, and address dancers' need for agency, for multilateral social development, for self-efficacy and for education in biomedical awareness of their own bodies. I shall proposed possible ways to improve their quality of life and reduce risks to health, to de-dramatise hostile rivalry among students and dancers, to ameliorate the deleterious effects of career loss and facilitate the concomitant work / life transition, and to increase available employment opportunities. Further, I advocate for provision of dance-specific clinical education and training in the discipline of Dance Medicine, at both generalist and specialist level, encouraging enhancement of dancer-clinician communication skills and raising levels of dance-medical literacy across the medical profession.

Among strengths of this research has been my ability to talk to these specialised participants in terms relevant to their own experience, and to win the privilege of their confidence, based on my life in professional dance. By promptly returning transcribed interviews to every participant for their validation and relevant comments, with the additional voluntary feedback which some of them provided, I have taken steps to ensure rigour and transparency of the results. The work thus took on the character of a co-constructed study of their experiential narrative truths. The longitudinal nature of my interview schedule provided a temporal scale against which

to consider the evolution of their perspectival viewpoint across the research. This was supported by the tabular and graphic techniques I used to consider my data from discrete optical perspectives, reinforcing my thematic analysis. Additional feedback from clinicians serves to broaden the opinion base on which the validity of my research rests.

In the matter of limitations, I used only participants for whom the treatment outcome was unsatisfactory. My intention was to explore the processes which led to their present situation. Such narrowing of focus onto unsatisfactory outcomes enables me to explore reasons for treatment failure, but of course excludes any narrative data around successful restoration of dance ability. To compare contrasting outcomes of two groups with discrete treatment outcomes would have required a different (perhaps quantitative) type of study design on a larger scale, and was not my intention. My methodology was qualitative, my methods consisting of recorded narrative interviews and open questions; I discussed details and ramifications of this process in Chapter 3. I interviewed participants three times over eighteen months; details of some answers evolved from one interview to the next. I maintain this to indicate, neither inconsistency nor lack of rigour within the data, indeed I would argue that such proofs of humanity and fallibility actually reinforce a basic premise underpinning work of this kind, which is that the participants are people, telling the truth as they perceive it at the moment of interview, and that precisely therein lies the richness, strength, value, and authentic quality of their data.

Having no research budget apart from my DPhil Scholarship, I myself carried out all of the interviews, transcription and analysis, as well as writing up the thesis. Readers of a positivist persuasion might object that use of a single researcher would connote a lack of transparency and potential intrusion of unconscious personal slant. The reader will recall, however, that, when I laid out my epistemology, I noted that this study is intentionally located in the realm of interpretivism, and explained why a positivist, empirically oriented approach appeared unsuitable. With respect to fears over individual researcher impartiality, I would point out in answer that my iterative, recursive, abductive analyses lasted over three years, during which time I had many lengthy discussions of the findings with my supervisors. I thus benefited from the tripartite input they provided, which might be said to comprise a type of triangulation, indicative of freedom from personal inclination on my part. This is in addition to the member checking procedures I have detailed. In this type of qualitative research, furthermore, the trace of the researcher's point of view is not only normal but inevitable, and is indeed seen as a strength. Given the qualitative approach and small sample size, the findings, although, as I noted at the beginning of the study, not generalisable, nonetheless foreground themes and situations which may be representative of many dancers across the profession.

9.4 Suggestions for further research

As I have explained, Dancers Career Development, which facilitates career transition for professional dancers, stipulates a minimum duration of professional work in a subscribing company for applicants seeking help; they may also be able to offer more restricted help to dancers obliged to retire on medical grounds, provided their

application can be substantiated by documentation of diagnosis, treatment and advice to stop dancing from two medical professionals. For dancers who cannot fulfil this requirement, however, available help is limited. The Declaration of Lausanne, (1995) was an attempt to lay out solutions but was at that time unfunded, and is yet to create a significant international financial basis. Various countries have arrangements of some sort in place, some functional, some less so. Many incapacitated former dancers therefore arrive in a situation with which they feel unable to cope. To address the causes of this phenomenon might help to ease their transition. There seems, however, to be a relative paucity of research into ways of tempering the potentially harmful intensity of the dancer identity. There are, furthermore, few detailed qualitative or quantitative proposals for enhancing dialogue between dancers and healthcare professionals, and few structured studies of *practical* options to help dancers without retraining support after career termination, to rebuild their lives and identities. Among the available research, I have noted relevant thoughts from Willard and Lavalee (2016), from Harrison and Ruddock-Hudson on retiring Australian dancers (2017), an overview of the situation in the United States by Baumol, Jeffri and Thorsby (2004), a “toolkit” of preliminary considerations from the International Organisation for the Transition of Professional Dancers, and a small quantity of grey literature. Little of this corpus deals with the value or practicality of real-world suggestions on how dancers might or should reconstruct themselves, yet this is arguably among their most urgent needs. One article which does shed helpful light on the issue is Roncaglia (2010). The most realistic and practical writing I have found on the subject is in Roncaglia (2022). I should welcome consistent, practical investigation of this area. Future multidisciplinary research might, I suggest, explore actual levels of recognition in

dance of the risks inherent in competitiveness; quality of training climate, and the potential long-term implications of continuing to live within the constructed dancer identity. Other research might look at the aetiology and levels of latent or overt maltreatment in dance schools and companies (including, for example, the premature teaching of *pointe* work to children before they are old enough for the epiphyseal plates in their long bones to have closed sufficiently); the extent, quality and availability of biomedical instruction in recreational and preprofessional dance schools; availability and accessibility of retraining and career counselling for former professional dancers from all types of background (not merely from major ensembles); and levels of dance knowledge in clinical academic education and the medical profession, specifically in respect of accessibility to, and availability of, Dance Medicine.

Findings from such studies might form the foundation for planned, evidence-based exploration into useful interventions. There are, for example, programmes within some of the major ballet companies, aimed at preparing dancers for a post-career life – initiatives such as these might be replicated within commercial theatre production companies, television and analogous contexts, to help dancers who work as freelancers. This might enable recipients to continue in gainful employment after ending their performing careers, with consequent socioeconomic benefits. I have also mentioned potentially encouraging initiatives to improve the lot of students and dancers, and the desirability of enhancing medical knowledge in this complex and multifaceted discipline. These should ideally be structured so as to lead to implementation of viable measures for alleviating the problems I have here highlighted.

9.5 Conclusion

This study researches the situation of dancers who have traumatically lost their careers through illness or injury. I have discussed the failings they perceived in their interactions with clinicians whom they believed unaware of the specific professional ramifications confronting them. I have, further, investigated contributory factors across their training and their dancing lives. The research has been dedicated to illuminating the causes of mutual incomprehension, insufficiencies I perceive in dance training and academic clinical education, and benefits which might accrue from enhanced dissemination and availability of Dance Medicine.

I should like to anticipate a growing body of literature, both qualitative and quantitative, around these questions, and around the theory and implementation of the measures I propose to reduce injury and improve dialogue. I should further welcome closer collaboration between dance and the medical profession – it seems likely that each would have much to offer the other, and the potential benefits to both partners from enhanced symbiosis between these hitherto distinct disciplines might be considerable. It is my hope that the present work might in some measure contribute to such an outcome.

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Appendix A, Sheila Davies, Illustration of Stages of Analysis: case history, transcript, grouped quotes, sample of analysis table, mind-map, OSOP

This Appendix illustrates the stages of progression from my initial contact with the case history of one participant, pseudonymised as ‘Sheila Davies’, to whom I refer throughout as SD, to the final analysis on which I based my findings. I followed the same procedure with each participant.

In Section A.1.0, I offer a brief précis of SD’s case history, to inform the subsequent transcript and analysis table (Table 4, Section A.2.0). From the transcript, after long and iterative reflection, I selected extracts from her narrative as salient quotes (Section A.3.0), indicative of her experience in a given context (i.e. ‘In the beginning’, ‘Dance school’, ‘Professional life’, ‘The injury’, ‘Clinicians’, and ‘After dance’. I gathered each group of selected citations thematically under its own subheading. Once this process had been carried out for all participants, I could then compare their narratives under each separate heading. Section A.4.0 illustrates two successive graphic interpretations I created from SD’s thematic quotes: Figure 7, showing what I call the mind-map of her utterances, and, the consequent Figure 8, which shows the One Sheet of Paper collage, a distillation of experiential themes from SD’s narrative, in her own words.

A.1, SD case history

SD's parents were working-class Londoners (a taxi-driver and a kitchen assistant), who inculcated in their daughter a passionate love of music and ballet. Although there was apparently not much spare money in the household, they somehow managed to take her to ballet performances and concerts, and paid her fees, first at a local studio above a butcher in the high street, then at a prestigious boarding school. Eventually she gained a scholarship to a top vocational college, where she encountered the autocratic ethos and harsh, competitive reality of ballet. Considered too tall for the Company, she auditioned for musical theatre, seen by classmates as a humiliating second best. She failed the audition and returned to her family, convinced she could never have a dance career. Her parents, who had sacrificed a lot for her education, objected firmly, so Sheila embarked on the audition circuit and a long, successful career in TV, pantomime, revue, musical theatre and cruise ships.

In her second season of a popular musical she injured her groin trying (probably too hard) to impress a choreographer. Initially in denial, and hoping to continue working, she made light of the injury. Increasing pain eventually forced her to step back, and after several mitigation attempts she was referred to a well-known sports surgeon. She underwent surgery, first on one hip, then on the other, after which her surgeon took no further interest. The company paid for rehabilitation with a Pilates instructor, but there was no improvement, and SD soon found herself without a contract, or any chance of getting one. She felt, in her own words, that she had died. Her entire life had been inseparable from dance. Now dance had left her and she was profoundly distressed.

Various non-dancing jobs followed She was an airline flight attendant for a while, which meant she could at least travel, as she had done in her cruise ship days. She taught Pilates in the UK, eventually moving abroad with her husband. After her daughter was born, unexpected chance led them to open a ballet school. SD was terrified. Losing dance after the injury had been traumatic; she had only managed to cope by sealing off all that part of her life. Now she would need to reawaken the painful memories, to deal with it all over again.

The school prospered, and dance is once more inextricably entangled in her life. She doesn't enjoy teaching ballet. As a dancer she was a perfectionist (as many dancers are), and it is difficult for her to accept the compromises that come with teaching in a recreational school. She realises too, that for almost all her students, a life in professional dance would be out of the question; even the prospect would be foolhardy, offering at best a brief, precarious career followed by prolonged regret. She senses the futility of instructing children in professional skills which they will never use. Instead, she teaches dance for its non-vocational benefits – posture, coordination, proprioception, social interaction, artistic pleasure, self-confidence, spatial and corporal awareness and mental acuity.

She still suffers chronic musculoskeletal pain, and is not optimistic about her long-term prognosis. Her job depends on teaching, demonstrating steps, repeating dance sequences day in, day out for nearly every class. It is possible to teach dance sitting down, but children and beginners (the majority of the school) need to see steps and choreography demonstrated. SD worries about her ability to sustain this demanding routine. Her plight is common among dance teachers, particularly those who have survived a performing career, and no solution has yet been found.

A.2, SD Interview Two, parts A & B, transcript in Analysis Table

TABLE 4: SD ANALYSIS TABLE WITH COMMENTARY

SPEAKER SD 82%), R (18%)	SD Int. 2A, audio1964200678 Fri, Sep 2, 2022. 10:09 AM53:51Owner: Jeremy Leslie-Spinks **SUMMARY KEYWORDS** ballet, XXXX ballet school, XXXX, audition, dancing, XXXXballet, bit, people, teachers, feet, thought, girl, injury, jobs, happen, ballet dancers, literally, surgeons, ballet teacher, physios	
EXCERPT	**INTERVIEW TEXT**	**COMMENT**
	R0:00 All right. Okay, yeah. So first of all, I'm talking to, your initials for the purposes of this are SD, which would stand perhaps for Sheila Davies or some such name so that nobody knows who you are. Nobody will ever know who you are except for Sheila Davies. Okay. Before we go into the the... sorry?	
	S0:26 I've got the sound has gone at very low. I'm going.... sorry. You were attached to my car. I'm now going to... sorry. It's technical difficulties of being in a car in [country]. One second. I've never tried. Let's see if it goes back to say something for me, Jeremy.	
	R0:50 Oh, yes, but you've become very quiet	
	S0:53 Okay, good. Am I louder now?	
	R0:55 You are and you're perfect. So that's fine. Good. Okay. Excellent. Okay, good. So, before we go into the details of this groin let's just talk about you for a bit. You're... are you English? Or are you [nationality]?	
	S1:10 No, I'm English.	
	R1:11 I thought you might be. Tell me about how you first got into this job of being a dancer.	
I went along to her ballet school and just fell hard and heavy A very quick sort of love affair at 10. At 11, I went to (ballet school). It was there that I lost all love of ballet.	S1:22 Yes. I first started ballet when I was five. And, you know, I was in a church hall and I can really remember that Mrs. (name) was, had a wish, she was a proper strict old ballet teacher. And she obviously didn't think I was very good because I was always in the back row. And I can remember that feeling of always being in the back row. And so I gave up on it. I did one ballet term. And then I gave up. And then years later, but I think at the age of 10, a friend of mine was dancing at school. And so I went along with her to her ballet school and literally just fell hard and heavy then, and at 11 I went to so yeah, it was a very quick sort of love affair at 10. And, and got offered an audition for the, for , but they thought that I might have scoliosis in my spine. So So yes, I went to and did lots of exercises for my back and re-auditioned for the [vocational ballet school] at 16 and went there at 16. You know, as if as is the way I think in, in ballet training, it was there that I	Fell in love with ballet at an early age. One of the top schools in the world, and she hated the way she was treated there

	probably lost all love of ballet.	
	R2:44 The [vocational ballet school] was difficult, though? I mean, what caused you to start in the first place, was it, was your mother a keen ballet fan, or?	
I like classical music. My parents were wonderful They would take me to the theatre to see the ballet.	S2:57 My dad was a London taxi driver, my mom, you know, washed up washed up plates in it. And you know, as a kitchen assistant, really. No, I I was a strange child that no one really knew where I came from. I liked classical music. I honestly don't know. And but, you know, my parents were wonderful. My dad, you know, because he worked in London, they would take me to the theatre to see the ballet and you know, the [company] at [venue] where it was then. Then, yeah, so I honestly I don't it's a bit strange. I don't know. I don't know. Just I think that the ballet school that I've gone to and I can... she was lovely. It was all just, in hindsight, it was just improvisations.	Felt slightly alien, different, without understanding why. Parents very supportive, despite relatively modest means.
	R3:50 So she was improvising? Or you were?	
… we did a lot of creative dance..	S3:53 No, no, I think all we did we did a lot of creative free dance and I think that's what I thought then ballet was and then you know, fast forward to standing at the barre at , thinking....???	
	R4:06 Yes, this, the structure here is what would appeal to you? You said you fell in love with it when you got to go to that school? Or when you got to be at [ballet school]?	
She would give us a piece of music and we could create our own dances to it.…you just listen to music and you enjoy moving	S4:17 No to my friend's school that was just above a butcher's shop in my local high street. And like I said, it was very, very free. It was all she would, you know, give us a piece of music and we could create our own dances to it and it was very, it was very free, I guess is you know in that way that you just listen to music and you enjoy moving. And you know, and I was very I was very skinny. I was you know which I mean the reality. Still today really, isn't it the ballet is just, if there is a physical body that in front of you that someone thinks... they can turn into something.	
	R5:01 Yes. Yes. Yes. Yes. Quite. I mean, that's, that is a kind of a given and certainly was at that stage, because we're talking about the what the early 1980s or mid 1980s 80s?	
	S5:14 Yeah. So I think you know, when I auditioned, oh, sorry.	
	R5:19 No, no, please carry on. It's you. You're the one who's supposed to be telling the story.	
I used to get the Dancing Times. I actually sat down and wrote to the different schools. They let me audition and I got right down to the finals.	S5:24 Yeah, I wrote, I actually again, like strange child. So I used to get the Dancing Times. And I, I actually sat down and wrote to the different schools, I asked my parents for a stamp, they never, they didn't even ask you, you know, and I wrote these things. And I put them in the post box on the way to school. And it's I, my parents got this letter back, you know, from XXXX, with this application to audition. And they're like, what, what is this? Yeah, and I had done that by myself. And I think they, you know, because I had done that by myself. They let me audition and I got right down to the finals. And I think, you know, for them that was like, Whoa, well, she, she must have something. So that's then when we auditioned for [ballet school], and I went there instead.	Own initiative. Wanted to dance, set it up.
	R6:15 Lovely story. So when you got to [ballet school], at that stage, it was it [AAAA], then already, no, it was [BBBB], or?	
	S6:24 No, in [location].	
	R6:27 Yeah, yeah. Yeah. So did you go and board there? Or did they drive you down every day?	

	S6:34 No, no, no. Boarding. But yes, they...	
The term for it in the olden days would be character-building. A psychologist today would have a different term for it. Terribly homesick. To me it was all about dancing,,, that's what I had to do.	R6:37 How was that? S6:40 Ah, so the term for it in the olden days would be character building, I'm sure. I'm sure if you told some stories to a psychologist today, they'd have a different term for it. But, but look, yes, I was terribly homesick to begin with. But no, I you know, I think fine... to me, it was all about dancing. So I knew that if I wanted to dance, that's what I had to do, or any, anything else that didn't quite fit I just ignored that and focused on dance.	Unfamiliar surroundings. Determined to make it happen.
	R7:24 I mean, when you say character building, and I can entirely understand that there must have been a certain element of difficulty in this, did... was that sort of food or accommodation or trouble with the girls or teachers bullying you or prefects beating up on you, or...?	
Belittling and personal. comments on your physicality or your character. Quite sort of sink or swim, I would say.	S7:39 By, by teachers. Yes, no they were awful. And in fact, you know, that, you know, with social media now, there's, it's called the [ballet school] survivors group. And there are, there are different best teachers on there, as well as staff, but, you know, it has sort of come come out of the behaviour of, of ballet teachers and the things they would say to us. So, you know, it's, it's all, it's all the same stories, I'm sure you've got from anyone in my generation, hopefully, it's changing a bit now. But you know, just that sort of belittling and personal, you know, very, you know, personal comments of your physicality or your character or so, so, yes. But, you know, so it's quite sort of sink or swim, I would say,	Appalling climate in the studio
	R8:39 You took that to heart quite a lot?	
… we're all away from home, you've got nobody there, you know, you're 11 years old. How their ballet teachers taught them and then they do that the same.	S8:44 Yes, you do. I think as a child, you you just sort of, it's more as an adult probably that I process it, and especially now because I teach and I think, Wow, I can't imagine saying, you know, like, they knew that we're all away from home, we've got nobody there, you know, you're 11 years old. I find it strange that they not, you know that they weren't more nurturing. But you know, such as such it's sort of a cycle of, it's always the cycle of abuse, ballet teaching I feel that you know, that I mean, how their ballet teachers taught them and then they do that the same so you know, it's in more recent years that people are hopefully starting to change.	Psychological abuse. Self-perpetuating
	R9:40 Yes, one likes to hope that, certainly. Did you get to do performances? And see performances, I suppose?	
Ballet every day, six days a week, also jazz and tap and flamenco and all different things.	S9:49 At [vocational ballet school]? Yeah, we did. Because, because we did like we had ballet every day, six days a week but we also did jazz and tap and flamenco and all different things. So, so yeah, there were, you know, ballet performances and then we would have a pantomime every Christmas where you might do other things in that as well. So yes, but we had our own theatre in the in the school, so only performances within there.	
	R10:18 What was that? Like? Did you do enjoy doing that?	
Don't have any bad feelings… looking back I just reflect and question.	S10:20 Yes, yeah. Yes. So it's you know, I don't have any I don't have any bad feelings on anything looking back I just I reflect and question some but I don't know harbour anything.	
	R10:39 No, the situation is familiar in many ballet schools, I believe. I'm just trying	

	to what I'm trying to home in I suppose here with all this is what was it actually, that that delighted you so much about ballet? Is it the, the physicality or the logical structure or the cognitive aspect of it or the delight of performing or movement or?	
For me dance is strongly connected to music, it's that that evokes an emotion. The challenge and a bit the music. It evoked feelings of just, just joy, but I think the problem is the processes…. Almost designed to suck out joy.	S10:57 I think I, I very much feel probably, it's, for me dance is strongly connected to music, that it's that aspect of it that evokes an emotion. And then it's that that I want to express I think, you know, certainly like I said, when I went to [ballet school] the training, you know, I wasn't prepared for that, because I hadn't, ballet definitely hadn't been stood at a ballet barre doing the *fondu* in eight counts. So that was something I adapted to, I suppose. And then I think I did enjoy the challenge, you know, when someone tells you that you can't do something for me that that's like a red flag, but also, I enjoyed kind of rising up against these people. Almost... So yeah, the challenge and a bit, yeah, the music. I mean, I never, you know, I, once I got to the [vocational ballet school] like I said, I, I genuinely hated everything by the end of that. So yeah, but then, a couple of years ago, I went to [city] to do a teachers' course at the XXXX. And actually, that evoked feelings in me like I was 10 years old, again, like it evoked feelings of just just joy, the and I can I then remembered that it that it was joyful, but I think the problem is the processes. The process is almost designed to suck out any joy.	Strong aesthetic appeal. The enjoyment is in the embodiment of movement from music. Aversion to the situation… …. not to dancing.
	R 10:57 Yeah, when you go into the details of that, it's interesting, actually, that. Let's, you know, you were at [vocational school] for how long?	
	S13:06 Five years.	
	R13:10 And did you did you feel that you had a lot of catching up to do?	
I was very skinny but I must have had some potential, I was put in the top group	S13:21 Um, strangely, no, no, and I think like I said, I was very skinny was a bit I must have had some potential I was put in the top group of all the dancing so so no, I don't know I don't ever remember feeling...	This is the 2nd time we've talked about being skinny.
	R13:41 ... pushed that way? Did you have friends in the class? I mean were there people there you liked, or was that all...?	
You become like brothers and sisters, you fight one minute and then you're best friends the next thing.	S13:48 Yes, yes. Yeah. No, the, you know, you become you become like, just brothers and sisters aren't you, and especially at boarding school you know, you fight like brothers and sisters one minute and then you're family and best friends the next thing	Schoolfriends became surrogate family.
	R14:05 Yeah, so what was it like when you when you presumably at some stage they were holidays and you would go back to London for that, I suppose? Did you miss [ballet school] when you were in London?	
Had no friends from my previous school. Any friends at home thought I was a snob and stuck up and posh…	S14:17 Probably the friends because I had no friends from my previous schools. Yeah, I that was probably an adjustment. Like I said, I'm from a very working class background. So you know, any friends at home then thought I was a snob and stuck up and posh, and....	There is a social stigma, perhaps because of the apartness of it. Different *milieux*. Between 2 worlds. Seen as a working-class girl at school, but posh at home.
	R14:39	

	But this, thinking about this for a minute, I'm interested to see how you how you progress through those five years at [ballet school]. I mean, at one stage there will have had to have been *pointe* boots and *pas de deux* and all that sort of stuff. Was that exciting? I mean, some people loathe *pointe* shoes...	
Still very, very much loved ballet.	S15:10 Ah, no, no, I loved all of that. No, I still very, very much loved ballet. Until, until I went to the XXXX. And I'm not blaming the XXXX, you know, maybe becoming a teenager as well, I don't know. But for now, I very much loved love ballet, I mean we had *pas de deux* and *pointe* work, and like I said, we did we did ballet six days a week there. So	Still infatuated with the concept. Still dreaming. A life filled with ballet.
	R15:40 Were you doing contemporary as well?	
	S15:43 Now, you didn't start that until you were in the sixth form. And that's when I left.	
	R15:47 Right. So how does the transition happen? Then? How did you go from[ballet school] to the XXXX?	
When I was 10 years old and my parents took me to see the XXX Ballet it was like, that's where I want to be. Very quickly when you arrive at the XXX Ballet you realise that that is never going to happen.	S15:52 Um, I just, again, just auditioning, I knew it was something I had always wanted to, you know, what my dream is, I guess, when I was 10 years old, and my parents took me to see the, the XXXX, it was, like, that's, that's where I want to be. And I wanted to be in the XXXX Company. And you know, and maybe that's part of the problem is that, you know, very quickly when you arrive then at the XXXX, you realise that, you know, know that, that is never ever going to happen. You know, so while I might have got to the XXXX, I knew immediately, I was never going to be in the XXXX Company. It certainly had a very strong feel, you know, everyone who had been to [famous ballet school] was in one class, and everyone who hadn't wasn't and that to me was sort of 10 girls and 10 girls. And, and while while while it wasn't, you know, called A and B, group A and B, it was very clearly group A and group B. And, and you never, you know, no one really ever left Group B, we did actually have one girl move down from [famous ballet school] into the B group. Because, um, really because her body type was, was not that of a ballet dancer at all. And they made that clear to her.	A conventional dream, but a dream nonetheless. And the dream is shattered. Socially and professionally inferior. Body objectification.
	R17:24 That's interesting, because I've understood that [famous ballet school] tends to be fairly anthropometric about the way it selects people. Don't they generally tend to be long and rather bendy?	
I was told by my teacher that I was too tall. At my height I would need to enter as a soloist and I wasn't good enough.	S17:37 I think, you know, now that the XXXX came over to [city], obviously, before COVID. And yes, they all they all seemed much taller and leaner. And then I certainly remember because I am five foot seven. And I was told that by, by my teacher that I was too tall. To that at my height, I would need to enter as a soloist and I wasn't good enough to be a solo... to enter a company as a soloist. So yes.	Not only skinny but too long.
	R18:23 Were you flexible?	
I was extremely flexible.	S18:26 Yes. Yes. Yes. And you know, and I believe that part of the problem is with the injury, I was extremely flexible.	Flexible, but not strong.
	R18:37 Do you mean you were hypermobile?.	
I would just sort of force myself into various positions and in time became very flexible.	S18:41 I don't have hypermobile legs or feet or anything, but um, no, I'd worked. I'm, you know, I worked I can remember as a child, you know, not being able to do the splits. And it's how I was never still I would always just be trying to get into the splits, and, you know, I had I had a book of Life At The XXXX School. This is, you know, before I auditioned for [famous ballet	This involves lying prone, hips flexed and laterally abducted, knees flexed,

	school], Life At The XXXX School. And you know, and it shows you the picture how you have to lie on your tummy in frogs. And your feet have to touch the ground. So I would like ask my mom push my feet around, and of course less as you would, because I'm like, No, I need to do this. So no, I would just sort of force myself into various positions and, and in time became very flexible.	plantarflexed feet together. Now discredited, partly for the damage it inflicts on knees, lumbar spine, and hips.
	R19:26 Yes, one would do, yes, I think that exercise is somewhat less favoured these days than it used to be.	
	S19:37 So it's pointless.	
	R19:39 Well, it can be a bit dangerous if you're not careful.	
	S19:50 And your hips. Yes...	
	R19:51 What was the story on the feet and how were they? Did you have nice feet?	
My ballet teacher used to be really nasty.	S19:56 No, no, I don't, and, and that was is the thing that my ballet teacher at [ballet school] used to be really nasty about, but I guess, you know, on the upside, it made me work them really hard. So people now will say to me like, oh, wow, your feet...! Like, honestly, I could show you a photo where they're, when I was 10, they're you know, like flat, but by the, you know, by 16 I could stretch my feet and both my toes would go on to the floor. But I never had that large, you know, lumpy bit that...	
	R20:31 To put it technically, yeah. Lumpy bits...	
	S20:35 Lumpy bits of, you know, those good hypermobile feet. But they, they, I, I've worked them to become, become, you know, better but no, I don't have ballet feet.	
	R20:50 Were they strong?	
We did all the doming and toe exercises, and we used to have to do pointe work without shoes on. Which I can still do.	S20:51 Yes. Yeah. Because [ballet school] was good with that, actually, you know, we did a lot of, you know, all the, all the doming and toe exercises and we used to have to do pointe work without shoes on. Which strangely, you know, I can still do and demonstrate to the I do think, no, no, they, they are strong feet.	
	R21:18 That's good, because I mean, pretty feet without strength are actually useless. Yes, one of the things that people have to watch out for when auditioning for companies is you get someone coming in with her legs all over the place and these amazing feet, but she can't actually do much and if she can, next week, she won't be able to, so... It's quite it's quite a practical aspect. Okay, so then you What did they think about [XXXX]...at [ballet school], when you suddenly say, well, actually, I'm going to the other school.	
The head of dance took us into the office and she said, you will sink at the XXX ballet school. The other girl will be	S21:46 I, the my head of the head of dance, (name) there were two of us that got in, myself and... like at that stage, quite a lot of kids auditioned for different things because they might go more to musical theatre or, you know, want to go to ballet. YYYY was opening that year, I believe, so some of the girls auditioned for that, as well. But like I said, the XXXX... I literally just wanted to go to the XXXX. I was, I just auditioned for that. And myself, and another girl got in, and her sister had been all the way through [famous ballet	

fine, but you will sink. Ironically the other girl left, she became very anorexic. I did survive it, and I'm so glad I went, but it didn't have the outcome I was hoping for.	school] and the [vocational ballet school]. And, yeah, so the head of dance took us into the office. And, you know, they're not very pleased, obviously, 'cause... they'd prefer you to stay there. And she said, You will sink at the XXXX School. [Name], the other girl, she will be fine, but you will sink so But ironically, [name], sadly, she was my roommate. But within about two terms, she left she became very anorexic. And she left. So, so yes, so she didn't survive the XXXX School, sadly. I, look, I did survive it. And I'm, I'm so glad I went. But yeah, it didn't have the outcome I was hoping for.	Huge pressure on adolescents in serious vocational ballet schools.
	R23:15 What was it specifically that or specifically what was in general, about being there that you didn't like, I mean, apart from the fact that it wasn't what you were dreaming it to be?	
I thought I was terrible, because your teachers made you feel that way. You think you'll never get into the company, you're too tall, so I didn't even really try. You just feel bad about yourself. That you're not good enough.	S23:26 I think it made me look, it's just a reality check that you're not… Well, because you know what, like, actually, I don't have much footage of me dancing, but I do have a video of our assessment from... and I look at it and I think gosh, I thought I was terrible. And I thought I was terrible, because obviously, your teachers make you feel that way. And you know, think oh, you're you know, you'll never get into the Company, you're too tall. You'd have to be a soloist you're not good enough to be a soloist and so I didn't even really try that I auditioned for two ballet companies that was it but yes, I I maybe it's just, in yourself you know that that was so bad about it. You just feel bad about yourself. That you're not good enough.	Self-denigrating. Low self-esteem.
	R24:20 Yeah. What did you feel seeing the assessment video? S24:24 Sorry...?	
	R24:26 Watching yourself in the assessment video, what did you think about that?	
	S24:31 Well, now I think I wasn't that bad. You know, of course at the time, you'd be you know that that was awful, and...	
	R24:40 So did you get to do performances with the company, as a sort of flower girl or something, while you were there?	
	S24:54 I did in the in the first year. I did. [repertoire production] over the summer with them.	
	R25:05 Yeah, those kids.	
I can still remember being on that stage and feeling very in awe. Like a surreal out of body experience.	S25:08 Yes. That that was... then, you know, I mean, it's amazing, but you know, I can still actually remember you know, being on that stage and yes, feeling very in awe of everything. It was like a surreal out of body experience, probably. And probably got in people's way and you know	To be on a real stage is the cherished dream of thousands of dance students.
	R25:40 Yeah, I mean it's it's actually an extraordinary experience and very many people in the world would have given an arm or a leg to do that. But you got to do that, that's at any rate a thing and must have been a big buzz. So all right, we've got through... you're seventeen, eighteen by the time you come out of the XXXX School, I suppose, are you, thereabouts?	
	S25:57 Eighteen.	

	R25:58 Yeah. So how did that actually happen? What What was the story? Was that a miserable thing?	
Everyone had been beaten down by that point.	S26:05 The ending... umm, not really. So I think, like it's different now; back then, it really was just a two year course. Unless, you know, they really wanted you for the company but there wasn't space in it yet. Or, like, I had a friend who she'd been all the way through the whole process of, of White Lodge, and she, you know, had a bad injury. So she was kept third year until they're like that was better, and they're ready to take her. But really everybody left. After two years, like that was just a given. Unless you were, as I said I think there might have been two people in the year, say a third year. And other night everybody left. And to be honest, most people weren't going off to dance. You know, everyone had, had been beaten down by that point. So going off to be nurses, physios... I haven't really stayed in touch with anyone from... the XXXX School	
	R27:16 This was [location] days, was it?	
	S27:19 Yes, yeah.	
	R27:23 Yeah. Time. So you left as programmed. Did you feel any sort of nostalgia or regret about it, when you did leave? Two years is a long time, it's a 10th of your life.	
What I can remember is that I didn't want to dance at all. I have had this dream since you're ten that this is what you're going to do, like so many. Parents said we have sacrificed a lot for this dream. I suggest dancing.	S27:40 The only thing... what I can remember is that I, I didn't want to dance at all. And I felt really strongly about that. I didn't want to do anything to do with dance. And you know, but I wasn't academic in any way, shape, or form. And you know, and I have had this dream since you're ten that this is what you're going to do, like so many. It's the same story. And so I literally had no idea, so I said to my parents that I want to be a beautician. And my parents said, like, you're not. We have, we have sacrificed a lot for you to follow this dream. So anything you want to do, now, you know, you have to pay for that. So the only thing you know how to do is dance. So I suggest dancing.	"... the only thing you know how to do is dance." How to find an identity?
	R28:37 They'd paid all your fees in [ballet school] and the XXXX School?	
	S28:41 They paid for [ballet school]. I actually had a scholarship at the XXXX School.	
	R28:48 That's pretty good. S28:49 Again, again, it makes me think I really can't have been that bad. But But yeah, they paid all my fees for [ballet school]and literally, you know, by the time I got to 16 I think they were wondering how they were going to pay for any more so so it was very fortunate that I did have a scholarship and so, so yeah, so then I you know, I just got a Stage newspaper really. And then was, like...	Weekly tabloid paper listing all the current auditions. Freelancers used to hunt through it every week -- almost a ritual.
	R29:21 Every Thursday...	
She said you should wear more makeup, because you're really quite pretty if you	S29:22 Absolutely. And what can I audition for? And so that that was a bit of a shock I actually when I was at the XXXX School, because other other pearls of wisdom that they shared with me was, you know after the assessment (eminent dancer / educator) you know, very nicely said to me, you should wear more makeup and she said, You should wear more	Suddenly in the real (and very frightening) world of theatre life...

wear makeup. And don't give up jazz. I heard that loud and clear. And for me to return home and not to have got the job…	makeup because you're, you're quite pretty really if you wear makeup and it was literally said that way. And, and don't give up jazz. She said, I know you've done lots of other styles of dancing before you come here. And I don't think you should give up jazz. So, you know, I took that as, you know, I heard it loud and clear. And so I actually auditioned for Euro Disney while I was still there and didn't get in. And, and that was an that was brilliant because it was it was kind of humorous to everyone that I was going to this audition, everyone thought that was hilarious. And you know, because it's so elitist isn't it and ballet, ballet dancers, well some ballet dancers, think that you know, they'll get anything they want because they're... they're at the XXXX School! And so for me to return home that afternoon and no, to not have got the job or like oh, so but she was right. I did need to wear more makeup because in in that field you know when you're auditioning in those things, that's a very different world to, well to ballet then. I think ballet now girls are probably… are a lot more dressed up then than what we used to be. But we were just in our cotton spaghetti strap leotard. No makeup, very old fashioned.	An awakening... A surprising failure... The snobbery of classical students, all convinced they are destined for stellar careers... Resentment at the perceived unfairness.
	S31:33 No, there was no encouraging. But no, no, ahhh... he was he was nice, the *pas de deux* teacher. Mr. (E), would it be? Yeah, he was in the XXXX Company.	
He really was a wonderful man. He made everybody feel as if they belonged there.	R31:45 (Full name of E). S31:47 (E), he was wonderful. And he he really was a wonderful man and just made everyone because that was the other thing in *pas de deux*. Of course, there aren't enough boys to girls. And like I said I was fairly tall. You know, and, and it's get it maybe it wasn't this way. But it certainly felt as if the boys were working mainly with the [ballet school] girls, because most of the boys have come from [ballet school], also. So you know, you're sort of waiting your turn while they? But no, he made everybody feel as if they belonged there. And	A teacher who cares for and includes the students...
	R32:29 It's important that. Particularly in *pas de deux*, it's very important because you know, he's got you two metres off the floor. Nice to know that you've got somebody human down there.	
And then we had B, who was completely mad. But I quite liked her madness.	S32:40 Yes. Yeah. So he was lovely. I had (Teacher A). And (nickname) is what she was known as. She wasn't she was actually you know, she was what she was. She wasn't personal or horrible. She worked. She was obviously very strict and just, you know, your standard ballet teacher, but actually, you know, not like… the ones at [ballet school]said personal things. She wouldn't say things like that. And then we had (Teacher B) who is completely mad, but I quite liked her madness.	Power gradient still very evident.
	R33:17 Mad is good, we like mad. Boring we don't like.	
	S33:22 Well, she was funny, stamping her feet and screaming in our face. And I know she came over here to put on (production). And I know a young girl was in a pre-professional programme of (Company) at the time. And she said, we've got this English lady over here. (Teacher B), she's mad. I was like, Yes, she is. All the best people are.	Idiosyncratic teaching ethic...
	R33:49 Absolutely. Okay, so Euro Disney didn't happen. And that was depressing, I should think?	
A transition over into that style of dancing. That was a learning curve. And I just sort of forged my way.	S34:00 Well, you know, it was a bit of a shock. Also, to me, obviously, because, you know, like I said, you're thinking, Well, I've done all these years of dancing, but so yeah, it was a transition over into that style of dancing, that it isn't really necessarily about your technique or you know, isn't really about what you can do, it's... You know, it is about how you're presenting yourself and a whole, a whole package of different things. So that was a	Radical change of direction. The (perhaps not entirely unexpected) fork in the

	learning curve. Another one. Yes. And I just sort of forged my way	road.
	R34:41 So, yeah, this is a difficult thing to do, because presumably when you came out, you wouldn't have had an Equity card.	
	S34:49 No,	
	R34:49 Which means a very large percentage of the jobs and auditions just don't won't be there for you because it says Equity members only, or it used to.	
	S34:59 Funny, isn't it? We were only talking about that my husband and I the other day, you know, how do you get experience when you, er.... can't get experience? So	
	R35:09 Well it does happen, but it's rather a niche discipline.	
	S35:14 Hmm, yeah. But no, my first job was in [city]. I went over to there, in the [venue] for four months. And then came home and did different, you know, summer seasons and pantomimes and cruise ships and TV things. So you know, really bits of…	Picking up gigs wherever they can be had (follow the job...)
	R35:40 Cruise ships. So where did you go with those? What do you think about cruise line jobs?	
I look back on dance and what I'm most grateful for is the opportunity to travel.	S35:57 I actually loved them. And, you know, for me that has, the thing I look back on for dance and I'm most grateful for is the opportunity to travel. And really, not really so much the dance itself. But the opportunity to travel them and seeing, seeing the world and, you know, that's really what's led me here to it to [country] to know that there's like, for me that there are better places for me than the UK. And yeah, so no, I loved I love ships, I love sort of community of people and meeting people from all different countries and cultures and travel.	The magic is no longer evident. The perks are more relevant by now.
	R36:48 How did you manage between jobs because there is always between jobs, isn't there?	
The choreographer of a panto-mime was then the choreographer of a ship. So it just keeps rolling. I wasn't really out of work.	S36:55 I well, I was lucky because we lived very close to London, you know, I could still go back to my parents and still be there. So that was easy. I I wasn't I didn't have that many big gaps between jobs really. And I, I you know, say the choreographer of a pantomime was then the choreographer of a ship. So you know, and it just sort of rolls. It just keeps rolling. I wasn't, I wasn't really out of work, you know, I didn't, I haven't waitressed or anything like that. I did manage to keep working. And and then yeah, and then I was just sort of going along doing my things. I was getting a bit fed up of auditions and living that life and but then I got [name of show], the musical.	Family still backing her up. Successful network (the key to a freelance career). Getting tired. Is the gypsy existence becoming less fulfilling, less attractive?
	R37:58 Tell me about that. How did that happen? Presumably you have to sing, for [name of show]?	
I went along to this audition and became the one girl who joined the cast after they had already started.	S38:04 I well, I just you know what I'd actually So normally, whenever I audition for musicals, I would get through dancing and then I'd have to sing and then I'd be cut. And I would have singing lessons and things but obviously, you know, I was very behind in singing compared to people who have done proper musical theatre training. But (name of show) with one audition that I had gone to, and I had been cut from the dancing immediately and I was quite I was taken aback because I was never cut from dancing immediately. So then rehearsals had already started they'd already caused it they already rehearsing and one of the girls it's actually a bit of a	Surprised, offended. A gallant attempt at independenc e of spirit.

	domestic violence story. So yes, she left in, like literally within the first week I think and, and so then Pineapple people, my agent, phoned and said that there's an audition for [name of show] and, and they want to see you and I said I'm not going because they cut me the first time and I'm not going to it and they said well, you should because they want to see you they just need one, one girl. And so strangely, I went along to this audition and, and became the one girl that joined the cast after they had already started, for her thing.	But.... she needed the job, and a West End musical is a big deal, career-wise.
	R39:32 What a lovely description, "I went along then became the one girl", I like that.	
I put the fake tan on… He said to me, "It was always going to be you because you've been to the XXX Ballet School…". I don't look back at my time in the XXX school with a huge love of ballet, I do appreciate what it's given me in that respect.	S39:40 Well because you know we were the girls in… within the cast of the ensemble, there were people that were meant to be [nationality] and people were meant to be [ethnicity] and, and they needed one [ethnicity] looking girl now. You know I've got a bit of an orange light shining on me I might look a bit tanned right now. But I'm really not I'm really white and pale. And so I guess I, you know, I, I did what I had to, I put my fake tan on, made myself look more [ethnicity]. But yeah, and so all the girls there were had a similar look because they, they knew that it needed to be, you know, someone with dark hair and olive... olive, meant to be olive type skin. And, you know, and because they needed someone literally this is like on a Friday and I started on a Monday in the process, you know, it was like everyone in the room and then half and you're just getting closer and closer down. You know, now we're like it's 30 girls now and then there were three of us left standing and they brought in some boys to do *pas de, pas de deux* work with and and the resident director who had actually he had gone to the XXXX School, I think he, I'm not sure if he was in the Company for a little bit (name). He... Anyway, so he came in to watch. And afterwards he told me he said to me, it was always you because you've been to the XXXX School and that was on your CV. So that so you know, that's the thing. As much as I don't always look back at my time on the XXXX School with with a huge love of ballet. I do appreciate the, you know, what it's given to me in that respect. Because yes, on your CV, people always go, oh,	Exigencies of the profession. Got the pedigree.
	41:43 It's true, because it carries a certain cachet without any doubt at all. It's very valuable thing to have on there. So you just kind of busked the voice then, for [name of show]?	
I just fought for the dancing to the bitter end, and won.	S41:54 Well, because I didn't have to sing. I didn't have to sing in that audition, because they just needed the one girl and the girl who had left was, you know, really was just a dancer. So, yes, I didn't have to sing. So I just fought for the dancing to bitter end, and won.	Really wanted that job.
	R42:18 That's, that's a great story. So now, how long was the run then before you got actually injured?	
I had signed for the second year when every-thing started to go pear-shaped.	S42:26 So, you have a year's contract. So I did. I did the the year and thankfully I had I had signed for a second year when everything probably started to go a bit pear shaped. However, the... I, I believe that the injury was done during that rehearsal process because I can remember feeling. We were asked to do a particular step and it's like a disco step of which I'm not used to doing things. Basically.	Un-accustomed movement *genres* can be dangerous .... and this one was.
	R42:56 You said, *pirouette en dehors* into a *penché*?	
I'd have thrown myself into this step, thinking the most important thing is that my leg is going way over my head. Very deep burning	S42:59 Yes, yeah. Like you're a yes. And then you turn in the *penché* and because I was so flexible, and I, you know... I know. Looking back, I would have had no strength at all, I wouldn't have thought that about me at the time. But now I realised that I didn't. So I'd have thrown myself into this step thinking, you know, the most important thing is that my leg is going way over my head. And I can remember, yeah, a very deep burning in my groin. Like, like, take, like I literally held it and a friend was next to me, actually we'd gone to [ballet school] together and, and yeah, I was like, Oh my God, what	A dance pose, with one leg extended backwards as high as possible, while the hip of the

pain in my groin. It felt like it was on fire. It passed, and you carry on, don't you? By the end of the year I couldn't cross my legs.	was that? It felt like it was on fire. But then it, you know, it kind of just passed and you just carry on, don't you? But by the end of the year, I couldn't cross my legs or like it would wake me up in the night when I was asleep, things like that. Yeah. So	standing leg flexes maximally forwards. Working through pain. But this is the bad one, and she senses it.
	R44:05 This is actually a turn in the *penché*, with a *rotation* or something coming out of it?	Turning to face the lifted leg.
It's a common football injury.	S44:09 In it. So you just you threw yourself down into the *penché* and turned at the same time and yeah, I can remember (inaudible) and actually, that was the, that bit seem to fit with Dr. (X) as well in the *rotation*, because that's why it's a common football injury because of the *rotation* you're doing.	"...you just throw yourself..."
	R44:37 It's a singularly unpleasant injury. I've done some homework on it, and it doesn't look like the sort of thing one would recommend to anybody. So you came out of the show then at the end of your year's contract, but you said you'd signed for a second year?	
In that second year I barely danced at all.	S44:54 So no I did stay for the two years but I I didn't, er, in that second year, I barely danced at all, because of the injury.	Largely incapacitated.
	R45:04 So did you actually get onstage, or were you just sort of off sick the whole time?	
I had surgery on the right side, I went back and had surgery on the left side, which in hindsight, did I really need?	S45:09 No, I did go back. I had surgery on the right side, I had went back a little bit, had surgery on the left side, which probably in hindsight, did I really need? I don't know, was it just? I don't know. There was so many don't knows. And really, nobody knew they just did the left…	Brief return to activity, but it didn't last. Cloud of uncertainty. No clear plan for outcome...
	R45:27 It's a complex thing.	
I can picture it like yesterday the last curtain call, the last bows, I knew it was the last one, Because the pain was like, I can't do it any more.	S45:30 Yeah, it was presumed that, you know, because this is what was explained to me, when you work with an industry with a with an injury, then the good side is quite stressed and weakened, because it's doing the work of the other side. So. So when the second side started to hurt, people were like, well, maybe that side's injured as well. So we'll just do surgery on that side as well. So they did that. And, and then I did return. But I knew. I can picture it like yesterday, the last sort of, you know, curtain call the last bows, I knew it was the last one. Because the pain, I was like, I can't do it any more.	Poignant realisation.
	R46:17 Yeah	
	S46:18 It's not getting any better.	
	R46:19 I suppose it changes your priorities a bit because it's much less fun when you're hurting as bad as that. So, you, you, you went to various different surgeons before you wound up with, with our friend there in [address]?	
I was sent to a different surgeon, he	S46:35 Well, not necessarily surgeons, I had, I was sent to a different surgeon after I'd seen him. An orthopaedic surgeon, he said, Really, there's still so much	Resigned to the new

said, really there's so much we don't know about the hip. Or you can be happy that you walk.	we don't know about the hip. And he said, I can pull your leg out on traction and go in with a camera and have a look. Or you can be happy that you walk basically.	order of things.
	R47:01 Well, that puts it in fairly unmistakable terms. The choice.	
Yeah, I do just have to be happy that I walk.	S47:04 Yes, yes. And I was like, Okay, well, the end for me, that really was like, my, that's the end, then. Because yeah, I do just have to be happy that I can walk. But no, before (X), I'd seen various different physios, lots of different physios and you know, a regular hernia specialist, he didn't see, um... Lots of MRIs, X-rays. And there was nothing ever that anyone could find. So, you know, (X) really was the only person that R47:37 I mean, an MRI should ideally be able to show something, but it is rather, rather a kind of obscure little corner of oneself. A lot of stuff going on down there.	The *coup de grâce*. And no-one knows what to do...
	S47:51 Yeah.	
	R47:54 So what was the... How did? How did he actually treat you? And I'm not talking about medically, but I mean, what was the, what was the interaction between the pair of you, as you're discussing going into this thing? Was he listening to what you're saying? Were you a part of that?	
He said he hadn't done it on many women. The only way would be to go in and have a look.	S48:09 I can remember, you know, going to see him and explaining it. He did say that he hadn't done it on many women, that men, you know, men, because anatomically for men, it was much easier to to see or feel if there was this problem. But that that wasn't the same with women. So the only way he would know would be to go in and have a look.	Clarifying the precise issues and what's at stake. Element of uncertainty here on the part of the surgeon?
	R48:38 The signal is straightforward if you're just dealing with a chap, but it's a whole other bag with women? Okay.	
	S48:45 Yes. Yeah. And I'm pretty sure it I feel like in my head, he'd only done it on like three women. And so I...	
	R48:56 Do you know any of them?	
I felt like I didn't have a choice. I also felt a bit like I was going mad, because I had these very definite pains that no-one could find answers for. It was bit ambi-guous.	S48:59 No. No, but I had a Pilates teacher afterwards helping me who she works in [location] and knew a lot of the, you know, ballet people, ballet dancers. And, and she sort of it was very funny, it was very hushed was like, it was very hushed. Like she said to me, I can't tell you any names or anything but she, she told me that someone in the XXXXX Ballet had had it done a girl a female had had it done, but it was very odd. Like she wasn't allowed to talk about it. So I didn't know any more than that. But, but yeah, I you know, I did it because I didn't really have I felt like I didn't have a choice. And I also felt a bit like I was going mad because I had these very definite pains that no one could find any answers to so you know, I sort of wanted in a way for some someone to look and, yeah, see what they can see on the inside. So he did that. It was it's very, a bit ambiguous as to what he does when he's in there in all honesty, he so the so that's... what was torn? There's something was torn away from my pubic bone that, my obliques, a tear in my obliques, a tear in my adductors....	Not much autonomy in evidence here. Nobody seems to understand. So much pain, no discernible cause.
	R50:27 Normally what they find is the, the external oblique is torn away, because there's a sort of tunnel there, that tendons run through, the conjoined tendon runs through it. And perhaps the rectus abdominis, as well, which	

	goes all the way down and attaches right underneath you. And all of those suffer the same, um, tears, also possibly the inguinal ligament. So there's a whole lot of stuff that's knitted up in there. Yes, it's … if one bit goes, it kind of tends to mess the rest around as well. So he probably finds himself looking at a patchwork of local repair jobs that all needed to work together.	
I don't remember anything being explained in too much detail. Now at 47 if someone was going to operate on me I'd have a lot of questions.	S51:09 Yes, yeah, it certainly sounded that way. But I don't, you know, it's hard because I was obviously a young person and I, you know, you're a different person when you're a young person. I don't, I don't remember anything being explained in too much detail. But that may be that may well have been me, also, at that time, you know, now at 47. If someone was going to operate on me, I'd have a lot of questions.	Can't be sure after so much time has elapsed. Empowered, or not?
	R51:37 Did someone would also write these things down as well, when they'd done it? Give you a little piece of paper?	
In some ways, surgeons are not interested in rehabilitation. He didn't care at all about what was going to happen to me now.	S51:41 Yeah. Yeah, no, I don't have anything like that. And what, what I what really sticks out is when I gone to see him after surgery, for rehabilitation, he gave me a sheet of paper, this was this was the sheet of paper he gave me, that was for soccer players. And he said week one, like dribble with a ball, week to run with the ball, like, and I looked at it, and I was like, I have literally no words. I don't know, how is this helping me? And he? I mean, this is a brilliant thing, really, isn't it about surgeons in some ways that they're not interested in that they're, they're not interested in the rehabilitation bit afterwards. So he has, he didn't care at all about how what was going to happen to me now. All he had was a photocopied piece of paper saying dribble with a ball. And, and that is where, actually the company were very good. They, they paid for this Pilates teacher to you know, I went to her every day for about two and a half to three hours, probably for rehabilitation.	Leaves something to be desired in point of post-op care.
	R53:00 That would be the thing, wouldn't it.	
	S53:07 And it's done. Yeah. Except it's just beginning. Jeremy, I have to drive. I have to get my daughter. Yeah. And it takes about 10 minutes to get home and then I'm happy to carry on talking to you if you have the time.	
	R53:22 If you're up for that. I don't want to destroy your day, but it would be terribly good. I think we've probably got another few minutes yet, if that's all right. Shall I call you again? When shall I send you the next link?	
	S53:33 Erm, what is it, ten past six...? Can I say, in 20 minutes?	
	R53:41 Are you sure that's okay, (SD)?.	
	S53:43 Yes. Yeah, absolutely.	
	R53:45 All right, well then I shall do that. Bless you. I'll talk to you soon.	
	S53:48 Okay.	
	R53:48 All right. Drive carefully.	
	R53:48 **AT THIS POINT THE PARTICIPANT HAD TO GO AND ATTEND TO FAMILY COMMITMENTS. THE SECOND PART OF THIS INTERVIEW (2B) WAS RECORDED SEPARATELY A FEW MINUTES LATER.**	
	SD Int.2B,audio1491085955 **Fri, Sep 2, 2022 . 10:51 AM21:48Owner: Jeremy Leslie-Spinks**	

	R0:01 Okay, good. So we're back, and that's good. Yeah. So what we were talking about, I mean, thank you for doing this very piecemeal interview in various different parts of your world. It's very sweet of you to take the trouble actually, I'm very grateful. How old is this daughter?	
	S0:20 Fifteen.	
	R0:21 Oh, gosh, full time job, then.	
	S0:26 I just have one of my own and then 300 in our dance school. That's what I always say, I have my own, one child of my own and 300 of everyone else's.	
	R0:36 Yes, the great thing about that you don't have to buy their shoes... quite important that. Does your one dance?	
I've invested a lot of effort pushing that way.	S0:44 Yes, but she actually has this year she's fractured her toe, her big toe, which they think is a structural thing, a structural problem. But, but she's very good at maths and science and those things. So it's all good. I've, I have invested a lot of effort pushing that way. Anyway.	Trying to warn her daughter off ballet
	R1:15 Yes, this is called the wisdom of hindsight as well.	
	S1:20 Yes.	
	R1:20 Okay. Well, let's go back to you for a moment. And let's talk about this, this post operative thing with Dr. What's his name, we have, we have a...	
	S1:21 (Surgeon's name).	
	R1:26 Yeah, I know. I've spent a lot of time researching him. He became fairly well known for this thing. So, you actually went to this Pilates person that the company paid for. And she started putting you back, your core muscles and things which would probably be a bit out of the habit by then?	
I don't think I had any strength. I did a lot of rehabilitation with her, but it just never… I got back to doing the things but there would always be a repercussion, a pain the next day. I tripped over some-thing and it jarred my back. And he said your hips are not made for dancing I feel the bone sort of hits the pelvis.	S2:01 I actually wonder if I ever had anything to begin with, to be honest. You know, I was just a big flexible, all of of that, but I you know, in hindsight, I don't think I had any strength anywhere probably so. So yes, that was sort of a whole different learning experience again. And, yeah, I did a lot of rehabilitation with her, but it just it never, you know, I got back to doing the things but there would always be a repercussion, there would always be a pain the next day or... you know. It's suggested that the brain remembers pain, so, you know, maybe it's just in my head. Hard to tell, but actually, probably about 18 months or so ago, I had to go and see a sports specialist here. I tripped over something and it jarred my back and I was having some trouble with my back and, you know, they always pull up pull your knee around your hip, and that that's always been really uncomfortable for me, and I sort of explained the situation to him and he said, but he really poo pooed (X's operation) and said it's a con. And, and how he said, your hips are not made for dancing like any like structurally because as they push it in it kind of I feel like the bone sort of hits the, the pelvis, I guess like there's no, there's no space, which maybe explains why by because I never had trouble with ballet, 'cause ballets always turned out, right? Like nothing comes forward flexion. But in, in normal dancing, everything is in that parallel forward flexion position, which it doesn't like at all. So. So yes, he sort of made out as if my hips were never made for dancing. So I don't think I was going mad.	Characteristic of excessive mobility? Extremely flexible. Maybe not much core strength? Her surgery not approved of by sports physio (although, in fact, this op. is often successful). Anomaly in hip joint? Cam morphology? Impingement ?
	R4:04 There may not be very much that can actually sensibly be done about it at this stage of your dancing career, I wouldn't have thought. But that's not my	

	call. How do you feel about that?	
No dancing career left now. But there certainly is that impingement feeling.	S 4:47 Oh, gosh, I've got no dancing career left now. But, but yeah, no, I mean, it doesn't bother me in day to day life. Now, but certainly there is that impingement feeling. It doesn't want to be pulled up. Hmm.	It's all gone.
Like just bumping on something.	R5:01 You feel it's skeletal rather than anything else? S5:05 Like just like, mmm, bumping on something...	
	R5:08 So does it bother you now when you're demonstrating? I mean, 300 kids is an awful lot of classes.	
Being stiffer is better for my body. Stiff muscles are what's holding it all together, really.	S5:28 Yes. Ah, I don't... we have we have lots of teachers as well. I don't teach them all. But umm, does it bother me? Look, the older I get, the less I try and demonstrate. It's actually more my lower back now probably. And, you know, I feel that like, by being stiffer is far better for my body, it's when I stretch if I do stretch, or do things like that, that's when that's when I'll tend to get more pains and problems. So it's like that, you know, stiff muscles are what's holding it all together, really.	The curse of excessive mobility being lifted?
	R6:10 Like sticky tape all round the outside of it, stopping bits of it from dropping off?	
	S6:17 Pretty much.	
	R6:18 Quite useful that, yeah. But in general terms... I mean this is a sort of silly question, really, because we all know what ballet does to your head. But did you find the actual transition from being the dancing lady to the ex-dancing lady difficult? Was that a sort of psychological or social or not, or?	
My Dad said, nobody died, get over it. I can remember thinking at the time… it felt like I had died. Every-thing is wound up in dance, where does it separate? Where are you a separate entity from the dance? You're not sure you are. I was an air hostess for a couple of years. I taught Pilates. An opportunity came along to open a dance school. Didn't want to open that door again. I had kept it firmly shut for a long time. Like opening wounds again….	S6:40 Yes. No, very, very difficult. And I remember really crying and like my dad, because my dad's not doesn't have any empathy. He said, for goodness sake, SD, nobody died. Get over it. And, and I can remember thinking at the time, no, somebody has died like and it because it felt like... I had died. But you know that because everything is wound up isn't it in dance it you know, where, where does it separate? Where are you...? Where are you a separate entity from the dance, you're not sure that you are so. So no, I did feel sort of like I had died. But I I coped with it in the in the way that that my training had enabled me to, I guess, if I'm honest, which is just to... stiff upper lip, accept it, bury it and carry on. So that's really, I sort of slammed the door shut. And I taught Pilates because I I sort of thought at the time that for my body that I needed to keep doing Pilates, so it seemed quite a natural progression to train to do that. I was an air hostess for a couple of years, actually I was an air hostess first, that was the first thing I did. Sort of recognising that I enjoyed the travelling aspect. So I did that. Then I did Pilates. And then and then we moved here. I taught Pilates here for a bit, had my daughter. And then an opportunity came along to open a dance school, which I'll be honest, I I really didn't, really didn't want to do because I didn't want to open that door again. I had had kept it firmly shut for a really long time. Intentionally. So it was like opening wounds again, I guess. Mmm.	Extreme distress at loss of dance. Non-dancers don't understand this. Loss of self. Habitus gone. Disembodied. Ballet discipline kicking in... Cauterisation. Movement within a logical structure. The resort/refuge of the ex-dancer? There had

		been travelling during the dance career. At least that remained. Reluctant to disinter the old pain.
	R8:41 Yeah. It's...deep waters, these. It's intriguing that it's... You suggest that it was your training as a dancer, which enabled you to stop being a dancer in this instance, your psychology suddenly became somebody else, as yet to be identified perhaps, just through self discipline learned in ballet?	
	S9:06 That's how it felt. I don't know I could because someone else it wouldn't have the same effect, I guess. But it feels that that's, you know, that's the whole training system is that, you know, nobody cares. Just get on with it. Like, you know, whatever it is you have to do, do it. So I really owned that. I owned what all those teachers had instilled in me. Bless them, yes. And what their teachers had instilled in them, you know,	You're on your own.
	R9:47 So we pass the poison chalice down the generations, don't we? Yeah, so I remember one of my teachers had a wonderful expression when somebody was sort of making a fuss about something, used to say Nobody's looking at you, dear. Five words... kill you...	
	S10:09 And I don't have sort of, I don't have any resentment against, I actually think it's a skill. I think it is a skill. I think that, you know, teaching a lot of young people like I do today that really don't have very much resilience at all, that, you know, it's life is tough life is, you know, it's tough for some more than others, for sure. You know, we have it pretty easy compared to a lot of people. But yeah, you need you do need to understand that. You know, how are you? It's just a rhetorical question. Nobody really cares, just get on with it.	A melancholy reality.
	R10:47 But, in point of fact, do you find that working with children, and young people now is different from the way you remember it when you were, as it were, that general age?	
It was a big transition. It was a job to do. It's sort of been intentional to not try and help children to be professional because I understand what it takes. Trying to teach dance for all the benefits it brings you. Like selling a pipe dream.	S11:15 It was a big transition, because, you know, I don't know, probably most of us I don't really, I don't remember being young, you know, and I don't, I don't remember life before [vocational school] very much. So so I, you know, I certainly don't remember that much of dance being fun. I know, that's a funny thing to say. And I, I sort of I tell, I do tell my students, but I'm trying to get them to work hard, that you know, while I remember the lady above the butcher's shop, and that was beautifully fun, that that was the last time that I remember dance being fun. And then after that, it was work. It was a job to do. You know, which is a bit odd, isn't it, really? So. so no, I did, I struggled teaching young children because they're not there to they're not there to become a ballet dancer. And, and sort of finding my way, you know, I had this school with my husband, who's also a dancer, but he's, he's just a musical theatre background. He doesn't, you know, he did ballet, but not in our sort of way. So it's sort of been intentional to not try and help children be professionals, if I'm honest, because I understand what it is to be a professional and I understand what it takes to become a professional and that you know, as much as our teachers were tough on us, and we all have our own stories, and whether that's right or wrong, I do think that that is the industry sadly, so there's no point in someone being lovely and strokey to you, because it's not going to help you at the other end. So, so no our sort of our thing now is is trying to teach you know, is dance for all the benefits that dance brings you. But not certainly not with the focus of trying to get children to become ballet dancers because I think it's a I think that's like selling a pipe dream.	Hard grind, little joy. Before it all became structured, serious, demanding. A lifetime of self-discipline... The paradox of teaching in recreational ballet schools. Ballet has rules and structures. Relax those, and it's no

		longer ballet. Enforce them and it's not recreation al. Can't teach it without the inherent demands of the *genre*. Trying to square the circle. Very clear-eyed view of teaching.
	R13:36 Yes, there's, there's a lot in that. What about shows, you doing shows with these people?	
	S13:47 We have, you know, our own end of year concert. But But yeah, we don't do Eisteddfods or competition, competitions are very big in[country] because [nationality], like competition I think culturally there's you know, they see dance as a sport. Like everything is down to sport. They there's a lot of competitions when... you know our children don't do competition. I'm just I just you know, because then having a dance school is a whole that's a whole different realm of different crazy people that run dance schools so yes, in fact, yeah, it's a, it's a funny full circle.	
	R14:35 How true. How absolutely true. What do you teach them, [style]?	
Having a dance school is a whole different world again.	S14:40 No, no, because I hate the [style]. No we teach [nationality] syllabus. So it was devised by a former principal of the [Company] by [name], who, who devised her own programme, it's sort of a [syllabus]-based programme. So no, I mean, look, as a business that's not great because, because it is a [syllabus]-based programme, so it's very, like it's, it's, it's really old fashioned ballet. Which is because that's what I know and I believe in and I just wouldn't want to have to teach like [style] or that sort of thing. But equally obviously, for children, it's quite hard, especially children who are not doing it to become professional dancers. That's but yes, I, you know, we use that syllabus. Yeah no, it's... having a dance school is a whole different world again.	Distinguished teacher who developed a classical ballet syllabus in the early 20th century. SD believes this syllabus defines ballet. Moral duty to teach it right, despite the commercial disadvantages.
	R15:47 Yes, absolutely. I couldn't agree more. It's it has… it has ballet in the name, but that's often as close as it gets, really.	
Integrity was my number one character trait,	S15:58 Yes, yeah. Yeah. And it's hard, isn't it? It's having that. Integrity, I actually,	A matter of

fails me sometimes.	during COVID I did a few you know, different sort of test type things were around on the internet. It was like a character test. And you know, and integrity was what was like my, my number one sort of character trait, which I think fails me sometimes. But yeah, because it would be much easier just to do the RAD.	principle.
	R16:35 Would you say you were a perfectionist?	
	S16:44 Yes, only if it interests me. I don't know. I'm not sure if, if a perfect does a perfectionist need perfection in all areas of life?	
	R16:53 Just wondering. I keep on bumping into people in the literature who say that, you know, they're perfectionist in this and that the other thing, usually often dancers, because it's they seem to self select for ballet, somehow. And I was just wondering it if applied to you? I think I wasn't as a dancer, I am as a as a student, and I certainly am as a ballet master, I'm actually manic. You know, I just wondered, you know, how that plays out into civilian life when some moves into that area..	
I have horribly high standards that people never live up to.	S17:24 Yeah, no, I certainly I have... and I recognise I have horribly high standards that and certainly that people never live up to, like, you know, my teachers or my husband or anyone	Firm believer in "doing it right".
	R17:42 Husbands are famous for that, that's one of their functions, is to be flawed. Diamonds, but flawed. I speak from experience.	
I like to do my best in anything that I do.	S17:49 Yes, yeah. So no, I That's it. That's not a very good trait, that I, I do have horribly high standards. But I don't know if I'm a perfectionist. I like to do my best in anything that I do. But if something doesn't interest me, then I don't care about it.	
	R18:05 Yeah, quite right. Absolutely. Well, you know, this has been this has been extremely useful, because you've given me an awful lot of wonderful material here. And I'm really chuffed with what you've told me because it's, there's loads of great things. Is there something I should have asked you about, that I haven't done? Something that we haven't touched on? That I really need to know, in your view?	
	S18:26 Oh, in my view? I don't think so. Well, you know, I, from what I can remember, sorry, from when we spoke so long ago, what, what you sort of want to do is bridge the gap of dance injuries and medics and physios and all that sort of stuff. So yeah, I think, you know, in... that's what I would just I would love to see that changed. That. You know, to be given a piece of paper with kick a ball. That's really unacceptable.	Surgeon's perceived indifferenc e to appropriat e post-op rehab.
	R19:12 That's wonderful. I wish you'd kept the piece of paper, one should frame it and hang it up somewhere.	
	S19:21 Yeah. Yeah. Yes.	
	R19:26 Essentially, what it means is that he was very successful putting footballers back together, but there's an adjustment to be made in terms of the activity that people do, and therefore allowance will need to be made for the fact that this one dances about on her toes and wears short skirts because that isn't, uh... you know, it's still a groin, but differently used.	
	S19:55 Mmmm...	
	R19:55 Yeah. Well, look, if it's all right with you, what I'll do with this is transcribe it. And it's going to be very funny because the transcription software comes up with the most wonderful interpretations of the sounds it thinks it hears. But I will send you the, the corrected version. And perhaps if you had a moment sometime, which knowing you, you probably haven't, because you're a bit short on moments, but if you had a moment, some time to have a look at it, and just let me know what you think that would be great.	

	Because it has, for one thing, it gives me the valuable input that you've got on what we've, what I think we've done. And also it's what's called triangulation, it's an independent assessment of the thing, which gives me a bit of academic rigour and transparency, because this is not statistics and numbers. So if you have something that you could say about that, or even if you just write that and say, it's satisfactory, or not, that's also good. And then you know, then perhaps if there's something that I think of in the meantime, I might bother you for yet another interview, to see if there's a chance to clear up whatever that might be, if that's okay with you.	
	S21:20 Mm-hmm.	
	R21:20 All right.	
	S21:21 If you've got any other questions, do ask. Yep.	
	R21:25 I'll do that. All right. Well, thank you so very much indeed. It's been very good and it actually has been also extremely enjoyable which is not part of the deal at all, but... nice talking to you.	
	S21:36 Yes, good. Good to throw in a little comedy on a Friday night or Friday morning.	
	R21:41 Take care.	
	S21:45 Thanks, Jeremy. Bye	

TABLE 4: SD ANALYSIS TABLE WITH COMMENTARY 1

A.3, SD grouped quotes

TABLE 5: SD GROUPED QUOTES BY THEME

IN THE BEGINNING
I went along to her ballet school and just fell hard and heavy ***A very quick sort of love affair at 10.*** ***I like classical music.*** ***The challenge and a bit the music*** ***My parents were wonderful.*** ***They would take me to the Opera House to see the ballet.*** ***… we did a lot of creative dance..*** ***She would give us a piece of music and we could create our own dances to it.*** ***…you just listen to music and you enjoy moving*** ***I used to get the Dancing Times.*** ***I actually sat down and wrote to the different schools.*** ***They let me audition and I got right down to the finals.***
DANCE SCHOOL, TRAINING
It was there that I lost all love of ballet ***The term for it in the olden days would be character-building. A psychologist today would have***

a different term for it.
Terribly homesick. To me it was all about dancing, that's what I had to do.
Belittling and personal. Personal comments on your physicality or your character.
Quite sort of sink or swim, I would say.
… we're all away from home, you've got nobody there, you know, you're 11 years old.
How their ballet teachers taught them and then they do the same.
Ballet every day, six days a week, also jazz and tap and flamenco and all different things.
Don't have any bad feelings… looking back I just reflect and question.
For me dance is strongly connected to music, it's that that evokes an emotion.
It evoked feelings of just, just joy, but I think the problem is the processes…. Almost designed to suck out joy.
I was very skinny but I must have had some potential, I was put in the top group
You become like brothers and sisters, you fight one minute and then you're best friends the next thing.
Had no friends from my previous school.
Any friends at home thought I was a snob and stuck up and posh…
Still very, very much loved ballet.
When I was 10 years old and my parents took me to see the XXX Ballet it was like, that's where I want to be. Very quickly when you arrive at the XXX Ballet you realise that that is never going to happen.
I was told by my teacher that I was too tall.
At my height I would need to enter as a soloist and I wasn't good enough.
I was extremely flexible.
I would just sort of force myself into various positions and in time became very flexible.
My ballet teacher used to be really nasty
We did all the doming and toe exercises, and we used to have to do pointe work without shoes on. Which I can still do.
the head of dance took us into the office and she said, you will sink at the XXX ballet school. The other girl will be fine, but you will sink. Ironically the other girl left, she became very anorexic.
I did survive it, and I'm so glad I went, but it didn't have the outcome I was hoping for.
I thought I was terrible, because your teachers made you feel that way.
You think you'll never get into the company, you're too tall, so I didn't even really try. You just feel bad about yourself. That you're not good enough.
I can still remember being on that stage and feeling very in awe. Like a surreal out of body experience.
Everyone had been beaten down by that point.
What I can remember is that I didn't want to dance at all.
I have had this dream since you're ten that this is what you're going to do, like so many.
Parents said we have sacrificed a lot for this dream. I suggest dancing.
She said you should wear more makeup, because you're really quite pretty if you wear makeup.
And don't give up jazz. I heard that loud and clear.
And for me to return home and not to have got the job…
He really was a wonderful man. He made everybody feel as if they belonged there.
And then we had B, who was completely mad. But I quite liked her madness.

PROFESSIONAL LIFE

A transition over into that style of dancing. That was a learning curve. And I just sort of forged my way.
I look back on dance and what I'm most grateful for is the opportunity to travel.
The choreographer of a pantomime was then the choreographer of a ship. So it just keeps rolling. I wasn't really out of work.
I went along to this audition and became the one girl who joined the cast after they had already

started.
It was a big transition. It was a job to do.
I put the fake tan on…
He said to me, "It was always going to be you because you've been to the XXX Ballet School…".
I don't look back at my time in the XXX school with a huge love of ballet, I do appreciate what it's given me in that respect.
I just fought for the dancing to the bitter end, and won.
I had signed for the second year when everything started to go a bit pear-shaped

THE INJURY

I'd have thrown myself into this step, thinking the most important thing is that my leg is going way over my head.
I don't think I had any strength.
Very deep burning pain in my groin. It felt like it was on fire.
It passed, and you carry on, don't you?
By the end of the year I couldn't cross my legs.
It's a common football injury.
In that second year I barely danced at all.
My Dad said, nobody died, get over it. I can remember thinking at the time… it felt like I had died.

CLINICAL INTERACTION

I had surgery on the right side, I went back and had surgery on the left side, which in hindsight, did I really need?
I can picture it like yesterday, the last curtain call, the last bows, I knew it was the last one.
Because the pain was like, I can't do it any more.
I was sent to a different surgeon, he said, really there's so much we don't know about the hip.
Or you can be happy that you walk. Yeah, I do just have to be happy that I walk.
He said he hadn't done it on many women. The only way would be to go in and have a look.
I felt like I didn't have a choice. I also felt a bit like I was going mad, because I had these very definite pains that no-one could find answers for.
It was bit ambiguous.
I don't remember anything being explained in too much detail.
Now at 47 if someone was going to operate on me I'd have a lot of questions.
In some ways, surgeons are not interested in the rehabilitation. He didn't care at all about what was going to happen to me now.
The Company paid for this Pilates teacher. I went to her every day for two and a half to three hours, probably for rehabilitation.
I did a lot of rehabilitation with her, but it just never…

AFTER DANCE

Everything is wound up in dance, where does it separate? Where are you a separate entity from the dance? You're not sure you are.
I've invested a lot of effort pushing that way.
I got back to doing the things but there would always be a repercussion, a pain the next day…
I tripped over something and it jarred my back…
And he said your hips are not made for dancing
I feel the bone sort of hits the pelvis.
No dancing career left now. But there certainly is that impingement feeling.
Like just bumping on something.
Being stiffer is better for my body. Stiff muscles are what's holding it all together, really.
I was an air hostess for a couple of years.
I taught Pilates.
An opportunity came along to open a dance school. Didn't want to open that door again. I had

kept it firmly shut for a long time. Like opening wounds again….
It's sort of been intentional to not try and help children to be professionals, because I understand what it takes.
Trying to teach dance for all the benefits it brings you.
Like selling a pipe dream.
Having a dance school is a whole different world again.
Integrity was my number one character trait, fails me sometimes.
I have horribly high standards that people never live up to.
I like to do my best in anything that I do.

A.4, SD Mind-map and One Sheet Of Paper (OSOP) graphic

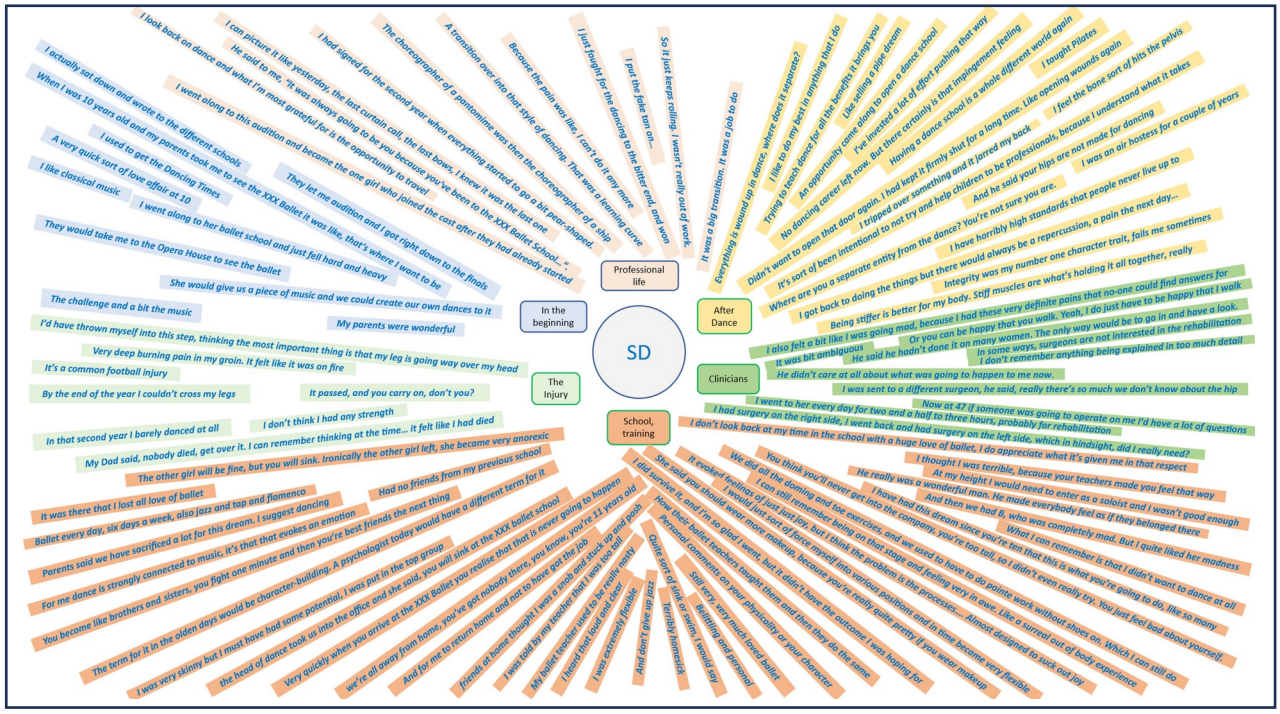


FIGURE 8: SD MIND-MAP

Figure 8, above, illustrates the intermediate stage of how I visualised the participant's individual quotations dovetailing with others on a similar or related subject, and feeding into thematic groupings, each topic sharing a similar colour and separated from quotations relative to other topics.

To render these groupings more clearly, my next step was to combine individual citations into separately-coloured and labelled thematic panels and to insert them into a more easily legible composite One Sheet of Paper format (see Section 3.1.6), as illustrated in Figure 9, below. This gave me a perspective on each participant's

general experience of the incidents they had narrated, and enabled me to compare their OSOP with those of others, to identify themes across the sample.

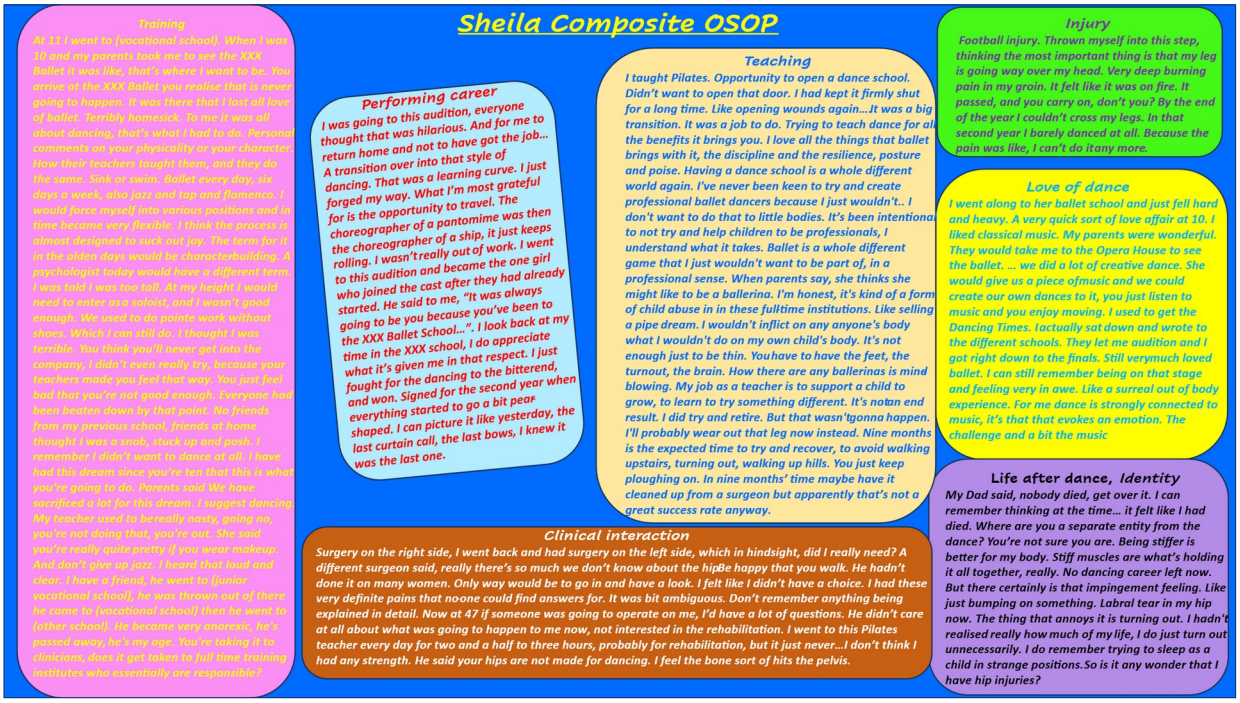


FIGURE 9: SD OSOP

Appendix B, graphic table of aggregated themes across sample

I started from recursive reading of the transcripts, and manually produced a table which gave me the distribution of each theme across the sample, showing who had cited the topic and allowing me to discern the number of times that individual topics recurred across multiple narratives. Table 6, below, illustrates over 9 sequentially numbered pages, the discrete, specific themes I had noted –I was then able to group them together in more inclusive categories on the basis of relational similarity (e.g. Pleasure, Pride etc. was grouped with The Good Times, Enjoyment, Fulfilment and so on). The total number of occurrences for each theme across the sample is shown in red, across the bottom of the table, and the page number at the top left corner of each graph. Thus we see on the fifth page, for example, that the themes of clinicians' failure to understand dancer-patients, of poor communication with healthcare workers, of perceived clinical arrogance, of incorrect or inadequate treatment, of incorrect or missed diagnoses, and of a sense of powerlessness, recur in all or nearly all of the narratives. This table turned out to be helpful in many ways, one of which was that I could use it to note down under each page stray observations which came to me in the course of examining the data. The groupings also enable me to extrapolate the broader categories which I used in the mind-maps and the OSOP panels shown in Appendix C

TABLE 6: AGGREGATE THEMES BY PARTICIPANT (TOTALS SHOWN IN RED, OCCUPYING FINAL ROW OF EACH PAGE)

1																					
Family into dance	Family Support	Voc-ation, nor-mality	Love at first sight	Escape from reality	Family opposition, restriction.	Not keen first off	Nuts, Lac, Copp-élia, Other	Phys. Acti-vity. Kinaes thesia	Aesth. Appeal, Story	Structure Cognitive Process Analytical.	Music	Perf.	Pleasure, pride in learning	Board-ing school	Class friends	The good times	Had enjoy ment fulfil-ment	Innate Phys. Problem	Early injury, illness (school)	Defer to author -ity	Resist auth.
BA	BA	BA	BA											BA	BA		BA	BA	BA	BA	BA
	BM			BM	BM	BM			BM	BM	BM	BM			BM	BM		BM	BM	BM	BM
		BN	BN	BN	BN			BN				BN				BN	BN		BN	BN	
		BR	BR		BR		BR			BR		BR	BR	BR	BR	BR	BR	BR		BR	BR
BY		BY			BY	BY		BY		BY			BY							BY	BY
CG					CG	CG		CG		CG		CG	CG			CG	CG		CG		CG
	CT	CT	CT	CT			CT	CT	CT							CT	CT	CT	CT		CT
EC	EC	EC				EC	EC						EC	EC	EC	EC	EC	EC	EC	EC	EC
	EH	EH	EH	EH			EH	EH	EH			EH			EH	EH	EH	EH	EH	EH	
FM	FM	FM	FM				FM	FM	FM	FM	FM	FM				FM	FM	FM		FM	
	KC		KC		KC		KC			KC	KC		KC	KC	KC	KC	KC		KC		KC
KK		KK	KK					KK	KK	KK	KK			KK	KK	KK				KK	KK
		KM	KM		KM			KM	KM	KM		KM	KM		KM	KM	KM			KM	
KZ		KZ		KZ	KZ			KZ			KZ	KZ				KZ	KZ			KZ	
ML	ML	ML	ML				ML		ML	ML	ML		ML	ML				ML		ML	
MN	MN	MN	MN				MN			MN		MN	MN		MN	MN	MN	MN	MN		MN
MT		MT	MT				MT	MT	MT	MT	MT	MT		MT	MT	MT	MT	MT	MT		MT
	MU	MU	MU	MU				MU		MU		MU		MU	MU	MU	MU	MU			
ND	ND	ND	ND				ND	ND	ND	ND		ND	ND		ND	ND	ND	ND	ND	ND	
NP	NP	NP	NP	NP			NP	NP		NP	NP	NP	NP	NP	NP	NP	NP		NP		
	SD	SD	SD				SD	SD	SD		SD			SD	SD	SD	SD	SD			SD
SH	SH	SH	SH				SH	SH	SH	SH	SH	SH	SH	SH	SH	SH		SH		SH	
ST		ST			ST	ST		ST		ST				ST	ST	ST	ST				ST
14	14	20	17	7	9	5	13	16	11	16	10	14	11	12	16	20	28	14	12	14	13

SH: I had to do it. A calling. Non-negotiable. Unavoidable. Post-injury, so many wrong diagnoses from so many different orthos. MU: “I was never made to feel less than them”. But I was very kindly told I might go somewhere more diverse. Freedom of movement in jazz & character dance. I think doctors didn’t take my career choice seriously. They told me, find something else to do. I found God, someone to whom I could talk, who wouldn’t tell me to stop being miserable.

2																				
Loss of friends dislocation	Close pals in Co.	Being A Dancer	Fierce competition	Gets harder as you go up	The Injury illness	No plan B	Injury caused by extr. factors	New movt or de-conditioning	Illness, innate or chronic cond.	Fear of losing roles	Constant aspiration	Nutr. issues, press. for thinness	HJS, EDS, Joint Laxity,	Wt. DE, ED, Body Shame	Psych abuse by sch. staff	Abuse by class mates	Abuse by Co. staff. Devalued	Ignored rejected by Co. friends	Dance career job stress fears, worry	Frequent small injury
BA	BA	BA	BA	BA	BA				BA	BA	BA		BA		BA	BA	BA	BA	BA	BA
									BM			BM		BM	BM	BM	BM			BM
BN	BN	BN	BN	BN	BN			BN		BN		BN		BN	BN		BN	BN	BN	BN
BR	BR	BR	BR	BR	BR		BR		BR	BR	BR	BR			BR		BR	BR	BR	
		BY		BY	BY		BY		BY			BY		BY					BY	
				CG	CG		CG	CG	CG			CG	CG	CG	CG				CG	
			CT		CT	CT			CT	CT	CT	CT	CT						CT	CT
EC	EC	EC		EC	EC		EC	EC	EC	EC	EC	EC		EC	EC		EC		EC	EC
		EH			EH	EH							EH		EH				EH	EH
FM	FM	FM			FM			FM	FM			FM	FM	FM			FM	FM	FM	FM
KC			KC		KC		KC		KC				KC	KC	KC			KC		
			KK	KK	KK	KK		KK		KK	KK				KK		KK	KK	KK	
KM	KM	KM	KM	KM	KM		KM		KM	KM	KM				KM		KM	KM	KM	
		KZ			KZ	KZ			KZ	KZ					KZ				KZ	
ML		ML	ML		ML	ML	ML	ML			ML			MN	ML	ML	ML		ML	
MN	MN	MN	MN		MN	MN			MN	MN	MN	MN		MN	MN	MN	MN		MN	MN
			MT		MT	MT			MT	MT	MT	MT	MT	MT	MT	MT	MT	MT	MT	MT
		MU													MU			MU		
ND	ND				ND		ND	ND	ND			ND							ND	
NP			NP		NP		NP	NP		NP	NP					NP		NP	NP	NP
	SD				**SD**	SD		SD						SD	SD	SD			SD	
	SH	SH			SH		SH		SH				SH			SH	SH		SH	SH
ST	ST	ST	ST				ST			ST				ST		ST	ST		ST	
12	11	14	12	8	20	8	11	9	15	12	10	11	8	12	16	9	13	10	20	11

-

EC: My GP said," Why don't you learn to do something else? Why does it matter so much?" It's actually kind of soul-crushing. His friend xxxxxxxxxx (former med. Student, now Ballet-Master) says "I know more about the human body than any doctor I've ever met". EC has a long history of missed diagnoses. "Doctors won't listen to me because they know better about everything".

3																					
Push on	Not let side down Moral oblig.	Isolated insecure	Ident-ity	Dream gone or destroy ed	Psycho-motoric disson-ance	Re-wire body, mind	Lost, root-less	Anx-iety, money fears	Co-morb-idities	Subst depre-ssion, meds	Unsafe con-ditions	If?	Civil -ian job	Can defer HE till later	Re-train-ing	Pol-itics in Co., sch.	Com-part-ment-alise	Fork in the road	Alt. med. Fan. Don't trust clins	No-one be-lieved me	Self-blame doubt
BA		BA	BA	BA	BA	BA	BA		BA	BA		BA			BA	BA	BA	BA	BA	BA	BA
		BM		BM	BM			BM	BM	BM	BM	BM	BM			BM	BM	BM	BM	BM	BM
BN	BN	BN	BN		BN	BN	BN	BN	BN	BN			BN		BN	BN	BN	BN	BN	BN	BN
BR	BR	BR	BR	BR	BR	BR	BR	BR			BR		BR	BR	BR	BR		BR			BR
		BY	BY	BY	BY	BY	BY	BY			BY	BY			BY			BY			BY
CG		CG	CG	CG	CG	CG	CG	CG	CG	CG	CG		CG	CG	CG	CG		CG			CG
CT		CT		CT			CT	CT	CT	CT		CT			CT				CT	CT	CT
EC	EC	EC	EC	EC	EC	EC		EC	EC	EC	EC		EC		EC	EC		EC	EC	EC	EC
EH		EH	EH	EH	EH	EH	EH	EH	EH			EH	EH	EH	EH			EH	EH	EH	EH
FM		FM					FM	FM			FM			FM	FM	FM	FM	FM			FM
KC	KC	KC	KC	KC	KC	KC	KC				KC		KC	KC	KC		KC	KC	KC	KC	
KK	KK	KK	KK	KK		KK	KK	KK			KK	KK	KK	KK	KK	KK	KK	KK		KK	KK
		KM	KM	KM			KM					KM	KM	KM	KM	KM	KM	KM	KM		
KZ	KZ	KZ	KZ	KZ	KZ	KZ	KZ	KZ			KZ		KZ	KZ	KZ		KZ	KZ	KZ		
ML		ML	ML	ML		ML		ML						ML	ML	ML	ML	ML	ML		
MN	MN	MN	MN		MN		MN	MN		MN	MN	MN	MN	MN	MN		MN	MN		MN	MN
MT		MT	MT	MT	MT			MT	MT	MT			MT				MT			MT	MT
MU		MU	MU	MU	MU	MU	MU	MU					MU	MU	MU			MU	MU	MU	
ND		ND	ND		ND	ND		ND				ND	ND	ND	ND			ND	ND	ND	
NP		NP	NP	NP	NP	NP	NP	NP	NP		NP						NP				

SD		SD	SD	SD		SD						SD	SD				SD	SD			SD
SH	SH	SH	SH	SH	SH	SH		SH	SH		SH	SH			SH	SH		SH		SH	
ST		ST	ST	ST	ST	ST	ST		ST			ST				ST		ST			ST
20	8	23	20	19	17	17	16	18	11	8	12	12	15	12	18	12	13	20	12	13	15

KK: “He was stabbing it with a needle to break up calcification in the hip” à NH talks of stabbing to get through adhesions. 2nd ortho said “I’m going to send you to X, who probably can’t help – I’m praying for you…”. Also asked if I didn’t want to dance any more and was creating the pain for myself. The things that carried me through were passion and determination. “I thought, maybe there’s a space for me, not to look like this one or that one, but maybe to be me…” ”… discussion of whether I could have an X-ray because it would fry my ovaries…” “… always felt I was in the company on sufferance…” “… felt I was never really quite enough..”

4																			
Cling-ing to hope, seeking solace	Long term MSK problem	Residual Limit-ations, effects	Dual-ism	Disem bod-iment	Panic De-spair shock	Can’t get med. insur-ance.	Bro-ken	Trauma distress	Fear of mak-ing mis-take	Pain of sen-tence	De-nial	Cop-ing strat. Re-source -ful	Be-reave-ment	Abuse accus-ations, fears of sexual abuse	Mar-ital family probs	Tried to help clins	Cort-ico-ster-oids	Worth-less, low self-es-teem	Bad luck, ext. facs	All going wrong at once
BA	BA	BA	BA	BA	BA		BA	BA	BA	BA	BA	BA	BA		BA	BA	BA	BA		BA
BM	BM	BM	BM	BM	BM		BM	BM	BM	BM	BM	BM	BM	BM	BM	BM		BM	BM	BM
BN	BN	BN	BN	BN	BN	BN	BN	BN		BN	BN	BN	BN		BN	BN		BN		BN
BR	BR	BR	BR	BR			BR	BR			BR	BR	BR	BR	BR	BR		BR	BR	BR
	BY	BY	BY	BY		BY	BY	BY		BY		BY	BY					BY	BY	
CG	CG	CG	CG	CG	CG	CG	CG	CG	CG	CG	CG	CG	CG		CG			CG	CG	CG
CT	CT	CT	CT	CT	CT		CT	CT		CT	CT						CT	CT	CT	CT
EC	EC	EC	EC	EC	EC		EC	EC	EC		EC	EC	EC	EC	EC	EC	EC	EC	EC	EC
EH	EH	EH		EH			EH						EH			EH	EH			EH
FM	FM	FM	FM	FM	FM	FM	FM	FM		FM		FM							FM	FM
KC	KC	KC	KC	KC	KC		KC	KC		KC			KC				KC	KC		
KK	KK	KK	KK	KK	KK		KK	KK	KK	KK	KK	KK	KK			KK	KK	KK		KK
KM		KM	KM	KM			KM	KM			KM	KM	KM		KM				KM	KM

KZ	KZ	KZ	KZ	KZ	KZ	KZ	KZ	KZ	KZ	KZ	KZ	KZ	KZ		KZ				KZ	
ML	ML	ML	ML	ML	ML		ML	ML	ML	ML	ML					ML				
	MN	MN		MN	MN	MN		MN		MN			MN			MN	MN	MN		MN
		MT	MT	MT	MT		MT			MT	MT		MT					MT	MT	MT
MU	MU	MU		MU	MU		MU	MU		MU	MU									MU
ND	ND	ND		ND	ND		ND	ND	ND		ND				ND					
NP	NP	NP		NP	NP	NP	NP	NP		NP									NP	NP
SD	SD	SD	SD	SD			SD	SD		SD		SD	SD							
SH	SH	SH	SH	SH		SH	SH	SH		SH	SH	SH				SH	SH		SH	SH
ST	ST	ST	ST	ST			ST	ST				ST			ST				ST	
20	**21**	**23**	**18**	**23**	**16**	**8**	**22**	**21**	**8**	**17**	**15**	**14**	**15**	**3**	**10**	**10**	**8**	**12**	**13**	**16**

5																			
Neuro-diverg-ent or socially intro-verted	Empathy PT. move-ment, therapy	Dancers & teachers need med. aware-ness	Drs. arr-ogant, tact-less	Poor HCW com-mun-ication	Clins don't under-stand artist-patient	Wrong treat-ment	Missed or mis-diag	Power-less-ness	Un-fair-ness, be-trayal	Trap, hope-less	Men-tal dist-ress	No dance no life Holding on	Teach-ing	Wis-dom via pain	Proud of having been a dancer	Body lang-uage of dis-tress	Clins can become dance-aware if taught	Kind-ness, com-munic-ation matter	Ext. forces, bad choices
	BA	BA	BA	BA	BA		BA	BA	BA	BA	BA				BA	BA	BA	BA	
BM			BM	BM	BM	BM	BM	BM	BM	BM	BM		BM	BM		BM		BM	BM
	BN	BN	BN	BN	BN	BN	BN	BN	BN	BN	BN	BN	BN	BN	BN	BN	BN	BN	BN
	BR		BR	BR	BR	BR		BR	BR		BR	BR	BR	BR	BR	BR		BR	BR
BY	BY	BY	BY	BY	BY	BY	BY		BY		BY	BY	BY	BY	BY	BY	BY		BY
	CG	CG	CG	CG	CG	CG	CG	CG	CG	CG	CG	CG	CG			CG	CG	CG	CG
	CT	CT	CT	CT	CT		CT	CT	CT		CT	CT	CT	CT		CT	CT	CT	
EC	EC	EC	EC	EC	EC	EC	EC	EC	EC	EC	EC	EC	EC	EC	EC	EC		EC	EC
	EH		EH	EH	EH	EH	EH	EH	EH	EH		EH	EH	EH		EH	EH	EH	
	FM	FM	FM	FM	FM		FM	FM	FM			FM			FM	FM		FM	
KC	KC	KC	KC	KC	KC	KC	KC	KC			KC	KC		KC	KC	KC	KC	KC	KC
		KK	KK	KK	KK	KK	KK	KK	KK	KK	KK	KK	KK		KK	KK	KK	KK	KK

	KM	KM	KM	KM	KM			KM	KM	KM		KM	KM		KM	KM	KM	KM	
	KZ	KZ	KZ	KZ	KZ	KZ	KZ			KZ		KZ	KZ		KZ			KZ	KZ
	ML	ML	ML	ML	ML	ML	ML	ML				ML	ML			ML		ML	
	MN		MN	MN	MN	MN	MN	ML		MN	MN	MN	MN	MN	MN	MN	MN	MN	
MT	MT		MT	MT		MT	MT	MT	MT		MT	MT	MT			MT		MT	MT
	MU	M	MU	MU	MU	MU		MU	MU		MU	MU				MU			MU
	ND	ND	ND	ND	ND	ND	ND					ND	ND		ND	ND			
	NP	NP	NP	NP	NP	NP	NP	NP	NP		NP	NP	NP			NP			NP
	SD		SD	SD	SD	SD	SD	SD	SD		SD	SD	SD			SD			SD
	SH	SH	SH	SH	SH	SH	SH		SH					SH	SH	SH	SH	SH	
		ST	ST	ST		ST	ST	ST		ST	ST	ST	ST	ST		ST		ST	ST
5	20	18	23	23	21	19	20	19	17	11	16	20	19	11	13	22	11	18	14

6																				
Power gradient	Stratification Discrimination	Suspects studio or Co. caused injury	Teacher voice significant	Find new way to learn	Fear of punishment	Dissociated, numbness, self defence/ lapsed concentr.	Hostile surroundings	Felt hurt, degraded by HCW's	Found wanting	Institutional abuse	Retrospective Self-diagnosis	Cut loose, abandoned, pariah. Not Co problem	M/F bias	No psycho social help from school, Co.	Surrender No fight left	Depression, suicide ideas	Permanentpain	Othered	Redemption, gleam of hope	Clinician listening at last	Overuse, RSI, overwork
BA	BA					BA	BA	BA	BA				BA		BA	BA	BA		BA	BA	BA
BM	BM	BM	BM	BM	BM	BM	BM	BM	BM	BM	BM	BM		BM	BM	BM	BM	BM	BM		
BN			BN	BN	BN	BN	BN	BN	BN	BN	BN	BN	BN	BN	BN	BN	BN	BR	BN	BN	
BR	BR	BR		BR	BR		BR		BR	BR		BR		BR		BR		BR		BR	
			BY					BY									BY				BY
CG		CG	CG	CG	CG	CG	CG	CG			CG	CG		CG		CG	CG		CG	CG	
		CT					CT				CT				CT	CT	CT	CT	CT	CT	CT
EC	EC		EC	EC	EC	EC	EC	EC	EC	EC	EC	EC		EC	EC	EC	EC	EC			EC
EH				EH					EH		EH			EH			EH		EH	EH	EH
FM	FM						FM	FM				FM	FM	FM			FM		FM		FM
KC		KC	KC			KC	KC	KC		KC	KC	KC	KC	KC		KC	KC		KC	KC	KC
KK	KK	KK		KK								KK	KK	KK			KK		KK	KK	KK
KM						KM	KM		KM		KM	KM		KM	KM				KM	KM	
KZ			KZ					KZ			KZ			KZ			KZ		KZ	KZ	KZ
ML			ML								ML			ML			ML	ML			
MN		MN						MN	MN		MN				MN	MN	MN	MN	MN	MN	MN
MT		MT	MT	MT		MT	MT	MT	MT	MT		MT		MT	MT	MT	MT	MT			
MU		MU	MU	MU			MU	MU	MU		MU	MU		MU	MU	MU	MU	MU	MU	MU	MU
		ND		ND				ND			ND						ND		ND	ND	
		NP					NP	NP		NP		NP		NP			NP				
SD	SD	SD	SD		SD	SD			SD	SD				SD			SD				
SH	SH	SH						SH		SH	SH			SH		SH	SH				SH
ST	ST		ST			ST	ST	ST	ST				ST			ST	ST		ST		
19	9	13	12	10	6	10	14	16	12	9	14	12	6	17	9	13	21	9	15	13	12

7																					
PTSD Dis-orient	Enorm-ous depriv-ation	De-stroyed my core as-sumpt-ions	Long-term spirit-ual injury	Trying to pro-cess sen-tence	Trying to regain agency	Exper-iential solitude no reso-nance	'What doesn't kill me…"	Person-ality dis-integr-ation. Panic	Inade-quate post-op care from surg.	Trying too hard to rehab	Failure of altern. career	Gig work, no security	No clear med ex-plan-ation	Spine , SI, Hips	ACL, low extr-emity	Early train-ing sub-optimal	Need Dance Aware-ness in clin decis-ions	Altern-ative. was drama	Cloist-ered dance school teens	CFS, mono-nucleo-sis	Flight, retreat, alien-ation
		BA		BA	BA			BA		BA				BA			BA	BA			
BM	BM	BM	BM	BM	BM	BM	BM	BM	BM		BM				BM	BM		BM		BM	BM
BN	BN	BN	BN	BN	BN	BN	BN	BN	BN	BN	BN	BN			BN		BN				BN
BR		BR	BR	BR	BR				BR	BR	BR		BR		BR		BR		BR		
	BY		BY	BY		BY						BY	BY	BY	BY				BY		
CG			CG	CG	CG							CG	CG	CG	CG	CG	CG				
	CT		CT	CT	CT	CT	CT	CT				CT	CT	CT		CT	CT				
EC	EC	EC	EC	EC	EC	EC		EC	EC		EC	EC		EC	EC		EC				
	EH	EH	EH	EH					EH	EH			EH	EH	EH	EH		EH	EH		EH
	FM		FM									FM			FM						
KC		KC	KC	KC	KC	KC		KC	KC				KC	KC			KC		KC		
KK	KK	KK	KK	KK	KK			KK		KK			KK	KK		KK	KK				
	KM		KM	KM	KM	KM						KM				KM	KM				
	KZ		KZ		KZ						KZ	KZ	KZ	KZ	KZ				KZ		KZ
	ML											ML		ML							
			MN	MN	MN			MN	MN	MN	MN	MN	MN		MN	MN	MN				
MT	MT	MT	MT		MT			MT			MT	MT	MT	MT	MT		MT		MT	MT	MT
MU	MU	MU	MU	MU		MU		MU					MU	MU	MU	MU			MU		MU
									ND					ND		ND	ND				
	NP	NP	NP	NP		NP			NP				NP	NP	NP						NP
SD		SD	SD	SD	SD				SD			SD	SD	SD							
	SH	SH	SH	SH	SH	SH	SH		SH			SH	SH		SH		SH				SH
ST	ST	ST	ST		ST		ST				ST			ST				ST	ST		ST
11	16	14	20	18	16	10	5	10	11	6	8	13	14	16	14	9	13	4	8	2	9

Is BM's chronic CFS the result of cumulative sustained stress from developmental disorders, premature birth, ADHD, Mast Cell Syndrome, maltreatment at [school], ME or the sum of all these? NP clearly upset by her experiences (bars, blinds drawn, dark room, broken voice, compulsive nervous laugh, repetitive speech patterns). SD felt like a prole at school and a snob when she returned in hols to her working-class family. BR under stress develops a repressed stammer + symptoms like GERD. Also scratches.

8																					
Built new life	Med. Sci or therapy focus	Leads to new realisations	Made me richer	Normalisation of pain	Did have some positive effects	Perform with Co	Constant stress & fear	Touring, travel	Tramatic rupture with school or Co.	Still lost, still minds	Hiding the problem	Private treatment	Conscientious rehab	Proprioception issues	Not easy or gifted	Frustration always	Suppressed or random memories	Contradictory advice	Cauterised dance obsession	Lost autonomy	Kindness of strangers	No joy in running studio
BA				BA	BA	BA	BA	BA	BA	BA	BA	BA	BA	BA			BA					
BM	BM	BM	BM		BM		BM			BM		BM			BM	BM	BM	BM	BM	BM		
BN	BN	BN	BN	BN	BN	BN	BN	BN	BN	BN	BN		BN	BN		BN	BN	BN	BN	BN	BN	
BR		BR	BR		BR	BR	BR	BR	BR				BR	BR		BR				BR		
BY	BY	BY	BY		BY	BY	BY	BY						BY		BY			BY	BY		BY
CG		CG		CG			CG			CG			CG		CG						CG	
CT	CT	CT	CT	CT	CT	CT	CT			CT	CT				CT	CT	CT			CT		CT
EC	EC	EC	EC	EC	EC	EC	EC	EC		EC				EC		EC	EC			EC	EC	
	EH	EH	EH						EH	EH		EH	EH	EH	EH	EH				EH		
FM	FM					FM	FM	FM	FM						FM	FM	FM					
KC	KC	KC		KC	KC	KC		KC					KC					KC		KC		
		KK	KK	KK	KK	KK	KK	KK	KK			KK	KK			KK	KK	KK	KK			
	KM	KM													KM							
KZ	KZ	KZ	KZ				KZ	KZ	KZ												KZ	KZ
ML	ML	ML				ML		ML	ML			ML				ML	ML			ML		
							MN	MN		MN			MN			MN					MN	MN
	MT					MT	MT	MT	MT									MT	MT	MT		
MU		MU	MU	MU	MU		MU		MU	MU			MU	MU	MU	MU	MU			MU	MU	
ND						ND	ND						ND			ND	ND			ND		
NP		NP			NP					NP				NP		NP	NP		NP			
SD				SD		SD		SD		SD	SD						SD		SD			SD
SH	SH	SH	SH	SH	SH	SH	SH	SH		SH			SH	SH		SH	SH	SH	SH	SH	SH	
ST		ST				ST	ST	ST					ST	ST		ST	ST	ST	ST	ST	ST	
16	13	17	11	10	12	15	17	15	10	12	4	5	12	10	7	15	13	7	9	14	8	5

BY: Not given any choices pre-op. Drs. “motivated by pressure from insurance”.

9																						
Felt infant-ilised in dance	Expe-riential voice ignored	Person-ality change	Fell out of love	Gyro-tonic Pilates PBT, Chiro	Wound-ed Healer	Dancers are so employ-able	Feel like a loser	Dep-riva-tion of move-ment	Pain graduall y recedes, never ceases	No-one under-stands till they live it	Coul d not sleep for pain	Uses the exper-ience in teach-ing	Coache s Individ-ual waifs &strays. .	You can be re-placed	Emo-tional strug-gle as dancer	You teach me about mysel f	Therap y must edu-cate & explain	Cour-ageous approac h to new under-takings	Flo w	Aca-dem-ic	Saw many perfs, knew danc-ers. Love d that.	5-6 days a week
	BA		BA			BA				BA	BA			BA							BA	BA
	BM				BM		BM		BM			BM			BM			BM				BM
BN	BN	BN	BN	BN	BN	BN	BN	BN	BN	BN	BN				BN						BN	BN
BR		BR	BR			BR						BR	BR	BR	BR			BR	BR		BR	BR
		BY	BY	BY	BY					BY		BY				BY		BY		BY		BY
				CG							CG			CG				CG		CG		
CT	CT	CT	CT		CT	CT			CT	CT	CT	CT	CT	CT	CT	CT	CT	CT	CT			CT
	EC	EC			EC	EC	EC	EC	EC	EC	EC	EC	EC	EC	EC		EC	EC	EC			EC
												EH					EH					EH
FM					FM		FM							FM	FM					FM		
		KC		KC				KC	KC	KC					KC		KC	KC	KC	KC		KC
KK	KK					KK	KK					KK			KK			KK	KK	KK		KK
					KM						KM			KM				KM		KM		KM
		KZ		KZ		KZ					KZ	KZ			KZ		KZ	KZ	KZ	KZ		KZ
ML	ML		ML	ML								ML		ML	ML			ML		ML	ML	ML
	MN	MN	MN			MN	MN	MN		MN	MN			MN	MN		MN	MN				MN
MT		MT		MT		MT	MT			MT				MT	MT			MT		MT	MT	MT
MU	MU	MU	MU			MU	MU			MU		MU		MU	MU					MU		MU
				ND		ND					ND	ND	ND				ND					ND
	NP	NP						NP	NP	NP	NP								NP	NP	NP	NP
	SD	SD	SD	SD		SD						SD			SD			SD			SD	SD
	SH	SH		SH	SH			SH		SH	SH	SH					SH	SH			SH	SH
ST		ST	ST	ST	ST	ST		ST	ST		ST	ST			ST			ST		ST		ST

9	12	14	10	13	9	13	8	7	7	11	12	14	4	11	16	2	8	16	7	12	8	19

Appendix C, composite One Sheet Of Paper (OSOP) graphics of entire sample

In this Appendix, I provide thumbnail versions of the OSOP thematic panel graphic for all 23 participants, showing the discrete emphases and priorities of each individual. Comparison of these graphics shows that many themes recur across the sample. (The thumbnails can be expanded for closer inspection by using the + symbol of the computer screen magnifier).

FIGURE 11: BM OSOP

FIGURE 10: BA OSOP

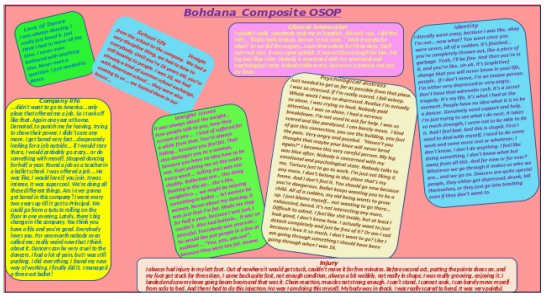


FIGURE 12: BN OSOP

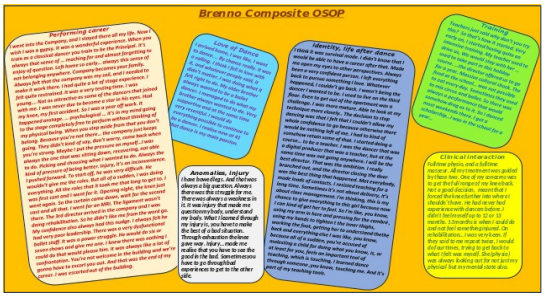


FIGURE 13: BR OSOP

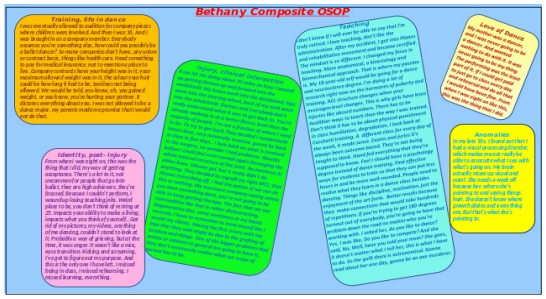


FIGURE 14: BY OSOP

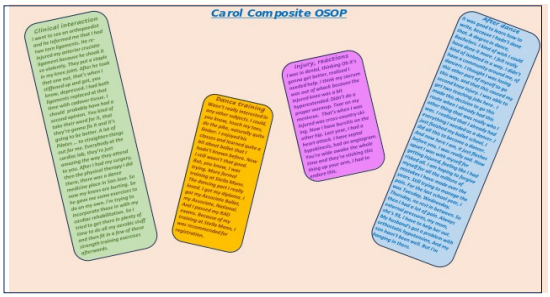
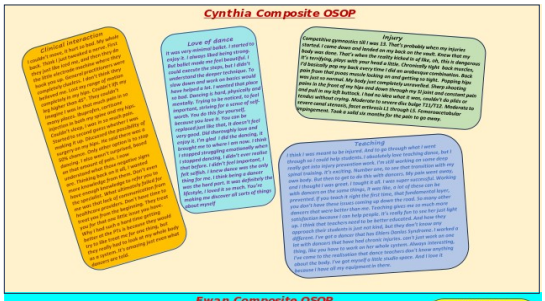


FIGURE 15: CG OSOP



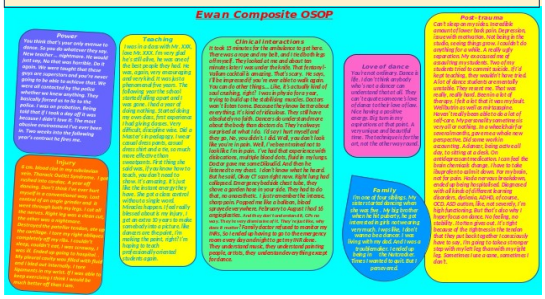


FIGURE 17: EC OSOP

FIGURE 16: CT OSOP

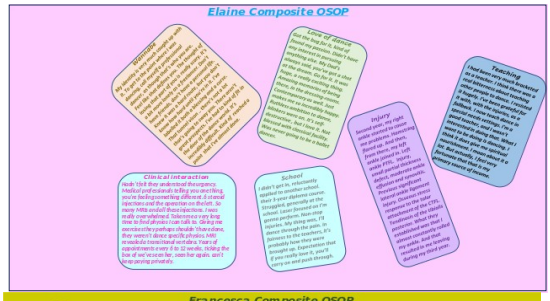


FIGURE 19: FM OSOP

FIGURE 18: EH OSOP

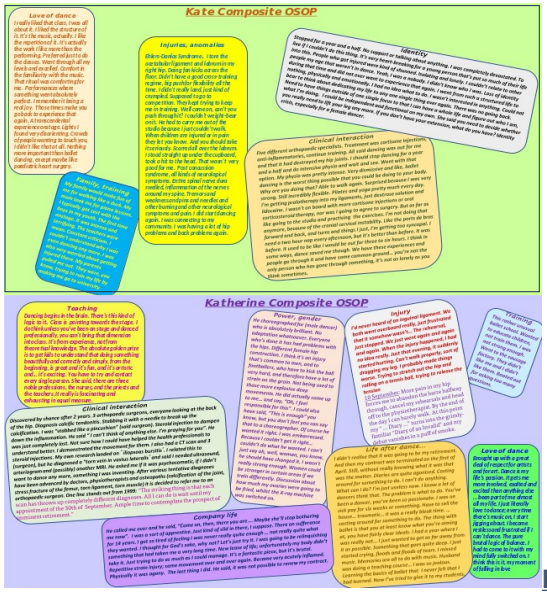


FIGURE 21: KK OSOP

FIGURE 20: KC OSOP

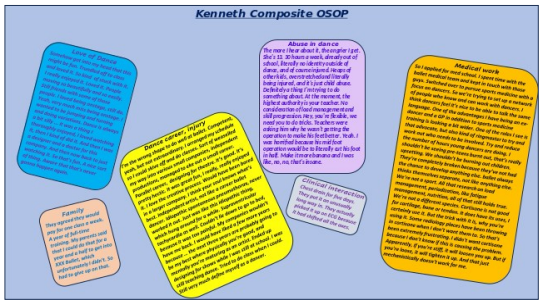


FIGURE 22: KM OSOP

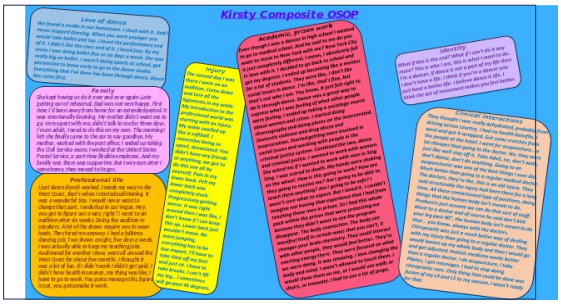


FIGURE 23: KZ OSOP

FIGURE 24: ML OSOP

FIGURE 25: MN OSOP

FIGURE 26: MT OSOP

FIGURE 27: MU OSOP

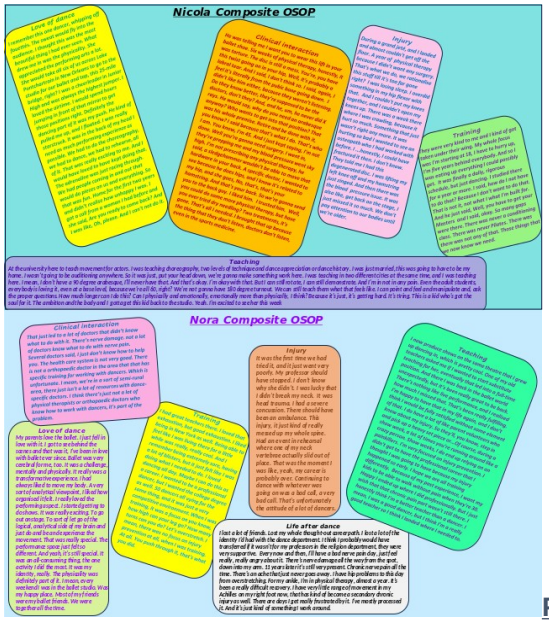


FIGURE 29: NP OSOP

FIGURE 28: ND OSOP

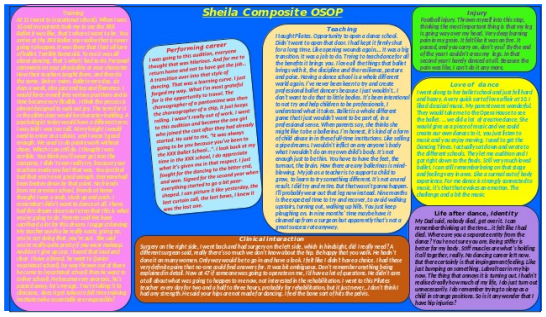


FIGURE 30: SD OSOP

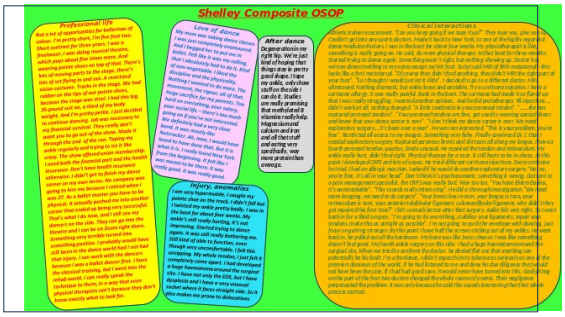


FIGURE 31: SH OSOP

FIGURE 32: ST OSOP

Appendix D, copy of recruitment text for social media

TABLE 7: RECRUITMENT TEXT FOR SOCIAL MEDIA

I'm a former dance professional. I've spent my life working internationally with top ballet companies. My damaged back has ended my career; I can't teach or dance any more. I'm now at Oxford, studying elite dancers whose career ended due to injury or illness. Would you help? If you know of a former professional dancer in this situation, could you pass my email address on to them? If they agreed, I'd very much like to talk to them. I record interviews with them, discussing their injury experience, and how they felt about it. I'll use the results to suggest improvements to dancer-clinician dialogue. They'll be anonymous. Afterwards we'll present the results at a webinar – we're really interested

to hear their feedback.

If you know of someone who's had this experience and is willing to talk, please ask them to contact me. Thank you very much.

Jeremy Leslie-Spinks

Nuffield Department of Primary Care Health Sciences

jeremy.leslie-spinks@gtc.ox.ac.uk

Appendix E, copy of recruitment email for dance institutions

TABLE 8: RECRUITMENT EMAIL FOR DANCE INSTITUTIONS

Good afternoon.

I am a former professional dancer, ballet-master, choreographer, and director. I have spent over 50 years working in major international ballet companies before being obliged by a degenerative spinal condition to retire from my active career.

Having been awarded the Rosamund Snow Scholarship for Patient-Led Research at Green Templeton College at the University of Oxford, I am now writing a DPhil thesis, researching the topic of damaged dancers/performers and the communication difficulties which may arise between them and their doctors. To do this, I need to reach out to dancers who have sustained career-terminating injuries, and who would be willing to talk to me over a series of three recorded interviews about their lived-body experience of injury and treatment.

I am hoping to propose interventions which would help injured dancers convey their plight and needs, and help doctors who may be unused to dancers' peculiarities to find a common language with these most specialised patients.

I write to ask whether you might be able to help me by publicising my study, and to advise interested injured dancers how to get in touch with me. If you were able to help me by doing this, I should be most grateful. I can provide contact details, as well as complete background material and whatever further information you may require.

I should point out that all participants in the study will enjoy the utmost confidentiality, and their identities and data will be scrupulously protected throughout and after completion of the study. The Medical Sciences Division of the University has granted me ethical approval for this research.

I hope very much that you will be able to help me, and I look forward to hearing from you in due course.

I am most grateful for your attention.

Warmest good wishes,

Jeremy Leslie-Spinks
+44 7766 439190

Appendix F, copy of Participant Information Sheet

TABLE 9: PARTICIPANT INFORMATION SHEET

Nuffield Department of Primary Care Health Sciences,
Radcliffe Primary Care Building,
Radcliffe Observatory Quarter,
Woodstock Road,
Oxford. OX2 6GG.
Tel. 01865 617855

Principal Investigator: Professor T. Greenhalgh
trish.greenhalgh@phc.ox.ac.uk
Tel. 01865 289293
Primary Researcher: Jeremy Leslie-Spinks
jeremy.leslie-spinks@phc.ox.ac.uk
Tel. 01865 617855

22nd October, 2021

Painsong: A narrative study of career-changing injury and illness in elite ballet dancers, with implications for clinicians

PARTICIPANT INFORMATION SHEET, Version 1.0

Central University Research Ethics Committee Approval Reference: [Insert]

You are being invited to take part in a research project. Before you decide, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information. Take time to decide whether you wish to take part.

Why is this research being conducted?
Professional dancers live with constant fatigue, stress, and injury. Long-term injury or illness can destroy their careers, even their concept of self, causing severe distress. Their specialised work, movement range, physicality, nutrition, and lifestyle, may seem mysterious to many clinicians. Frustration, incomprehension, and distrust frequently arise – injured dances also fear losing their jobs, isolation, and loss of identity. I know this situation. My fifty years as a dancer and ballet-

master with major companies were ended by a degenerative spinal condition.

There has not been much research on the lived experience of career-limiting illness or injury in these performers. My study uses extended biographical narrative interview, in which the participant tells the story of their life, their dancing career, their illness/injury and how they were affected by it, allowing the illness to be explored and understood from the patient's perspective.

The study will be used to design future educational programme for clinicians, to enhance mutual awareness, and communication between specialist patient populations and their clinicians.

Why have I been invited to take part?
You have been asked to be part of this study because of your specialist background as an elite performer and your experience of the injury or condition which ended your career. Up to 30 others with similar characteristics and qualifications will be invited to participate. To be included in the study, all participants must be at least 18 years old and be able fully to understand, and provide their informed consent to, their involvement.

Do I have to take part?
No. It is up to you to decide whether or not to take part. You can withdraw yourself from the study, without giving a reason, and without negative consequences, by advising us of this decision. The deadline by which you can withdraw any information you have contributed to the research is the 1st of January 2023. After this date, should you decide to withdraw, no new data will be collected from you. Any data which you have already given us before your withdrawal will be retained by us and may be used in the study.

What will happen to me if I take part in the research?

- The research will consist of interviews online, and we will arrange them to fit in comfortably with your schedule. With your consent, I would like to video record our conversations, because comparing and analysing your interviews with those of other participants will help me to identify common aspects of the experience. This will allow us to work out ways to improve communication between performers and their clinicians, for the sake of future injured dancers.
- We will ask you to sign a form confirming that you have read the information we are providing on this Participant Information Sheet, and that you freely give your informed consent to participation in the study.
- I shall ask for three separate recorded conversations with you, which I shall then transcribe.
- In the first interview, I will go through the points mentioned in this Participant Information Sheet, answer any questions you may have, and clarify any areas of uncertainty. This will also be a chance to discuss any suggestions or ideas you may have about the study.
- For the second interview, I shall ask you to talk about your life, how you came to choose dance as a profession, your experiences as a dancer, the injury or illness which caused you to stop dancing, your feelings as a patient and how you have got on since than. This conversation may last between 45 and 75 minutes. Of course if you need a break during that time we will pause for as long as necessary. I will be happy to send you the written transcript on request.

- At the third interview we will talk about any areas of uncertainty, your feelings about the study as a whole, and whatever feedback you may wish to offer.
- You can ask to pause or stop the research activities at any time.
- When the study is complete, we will hold a webinar summarising our work, to which everyone who takes part will be invited, and where we'll be happy to answer questions.

What are the possible disadvantages and risks in taking part?
If you consent to become involved in the study, you will be giving us enough of your time for the three interview recordings listed on Page 2 (paragraph 4). There are no foreseeable disadvantages, discomforts or risks attaching to your participation. Your identity will remain confidential, both during and after the study.

Are there any benefits in taking part?
While there are no immediate benefits for those people participating in the project, it is hoped that this research will lead to proposals to enhance communication between dancers (and other top-level performers) and the clinicians who treat them.

Expenses and payments
You will be compensated for reasonable travel costs or other unavoidable expenses such as childcare, as agreed in advance with us.

What information will be collected and why is the collection of this information relevant for achieving the research objectives?
As I have explained on Page 2 (paragraph 4) of this form, the data we shall need to collect from you will be in the form of three video recordings, and the information you give us will be made anonymous and identifiable by means of a code, accessible only to the research team. In addition, there will be the details which you provide in the signed Informed Consent document. These data will be archived and securely stored in a secure data repository, with the University of Oxford as the data controller. There can be no unauthorised access to this secure data storage.

We will give your data an anonymous code, so that material in or connected with the study will not identify you. We will keep your personal data for the statutory period of three years from the date of publication of the thesis, and then it will be destroyed. Identifiable data (including consent forms) will be stored using the University's secure SHAREPOINT ONLINE data repository. Other research data will be stored for a minimum of three years after publication or public release of the work of the research.

The researcher and research team, supervisor, and other authorised personnel will have access to the research data.

Research data may be transferred to, and stored at, a destination outside the UK and the European Economic Area. Identifiable data will be removed whenever possible and any data transfer will be done securely and with a similar level of data protection as required under UK law.

We would like your permission to use this data in future studies, and to share this with other

researchers (e.g. in online databases). Insofar as this is possible and feasible, all data which could identify you will be removed or encrypted.

Will the research be published? Could I be identified from any publications or other research outputs?
The findings from the research will be written up in a thesis, and may appear in academic publications, conference presentations, a report commissioned by an external organisation, websites, videos etc. This will be done in a way which makes it impossible to identify you as having taken part.

We would like your permission to use direct quotations, but without identifying you, in any research outputs.

A copy of my thesis will be deposited both in print and online in the Oxford University Research Archive where it will be publicly available to facilitate its use in future research.

Data Protection
The University of Oxford is the data controller with respect to your personal data, and as such will determine how your personal data is used in the study. The University will process your personal data for the purpose of the research outlined above. Research is a task that is performed in the public interest. Further information about your rights with respect to your personal data is available at https://compliance.admin.ox.ac.uk/individual-rights.

Who has reviewed this study?
This study has received ethics approval from a subcommittee of the University of Oxford Central University Research Ethics Committee. (Ethics reference: **xxxxx)**. .

Who do I contact if I have a concern about the research or I wish to complain?
If you have a concern about any aspect of this study, please contact **Jeremy Leslie-Spinks**, Tel. 01865 617855 (jeremy.leslie-spinks@pch.ox.ac.uk), or **Professor T. Greenhalgh**, Tel. 01865 289293 (trish.greenhalgh@phc.ox.ac.uk) and we will do our best to answer your query. We will acknowledge your concern within 10 working days and give you an indication of how it will be dealt with. If you remain unhappy or wish to make a formal complaint, please contact the Chair of the Research Ethics Committee at the University of Oxford who will seek to resolve the matter as soon as possible:

The Chair, Medical Sciences Interdivisional Research Ethics Committee;
Email: ethics@medsci.ox.ac.uk; Address: Research Services, University of Oxford, Boundary Brook House, Churchill Drive, Headington, Oxford OX3 7GB .

Further Information and Contact Details
If you would like to discuss the research with someone beforehand (or if you have questions afterwards), please contact:

Jeremy Leslie-Spinks,
Nuffield Department of Primary Care Health Sciences,
Radcliffe Primary Care Building,
Radcliffe Observatory Quarter,
Woodstock Road,

Oxford OX2 6GG.
Tel. 01865 617855
jeremy.leslie-spinks@pch.ox.**ac**.uk

Appendix G, Literature References adduced in Chapter 2

TABLE 10, REFERENCED AUTHORS (CHAPTER TWO) COMMENTARY

Authors	Date	Study design	Sample size	Relevant findings
Ackard, Henderson & Wonderlich	2004	Questionnaire	546	Childhood dance participation may influence eating behaviours in adulthood-
Agledahl et al	2011	Qualitative hermeneutical analysis	101 consultations by 71 clinicians	Patients feel offended when their existential concerns are ignored, by doctors primarily concerned with biomedical issues.
Alexias & Dimitropoulou	2011	Qual. study of embodiment among dancers	20 female dancers	Professional dance appears to affect dancers' perceptions of self and body.
Alimena & Air	2016	Survey	45 professionals, 35 students	Dancers manifest lower trust in physicians than in PTs , affecting behaviour when seeking healthcare.
Anderson & Hanrahan	2008	Quantitative, using questionnaires, surveys	51 dancers (M=17,F=34)	Dancers' assessment of pain, coping strategies. Proposed intervention, discrete pain types.
Arcelus et al	2014	Systematic analysis	33 studies 1966-2013	Dancers risk 3x of eating disorders higher than controls. Anorexia nervosa and EDNOS cited.
Arnaldi	2022	Essay	Not given	Illness as foreignness and alienation in patients and doctors, with misinterpretation & mistakes.
Aujla, Nordin-Bates & Redding	2014	Longitudinal interdisciplinary research into talent development	800	Teacher behaviour impacts motivational climate. Ego-orientation associated with negative perceptions effects – task-orientation with positive.
Baena	2017	Literary analysis	2	2 case studies of identity strategies as affirmative models for coping with disability and illness.
Bakker	1991	Longitudinal 2-year questionnaire study	52 + 33	Dance sub-culture appeals to a distinct type: introverted, emotional, achievement motivated.
Baldwin et al	2021	Online non-probability survey	202	"…dance-related pain and injuries largely left untreated = risks, such as chronic MSK injuries.
Barry et al	2001	Discourse analysis	62 cases studies of patients, 20 doctors	Communicative Action Theory om medical interaction reveals conflict between the voice of medicine and that of the lifeworld.
Benn & Walters	2001	Qualitative empirical questionnaire study of dancers' nutrition culture	10 students, 8 professionals	Nutritional education deemed inadequate, body image as power-and-gender-based inequities .

Bontempo	2022	Quantitative assessment effects of symptom invalidation by clinicians	609	Quantitative confirmation of previous qualitative findings. Symptom invalidation may contribute to reduced self-esteem & greater patient depression.
Brenke et al	1996	Case study	1	Papillary nephrosis and chronic kidney disease from habitual diuretic and laxative abuse-
Brewer & Petitpas	2017	Overview of athletic identity foreclosure	Not given	Theoretical underpinnings, role of sport participation, consequences, recommendations.
Bronner & Bauer	2018	Retrospective review of a prospectively designed cohort study	180 dance students	Study provides information on influence of 4 risk factors as injury predictors, and confirms importance of pre-season screening.
Buckroyd	2000	Book	Not given	Experientially-grounded reflections on trainee dancers' emotional welfare and development .
Bury	1982	Qualitative analysis of semi-structured interviews	30 chronic RA pats. (25 F, 5 M).	Extent and significance of biographical disruption arising from long-term musculoskeletal illness.
Byhring & Bø	2002	Prospective study of MSK injuries in classical company	41 dancers	Inconclusive results in terms of demonstrating causative factors in high incidence of injury.
Byrne & McLean	2002	Interview study of eating disorders in male and female athletes	526 (263 athletes, 263 non-athletes)	Only thin-build athletes group are at increased risk of developing eating disorders. the risk involves sport which emphasises thinness or low weight.
Cassell	1998	Reflective study of suffering occurring as a result of medical treatment	Not given	Paper on suffering caused by treatment of the sick, failure of understanding because we artificially circumscribed our task in caring for the sick.
Chaikali et al	2023	Questionnaires on body composition, disordered eating in dance students.	90 F adolescent (46 dance 44 non-dance controls)	Adolescent students of classical ballet should be helped to understand healthy nutritional behaviour and ways to control body-weight.
Charon et al	2008	Exploration of the history & nature of narrative medicine	Not given	Advocating for "A narrative vision for health care"
Clark & Markula	2017	"A case study of discipline & docility in the ballet studio".	11 female dance students	Ostensible correspondence between Foucauldian "Docile Bodies" concepts & physical, spatial & procedural features of ballet training.
Clements & Nordin-Bates	2022	Thematic analysis of interviews with professional choreographers.	8 choreographers, aged 28-42 (F=4, M=4).	Autonomy is seen as fundamental to creativity, and autonomy thwarting or encouragement produced marked effects.
Clements & Nordin-Bates	2024	Interviews on psych. experiences contributing to engagement & well-	25 (8 students, 17 professionals)	Key themes were intrinsic motivation to dance, psychological characteristics in the dancer, and basic

		being.		psychological needs satisfaction in dance.
Critchley et al	2023	Prospective cohort study of factors in dance-related injury in pre-prof. dancers.	452, aged 11-21 years. (F=399,M=53)	Limb-specific lumbopelvic control, dynamic balance tasks & previous self-reported injury are significantly related in injury predictors.
Crow	2020	Series of short case studies of ballet classes.	10 classes in discrete training contexts	Reflections on dance pedagogy
Cumming et al	2024	Survey of abuse allegations in dance		…safeguarding needed to raise awareness of abusive practices in dance and clinical implications of abuse to dancers' health and well-being.
de Mille	1962	Autobiography	1	Narrrative of lived experience
Diehl	2013	Short article in specialist dance publication..	Not given	Brief musings on the presence, significance and latent disadvantages of mirrors in dance studios.
Dijkstra et al	2021	Concept analysis process, of risk associated with primary cam morphology.	88 articles Dec. 2016 or earlier, 23 for 2017/18	.Experts need to agree on the new taxonomy, terminology and definition a bog- standard bump or possible hip disease burden in a selected few."(p.1)
Dotson	2011	Analysis of epistemic violence, pernicious ignorance &reciprocity.	Not given	An attempt to consider epistemic violence inflicted through silencing, pernicious ignorance and speaker dependency.
Donti et al	2021	Questionnaire on eating disorder and perfectionism in adolescent gymnasts	89 female rhythmic gymnasts	"International level, adolescent rhythmic gymnasts show more eating pathology than recreational."
Dotti et al	2002	Questionnaire on eating behaviours of students at a dance academy in Rome.	160 ballet students	Calorie intake insufficient to daily nutritional requirements for physical activity. Food, weight and body image concerns increased with age.
Dyer	1993	Reflections on the heterosexual ideal in musicals	Not given	Perspectival musings on the ubiquity of heterosexuality in film musicals, categorised as three separate types of relationships.
Ekegren et al	2014	Study evaluating rates and risks of injuries in pre-professional ballet dancers	266 (F=154, M=112) students aged 15-19.	Participants had a similar injury rate but a higher risk of injury. May be due to high level of training exposure in pre-professional ballet students.
Engman	2019	Experiences of solid organ transplant recipients and biographical disruption.	36 post-operative transplant recipients.	The illness experience is not an experience of illness, but of how illness features interact with orientation towards the world and life narrative..
Erikson	1969	Collection of essays from 1959.	Not given	Psychosocial identity within the developmental logic of the human life cycle – as conceived in the 1940's and 1950's."(p.13).
Ezrahi	2021	Autobiography	1	Narrative of lived experience.
Farnsley	2022	Entrenched Inequality:	Not given	Historical perspective on specific

		Hierarchy, Hegemony, & Gender in Ballet"		examples of gender and power abuse in ballet companies, from the Paris Opera in the 19th century to today.
Fietze et al	2009	Quantitative study on sleep-wake rhythm and quality prior to a ballet premiere.	24 professional ballet dancers	Individual activity-rest schedules, including daytime naps, may be helpful, especially during training and rehearsal prior to premieres.
Flower	2016	Qualitative study of dancers' spiritual experience during peak performance.	7 former dancers	Self-reported findings small sample, suggesting positive impact of the 'flow' experience mediated by discrete individual reaction.
Foucault	1984	Book of diverse collected Foucault writings	Not given	Foucault's reflections instilling and maintaining discipline in French 17th century military training.
Fraleigh	1987	Book – a Descriptive Aesthetics	Not given	Phenomenology of dance.
Frank et al	2013	Autobiography	Not given	Taxonomic continuum of 3 discrete but sometimes overlapping types of illness narratives
Frederickson & Roberts	1997	Theory of consequences of a culture that sexually objectifies the female body.	Not given	Theoretical evidence of the potential for harm to women and girls of the practice of objectification.
Fricker	2017	Reflections of evolving concepts of epistemic injustice	No given	Cautiously optimistic musings on possible improvements in the philosophical climate surrounding epistemic and hermeneutical injustice.
Georgopoulos et al	2004	Bone growth, weight & pubertal development in adolescent gymnasts.	Not given	Moderate physical activity associated with CV benefits & favourable changes in body composition. Conversely, extensive physical training may negatively affect growth, esp. in puberty.
Green	2003	Foucauldian influences on the training of dance students in conservatories	5	Researcher concludes that the imposition of Foucauldian concepts on dance may be to some extent both voluntary and ineluctable.
Gregory & Interiano-Shiverdecker	2022	Exploration of ballet culture and identity and their impact on dancers' mental health.	8	4 themes on dancers' mental health. Suggestions for therapists on need for awareness of ballet culture's impact on identity & mental health.
Gvion	2008	Study of anorexia in Israeli dancers.	12 conservatoire students	The extent to which young dancers commit to dance and its risks should be understood as a struggle for a professional identity.
Hallberg	2017	Autobiography	1	Narrative of lived experience.
Heiland et al	2008	Quant/qual study of body image & self-esteem issues among	89 university dance students	Dancers' attitudes, messages about ideal bodies and lived experience -- tension between

		dancers in LA.		image of healthy dancer's body & slender ideal.
Hefferon & Ollis	2006	Interpretive phenomenological analysis of dancers' flow experience.	9 (F=5, M=4)	Experience of flow for professionals Information on facilitators & inhibitors of an environment to facilitate flow experience for elite dancers.
Hincapié & Cassidy	2010	Systematic review of dancers' DE, menstrual disturbances, and low BMD.	23 studies	DE, menstrual disturbances, and low BMD are important issues for dancers. Future research would benefit from better study designs & reporting
Horwitz et al	2015	Quant study of dance achievement & alexithymia.	5,431	Dance activity and training seem to be involved in the body's emotional interplay with others.
Jeffri & Throsby	2006	"Sample surveys of career change challenges for the individual dancer."(p.1).	Not given	Conclusions heterogeneous and inconclusive.
Johnston et al	2018	Quant pre-and-post-test study of perfectionism was a predictor of ED.	175	Perfectionism is significantly associated with eating disorder symptoms in children and adolescents.
Kaufman	2019	See below	See below	See below
Kaufman	2020	Autoethnographic overview of sexual & power abuse in musical theatre dancers.	Not given	Reveals contradictions inherent to the hierarchies of worker abuse implicit in the current US cultural assessment of sexual harassment."
Kelman	2000	Dancers' occupational hazards: emotional, psychological, personal, economic, physical.	Not given	Ballet companies need health insurance & specialists in dance/sports medicine, healthcare providers awareness of dancers' struggles & time constraints, gov't-supported disability insurance for injured dancers.
Kirkland & Lawrence	1986	Autobiography	1	Narrative of lived experience.
Kleiber & Brock	1992	Investigation of factors contributing to a positive exit from sport	Not given	Those invested in playing professional sport show lower self esteem and life satisfaction later. Such disruption needs interpretive research.
Kleinman	1988	Psychological impacts of chronic illness.	Not given	Thorough and sensitive exploration underlining the importance of clinician-patient communication.
Kozai et al	2020	Quant survey, effects of daily workload & rest profiles of professionals.	128	Fatigue and overwork are principal causes of injury, yet, dancers engage in voluntary physical activity outside their work, a finding requiring investigation.
Krakkóné, Szási and Szabó	2021	Health, body satisfaction, ED, body investment & self-esteem in adult	Not given	(An intervention programme may help dancers to improve health, endurance, body image, and self-esteem. ED prevention must be a

		dancers		priority.
Kristeva et al	2018	Qual MedHum exploration f of the tensions between “health” and “healing”	None given	Proposals for a consensual rethinking of the shape and functions of the medical humanities.
Lai et al	2008	Questionnaires on communication between med practitioners & dancers	202	Many healthcare professionals with little dance knowledge, have limited communication with dancers.
Lakes	2005	Essay, based on autobiographical recollections.	Not given	Some teachers engage in the very power relationships they label unjust & inhumane. A discussion of authoritarian pedagogical legacy
Lampe et al	2019	Performance & injury pain, pain perception &pain management in dance.	None given	Pain perception, coping & history connected to mechanical stress & to socialization in dance. Health effects associated with dancers’ pain characteristics & behaviour.
Marcia	2002	Psychosocial development seen through Erikson’s polar alternative resolutions. Status & identity discussed.	2 case studies	Informed by Erikson’s developmental outline and was consistent with his contextually focused (i.e., psychosocial), relationally based theory.
McCormack et al	2004	Hypermobility & BJHS in ballet dancers, exploring effect on a dance career.	71 professionals, 149 students, 67 controls.	Hypermobility and BJHS in professionals & students. Lower frequency & higher arthralgia rates in young female dancers, suggesting negative influence of BJHS with implications for training.
McCormack	2022	ROM and functional movement control (FMC) tests trialled on new vocational ballet students	18 ballet students (16 – 17 years)	“Proposal for ballet-specific screening tool for vocational schools. Requiring pre-use confirmation of testing for reliability.
McEwen & Young	2011	Ballet culture, and risk-taking behaviours, affecting dancers health.	15 professional and student dancers (F=13).	Ballet as a ‘culture of risk’, trivialising pain & injury, bringing crisis, loss, shame, guilt & anxiety through unhealthy conventions.
Meredith	2015	Case studies of creativity as a response to bullying in a vocational school.	2	Ways for students, teachers and researchers to address bullying by inspiring physical creation rather than physical destruction.
Miller et al	2021	Quant study of pain attitudes in Phy Ed students at a UK university	301 (F=156)	Preliminary quant study of ways in which “risky” pain attitudes might persist in sport across generations.
Milne and Keeley	2022	Longitudinal study using IP Analysis of 18 interview with female dancers aged 20-26.	10	Premature involuntary career loss due to deselection produces strong, long-term negative feelings and emotions in those affected.
Mitchell et al	2016	How teachers perceive social stimulus value of the female ballet	10 (F=9)	Puberty collide with career requirements for ballet. Teachers could moderate expectations.

		body.”		
Mitchell, Haaase & Cumming	2021	Qual study of effects of on-time maturation on female vocational ballet students	28	Implications of on-time maturation in ballet are complex, unlike trajectory in early maturing ballet dancers or on-time non-dancers.
Mitchell and Clements	2021	How dancers construct adolescence impacts upon dance experiences.	None given	Dance students depend heavily on their teachers’ reactions. This vulnerability is critically important and must be sensitively handled.
Moola & Krahn	2024	Case study of physical, emotional, & sexual trauma in a ballerina's life.	1	Discusses Substance Abuse and Mental Health Service Administration (SAMHSA) trauma-informed principles & post-colonial trauma studies.
Moola & Krahn	2018	Examines power relations affecting the body Canadian professional ballet.	20	Negative experience characterized dancers’ experiences; we shed light on backstage secrets & silences of these private ballet worlds.
Morgan	2008	The doctor-patient relationship. Approaches to decision-making.	Not given	Although patient-centred medicine is accepted, how doctors involve patients as partners seeking concordance and shared decision-making.
Muehlenkamp & Saris-Baglama	2002	Testing self-objectification, DE & depressive symptoms In undergraduate women.	384	Self–objectification’s relationship to DE & depressive symptoms, relationship between self–objectification and bulimic symptoms.
Neimeyer et al	2002	Sociological, psychological & psychiatric analysis of grief & mourning.	None given	Attempt “to understand the role of bereavement as both an impediment and spur to human growth and fulfilment.
Nimmon & Stenfors-Hayes	2016	How power is perceived & exerted in the physician-patient encounter.	30 physicians	“Physicians enact ethical therapeutic communication through reflective, effective, use of power in clinical encounters.”(p.1)
Nordin-Bates et al	2011	“Correlates of DE attitudes in among young talented dancers aged 10–18	347 (F=261)	Correlates of DE: perfectionism, poor sleep overexercising, & menstrual dysfunction. Future research should include more males.
Novack	1993	Ballet is both institutional & ideological. Ballet history affects the present.”(p.34)	None given	Commentaries on gender in ballet by people close to the profession evidence the interaction of ideas, events & institutions in gender definition.
Osler	1892	1890s textbook of rules of physician deportment, prescribing imperturbability.	None given	Set the template for lack of physician empathy for patients for the coming 30 years.
Paglione et al	2023	Student dancers’ pain & injury in relation to ballet culture & social support.	12	How sociocultural influence & support shapes pre-professional ballet dancers’ experiences. Strategies to better support health and wellness.

Panov & Feifer	1978	Autobiography	1	Narrative of lived experience.
Paschali & Araújo	2023	Health and wellbeing among dance students, using unstructured interview.	10 (F=6)	Role of HE institutions in providing effective health education & provision, supporting dancers in developing & sustaining a healthy career.
Peabody	1927	Rebuttal of Osler's dictum of physician detachment & aloofness from the patient.	None given	Peabody's famous dictum, delivered to med students: "The secret of the care of the patient is caring for the patient".
Petitpas et al	2012	Transitions that performers face as they end their careers.	None given.	Conceptual & theoretical frameworks, developmental factors; psychological reactions suggestions & ethical considerations .
Pickard & Bailey	2009	Nature & consequences of crystallising experiences ballet dancers, aged 9-15.	63	Crystallising experiences can have an important and powerful impact on dancers' identification with a particular domain & their development within it.
Pickard	2012	Construction and narration of young ballet dancers' bodies to become *habitus*.	12	Young dancers must accept emotional and physical suffering for ballet, as they learn to deny, re-frame or suppress negative emotions.
Pickard	2013	Perceptions & beliefs of an ideal ballet body by young ballet dancers.	12 (F=6)	Dancers' body and habitus is produced & maintained through strong connection between the size, shape & aesthetic of the ballet body & identity
Pilnick	2023	Need more or 'better' staff training , not more fundamental questions.	None given.	Medical expertise can be rehabilitated & patient expertise better incorporated into service co-design and co-production..
Potter	2008	Focus on the senses as a complex of interconnected, cultural identity.	None given	Reflective autoethnographic study of sensory engagement as a fundamental principle in the act of dance
Price & Pettijohn	2006	Investigating the effects of dance attire.	38 female ballet dancers	Lower self- and body-perception ratings in the leotard with tights, compared to the loose-fitting clothing. Implications for effects of required attire.
Ohashi et al	2023	Whether degree of body dissatisfaction corresponds to severity of DE, & how ballet identity corresponds with adolescent dancers' ideal body size	188 adolescent female dancers	Desire for smaller body sizes correlates with more severe DE endorsement & stronger ballet identity. Instructors and clinicians may consider assessing the extent to which individuals identify as a ballet dancer as a risk factor for DE & encourage young dancers to nurture other identities beyond ballet."
O'Neill et al	2013	Talented full-time school athletes' perspectives of the pressures to perform	19 high-performance school age athletes.	Participants wanted both their education & sport, as these connect identity, purpose & well-being. Policy & practice

		in these two different arenas.		implications for are discussed, to define an ‘athlete friendly school’. Suggestions to optimise athletes’ lives.
Ravaldi et al	2006	Evaluating relationships between gender role, eating behavior, & body image in female student dancers.	110 female ballet dancers, 59 controls	An ideal of leanness could interfere with gender role acquisition. Ballet dancers seem overconcerned with performance; this could reinforce the internalization of typically male constructs.
Rip, Fortin & Vallerand	2006	Do dancers exhibit distinct injury profiles & injury-related coping behaviors as due to dance passion?	81 student dancers	Obsessive dance passion as a risk factor for chronic injury. Harmonious passion is the more optimal motivational foundation for long-term, healthful involvement in dance.
Risner	2002	Autoethnographic overview of male homosexuality in dance.	None given	Educator’s actions may cause shame, humiliation, or embarrassment for gay dancers.. . what we do not say is just as important as what we do.
Risner	2014	Bullying & harassment of t male dance students (ages 13–18) in the United States.	33	Bullying in the general & sexual minority populations are discussed. Pragmatic and critical approaches are presented.
Rönkkö et al	2007	Comparison of MSK complaints prevalence between retired Finnish dancers & non-dancers	69 retired Finnish dancers, 631 non-dancer controls.	The risk increased in dancers as compared to non-dancing controls. Dance retirees are still relatively young & active -- pain-free life quality should be guaranteed as much as possible. Dancers’ health &disability should be considered during their career
Roncaglia	2010	Qualitative study of two case studies out of a sample of 14 interviews	2	IP Analysis and Grounded Theory revealed complex individual retirement-related issues requiring profound & sensitive assessment.
Shaw et al	2023	Rehearsal & performance demands on professional dancers, to identify inter-dancer & inter-production variation in dance hours.	123 professional dancers of the Royal Ballet.	Study, although it does document working hours, is not based on an attendance register for daily company class, and is to a large extent rendered ineffective by lack of any measure of intensity.
Slater & Tiggemann	2002	A test of Frederickson and Roberts’ Objectification theory in adolescent girls.	83 (38 ballet students, 45 non-dancing controls).	Despite there being no difference between dancers and controls, the study supports the model.
Sousa et al	2013	Study of nutritional issues and requirements among adult dancers.	Not given	Dietary advice from qualified specialists is important to help dancers keep the low body weight required within healthy ranges.
Sarnataro et al	2025	Molecular changes in the brain that may underlie the need for sleep	None given.	Sleep pressure and hunger have mitochondrial origins. Electron feedback controllers determine when balance must be restored.
Schwezoff	1935	Autobiography	1	Narrative of lived experience.

Shah & Weiss	2016	Survey of injuries over 1 year in US professional modern dance companies.	184 professional modern dancers.	Medical professionals, and specifically physicians, need t to attempt to bridge the gap between themselves and the dance community.
Shiloh & Halfon	2024	Identity reconstruction among injured dancers.	145	Classifying injured dancers can help detect dancers needing help &tailor methods to modify injury perceptions.
Soklaridis et al	2011	Grounded theory exploration of biographical disruption among injured workers.	24	Injured workers spoke of repeated losses of self, relationships and of the life imagined. Understanding these losses could improve conditions & facilitate rehabilitation.
Spiro	1993	Reflective essay on the importance of empathy to the practice of medicine.	None given	Empathy may yet prove essential in the third millennium, when we have relegated computers to routine diagnosis. … Only men and women are capable of empathy." (p.14).
Steinberg & Siev-Ner	2017	Age group differences -- body structure, dance genre, pathologies.	None given	"Screening may provide dancers, parents, teachers, & clinicians with useful information for future management of the dancer.
Stokić, Srdić & Barak	2005	Correlations: body mass index body fat % and incidence of amenorrhea.	30 dance students and 30 non-athletic controls.	Significant negative correlation between dancers' menstrual cycle duration & body fat mass in ballet Conclusion: body composition assessment can help detect & prevent menstrual cycle disorders.
Sundgot-Borgen & Torstveit	2004	Anorexia nervosa, bulimia nervosa ,anorexia athletica, ED not otherwise specified (ED-NOS) in elite athletes.	1620 athletes (F=660) and 1986 non-athletic controls (F=780).	All elite athletes, particularly those in leanness sports, should receive ED screening. Also, education about health and performance-related nutrition and body composition is needed.
Szymanski & Henning	2007	Study to test the model proposed in Objectification Theory as it applies to depression in women."	217 women, aged 18-63 years.	Self-objectification decreased with age, leading to habitual body monitoring, reduced sense of flow, greater body shame, greater appearance anxiety. and depression.
Thomas, Keel & Heatherton	2011	Prevalence of DE attitudes & behaviors in all levels of adolescent ballet dancers.	239 female ballet students	Highly perfectionistic dancers may exhibit a significantly increased risk for DE compared to dancers who are less perfectionistic .
Thomson & Jaque	2015	Prevalence of PTSD in student & professional dancers exposed to trauma.	209 student and pre-professional dancers	Compared to the no-PTSD group, the PTSD group had higher scores on fantasy proneness and emotion-oriented coping strategies-
Turabian	2018	Discrete aspects of the clinician-patient relationship.(p.1)	None given.	GPs mediate between patient's subjective illness experience & scientific explanation. Enormous potential of the doctor-patient

				relationship.
Tulle	2008	Proposed understandings of ageing bodies in late modern societies, concerned to find ways of resisting the erosion of social & cultural capital	None given.	How can we ensure that physical competence constraints inhibiting many older adults be further unsettled? How can traditional fields in which we grow old be restructured to enable agency based on control of how bodily ageing is given meaning?
van Rossum	2001	New measurement format was introduced, to reveal the peculiarities of teacher and dance class	129 dance students.	" … the present study not only supports Bloom's [***1985***] findings in a dance sample, but also offers a generalisation from Bloom's male-dominated sample to a female-dominated one." (p.181).
van Staden et al	2009	Exploring the lifeworld of the classical professional dancer through semi-structured interviews.	9	The profession influenced sense of self, relationships, & future-orientation. suggesting the dance tendency to stimulate setting of externalized goals & self-destructive behaviors. Findings used to prepare student dancers for by promoting sense of empowerment, self-development, & actualization.
Wenger	2011	Significance of the term "communities of practice", applications in academic & scientific research.	None given	None given
Willard & Lavallee	2016	Retrospective interviews and content analysis to exploring dancers' retirement experiences, highlighting identity & social support in relation to quality of life.	6 ex-dancers from a major UK ballet company.	Strong & exclusive dancer identity at retirement experienced identity loss and confusion. Dancers' primary social support network remained intact. They perceived this to positively influence the overall quality of career transition,
van Winden et al	2020	Contemporary dance students' mental health issues	134	Dance schools should pay special attention to stress, anxiety, & (constant) tiredness of their students. More research is needed.
Vassallo et al	2019a	Systematic review of injury rates & characteristics of dancers at all 3 standards.	16 studies (3 on recreational dancers).	No appreciable difference in injury rates, however, the authors acknowledge important limitations to their study, & call for further research.
Vassallo et al	2019b	Injury fear & injury reporting behaviors in Australian professional dancers.	146	Many dancers, particularly those dancing part-time, are unwilling to tell their employers about their injuries. Action is required to improve this culture -
Wainwright & Turner	2006	Illuminating five aspects of embodiment: habitus, injury, ageing, careers, & the	11 dancers	. In this article, we discuss aspects of the ageing, career and injury dimensions of our research. Our focus in this article is on the ageing body.

		globalized balletic body.		
Wanke et al	2015	Mental and physical workload levels in dance teachers.	133	Coping with physical and mental workloads or could be keys to a lifelong, healthy career as a professional dance teacher.
Warnick et al	2016	Grounded theory qual methodology & modified Life Story Narrative script assess dancers' stories & identities.	20	Dancers chose dance at a young age. Challenges within the career, & in teaching. Some worried past they better prepared students for the profession.
Wensel et al	2024	How former ballet school students make sense of experiences of CM [***Child Maltreatment***] in dance	15 former professional ballet school students (F=12).	"Participants describe their own & peers' experiences & emphasized that CM should not be normalized. Need for ballet awareness of potential CM harms, & more research, intervention, & advocacy about CM at ballet schools.
Wippert & Wippert	2016	Career termination effect of professional team-athletes on locus of control, psychopathological self-concept, symptoms, mood, & subjective control of event-onset.	42 professional athletes.	" … dismissed athletes showed stronger psychological distress after event displaying stronger initial reaction, more severe crisis, & longer transition periods than controls. Results are discussed, together with combined social evaluative threat & forced failure during event onset & effects on distress after career termination.
Worthman and Trang	2018	Analysis identifies recent opposing trends towards earlier physical & later social maturation, a conundrum of apparent biological–social mismatch.	None given.	Mass education, a feature of the globalizing cultural configurations of adolescence, driven by transformations in labour, livelihood and lifestyle. Evaluation of life history trade-offs & sociocultural ecologies experienced by adolescents may help enhance development."
Wulff	2023	Experiential account of delights & distresses lived by professional dancers.	None given.	None given.
Yin et al	2016	Characteristics of dance injuries evaluated by sports medicine physicians.	181 (F=171)	"Pediatric dancers experienced significant, and occasionally rare, injuries that may have long-term health consequence: the most common specific diagnosis was tendonitis/tendinopathy."

Appendix H, J. Leslie-Spinks, dissemination and publications

Conference presentations

- 10th annual Dance Medicine & Science Symposium, University of Wolverhampton, 10 May 2025. “How Can we Know the Dancer From the Dance?”
- SAPC South West regional conference, Keble College Oxford, 31.03-01.04.2025
- International Association for Dance Medicine & Science, Rimini, October 2024
- Nuffield Department of Primary Care Health Sciences Seminar, Keble College Oxford, 31.06.2024
- Clinical Partners’ Colloquium, National Institute of Dance Medicine and Science, Wolverhampton, May 2024
- Dance Science & Medicine Symposium, University of Wolverhampton, May 2024
- International Translation and Medical Humanities conference, St. Anne’s College Oxford, September 2023
- Oxford Medical Sciences Division conference, Keble College Oxford, 29.03.2023
- Society for Academic Primary Care Regional conference, University of Birmingham, March 2023
- International Association for Dance Medicine & Science, Basel, October 2014

Academic journals

- Leslie-Spinks, J. 2025. Pointe of no return: perspectives on dancer-clinician communication (pre-publication). *Dance Research, Summer 2026*
- Caulfield, A., Ferrey, A., Roberts, N., Leslie-Spinks, J., Mölsted Alvesson, H., Wong, G. and Greenhalgh, T., 2025. ***In what context and by which mechanisms can creative arts interventions improve wellbeing in older people? A realist review protocol*****.** *NIHR Open Research, 5*, p.19.
- Leslie-Spinks, J., 2022. ‘How can we know the dancer from the dance? ’Perspectives on Musicality in Human Movement. *Dance Research*, *40*(1), pp.85-103.
- Puttke, M. and Leslie-Spinks, J., 2018. Learning to dance means learning to think!. In *The Neurocognition of Dance* (pp. 11-34). Routledge.
- Wanke, E.M., Gabrys, L., Leslie-Spinks, J., Ohlendorf, D. and Groneberg, D.A., 2018. Functional muscle asymmetries and laterality in Latin American

formation dancers. *Journal of back and musculoskeletal rehabilitation*, *31*(5), pp.931-938.

~ Wanke, E.M., Schmidt, M., Klingelhöfer, D., Leslie-Spinks, J., Ohlendorf, D. and Groneberg, D.A., 2017. Work-related floors as injury hazards–a nationwide pilot project analyzing floors in theatres and education establishments in Germany. *Journal of occupational medicine and toxicology*, *12*, pp.1-6.

~ Wanke, E.M., Schmidt, M., Leslie-Spinks, J., Fischer, A. and Groneberg, D.A., 2015. Physical and mental workloads in professional dance teachers. *Medical problems of performing artists*, *30*(1), pp.54-60.

~ Wanke, E.M., Leslie-Spinks, J. and Groneberg, D.A., 2015. Safety in private dance schools. *Zentralblatt für Arbeitsmedizin, Arbeitsschutz und Ergonomie*, *65*, pp.281-284.

~ Wanke, E.M., Koch, F., Leslie-Spinks, J. and Groneberg, D.A., 2014. Traumatic Injuries in Professional Dance—-Past and Present: Ballet Injuries in Berlin, 1994/95 and 2011/12. *Medical problems of performing artists*, *29*(3), pp.168-173.

~ Blog httsps://thisdancinglife.com