

The dominant artistic discourse as a health determinant

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This paper examines how elements of different discourses are appropriated or resisted by artists and the effects on health and wellbeing. More specifically, the results of a series of ethnographic studies—conducted with professional dancers, choreographers, rehearsal directors, and students in different contemporary dance settings in Montreal—are presented. Although aesthetic and ethical issues based on grounded empirical material in dance are discussed, many ideas can be transferred to other performing art forms. Vocation or passion for the arts is often presented as an explanation for why artists jeopardize their health and accept difficult working conditions. However, these studies demonstrate that the dominant discourse in the performing arts, which values the supremacy of artistic work and the surpassing of one's limits, is at the top of a long chain of decisions that negatively impact artists' health. Unless all participants in the dance milieu, individually and collectively, critically address the different discourses and their embodied "truth," positive changes in dancer's health and wellbeing will remain limited.

Keywords: health; dance; passion; discourse; aesthetic

This article presents some conclusions of my latest research on the socio-cultural dimensions of health as it relates to the artistic practice of dance. During the last six years, my research assistants and I have conducted a series of studies with more than 100 professional dancers, choreographers, rehearsal directors, and students in different contemporary dance settings in Montreal (Fortin 2008). We conducted individual interviews and engaged in participant observations of dance training and rehearsals, which provided us with rich, grounded material that we analyzed qualitatively. We also obtained data from self-report questionnaires, which we analyzed quantitatively. Moreover, we initiated an action research to deepen our understanding of

how dancers conceptualize their health and the impact on their performing practices and vice versa. Although my research pertains to dance, I believe that many ideas can be transferred to other performing art forms.

Adopting the epistemological claim that individuals construct “reality,” my research is part of a growing body of literature on how diverse cultural groups conceptualize their health differently. More specifically, I look at how artists construct themselves and are constructed in many ways by various, and sometimes competing, discourses. According to Foucault (1963), discourses are composed of ideas, attitudes, beliefs, courses of action, and practices that enable, as much as they constrain, what can be said or done in particular times and places. Discourses construct current truths and what power relations they carry with them.

For example, the dominant Western health discourse posits individuals as being primarily responsible for their own health. This discourse implies constant surveillance and auto-surveillance, encouraging individuals to avoid risk and to adopt safe behaviors such as not smoking or eating junk food. Critics of this discourse say that personal body maintenance is promoted to reduce the economic burden on public services, and ultimately, it undermines social responsibility to improve health and wellbeing. Assuming that individuals will act in their own self-interest is also problematic since individual health is often subject to external forces (Crawford 2006).

MAIN CONTRIBUTION

A delicate balance between dominant discourses

This idea is corroborated by dance research that shows how dancers privilege the integrity of the art form over their own safety. Whereas ballet and contemporary dance can differ in their underlying assumption about the body, the contemporary dancers in our sampling tended to align themselves with the dominant discourse of Western theatrical dance that promotes an ideal body where aesthetic criteria of beauty, slimness, virtuosity, devotion, and asceticism prevail, and where fatigue, pain, and injury are accepted silently (Laws 2005, Sorignet 2004, Wainwright *et al.* 2005).

When questioned about the relationship between health and dance, performing artists in our research relegated the former to a backstage role, valuing pushing the limits of the art form and expanding individual skills sometimes beyond reasonable limits. The artists we interviewed regarded dance as a “risky endeavor,” since dance-making involves “seeking innovation,” and this invariably “damages the body.” Thus, we concluded that dancers appropriated certain elements of both the contemporary dance discourse,

which assumes a certain risk associated with innovation, and the dominant health discourse, which preaches physical self-discipline and the avoidance of risks.

Individual responsibility and spread-out guilt

Without exception, all the artists considered themselves as “healthy but damaged.” They did not feel that their current and past injuries conflicted with their sense of being healthy, since being healthy means “being functional”—that is, being able to respond to the choreographic demands. To this end, dancers employed various strategies to “prepare, protect, and repair” their body. They attributed failure to themselves and consequently felt guilty, telling themselves they could have had “better concentration,” “warmed-up or trained more,” “stopped dancing earlier,” “eaten better, slept more,” etc. Confusion and uncertainty regarding the effectiveness of different options sometimes engendered what seems to be an endless search for ways to heal injuries and to relieve pain and psychological distress.

Individual guilt has been related to the dominant health discourse, which is driven by a focus on the individual’s responsibility and which minimizes socio-economic and political factors (Lupton 1995). Although some dancers spoke out against low income, unsecure employment, and difficult work conditions (e.g. additional rehearsals before shows, freelancers’ fatigue from holding down two jobs, inadequate studios, tight schedules aimed at minimizing touring costs, etc.), they rarely acted to counter these issues, which is not surprising in a competitive and small work environment. In this context, the likely result of complying with the dominant health discourse is that collective mobilization of dancers around health issues is restricted.

Divided about unionization

In Québec, most dancers are freelancers. Bringing them into a worker union was initiated ten years ago. Some individuals regarded union contracts as a way to improve working conditions and better health for dancers. For others, the legislative framework constituted a threat because, for them, it had a stifling effect on the creative processes which need to come out of “disorder, disequilibrium, and instability.” These artists revealed a profound attachment to this dominant artistic discourse that they considered to be incompatible with their perception of regular disciplined and ordered workplace environments. As such, they were reluctant to take on the employer-employee etiquette, and they did not like the term “cultural industry” because their motivation to dance is aesthetic rather than economic. Choreographers did

not like to think of themselves as employers, although all of them are leading their own dance companies. Many mentioned preferring to be called creators rather than choreographers.

The process of unionizing dancers indirectly summons the dance community to take a critical attitude to the concept of individual responsibility for health, and calls into question such firmly-grounded dance milieu values as the normalizing of pain and the acceptance of precarious working conditions as being commonplace. Dance artists' narratives reflected a low propensity to push collectively for change, which might encourage governments and agencies to keep investing so little in the arts, and this eventually has consequences on artists' health. In our opinion, to improve the state of health of dance artists there must be a critical analysis of the cultural, social, and economic contexts in which dance is situated.

Money and health: Myth and reality

In our interviews, many addressed the issue of the financial health of the dance milieu, which in Canada (as in many other countries probably) suffers from chronic under-financing. But can it really be said that increasing funding to dance companies would directly improve dancers' health? On one hand, yes, since the equation money=health is verifiably true. For example, all the artists raised the negative impact on their health of substandard rehearsal studios and theatres. On the other hand, however, no, because injuries and suffering are not solely due to financial conditions. Aesthetic choices often take precedence over health considerations. From our analysis, we concluded that having more funds does not necessarily mean that more is spent on health.

Worthy of note is the case of a choreographer whose assumption of responsibility for his dancers' health was shown in the partial financial support he provided for their training and therapeutic treatments. The same person, however, disavowed responsibility by pushing his dancers to extreme limits, leaving the "protection" of dancers' health up to the rehearsal director and the dancers themselves. He confided to us: "the choreographer's intention is to present something striking on stage. I require dancers who can impel this idea, and there are no limits to this. As the choreographer I have all the rights." This is an attitude that even this choreographer considers extreme and problematic. To us, dance development cannot rest on the acceptance of excess, unless specific occupational health and safety conditions are implemented. Improved financing is one of the means for preserving both the dancers' health and the choreographer's vision; but what is also needed is a

critical examination of the dominant artistic discourse which overvalues the individual artist exceeding his/her personal limits. Clearly, changes require that sufficient financial resources be made available; nonetheless, many transformational strategies depend more on relationship skills or involve aesthetic compromises that all concerned are unwilling to accept.

Methods of creation as central to aesthetic and health issues

In their creative work, many choreographers asked the collaboration of the dancers who actively participated in the development of the dance. We asked if this supports the dancers' health and wellbeing. One choreographer's point of view was: "I work based on the actual state of the dancers' bodies; the movements are not imposed on them from without. I always tell them that it is they who must choose their tortures [laughing]." In certain cases, it seems likely that creative collaborative method means a sharing of health responsibilities between choreographer and dancers. However, often there is a gap between the egalitarian intentions of the choreographer and the actions that should, in principle, follow. It must be noted in defense of the choreographers that sometimes dancers themselves willingly submit to situations that negatively impact their health. As a result of a long and complex process of integrating the dominant discourse in dance, artists have internalized the ways of thinking, seeing, and acting that lead to an overarching devotion to the art form. As Rannou and Roharik (2006) note, collaborative methods of creation may often be even considered as the "ultimate form of self sacrifice" (p. 181), which is something artists value in conformity with the dominant dance discourse.

Another example of a problematic approach to choreography was revealed in those instances when the creative process involved intentionally fatiguing the dancers in order to have them reach a state of vulnerability and exhaustion. Some choreographers and dancers believed that this helped to bring the dancer's subconsciousness to the fore, thus providing richer material for the piece. However, this strategy was not always explicitly stated, and agreed upon by everyone. For health concerns to become an integral part of collaborative type work, artists need to develop better communication skills.

Silence as a risk factor

In dance, women outnumber men, which results in a competitiveness affecting all aspects of their professional life. Often women have had a longer socialization process than men and they have deeply embodied "a culture of silence." Playing down the experience of pain becomes an implicit norm in a

professional dance career, since expressing pain may have negative consequences. The following comments of an experienced dancer speak directly to this issue:

At the outset, the choreographer accepted or seemed to accept the situation [injury during the creative process]. After two weeks, he became pretty angry and made a big fuss about it. I started to say "I'll be able to do it later, the injury will have healed, but right now I can't do it." I wanted to explain, but he wouldn't listen to anything from me. The choreographer's attitude is really important. It's a constant struggle to have the freedom to speak your mind. It's not easy because I get sidelined. Even with all my experience. Emotionally it's very difficult.

Our interviews with both choreographers and dancers suggested a "virtual blacklist" of choreographers to avoid if a dancer values his/her health. But no one revealed their names; the milieu is small, and secrets remain kept. As mentioned, some choreographers profess to be very open-minded, and deplore the fact that sometimes it is the dancers who do not want to disclose their health conditions, but other choreographers maintain an absolute aesthetic bias and want to know as little as possible about their dancers' injuries. This is not inherently a problem when the responsibility is passed on to the rehearsal director, who has been described unanimously by both choreographers and dancers as being the "critical outside eye essential to the work and the health of the dancers."

All in the name of art

Choreographers, driven by the vision of their gestating choreography, are the first to admit being more attuned to their artistic vision than to the physical needs of the dancers. The idea that a choreography takes on a life of its own and that it is the choreography itself that indicates the necessary creative decisions, could often be discerned from choreographers' comments. "I am God when I am creating," said one choreographer. "My role is to create a world in my own image. There are no limits to this. I tell my dancers that I, as the choreographer, have all the rights. I may ask them to jump from the fourth floor window, and if they're crazy enough to do it, that's their problem; but that won't stop me from telling them to do it." Such a view of art as an egotistical sacred endeavor provides justifications for the aesthetic decisions. Giving predominance to the dance being created and according a messianic status to its creator has repercussions on the health of dance artists. In an ideal situa-

tion, both dancers and choreographers share the satisfaction of surpassing physical and psychological limits. It is not our intention to create a tension between choreographers and dancers, but the fact remains that it is the dancer who, to a greater extent, suffers the physical consequences of the risks, while it is the choreographer who receives the recognition for the work's originality.

It is worth mentioning that for choreographers and dancers, dedication to their art form can involve both alienation and exhilaration. In our research we did not focus on the latter, although there was touching commentary about how the making of dances enriches one's life. In one of our studies, we assessed the degree to which dance is part of the person's identity, and as Wainwright *et al.* (2005) posit, we can say, too, that dance "is not just something that you do, in a very deep sense it is who you are" (p. 49).

Health and ethical dimensions

That dancers give life to the choreography is an idea often expressed in the dance literature; less so is the notion that choreographers participate in molding dancers' bodies (Dantas 2008). During our interviews one choreographer remarked: "I constantly put my dancers in an uncomfortable situation; so where is the boundary between making an effort and going too far? Between injuring one's body and being violent to oneself?" The question of "exceeding the limits" perhaps takes on lesser significance in other art forms because in dance it is the dancer's body that is at stake. As a dancer put it, "a painter will look at his canvas and wonder if the good colors are correct, but the canvas will not ache the way we dancers do."

Interestingly, a denunciation of human injustice forms the subtext of many choreographies, but in our observations of different creative processes, we sometimes noted a lack of consideration for the health and wellbeing of the performing artists who give tangible form to the work. Jackson (2008) explains that there is a tendency in the dance world to correlate good products (choreography) with good processes and good people (choreographers, dancers, rehearsal directors), as if no dichotomy could exist between the moral dimensions of a choreography and the people that engendered it. If someone appears to have been mistreated, or if an artist is shown to have acted immorally, this is viewed as an exception or as necessary for the sake of art. Health poses a huge challenge for choreographers who have the pressure to create original work that meets the assessment criteria of grant agencies. Can health advocates expect that one day grant agencies will require dance companies to deal comprehensively with aspects of occupational health and

safety, or that soon dance schools and dance organizations will seriously engage in health-promotion? I hope so because, if the dance profession does not rise to the challenge, it may come to be regarded as irrelevant by educationists, decision makers, and the public alike.

Harmonious or obsessive passion

In the dance literature, passion and a sense of calling is frequently used to explain why dancers accept the physical suffering or psychological distress they often experience (Turner and Wainwright 2003). “Being on stage requires many sacrifices, such as dancing with an injury,” as an experienced dancer explained. “Doing this makes no sense at all, but you don’t think about it. Great passion is involved.” But from our results, it seems that, more so than passion, it is the dominant artistic discourse that drives a long sequence of health-related decisions.

In our analysis, we differentiated the dominant artistic discourse from the passion with which artists endorse this dominant discourse. In a quantitative study with pre-professional dancers, we looked at whether dancers exhibit distinct injury profiles as a function of their passion for dance. We distinguished harmonious passion—which occupies a significant place in one’s identity but is not overwhelming and leaves room for other life pursuits—from obsessive passion, which consumes one’s thought and overwhelms one’s identity. We found that obsessive passion for dance was associated with dance-related injuries and prolonged suffering from chronic injuries, whereas harmonious passion is associated with sustained and healthful involvement in dance (Rip *et al.* 2006). Differentiating harmonious and obsessive passion could contribute to envisage health in dance as no longer being a threat to the integrity of the art form. My intention is not to reject the dominant dance discourse, which would be foolish and unrealistic, but to invite artists to think critically about the benefits or the cost of participating in different discourses that inevitably have consequences on their health. Because dancers are devoted to and passionate about their art form, and because the dance milieu features a culture of pain in which dancers are expected to suffer in silence, helping artists to understand that their passion can be experienced in a manner not detrimental to their health should be a goal of educational programs informed by research.

Somatic education for better or for worse

Questioned about the younger generation of artists, certain older choreographers somewhat caustically raised the issue of “self-absorbed children lacking

discipline, passion and the will to achieve.” They spoke of learning/training environments that left dancers ill-prepared for the milieu’s harsh realities, while others brought up the improved preparation acquired through the increasing number of somatic and anatomic classes.

At one point, I was skeptical. I felt like saying to the dance schools “give more technique classes to your dancers.” I was worried that I would have work with dancers who are too preoccupied by their anatomy, who know that it is a particular muscle which is sore, who know they shouldn’t force another one [laughing]. But now I see that the young dancers work so well. I would have loved to have had such knowledge of my body.

Originating from outside the field of dance, a variety of somatic education practices such as Alexander Technique, Body Mind Centering, or Feldenkrais Method, have made their way into dance. They are all concerned with “listening to the body and responding to these sensations by consciously altering movement habits and movement choices” (Eddy 2009, p. 7). According to Shusterman (1992), increasing subjective sensorial experience can help to reduce the prominence of external agencies on the individual. Somatic education thus provides dancers with an alternative discourse to counteract the fantasy of an ideal body, which is so often removed from the concreteness of the sensing body.

In our study, we found that dancers integrate the somatic discourse in three distinctive ways. For one group of dancers, the heightened perceptiveness developed through somatic education did not serve to improve their wellbeing; it was subverted and used to work toward what was important to them—namely, pushing the limits of their performance. They had fully appropriated the dominant dance discourse and considered it as inescapable and even essential to building a dance career. A second group of dancers, on one hand, manifested critical thinking in how they verbalized their reticence about certain aspects of the dominant discourse; on the other hand, they did not seem to experience physically the changes that they professed verbally. In a third group, the experience of somatic education allowed dancers to develop an internal authority. They made choices based on their intimate self-awareness, respecting the limits of their own bodies. For these dancers, the normality of pain or the excessiveness of certain artistic practices were no longer so blindly tolerated or, if so, only under certain conditions and for a limited period of time.

Markula (2004) appropriately points out that any discourse can be either emancipatory or oppressive. A somatic-based discourse is no exception, and

this needs to be looked at critically. What really is important when negotiating between different discourses is knowing how they operate, each having its own “game of truth” linked to an accepted consensus about what is sound knowledge and to the accompanying hegemonic procedures that legitimize power relations. It is worth mentioning that power, according to Foucault (1963), is not exercised through the imposition of external constraints on the person, but rather is achieved by an internalization of norms by the person.

IMPLICATIONS

Differentiated ways of integrating various discourses—dance or health, dominant or marginal—emerged over the course of our studies with dance artists. Overall our data revealed how:

- Artists have integrated the dominant Western health discourse of individual responsibility and have minimized the importance of external factors shaping their health.
- Health is mostly defined in functional terms with a reluctance to question the hegemonic norm of pain and suffering of the dominant discourse of Western theatrical dance.
- The process of unionization confronts the dominant dance discourse by prompting collective mobilization for better occupational health and safety conditions.
- An increase in the arts budget does not necessarily improve artists’ health.
- Methods of creation based on collaboration do not necessarily contribute to securing health.
- A culture of silence prevails in dance, which we consider a risk factor.
- Women deal with specific gender challenges impacting their health.
- Health accountability is weakened when the artwork prevails over the artists who give life to the artwork.
- Health issues can play a central role in the promotion of shared notions of ethical behaviors.
- Artists participate in the dominant discourse in dance with different types of passion that have different effects on dance injuries.
- Somatic education questions the dominant discourse in dance by lessening its negative impacts on dancers’ health.

The above conclusions indicate how important it is for dancers to raise their consciousness about the competing discourses surrounding them and the effects on their health and wellbeing. Whereas vocation or passion for the

art form is often presented as an explanation for why artists jeopardize their health and accept difficult working conditions, we conclude that it is the dominant performing arts discourse, which values the supremacy of the artistic work and the surpassing of one's limits, that heads a long sequence of decisions negatively impacting artists' health. Unless all participants in the dance milieu, individually and collectively, critically address the different discourses and their embodied "truths," changes in dancer's health and well-being will remain limited. "Games of truth" are unavoidable, but they can be played out with an ethically-based concern for oneself and for others.

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