

The Body Politic: Constructions of Health and Healing in Dance Education

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Green, (2004). The body politic: Constructions of health and healing in dance education. *2004 National Dance Education Conference Proceedings*, Michigan State University, East Lansing, MI.

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Abstract:

Many dance educators and researchers are concerned about issues regarding the health and wellness of dance students. In recent years, many teachers and scholars have investigated somatic practices, kinesiological information, and diverse approaches to health and wellness. A number of safety approaches and kinesiologically-focused programs have made their way into higher education curricula and courses (see Eddy, 2002; Fortin, 1993, 1995; 2002; Green, 1996, 2002-a, 2002-b for examples). However, very little is written on the social and political effects of such concepts and pedagogies (see Green, 1999, 2002-3 for one example).

Keywords: dance | health | wellness | students | kinesiological | somatic

Article:

*****Note: Full text of article below**

Paper
Friday, October 22, 2004
2:30pm-3:45pm

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ABSTRACT: Many dance educators and researchers are concerned about issues regarding the health and wellness of dance students. In recent years, many teachers and scholars have investigated somatic practices, kinesiological information, and diverse approaches to health and wellness. A number of safety approaches and kinesiology-focused programs have made their way into higher education curricula and courses (see Eddy, 2002; Fortin, 1993, 1995; 2002; Green, 1996, 2002-a, 2002-b for examples). However, very little is written on the social and political effects of such concepts and pedagogies (see Green, 1999, 2002-3 for one example).

This paper will provide a Foucauldian analysis of health and wellness in higher education dance. Michel Foucault, a French postmodern thinker, looked at power and its relationship to knowledge (1979, 1980). Foucault was interested in studying the extremes of standardizing bodily behavior that have characterized institutions in a historical context; his studies approached the body as a site of social and political control and power. He looked at how bodies are shaped and molded by society.

This analysis will use Foucauldian thought as a framework for addressing political issues regarding health and somatic practice in dance education. I will address concepts such as “docile bodies,” “surveillance,” “truth games” and “technologies of the self” to look at how dance education often maintains a system for maintaining proper socio-cultural behavior and bodily regulation that may disconnect students from their own inner authority. I will address how bodily practices that attempt to achieve beneficial health results may be part of more global socio-political practices. Additionally, I will address applications and suggestions for future somatic perspectives and conceptualizations of health and safety in dance pedagogy.

This Foucauldian analysis may be a way to rethink dance pedagogy and deconstruct dance educators’ common notions of teaching and learning. Further, I hope this analysis provides some insight into how techniques of the self may be implemented within a discipline that uses the body as a physical and social instrument. This is a reflection on how society as a whole creates professions by which diverse techniques are used to internalize and construct selves and ideals through a system and institutionalization of body politics.

Many dance educators and researchers are concerned about issues regarding the health and wellness of dance students. Areas such as somatics and dance medicine have developed, at least in part, to address issues of health and healing in dance. In recent years, many teachers and scholars have investigated somatic practices, kinesiological information, and diverse approaches to health and wellness. A number of safety approaches and kinesiology-focused programs have made their way into higher education curricula and courses in the United States.¹ With a wide offering of health care systems in place in dance, many dancers and educators have begun to embrace the significant effects of these methods on performers, choreographers, and students. Thus, many health advocates in dance attempt to find the best methods for practice regarding an accepted idea of what it means to be healthy. In this search for health care, it is often assumed that researchers and doctors have vast expertise and that areas such as dance medicine provide new and innovative methods to help dancers take care of their bodies. However, very little is addressed about how health has been defined and on the social and political effects of such concepts and pedagogies.² Michel Foucault, a major postmodern thinker and philosopher, provides one framework for a discussion about how social conceptualizations and institutions provide particular models of health in reference to an ethics of how one is expected to act in the world. He looked at power and knowledge through a healthcare context.

Foucault looked at how definitions of and references to health care can be part of a particular sociopolitical project that produces citizens as self-regulating subjects. In this sense health care promotion provides an ethics, by producing “the means by which subjects assess their own desires, attitudes and conducts in relation to those set out by health promotion

expertise.”³ In earlier articles, I discussed Foucault’s ideas of docile bodies, surveillance, truth games, and technologies of the self, to look at how dance education often maintains a system for maintaining proper socio-cultural behavior and bodily regulation that may disconnect students from their own inner authority.⁴ For example, regarding docile bodies, I suggested that in *Discipline and Punish*, Foucault refers to the soldier of the early seventeenth century as a model for bodily honor and respect when he pointed out that,

The signs for recognizing this profession are a lively, alert manner, an erect head, a taut stomach, broad shoulders, long arms, strong fingers, a small belly, thick thighs, slender legs and dry feet, because a man of such a figure could not fail to be agile and strong.⁵

I went on to demonstrate how a perfect body is similarly demanded in the dance world. I point to a required mastery of the body in an attempt to achieve perfection and control and to the ways the body is “manipulated, shaped, trained, which obeys, responds, becomes skillful and increases its forces....a body [that] is docile that may be subjected, used, transformed and improved.”⁶ Dance bodies are docile bodies because they require a system of codification and methods that are, like Foucault’s socialized bodies, under meticulous control and surveillance.⁷

I pointed out that the idea of mastering and shaping a body in dance education may closely resonate with the concept of “technologies of the self.” According to Foucault, technologies of the self are the different ways in our culture that humans develop knowledge about themselves: economics, biology, psychiatry, medicine, and penology. Foucault’s main point is not to accept this knowledge at face value but to analyze these so-called sciences as very specific “truth games”

Note: Parts of this presentation will be published in Making a Difference in Dance: Ethics and Politics Embodied in Dance (in press), The Theatre Academy of Finland, Helsinki.

related to specific techniques that human beings use to understand themselves.

Foucault identifies four types of “technologies of the self”: 1) technologies of production; 2) technologies of sign systems; 3) technologies of power, ‘which determine the conduct of individuals and submit them to certain ends or domination, an objectivizing of the subject;’⁸ and, 4) technologies of the self, ‘which permit individuals to effect by their own means or with the help of others a certain number of operations on their own bodies and souls, thoughts, conduct, and way of being, so as to transform themselves in order to attain a certain state of happiness, purity, wisdom, perfection, or immorality.’⁹

My discussion of docile bodies in this former research (which involved former training of student teachers in dance and how they perceived their bodies) revealed the last two types of technologies – technologies of power and technologies of the self – operating within the field of dance. This paper focuses a bit more on the last type of technology – technologies of the self, particularly in reference to the science of health and wellness and the normalization of ways of acting on the self or promoting a “care of the self” to attain a state of perfection.

Technologies of the Self

One key concept regarding technologies of the self is the idea of pleasure or the enjoyment of making a self. It may be helpful to explain this concept through a discussion about my own experiences and observations.

In my former experiences as a researcher and teacher, I have been struck by how many dance students had on several occasions indicated that they enjoyed the harshness of dance classes and what they perceived to be strength and reward for shaping their bodies into dancers:

For them, the ideal body was a way to happiness and perfection. There was much resistance when I pointed out [what I thought were] the health risks of disconnecting from their bodies and attempting to force their bodies into an aesthetic ideal. It seemed to me that the dance world had somehow created an environment whereby

teachers were no longer responsible for directly shaping student bodies but rather utilized a “science of dance training” which requires students to develop skills and attitudes through self analysis, self-judgment, and self-evaluation according to the attainment of a specific ideal. From a Foucauldian perspective this shift from the direct shaping of student bodies by the teacher to a science of dance training creates a culture of silence rather than one of creativity and action where students constantly observe, judge, and correct themselves. In such a culture, students are unable to take ownership of their bodies or to explore their creative processes. But it also creates the illusion or “truth game” of happiness and success in the attainment of the goal.¹⁰

Erica McWilliam noted similar observations regarding technologies of the self in her educational work on schooling. She says that specific schooling and other practices “permit individuals to act upon themselves to promote [what Foucault refers to as] ‘care of the self.’ The focus on molding the self is how a human being turns him or herself into a *subject*.”¹¹ Wendy Morgan, an exercise science researcher, in her work with personal training, explains that

Certain forms of selfhood or subjectivity will be dominant in a particular modern society. These forms are maintained most effectively and invisibly when individuals exercise self-surveillance and thus regulate their ‘own’ behavior according to these norms. The mechanism or ‘technology’ works when the normalizing ‘gaze’ constructs a person as more or less conforming to that norm. This gaze then becomes internalized as each individual defines and ‘sees’ herself or himself in those terms. Thus each person becomes his or her own ‘personal trainer.’¹²

Moreover, in her reflections on personal training, Morgan suggests that the pleasure involved in creating such a self, (i.e. this hurts; thus this feels good) is a particular form of “auto-eroticism,” which is part of “a particularly austere and abstinent regime of exercise and practice.”¹³

Thus, according to the concept of “care of the self” dance students, as well, may understand their choices as freely derived and attained. They may not see the larger normalization process whereby they train their bodies in an attempt to fit an external ideal; and they may not see how their “docility is experienced as control, power and pleasure.”¹⁴ This may explain why...many dancers with eating disorders, say they feel power and control over their bodies. And they may experience pain and hurt as a positive fulfilling desire that becomes translated into being a “good” dancer.

What I am attempting to point out here, is that dancers may perceive a particular happiness or delight in training their bodies through rigorous “techniques” and they may use self surveillance to make sure they are performing movements “correctly.” However, they may not see that this “pleasure” is socially produced and tied up in a particular ethics of health and well being that is connected to a larger social economy and politics.

The Medicalization of Health in Dance

I would now like to turn to the idea of the care of the dancer outside of technique classes, into the realm of the medicalization of health in dance. Foucault points out that “The exact superposition of the ‘body’ of the disease and the body of the sick man [or woman] is no more than a historical datum,” that the definitions of health and wellness change with time.¹⁵ He asserts that the modern system of medicalization began in the nineteenth century and is characterized by a rational order of disease, causation, and attention to symptoms. However, he maintains that this characterization also carried with it a shift from a more ‘mathematical’ form of knowledge to one of a more perceptual sensitivity. This shift implies a qualitative gaze¹⁶ in order to grasp the disease, illness, or discomfort. Thus, this shift does not represent a power over the patient, but rather a complex system whereby the individual is required to take care of herself or himself through a system of rules and regulations regarding the body and health practices through a particular

kind of work on the care of the self. The medical professional is considered the authority or expert, but the client/patient/student learns to control her or his own body. Since, a diseased population interferes with capital production, the individual is required to do the work and self corrections necessary to ensure the health of the state.

This care of the self is tied up in morality and the laws of the market. Foucault explains what occurred during the eighteenth century to lead to this nineteenth century shift,

What the eighteenth century shows . . . is a double-sided process. The development of a medical model in the form of private clientele; the extension of a network of personnel offering qualified medical attention; the growth of individual and family demand for health care; the emergence of a clinical medicine strongly centered on individual examination, diagnosis, and therapy; the explicitly moral and scientific—and secretly economic—exaltation of “private consultation”; in short, the progressive emplacement of what was to become the great medical edifice of the nineteenth century cannot be divorced from the concurrent organization of a politics of health, the consideration of disease as a political and economic problem for social collectives which they must seek to resolve as a matter of overall policy.¹⁷

Thus, according to Foucault the focus becomes localized as the individual and family becomes responsible for a “homeostasis of health”¹⁸ and proper hygiene and health become the duty of the individual and families. “Such laws and activities evolved around the healthy, clean, fit body; a purified, cleansed, aerated domestic space; the medically, optimal sitting of individuals, places, beds, and utensils, and the interplay of the ‘caring’ and the ‘cared for’ figure among the family’s essential laws.”¹⁹

The medical and academic institutions became authorities and experts and developed these

laws and duties but they became habituated and normalized through what Foucault purports was individual mastery. Thus, through a Foucauldian lens, individuals become self-regulating subjects and health promotion provides an ethics by “producing the means by which subjects assess their own desires, attitudes, and conducts in relation to those set out by health promotion expertise.”²⁰

Recently, a number of public health scholars have recently raised such Foucauldian issues in more modern times. For example J. Coveny states,

A...book about current nutrition discourse in Western cultures describes ‘good nutrition,’ where views about food and health are promulgated by experts such as doctors, scientists, and nutritionists (Crotty 1995).²¹ Crotty sees this as a form of social control which is not necessarily a conspiratorial state of affairs, but more to do with control ‘exercised by any social institution which attempts to ensure that people follow rules it sees as acceptable’ (Crotty 1995, 65). Crotty points out that current nutrition strategies engender a form of control which is scientific—where a population is encouraged to adopt specific concerns based upon assumptions that it is a ‘sick population’ and, as such, everyone is in need of dietary reform. These assumptions are based on dietary surveys which indicate that the population is not following dietary recommendations. Diagnosed as ‘sick’ and ‘non-compliant’, the population is subjected to rational, scientific, dietary modifications through mass education strategies. Crotty’s argument, which is supported by others (see, e.g. McKie *et al.*, 1993),²² is that the scientific and authoritarian rules which underpin many modern public health nutrition programmes are symptomatic of a dominant medical culture, which as well as being moralistic, sexist, and class prejudiced, is highly fallible to boot. For example, current theories which

encourage the reduction of fat in the population’s diet [actually these theories are not most current since they are being replaced with a more low carb, high fat diet proclamation] are based on studies which exclude women, the elderly and children. As a consequence, the health problems of middle-aged men have been used as models for health problems affecting the population as a whole.²³

Although this statement was written before a lower carb, high fat diet replaced the suggested low fat diet; the point is that nutritional advice may be coming from biased studies and an acceptance of particular rules and laws that inform medical professionals and educators.

Implications for Dance

This socio-political perspective certainly has vast implications for dance. Since dance educators teach such topics as nutrition, injury prevention, and care for injury, as well as proper care of the body, it becomes important to realize that the information we may be communicating is reflective of a particular culture at a particular time in history and cannot be separated from a socio-political context. For example, recent news statements have indicated that Americans are becoming more and more overweight. If we fixate on the health risks of being overweight without considering how these assumptions may communicate messages to dancers, that they must in fact diet more and be skinnier, we may in fact be damaging their health because many dancers may already be sensitive to the strict demands of an aesthetic bodily ideal. They may develop or deepen their already devastating eating disorders. If we look to studies only done on men, how are we helping the so many young women dancers who may be vulnerable to pressures to continually manage, master, and correct their bodies, in other words to take care of their ‘selves’ in habitually damaging ways?

We may also look at issues of medical care for dancers and dance education through this Foucauldian lens. Do we teach dancers to

mold their own bodies regarding laws that have become habituated (i.e. thin is fit), or try to get students to think critically about such issues?

The “truth games” involved in creating a self have very specific requirements and obligations. Foucault, in a discussion about the history of Christianity, suggests that for example that Christianity imposed “a set of conditions and rules of behavior for a certain transformation of the self.”²⁴ He indicates that there are certain “truth obligations” to believe certain things and to accept authoritarian decisions in “matters of truth”

In the dogma of dance world, belief in the importance of the profession and censorship of body and voice pave the way for transformation in the form of morality as well. By giving oneself to a dance teacher, dancers hope to achieve a kind of mortality through the transformation involved in the mastery of dance technique.

In a previous study, I had one student who believed she was taking care of herself by forming her body into a muscular ideal. She thought that by habituating her thought and behavior in this way, she would be able to conquer her body. This was an answer for her. She ate only when she believed it was helping her to achieve a muscular body ideal. Unfortunately, this reasoning led to a severe eating disorder.

This technology of the self did not empower this student to be the best dancer she could be but rather, in my mind, disconnected her from her body in a habitually detrimental way. She felt pleasure in doing this as well as a sense of agency. But one may ask whether or not it was healthy.

In a series of articles in the *Utne Reader*, a number of guest writers, including Don Johnson, address this muscular body ideal and discuss how our bodies are shaped by societal institutions. Barbara Ehrenreich argues that we may be confusing “health” with goodness and that we redefine virtue as health.²⁵ She says that we live in a “hierarchy of hardness. The soft, the slow, the easily tired rate no compassion, only the coldest of snubs.”²⁶

Additionally Robert Chianese discusses the problems of the fitness craze. He suggests that,

work to shape the body takes people away from social work and thus “the body beautiful becomes the body politic.”²⁷ These authors suggest that we are moving from a society that values work and community to one that values the appearance of muscle tone as a value in and of itself. In sense fitness and care of the self/body is becoming a new religion.

I fear that dance education may be moving in a direction where techniques of self-fashioning become more valued than, a need to communicate. We are not moving to an art form that encourages what Lyn Quinby suggests, as a type of disruptive creative energy²⁸ or creativity that troubles systems of normalization. Unfortunately, we may be moving toward a system that makes dance, as an art form, participate in its own self-censorship.

Conclusion

In conclusion, then, Foucault and other postmodernists provide a framework for looking at health in a critical, deconstructivist way. This does not mean that we throw away science or turn our backs on new medical information and care. But it does mean that we look at health and medicalization from a socio-historical lens, as a system for ensuring the health of the state, in which individuals act on their own bodies, molding them to meet the needs of societal expectations. What we may need is some reflexivity.

I propose that we begin to view healing with a certain dis/ease, a dis/ease with disease, health, wellness, somatics and other conceptualizations regarding the care of our bodies. This means that we see medicine in relationship to the social context surrounding it. Additionally, it means that we experience a certain dis/ease about conceptualizations such as body awareness, and somatic authority. Just as mirrors, the teacher, the self-discipline, the minute corrections, and so forth are techniques and voices that students internalize, a sense of ownership through somatic practice or any health practice may be internalized [as well]. While somatic practice may be a tool to examine these problems in dance

class, and serve as an alternative to the physical and mental habituation of dance technique, it should also be problematized and looked at critically, so that it, and all facets of health care for dance are not purposively or unconsciously used in ways that make them other “truth games.”

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