



Digital Commons@

Loyola Marymount University
LMU Loyola Law School

Dance Faculty Works

Dance

10-27-2008

Body Image of Dancers in Los Angeles: The Cult of Slenderness and Media Influence Among Dance Students

Teresa Heiland

Loyola Marymount University, theiland@lmu.edu

Darrin S. Murray

Loyola Marymount University, dmurray@lmu.edu

Paige P. Edley

Loyola Marymount University, pedley@lmu.edu

Follow this and additional works at: https://digitalcommons.lmu.edu/dance_fac



Part of the [Dance Commons](#)

Recommended Citation

Teresa L. Heiland , Darrin S. Murray & Paige P. Edley (2008) Body image of dancers in Los Angeles: the cult of slenderness and media influence among dance students, *Research in Dance Education*, 9:3, 257-275, DOI:10.1080/14647890802386932

This Article is brought to you for free and open access by the Dance at Digital Commons @ Loyola Marymount University and Loyola Law School. It has been accepted for inclusion in Dance Faculty Works by an authorized administrator of Digital Commons@Loyola Marymount University and Loyola Law School. For more information, please contact digitalcommons@lmu.edu.

Body image of dancers in Los Angeles: the cult of slenderness and media influence among dance students

Teresa L. Heiland*, Darrin S. Murray and Paige P. Edley

Loyola Marymount University, Los Angeles, CA, USA

Body image and self-esteem are examined through personal stories among Los Angeles college dancers who grew up in the Hollywood culture of the cult of slenderness. The study incorporates a body image survey, eating disorder screen, and an interview process capturing dancers' lived experiences with daily pressures. Dancers reveal their experiences with body image struggles and empowerment. Quantitative and qualitative results point to a need for future social activist intervention with dancers in their formative years when body image concepts are formed. At this time of need and rebellion, the dance community could support change by increasing focus on wellness to better support girls and women so mediated pressures will not continue to squelch the self-esteem of girls and women.

Keywords: body image; eating disorders; commercial jazz dance; Los Angeles; empowerment; media influence; dance education

Young women are starving themselves to fit into the Hollywood-influenced dance community of Los Angeles (LA), the center of the 'cult of slenderness.' For a dancer, thin is '15% below your ideal weight for height, which is basically an anorexic weight' (McPhee 2000). For decades, ballerinas have revealed their weight issues. In the 1970s, ballerina Gelsey Kirkland engaged in risky behaviors such as drug addiction, casual sex, and eating disorders as she was mentored by George Balanchine. She recalls in her book that he stopped class to inspect her body:

With his knuckles, he thumped on my sternum and down my rib cage, clucking his tongue, remarking, 'Must see the bones.' I was less than a hundred pounds even then. He did not merely say, 'Eat less.' He said repeatedly, 'Eat nothing.' (1986, 55–6)

In 1997, dancer Heidi Guenther died at age 22 when her heart stopped. She was anorexic while she danced with the Boston Ballet. While ballet companies have heeded Guenther's death as a wake up call and now monitor dancers' optimal weight and nutrition, Jennings (2007) says there's a physical ideal in dance now, one of sleek, streamlined, long-muscled power. Eating disorders have long been prevalent in the dance world due to the pressure to be thin (Alderson 1997; Alter 1986; Benn and Walters 2001; Gordon 1983; Green 1999; Oliver 2005; Vincent 1989). Artistic directors, such as Balanchine and others, have pressured dancers to lose weight to conform to the 'thinner Russian style' of ballet body preferred in Western concert dance (Oliver 2005, 40). In a similar vein, Hollywood is the hub of the entertainment industry where movies, music videos, TV shows, magazines,

advertising, fashion design, and celebrity gossip shows set the standard of beauty, thinness, and fitness for the western world. As such, Hollywood's added concern that the camera adds 10 pounds to the body creates stress for dancers working in the entertainment industry, where the prevalent dance form is commercial jazz. Just as Green (1999) and Van Zelst, Clabaugh and Morling (2004) found that ballet and modern dancers struggle with body image pressures, commercial jazz dancers are affected by added pressures.

Our focus on LA dance students does not suggest that only dancers are affected by the cult of slenderness in Hollywood. Models, dancers, and actors are all 'dying to be thin.'¹ Celebrity gossip magazines and websites speculate daily about the mental health and possible eating disorders of celebrities in a lurid attempt to boost sales and advertising. This tactic is merely one of the ways that the media commodify women's bodies (Blood 2005, Bordo 1993, Hess-Biber 1996, Kilbourne, 1999). Women's bodies 'are used routinely as objects to sell every imaginable kind of product, from chainsaws to chewing gum' (Kilbourne 1999, 258).

Informed by feminist and Foucaultian theories of the body, we examine the cult of slenderness among dance students who predominantly grew up in the LA area and are pursuing careers in the entertainment industry. Even before they enter college, LA dancers are routinely groomed for auditioning and working in the entertainment field in music videos, at commercial theme parks, on cruise ships, and at corporate celebrations. Are these college dancers affected by the media's messages? Does living in LA have an effect on the way they view their bodies? What are their lived experiences in the media-driven, commercial dance environment of LA?

Literature review

Body image and the beliefs, attitudes, and values we acquire throughout our lives can be attributed to social factors that support how we think we should think, look, and act. The media, especially from Hollywood, have influenced a cult of slenderness (Benn and Walters 2001), a cult of thinness and commercialization of identity (Hess-Biber 1996), an addiction to the power of advertising (Kilbourne 1999), and self-scrutiny about how well dancers control their bodies (Benn and Walters 2001; Green 1999; Oliver 2005; Stinson 1998; Vincent 1989). Although all women exist in a culture in which their bodies are objectified, the dance world is pervasive with self-objectification and perfectionism, as well as various disorders that accompany this level of scrutiny, comparison, and reinforcement from the media. Stinson (1998) labels this concept the 'silent conformity,' a concept akin to Foucault's (1988) 'technology of the self' in which one practices unquestioning self-discipline and control of the body. Individuals '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 immortality' (18; emphasis added). Hence, dancers control their bodies to get what they want in the long run – a job in a TV commercial or video, an invitation to join a prestigious dance company, or a promotion to principal dancer.

While focused management of the dancing body is clearly necessary for a career in dance, Stinson (1998) argues that the 'ballet aesthetic' calls for the dancer to have an 'anorexic look.' Ballerinas know the pressure to compete for selection and approval, basically continuing employment, by controlling bodies with 'disordered eating' (Adair 1992; Hamilton 1998; Novack 1993; Vincent 1989). The result can be negative body image and poor self-esteem. Alter (1986) argues, 'excess weight is an obsession with almost everyone who puts on a leotard and tights ... the single most active and negative issue affecting anyone's ability to

dance' (94). It is likely that these concerns also affect commercial jazz dancers, who often wear even less.

Female dancers' bodies are objectified and commodified (Edley and Bihn 2005) in order to sell tickets and souvenirs; Hess-Biber (1996) labels this commodification the commercialization of identity. Dancers' identities are not constructed as a whole person, but as a physical body (Edley and Bihn 2005; Green 1999; Johnson 1992). Only a small portion of dancers can sustain this body composition throughout their careers. Alter (1986) discussed her own psychological battles with weight in her 'pathway toward selfhood' in dance; 'it triggers "never good enough", "my body isn't mine," "my body can't be beautiful," and "I can't do anything right"' (94). The hegemonic structures of the media perpetuate Descartes' concept of the mind/body split in which one disconnects from the self through what Green (1999) and Johnson (1992) argue is, 'a myth perpetuated by a dominant culture in order to more easily control people and maintain the status quo' (Green 1999, 82). The message of thinness perpetuated by the media and in the everyday practices of dance instruction can cause impressionable girls and young women to take the ideal body myth to dangerous extremes.

Eating disorders among dancers

Carter (2001) demonstrates how traditional notions of femininity promoted by the media have been used to construct acceptable forms of the 'ballet body' and to reinforce the pressure for dancers to achieve greater perfection than the average person. Dancers are pressured to restrain eating habits and reproductive tendencies to deter the body's loss of control and thus loss of perfection. Moreover, we have found a connection between body image and eating disorders in ballet dancers (Benn and Walters 2001; Hamilton 1997; Vincent 1989). Dancers connect attitudes about their bodies and the need to starve themselves to achieve a dancing role. Furthermore, Hamilton (1997) found that 35% of female ballet dancers suffer from eating disorders (cited in Benn and Walters 2001). Benn and Walters (2001) question whether 'an unacceptable number of dancers suffer silently from eating problems/disorders.' Most of the dancers interviewed 'believed that a proportion of their colleagues were anorexic' (145). They describe this epidemic as the 'anorexic mind,' a distorted body image as being something that is 'absorbed within the ballet culture at a very young age with potentially life-damaging consequences.' One dancer was so obsessed with body image that her extreme dieting and weight loss resulted in her not menstruating for five years and then developing osteoporosis at a young age. Unfortunately, professional dancers linked their appearance 'to a system of rewards and sanctions in which weight-gain led to non-selection for parts and negative reinforcement, whilst weight-loss was linked with praise and selection' (146).

Body image and media influence

Advertisements send messages about body image that are dangerous and cause detrimental effects to millions of young women (Blood 2005; Bordo 1993; Hess-Biber 1996; Kilbourne 1999). According to Bordo, 'through the exacting and normalizing disciplines of diet, makeup, and dress – central organizing principles of time and space in the day of many women – we are rendered less socially oriented and more centripetally focused on self-modification ... at the farthest extremes, the practices of femininity may lead us to utter demoralization, debilitation, and death' (166).

Many teenage girls 'use magazines for information on how to behave and what to look like, and researchers have found that magazine exposure and processing are predictors of

Body Image Disturbance' (Nathanson and Botta 2003, 325). According to Blood (2005), 'Because few women's bodies fit the ideal, most women 'must' fail to measure up to current standards of femininity. But to ignore them is to risk being an outcast, from femininity, desirability and normality' (46). Thus, a dichotomy exists between what is normal and what is desirable. The media perpetuate this myth of the ideal body. Furthermore, women's magazines include so much advertising that the boundary between articles and advertisements is hard to distinguish. Even if there is no text referring directly to ideals of beauty and how to become beautiful, the ads in the magazines create an underlying subtext that influences readers' opinions of what is beautiful and how to become beautiful. Beauty and weight loss ads label a woman's natural body as undesirable. For example, a fitness or weight-loss program is advertised using words such as 'unwanted' to describe the curves of a woman's body. The underlying message is that curves are unwanted and abnormal and thereby convinces the reader that her body is unwanted and abnormal (Blood 2005). The media expose young women to glorified images of unhealthy women and 'how to' instructions that may cause poor body image. Images alone are influential; yet, the media have a tendency to influence the public with diet tips, work out regimens, how-to-books and other forms of dietary instruction. Vulnerable young girls not only see emaciated (and airbrushed) bodies glorified, they also read and hear about them as well.

Further, the media's obsession with thinness has become a part of pop culture and, as a result, young women tend to extend the media's influential role and pressure themselves and other young women to be thin. They feel pressured by other women to be thin and meeting the normative standards of their peers are essential to being popular. This has become a dangerous obsession (Nathanson and Botta 2003, 323). Harrison's (2000) study of media effects of idealized body images on young adults found that when women were exposed to images of waif-like models followed by exercise and diet related messages, they changed their eating habits and expressed less approval of their bodies. Although research shows that children admire TV characters and like to emulate them, Harrison argues that TV characters are not the root of body image disorders in children and teens; rather, it is the added content messages, such as diet commercials, that are more likely the cause. Harrison, Taylor, and Marske (2006) argue that constant images of undernourished women displayed in the media are 'external cues' that convey messages that enforce a need to be thin. These messages inculcate impressionable young girls and women with the idea that an overweight person is undesirable. An ad can cause a reaction in a young woman that is detrimental to her body and her self-esteem. The external cues overpower the internal hunger signals and can bring a young woman to decrease calorie intake, or to over-eat due to anxiety caused by the external cue; 'Eating in response to external cues rather than internal hunger signals is one of the first steps involved in the development of disordered eating' (American Psychiatric Association 1994; cited in Harrison et al. 2006, 525).

Living in a culture pervasive with self scrutiny due to pressure from images and messages from the media is a reality of the technological age in which we live. Living in LA, the center of the cult of slenderness and the entertainment conglomerate of the world, could likely mean that dancers are under even more pressure to self-scrutinize how they act, eat, dress, socialize, and move. This myopic focus could lead to various effects on self-esteem, body image, and lifestyle management. Thus, we seek to learn how students training to be commercial jazz performers in a media-driven community construct their body image. The study is informed by the following research questions: How is body image constructed among dancers in LA? How do the media affect body image among dancers in LA? How do peers and authority figures construct dancers' bodies? Next we discuss the methods of inquiry for our research on dancers' body image in LA.

Methods

To assess the attitudes about body and self that exist and have evolved among dancers who trained many years in commercial jazz dance and continue to pursue professional careers, we queried dancers at a private university in LA that offers six levels of commercial jazz technique, with level six equated as professional. We created and distributed a questionnaire to 89 dance majors and minors. The surveys were confidential and a separate sign-up sheet for interview volunteers was distributed. We conducted 13 tape-recorded interviews using 28 interview questions about lifestyle management and dancers' experiences in LA. As an initial step in answering our research questions, we developed a 45-item questionnaire. Four demographic questions (gender, year of birth, years studying/performing dance, and years living in the greater LA area) were posed. Thirty-one Likert-scale questions (5 = strongly agree, 1 = strongly disagree) followed, only 10 of which were relevant to this particular phase of the project (see Table 1).

Eating disorders screening

The final section of the questionnaire consisted of an eating-disorders screening instrument. This section replicated the development of the eating disorder screen for primary care (ESP) by Cotton, Ball, and Robinson (2003), whose work found the four questions (see Table 2) were most likely to rule in an eating disorder. An abnormal response ('yes') to any of the questions was coded as the value '1,' and a 'no' response was coded as '0.' Calculation of Cronbach's alpha for valid cases ($n = 75$) produced a reliability coefficient of .74, and the four items were collapsed into a single variable (range: 0 to 4) constructing an eating disorders screening scale. Cotton et al. (2003) suggest that two or more abnormal responses to the questions reliably indicate a positive screening for eating disorders, allowing the variable to be translated into a two-value nominal variable, with $ESP < 2$ indicating 'negative' and $ESP \geq 2$ as 'positive.'

Surveys were administered to regularly matriculated dance students at a small, private, LA university. A total of 78 questionnaires were distributed to 76 dance majors and two dance minors at the beginning of technique classes. Students were assured of confidentiality, signed an informed consent form, and were given class time to complete the questionnaire. Questionnaires were returned by 77 students for a response rate of 98.7%. Students who were absent when the survey was distributed, or who were not enrolled in one of the courses in which the questionnaire was distributed, were e-mailed an invitation to complete

Table 1. Instrument: Likert-type questions.

| | |
|-----|---|
| Q2 | I believe the media influence how I view my body |
| Q3 | I believe living in Los Angeles negatively affects how I view my body |
| Q5 | I think I have the ideal ballet body |
| Q7 | I think I have the ideal commercial jazz body |
| Q8 | I wish my peer group would love the way I look more |
| Q9 | I wish my instructors would love the way I look more |
| Q11 | I feel I would dance at a higher level if I lost weight |
| Q13 | I believe living in Los Angeles positively affects how I view my body |
| Q15 | I am overweight for a dancer in Los Angeles |
| Q31 | My mother, father, or guardian is always over-involved in my daily life |

Note: 5 = strongly agree, 1 = strongly disagree.

Table 2. Eating disorders screening instrument.

| | |
|----|---|
| Q1 | Do you worry that you have lost control over how much you eat? |
| Q2 | Do you make yourself sick when you feel uncomfortably full? |
| Q3 | Do you currently suffer with or have you ever suffered in the past with an eating disorder? |
| Q4 | Do you eat in secret? |

Note: Questions most likely to rule in an eating disorder (Cotton et al. 2003).

an online version of the survey. Email invitations were sent to 61 students and, after a 30-day period, 13 students responded to the on-line survey for a response rate of 21.3%. One survey was more than 50% blank and was excluded from the pool, for a total of 89 completed surveys, a total response rate of 63.6%.

Interviews

After completion of the surveys, interviews were conducted with 13 volunteers. We transcribed the interviews, coded data, and attached analytic memos to group data into themes. To achieve inter-coder reliability, two of the researchers coded data independently and subsequently constructed validity by comparing codes and themes. We gathered valid themes from open coding and grouped them into larger themes. By extracting quotes from critical case samples that best represented the themes and corroborating the themes and quotes to the quantitative data, we were able to create an accurate representation of dancers' experiences studying and dancing in LA.

Results and interpretation

Demographics

Of the 89 respondents, 95.5% ($n = 85$) were female and 4.5% ($n = 4$) were male. Respondents' ages ranged from 18 to 24, with a mean age of 20.16 ($SD = 1.34$). The mean overall reported dance experience ranged from 3 to 19 years, with a mean of 13.07 years ($SD = 4.17$). The reported number of years that these dancers lived in the LA area ranged from 0 to 22 years, with a mean of 5.89 years ($SD = 7.23$). See Table 3 for a summary of demographic characteristics of the sample.

Eating disorders screening instrument

The eating disorders screening instrument (Cotton et al. 2003) revealed 17 students answered 'yes' to at least two of the four questions most likely to rule in an eating disorder

Table 3. Respondent self-reports of demographic information.

| | <i>n</i> | Minimum | Maximum | Mean | Standard Deviation |
|---|----------|---------|---------|-------|--------------------|
| Age | 89 | 18 | 24 | 20.16 | 1.339 |
| Years of dance experience | 89 | 3 | 19 | 13.07 | 4.166 |
| Years living in the greater Los Angeles metropolitan area | 89 | 0 | 22 | 5.89 | 7.230 |

(see Table 2). Of the valid cases ($n = 75$), 22.7% of the respondents were 'ruled in' by the screening instrument.

Correlations

Exploratory Pearson correlations were computed on the entire data set, but only statistically significant relationships relevant to the present study are reported here. See Tables 4 and 5 for summaries of the correlations. A small to moderate yet significant relationship ($r = .39$, $p < .01$) was discovered between respondents' length of time in LA and the eating disorders screening scale. Items Q3 ('I believe living in LA negatively affects how I view my body') and Q13 ('I believe living in LA positively affects how I view my body') showed a moderate inverse correlation with one another ($r = -.53$, $p < .001$). Because the items seemed conceptually aligned, we attempted to collapse the items into a single scale, but even with reverse coding Q13, the highest alpha coefficient achieved was .68, below the threshold for Cronbach's alpha to support a reliable scale.

Items Q8 ('I wish my peer group would love the way I look more') and Q9 ('I wish my instructors would love the way I look more') showed a significant relationship to one another ($r = .64$, $p < .001$). Upon testing valid cases ($n = 85$) for internal reliability, Cronbach's alpha produced an acceptable reliability coefficient of .78; the two items were collapsed into a single 'social influence' item. Item Q2 ('I believe the media influence how I view my body') showed small but significant covariance with both items Q8 ($r = .24$, $p < .05$) and Q9 ($r = .27$, $p < .05$). The three items, in any combination, did not produce an acceptable Cronbach's alpha; the highest ($\alpha = .66$ with 84 valid cases) was achieved with all three items, but not within the parameters for a reliable scale. Additional significant correlations were found between the eating disorders screening instrument and item Q2 ('I believe the media influence how I view my body') ($r = .29$, $p < .05$), the social influence scale ($r = .27$, $p < .05$), and inversely with Q13 ('I believe living in LA positively affects how I view my body') ($r = -.26$, $p < .05$).

Positive and moderate correlations were found among item Q7 ('I think I have the ideal commercial jazz body'), item Q5 ('I think I have the ideal ballet body'), and several other questionnaire items. First, the two items showed a moderate correlation with one another ($r = .49$, $p < .01$). Both items correlated moderately and inversely with item Q11 ('I feel I would dance at a higher level if I lost weight'). Further, item Q7 showed a moderate inverse correlation with the social influence scale. For specific values of Pearson correlations, see Table 5.

Discussion

Eating disorders screening instrument

The Cotton et al. (2003) eating disorders screening instrument is not considered a diagnostic determinant of a medical condition; rather, it was devised to rule in or rule out the *possibility* of an eating disorder. It is a tool for identifying respondents who likely have problematic food and body image issues and should be referred for professional diagnosis and possible treatment. The National Institute of Mental Health (2001) estimates that 5–10% of the US female population has an eating disorder. The fact that 22.7% of the 89 dancers responding to the ESP questionnaire items screened positive for an eating disorder is cause for concern. Clearly, this warrants further investigation into why this high number of dance students was ruled in as possibly having eating disorders. More importantly, these

Table 4. Summary of Pearson correlations in this study.

| | Pearson Corr. Sig. (2-tailed) | <i>n</i> | Years living in greater LA metro area | Eating Disorders Screening instrument | Q2: I believe the media influence how I view my body | Q3: I believe living in LA negatively affects how I view my body |
|---|----------------------------------|----------|---|---|--|--|
| Eating Disorders Screening instrument | .358(**) .002 | 75 | | | | |
| Q2: I believe the media influence how I view my body | .292(*) .011 | 75 | | | | |
| Q3: I believe living in LA negatively affects how I view my body | .478(**) .000 | 88 | | | | |
| Q13: I believe living in LA positively affects how I view my body | -.253(*) .019 | 85 | | | | -.531(**) .000 |
| Social Influence Scale | .275(*) .011 | 84 | | | | |
| | | | | | | 86 |

** Correlation is significant at the 0.01 level (2-tailed).
 * Correlation is significant at the 0.05 level (2-tailed).
 Note: Only statistically significant results [$p < .05$] are reported.

Table 5. Summary of Pearson correlations in this study.

| | | Q5: I think I have the ideal ballet body | Q11: I feel I would dance at a higher level if I lost weight | Q15: I am overweight for a dancer in L.A | Social Influence Scale |
|--|--|---|--|---|------------------------------|
| Q7: I think I have the ideal commercial jazz body | Pearson Corr. Sig. (2-tailed) <i>n</i> | .485(**) .000 84 | -.446(**) .000 83 | -.556(**) .000 80 | -.400(**) .000 81 |
| Q5: I think I have the ideal ballet body | Pearson Corr. Sig. (2-tailed) <i>n</i> | | -.477(**) .000 88 | -.505(**) .000 85 | |

** Correlation is significant at the 0.01 level (2-tailed).
Note: Only statistically significant results [p < .05] are reported.

results are a strong indication that professional intervention may be needed with these students.

Correlations

Although the effect is small to moderate, the significant correlation between the eating disorders screening scale and dancers' tenure in the greater LA area warrants further examination. The covariance between these two variables seems to indicate that the longer a dancer has lived in the LA area, the more likely it is that s/he might need to undergo further diagnosis for a possible eating disorder. Although there might be many explanations for this relationship, the correlation directed the qualitative component of the study to explore the possibility that living and dancing in LA might engender an ideal body image and negative assessment of one's own body in relationship to that ideal. This will be discussed at length in the next section.

Items Q3 ('I believe living in LA negatively affects how I view my body') and Q13 ('I believe living in LA positively affects how I view my body') failed to collapse into a single variable. The two items do have a moderate inverse correlation with one another, which supports the conclusion that there is a relationship between the two items; however, the failure of these two items to collapse into a single scale might suggest that they might measure separate attitude systems. Believing in positive effects may not necessarily correspond with a belief that the effects are negative, and believing in negative effects may not necessarily correspond with a belief that the effects are positive.

Items Q8 ('I wish my peer group would love the way I look more') and Q9 ('I wish my instructors would love the way I look more') collapsed reliably into a single variable. These two items appear to revolve around a theme of social influence. The fact that these two items did not reliably combine with item Q2 ('I believe the media influence how I view my body') indicates that beliefs about social influence and beliefs about media influence are different constructs.

The inverse correlation between the social influence scale and respondents' perceptions that they have the ideal commercial jazz body is also noteworthy. The belief that one has the ideal commercial jazz body seems to indicate that one is also less susceptible to the social influence of peers and instructors. Conversely, the correlation also implies that the greater the dance student is susceptible to the social influence of peers and instructors the less likely it is that they perceive themselves with an ideal commercial jazz body-type. This may indicate that there may be an important relationship between dancers' self-esteem (in terms of body image) and how much they feel others influence them. This relationship deserves further exploration.

The correlation between respondents' perceptions that they have the ideal commercial jazz body (Q7) and that they have the ideal ballet body (Q5) indicate that the two body-type perceptions are interrelated. The inverse correlation between both of these items and perceptions that the respondent needed to lose weight (Q11), or was overweight for a dancer in LA (Q15), is a strong indicator that there are important relationships between the ideal of thinness and the perception that one is physically suited for dance, either ballet or commercial jazz. Further, though small, significant correlations exist between the eating disorders screening instrument and beliefs about media influence (Q2), and the social influence scale. Taken together, these are strong indicators for the qualitative phase of the project to attend to media and social influences on dance students, and the possibility that these influences may have a key impact on health, eating patterns, and body image. These influences are discussed in the following section.

Interview themes

Three themes emerged from the interview data. They were (1) media influence, (2) social influence, and (3) a culture of eating disorders. Media influence encompasses dancers' statements of experiencing self-perception and pressure to embody lifestyles represented in TV commercials, fashion magazines, Hollywood-based tabloids, and the skimpy style of dress characteristic of sexualized and commodified images of women. The social influence theme emerged based on students' repeated comments that parents, siblings, and teachers (school teachers and dance teachers) often influenced them negatively by discussing or judging their bodies, while their dance peers were perceived as their support systems or role models. The final prominent theme was a prevalence of past eating disorders either of their own, a good friend, or a family member, as well as repeated dieting initiated by the dancer, a parent, or an entire family.

Media influence

The data revealed strong media influence in the lives of college dance students:

Because of Hollywood, the models, Beverly Hills, everything's so centered around that culture and most everyone gets in their head that that's how everyone needs to look, extremely skinny and almost bones at times. Even dance, especially at a lot of different places in the Beverly Hills area, is much more centered around the extreme skinny factor. (Robert)

Ellen commented on the Hollywood-influenced culture on campus: 'I swear half the girls at our school are anorexic. It's just not natural for them! About 90% of the girls wear a size zero.' Krissie said, 'They don't wear a lot of clothes sometimes; it's the LA look.' Julie recognizes that magazine publishers airbrush the photographs of models to make them look perfect:

[Girls are] constantly looking at airbrushed supermodels in magazines ... and think of themselves as *less than* because they don't look like that, when those girls don't even really look like that. I feel like there's seldom, especially in LA ... there's this constant need to look a certain way. To be wearing this or doing that. I feel like there's a huge pressure from the media, from all the celebrities, living in LA, and feeling that much closer to it. I feel like it takes a toll ... specifically for dancers.

Although Julie does not own a television, she feels strongly influenced by media:

I feel like I pin a lot of success on the industrial world of being in a commercial or being in TV, which is annoying because I don't even have a TV. It's kind of silly, but I have this huge desire to be in a music video ... when it's not even something I value myself. (Julie)

The media's commodification of women in messages pressuring them to be perfect in the eyes of others denigrates women. The media's role in reducing self-esteem also creates a cyclic effect when peers, instructors, and family members offer unsolicited judgment of self-deprecating dancers. Thus, social influence is a significant component of the cycle of negative body image.

Social influence

Strong correlation of influence of peers and authority figures on dancers' body image was also present in the interview data. Social influence can be a matter of talk among peers, or

constituted in the act of comparing one's body to others. Victoria noticed that dancers compare themselves to each other: 'I think we're constantly comparing ourselves to each other in classes. Even if it's not conscious ... I think a lot of people want a certain body.'

Social influence includes not only peer pressure but also cultural pressure, especially from authority figures. Parental influence and dance instructors' influence on dancers' body image was prevalent. Ellen said that her father embarrassed her about her weight:

My Dad always, always comments on my body – probably since I was about ten. He would say, 'You need to lose weight. You need to watch what you eat.' He had this image of what I had to be. Probably the most hurtful experience was when I was a freshman. My family was visiting for the dance concert and we were going out to dinner. My dad pinched every area of fat on my body. It was in public. It wasn't in private. It was the most embarrassing, most mortifying thing ever. I got so pissed off that I ate more than I should have. I thought, 'If you're going to do that, then I'm going to eat a chili dog, chili fries, and a shake.'

Victoria's mother obsesses about her daughter's weight and says 'You shouldn't be eating that!' This causes Victoria to overeat or choose unhealthy foods:

One thing that was always hard for me is that [Mom] was overweight. [It's] not like she was happy with herself. I always felt a lot of the pressure that she put on me was because she couldn't do it herself. I would almost ... eat stuff that I knew I shouldn't eat [to] spite her because she wanted me to lose weight. ... She wanted me to be smaller than I felt like I needed to be.

Claire's sister is competitive about her weight; 'There's always [talk] like "Oh, so what pant size are you wearing now?"' Claire says, 'I am a six,' and her sister says, 'Well, I am a four' (Claire).

While family members may think they are being supportive by noticing each other's weight, attention to weight can reinforce the self-chastisement that the media has so carefully inculcated in girls and women. Competition may seem like healthy fun, but a damaged self-esteem may stay hidden from those who care most deeply about family members. Even teachers can confuse students about body image. Julie's dance instructors described her anorexic friend as an ideal; 'She was almost used as an example to other students, which infuriated me. People in their [student-teacher] conferences would say "Well, you don't see this person eating chocolate cake."' She also mentioned that an instructor perpetuated the cult of thinness during class:

I have been told that [I need to lose weight]. We had a jazz midterm ... and we got graded on what we looked like ... on our image ... because we were practicing for auditions for commercial jazz work. We were graded on what we decided to wear for the audition and how it flattered, or didn't flatter, our bodies. People were told 'you should probably cover up your stomach. I wouldn't show it off unless you want to work on it more.' ... It's one thing when you think about it all the time and it's another when a faculty member tells you that in a conference. (Julie)

One instructor's syllabus encourages students to wear short shorts and crop tops to become accustomed to seeing their bodies in the studio mirrors. Instructors who work in the entertainment industry emphasize the importance of women becoming comfortable revealing a lot of skin because they must do so during auditions. Students also discussed the prevalence of drugs and cigarettes as appetite suppressants within the Hollywood nightclub scene:

[Drugs] are easy to find anywhere in the Hollywood clubs, in the bathrooms ... you want to be skinny, that super model skinny, and in LA that is what is out there – all of that Hollywood

hype. As dancers are concerned, I think that dancers smoke for that reason. It's reinforced by some of our teachers that it's okay to smoke and drink a lot of coffee, and not eat. (Victoria)

One student estimated that about 50% of the dance majors smoke cigarettes. Cigarettes and caffeine can harm one's health, but they are used by some dancers to enhance energy levels and decrease calorie intake. While dancers work to achieve dance fitness, psychomotor ability, proprioception, flexibility, and strength, they also learn the denial of indulgence in any activity that might interfere with achieving success as a dancer. With fierce competition in LA, dancers may be pressured to deny themselves food or to engage in risky behaviors to relieve stress.

Culture of eating disorders

The quantitative analysis revealed a strong indication that more than 22% of the dancers exhibited characteristics of a potential eating disorder. The qualitative data also revealed evidence of a culture of eating disorders, both within the LA dance world at large and specifically in individual dancers' narratives.

Julie said, 'I think every dancer has some minor form of eating disorder just because of the way we think, the way we eat.' Despite the Department Chair's attempted interventions in promoting healthy lifestyles, Julie worried about a silence surrounding eating disorders:

It's rarely discussed which is frustrating. That's my motivation for creating the [support] group that I started ... But I had a close friend that had an extreme eating disorder ... She was being held up as an exemplar. She is an amazing dancer and has everything together except for this one thing. Constantly has solos in concerts, is presented as this person to look up to. But never in the light of 'be careful of your body.' That was never mentioned. It was this untouchable subject. I'm not sure why that is, especially in a dance department, that it's not discussed openly, like 'these are the signs of [pause] be careful of this.' ... I feel like the teachers don't discuss this much. If anything, they tell you, 'You need to lose weight.'

Julie started an eating disorder support group on campus to encourage the dancers to eat healthy and not to succumb to the pressures of dieting:

I started a [support] group because of my concern with my friend[']s anorexia] ... I think it definitely helped bring an awareness of the situation. Also, I really pushed our [administration] a lot to do something about it and try to do more surveys similar to this ... to identify [and create] ... more awareness among everyone suffering, and those suffering because friends are suffering. ... So, then they have a bag of bones they are being compared to in class. That's not fair, and that's not healthy, and that's not *right*.

Chelsea talked about her own eating disorder and how she limited herself to 700 calories a day. Also, she was dancing all day and going to the gym to run for an hour. She battled her weight in her first two years of college and said that living in LA negatively affected her body image:

What really scared me was that I stopped my cycle. I had gotten down pretty low and I thought 'This is clearly a red flag. You can't do this.' I was about 120 then, and over the summer I said, 'Mom, I didn't mean for this to happen.' ... I told her everything ... I basically gained it all back and I was about 135 when I [returned to school in the fall]. That was normal and not doing anything crazy. Sophomore year I was freaking out 'cause I thought 'Oh my gosh, I'm overweight now because of where I am [in LA].' (Chelsea)

These dancers are aware of their eating disorders and body image issues. While some are proactive towards change, others are even more skilled at remaining silent. By college age, body image attitudes and related habits are strongly engrained. To better support young girls and women we must break the cyclical cult of slenderness.

Discrepant cases

Although 95.5% of our participants were women, most of whom felt the negative effects of media on their body image, the two men we interviewed revealed contradictory narratives about their bodies. Robert, who had only been dancing about three years, expressed positive experiences in all aspects of his dancing and dance training. He expressed that it was clear to him that the dance environment placed more pressure on ideal bodies for women than men. Sean, on the other hand, described a painful experience in a New York dance studio locker room in which he was feminized by a more muscular male dancer who mocked him for carrying extra body fat. The dancer teased him about his soft looking thighs and lack of defined abs. He warned Sean that he should lose weight if he wanted to dance in a company. Sean heeded the advice and, with the help of a personal trainer and nutritionist, proceeded with diet restrictions and long cardiovascular workouts to lose 30 pounds from his 5'9" medium build.

Donna presented as the only female discrepant case that emerged from interview data. She expressed how dance empowered her, gave her joy, and offered her years of positive physical expression. She described how her skill level is high and her body functions well in dancing, but that her leg length is clearly too short in relation to her torso to allow her to stand out during auditions. Her positive self-esteem stems from supportive family relationships that keep her grounded. This case stood out from the norm in that many of the women interviewed emoted during self-reflection about body image issues. As noted by Bordo (1993), 'women in our culture are more tyrannized by the contemporary slenderness ideal than men are, as they typically have been by beauty ideals in general ... women are much more prone than men to perceive themselves as too fat' (204). Hence, two of these cases reversed expected gender roles.

Conclusion

Practical implications

The media skillfully grab our attention, creating a powerful, cyclical pattern of reinforcement of self-examination and comparison, which can readily lead toward low self-esteem, distorted body image, and unhealthy eating habits. The locale of the cult of slenderness is the hotbed for pressure on young women. Our study found that living in LA negatively affects dancers' image. In addition, family, teachers, and the media influence women's views of their bodies.

Our study revealed that 2.7 of 10 dancers in the pool screened positive for the propensity for an eating disorder. Half of the students interviewed were currently struggling, or had previously suffered, with an eating disorder. Dancers at this LA university are suffering from different degrees of both distorted body image and disordered eating behaviors. Their experience may be direct or indirect through watching friends suffer. The students themselves started a support group to help educate each other about the dangers of eating disorders. The qualitative and quantitative evidence of a culture of eating is a wake-up call for the Dance Department.

The social activism portion of this study will be to address the problem along with the dance students. We will work with the Chair of the Dance Department and Psychological Services to arrange for individual and group counseling about eating disorders and body image. One positive step that has occurred already is the screening of the documentary film *Thin*, directed by Lauren Greenfield, followed by a question and answer session by a panel of therapists from Psychological Services. Furthermore, the Dance Department has invested in the construction of a dance wellness lab and the hiring of wellness trainers and a physical therapist. This effort was not only to address injuries but to prevent them and to create a social environment for the support of any issues related to maintaining dancers' health.

The next step in the intervention of the LA culture in the Dance Department will be to help dance students learn to take care of their bodies and psyche for well rounded health. We plan to invite speakers to facilitate healthy lifestyles events to educate dancers about stress management, dancers' nutritional needs, and critical media consumption. Therapists from the Psychological Services Center will facilitate support groups and individual counseling sessions to empower dancers and to combat distorted body image and eating disorders. In addition, grants must be obtained to fund this ambitious project.

Strengths and weaknesses of the study and ideas for future research

The strengths of this study are three-fold: (1) Triangulated methods of inquiry, both quantitative and qualitative data collection and analyses, allowed us to collect different kinds of data which include surveys and face-to-face interviews; (2) Inter-coder reliability enforced reliability of the qualitative analysis; and (3) The analysis was both theoretically and data driven through critical interpretation of grounded theoretical methods of data analysis.

A shortcoming stems from our lack of focus on race, culture, and class differences. We plan to address these issues in future research. Another shortcoming is that only dance majors and minors were surveyed. Future research could include surveying non-dance majors to reveal if any differences exist between how dancers and non-dancers experience life and the media in LA. Is the culture of eating disorders germane to the dance department or the entire campus?

Whereas this study focused on dancers' attitudes toward their bodies – attention to mediated messages about ideal bodies and everyday lived experience in the dance culture as it promotes a tension between the image of the healthy dancer's body and the slender ideal – the next step will be to survey and interview a larger pool of dancers in the LA area.

The target population will remain dancers who train in ballet and modern dance, but who are primarily drawn toward commercial jazz dance, which is the most used technique in the entertainment industry in LA. We will interview directors and choreographers in LA who select their performers for TV commercials and entertainment productions. We seek to understand how teachers and producers represent the ideal dancer to their students and performers.

While our research reveals a disheartening degree of struggle with body image and self-esteem among LA dancers surveyed, we are not satisfied with merely learning about these dancers' stories and statistics. We are interested in finding paths toward empowerment,³ in which girls and women can find their voice. While the media are more powerful than any individual, family, or school, collectively parents and teachers can build a network of empowerment through education. Since the desire to be thin often starts as early as age eight (Nguyen 2007), comparing oneself to others for unbiased self-evaluation, self-improvement, or self-enhancement (Nguyen 2007) is modeled for children and teens by the choices

that family members and authority figures make in the television shows we watch, magazines we read, and products and clothing we buy.

Research reveals that advertisements with highly attractive models are usually more effective at selling than those with less attractive models (Nguyen 2007). *Highly attractive* advertising models are defined as those who are thin with beautiful faces (Striegel-Moore, Silberstein, and Rodin, 1986; Richins, 1986, cited in Nguyen, 2007). Yet research has shown that these images lead to poor self-esteem and a change in eating habits among adolescent girls and women (Harrison 2000, Harrison, et al. 2006, Nathanson and Botta 2003). Pressure on women to achieve beauty and thinness has increased dissatisfaction with their bodies (Dittrich, no date, cited in Nguyen 2007), but research by Bower and Landreath (2001) reveals that a negative effect of unpleasant feelings and emotions of distress, anger, fear, guilt, and jitteriness garnered by ad exposure has catalyzed a rebounding backlash. Due to this negative effect, research shows that sales of some products promoted by highly attractive models have decreased (Batra and Ray 1986; Bower and Landreath 2001; Richins 1991, cited in Nguyen 2007). Also, Martin and Gentry's (1997) study of adolescent girls found ads with highly attractive models led to negative affect and low self-esteem. Hess-Biber (1996) and Baumgardner and Richards (2000) argue that the only way to change the system is through social activism including boycotts of industries involved, organizing letter writing campaigns, and engaging in social activism through education.

While most advertisers continue to follow the premise that positive moods induced from viewing images of beautiful people will sell products, one international company based in the Netherlands, UK, and USA, Unilever, has listened to the research and has pioneered the Dove Campaign for Real Beauty, in which the women who enact the definition of beauty in the Dove ads represent all women of all colors, shapes, and sizes. Contemporary cultural definitions of beauty are becoming multidimensional and multicultural. Moreover, the Dove Campaign for Real Beauty has developed a mentoring program titled *Real Beauty: Workshop for Girls* in conjunction with the Dove Self Esteem Fund and the Girl Scouts. The purpose of this workshop is for real women to mentor girls to build a healthy body image and strong self-esteem. The program includes a DVD and curriculum for mentors to guide young girls on the path to self-respect and leadership skills. This is one example of a step toward empowering women and girls who have suffered self esteem and body image issues. We will utilize these materials to provide outreach programs to connect college age dancers as mentors to young dancers in the LA area. The workshop for girls will help young dancers acquire skills to resist the cult of slenderness by allowing dance to be inspiring, fun, creative, and educational.

Children are drawn to dancing because it is fun and social and they feel empowered when they experience their skills growing, but when children begin to focus on comparing their bodies to normative standards and become concerned with whether they are sufficiently flexible, coordinated, fit, attractive, and proportioned, then dance loses its sense of fun. Dancers live in a world of social comparison and self-evaluation and advertising reiterates the message that to be beautiful one must be thin. While the dance world has shifted slightly in recent decades to support a culture of dancer wellness⁴ rather than dancer thinness, our research reveals that female LA dancers believe they must be their thinnest to be hired to perform. Advertising research reveals that more skeptical consumers experience fewer negative affects, rely less on advertising, and attend less frequently to beauty advertising (Nguyen 2007). To nurture and empower girls into strong, healthy dancers, parents, teachers, and mentors must encourage a new attitude among children to resist the powers of the media and to be skeptical of advertising. Children can learn that critical consumers recognize the dangers of emulating someone else and that young

dancers need a dance education environment supportive of ‘critical thinking in all the artistic processes: creating, performing, and responding’ rather than one of just ‘doing the art,’ which can lead to comparisons to impossible normative standards (Pugh McCutchen 2006, 4).

Certainly technically trained dancers require rigorous, disciplined, informed training, but if dancers’ self-image is in jeopardy in early childhood, then we must take heed and make sure all young dancers have a chance to define their own individuality, creativity, and beauty in any way they wish. They can only take this liberty if parents and dance teachers set the stage for them. The Dove Real Beauty Workshop for Girls is setting an example and providing tools for parents and other caring adults in local dance studios, primary and secondary schools, and institutions of higher learning to engender the values of self-respect and a healthy body image. By becoming critical consumers of media, we hope that young dancers will become empowered to effect social change in their lives and in turn influence the dancers who follow them.

Notes

1. This phrase is attributed to the PBS *Nova* documentary of the same name about dancers with eating disorders and the long and short-term dangers to their health.
2. The first celebrity on record to die of anorexia was singer and songwriter Karen Carpenter in 1983. She died of cardiac arrest at age 32 after a long-term eating disorder brought on by the anxiety of being under public scrutiny. In addition, actors and celebrities, such as *Growing Pains* child star Tracy Gold; child star of *Full House* and several movies, Mary Kate Olsen; as well as Nicole Ritchie, have all been treated for eating disorders. Their ordeals were made public and were widely discussed by the media.
3. We use the term empowerment to signify giving girls and women the tools to increase self-esteem, to resist the media’s messages about the ideal body, and to achieve a healthy body image. In this way, women and girls can achieve a sense of agency and become speaking subjects rather than oppressed objects (as discussed in the works of Butler 1993; Giddens 1979).
4. Dance wellness is the comprehensive goal of biomechanical efficiency, career longevity, injury prevention, self-care and education endorsed on some level by the International Association of Dance Medicine and Science, the National Association of Schools of Dance, the Alliance for Health Physical Education Recreation and Dance, and the World Dance Alliance to name a few (Potter and Galbraith n.d.).

Notes on contributors

Teresa L. Heiland is an assistant professor of dance at Loyola Marymount University where she teaches courses in dance pedagogy, choreography, dance conditioning, and dance science. Her research is in the areas of body image, ideo-kinesiology, and dance literacy.

Darrin S. Murray teaches courses in communication studies focusing on communication theory and research methods. His research is in the areas of student-instructor communication and the scholarship of teaching and learning. He is currently a doctoral candidate in Human Development at Fielding Graduate University, Santa Barbara, CA.

Paige P. Edley is an associate professor of communication studies at Loyola Marymount University where she teaches organizational communication, gender and the workplace, and qualitative research methods. Her research interests include the intersections of power, gender, and identity in organizations, alternative forms of organizing, work-life balance, and women-owned businesses.

References

- Adair, C. 1992. *Women and dance: Sylphs and sirens*. New York: New York University Press.

- Alderson, E. 1997. Ballet as ideology: *Giselle*, Act 2. In *Meaning in motion*, ed. D. Morris. Durham, NC: Duke University Press.
- Alter, J. 1986. A field study of an advanced dance class in a private studio setting. *Dance Studies* 10, 49–97.
- Batra, R. and M.L. Ray. 1986. Affective responses mediating acceptance of advertising. *Journal of Consumer Research* (1986–1998) 13, no. 2: 234.
- Baumgardner, J. and A. Richards. 2000. *Manifesta: Young women, feminism, and the future*. New York: Farrar, Straus and Giroux.
- Benn, T. and D. Walters. 2001. Between Scylla and Charybdis. Nutritional education versus body culture and the ballet aesthetic: The effects on the lives of female dancers. *Research in Dance Education* 2, no. 2: 139–54.
- Blood, S.K. 2005. *Body work: The social construction of women's body image*. New York: Routledge.
- Bordo, S.R. 1993. *Unbearable weight: Feminism, western culture, and the body*. Berkeley: University of California Press.
- Bower, A.B., and S. Landreth. 2001. Is beauty best? Highly versus normally attractive models in advertising. *Journal of Advertising* 30, no. 1: 1.
- Butler, J. 1993. *Bodies that matter: The discursive limits of sex*. New York: Routledge.
- Carter, K. 2001. Constructing the balletic body: The 'look,' the Sylph and the performance of the gendered identity. In *Reframing the Body*, eds. N. Watson and S. Cunningham-Burley, 113–27. Hampshire, UK: Palgrave.
- Cotton, M.-A., C. Ball, and P. Robinson. 2003. Four simple questions can help screen for eating disorders. *Journal of General Internal Medicine* 18, no. 1: 53–6.
- Edley, P.P. and G. Bihn. 2005. Corporeality and discipline of the performing body: Representations of international ballet companies. In *Intercultural communication and creative practice: Dance, music and women's cultural identity*, ed. L. Lengel, 213–28. Westport, CT: Praeger.
- Foucault, M. 1988. *Technologies of the self: A seminar with Michel Foucault*. (Eds. L.M. Martin, H. Gutman, and P.H. Hutton). Amherst: University of Massachusetts Press.
- Giddens, A. 1979. *Central problems in social theory: Action, structure, and contradiction in social analysis*. Berkeley: University of California Press.
- Gordon, S. 1983. *Off balance: The real world of ballet*. New York: Pantheon Books.
- Green, J. 1999. Somatic authority and the myth of the ideal body in dance education. *Dance Research Journal* 31, no. 2: 80–100.
- Hamilton, L.H. 1997. *The person behind the mask: A guide to performing arts psychology*. London: JAI Press Ltd.
- . 1998. *Advice for dancers: Emotional counsel and practical strategies*. San Francisco: Jossey-Bass.
- Harrison, K. 2000. Television viewing, fat stereotyping, body shape standards, and eating disorder symptomatology in grade school children. *Communication Research* 27, no. 5: 617–40.
- Harrison, K., L.D. Taylor, and A.L. Marske. 2006. Women's and men's eating behavior following exposure to ideal-body images and text. *Communication Research* 33: 507–29.
- Hess-Biber, S. 1996. *Am I thin enough yet?* Oxford: Oxford University Press.
- Jennings, L. 2007. Size zero cast aside as dance shapes up. *The Observer*. <http://arts.guardian.co.uk/print/0,,329778737-123445,00.html> (accessed March 9, 2008).
- Johnson, D. 1992. *Body: Recovering our sensual wisdom*. Berkeley, CA: North Atlantic Books and Somatic Resources.
- Kilbourne, J. 1999. *Deadly persuasion: Why women and girls must fight the addictive power of advertising*. New York: Free Press.
- Kirkland, G. 1986. *Dancing on my grave*. Garden City, NY: Doubleday.
- Martin, C.M. and W.J. Gentry. 1997. Stuck in the model trap: The effects of beautiful models in ads on female pre-adolescents and adolescents. *Journal of Advertising* 26, no. 2: 19.
- McPhee, L. 2000. *Dying to be thin*. NOVA Production, Twin Cities Public Television, PBS, Boston, MA: WQBH Boston Video.
- Nathanson, A.I. and R.A. Botta. 2003. Shaping the effects of television on adolescents' body image disturbance: The role of parental mediation. *Communication Research* 30, no. 2: 320–6.
- National Institute of Mental Health. 2001. Eating disorders: Facts about eating disorders and the search for solutions. <http://www.nimh.nih.gov/> (accessed June 11, 2007).

- Nguyen, S.H. 2007. Highly attractive models in advertising: How beauty type and social comparison motives impact on negative affect. Masters Thesis, Curtin University of Technology, Sydney, Australia.
- Novack, C. 1993. Ballet, gender and cultural power. In *Dance, Gender and Culture*, ed. H. Thomas, 34–48. London: Macmillan.
- Oliver, W. 2005. Reading the ballerina's body: Susan Bordo sheds light on Anastasia Volochkova and Heidi Guenther. *Dance Research Journal*, 37, no. 2: 38–54.
- Potter, K. and G. Galbraith. n.d. 'Dance wellness: Why, how and the future; A model at Case Western Reserve University.' <http://dancewellness.case.edu/Information/Article.pdf> (accessed March 1, 2008).
- Pugh McCutchen, B. 2006. *Teaching dance as art in education*. Champaign, IL: Human Kinetics.
- Stinson, S. 1998. Seeking a feminist pedagogy for children's dance. In *Dance, power, and difference*, ed. S. Shapiro, 23–48. Leeds, UK: Human Kinetics.
- Striegel-Moore, R.H., L.R. Silbersetein, and J. Rodin. 1986. Toward an understanding of risk factors for bulimia. *American Psychologist* 41: 246–63.
- Van Zelst, L., A. Clabaugh, and B. Morling. 2004. Dancers' body esteem, fitness esteem, and self-esteem in three contexts. *Journal of Dance Education* 4, no. 2: 48–57.
- Vincent, L. M. 1989. *Competing with the sylph: The quest for the perfect dance body*. Pennington, NJ: Princeton Book Company.