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Mirror, mirror on the wall... What can I, as a ballet teacher, do to prevent eating disorders or help a student with such a problem?

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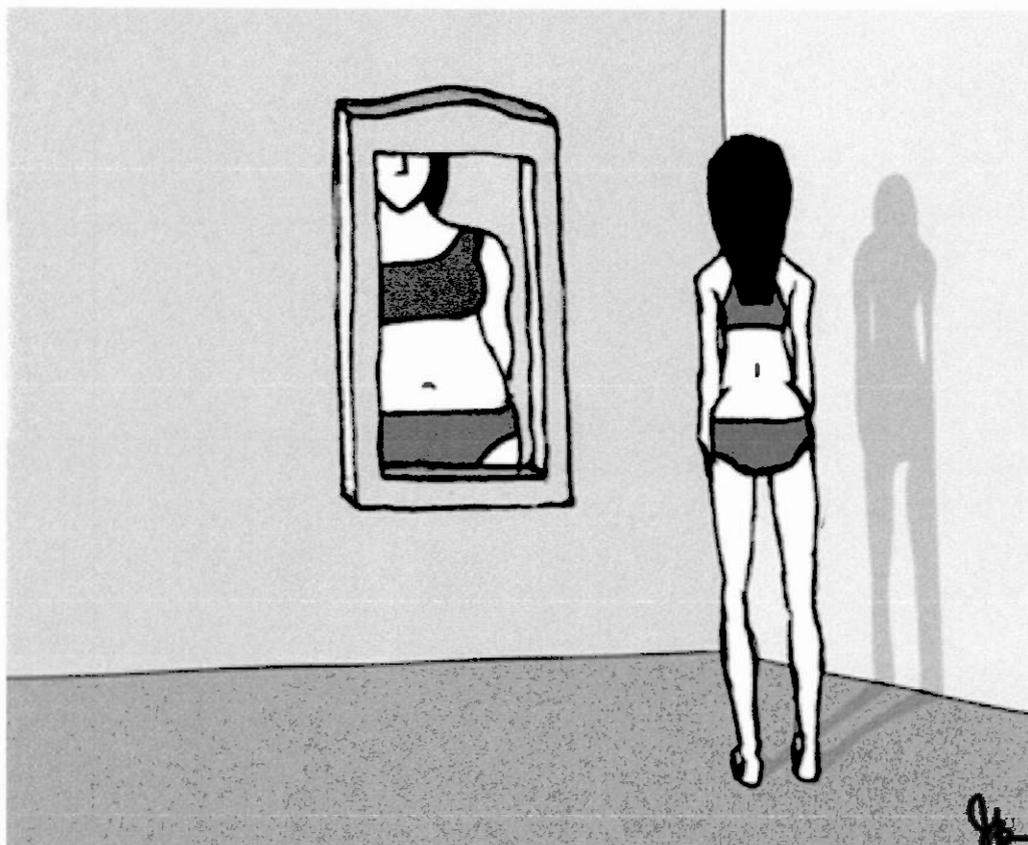


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1. Introduction

The mirror is not you. The mirror is you looking at yourself.

- George Balanchine

In this thesis I intend to discuss eating disorders in the world of classical ballet and what teachers can do to help their students stay healthy and overcome these unfortunately common illnesses. It is important to acknowledge the aesthetic ideals in classical ballet, which require a lean and what most people would consider a skinny body. Such figure is also essential for obtaining a job in a classical ballet company. Due to the fact that students are often thin and in their teens, it is important for teachers to be aware of the risks of eating disorders, and learn to notice the early signs. But then what, how should a teacher approach a student they are concerned about?

Therefore, my thesis question is:

What can I, as a ballet teacher, do to prevent eating disorders or help a student with such a problem?

I will start by describing the aesthetics of classical ballet and then introduce various eating disorders and the signs teachers should be aware of. I will then research various theories of self-concept, self-esteem and identity in order to link these to theories about teaching. I will also write about a case where a student developed an eating disorder during her professional dance training, after which I will discuss how the ballet school at the Oslo National Academy of the Arts (KHIO) deals with eating disorders. In light of the examples and theories, I shall then discuss my thesis question and finish with a summary of the most important aspects of my thesis. The focus will be on students in professional dance training, as that is where teachers will almost inevitably encounter students with eating disorders. This is not to say that the methods and theories in this essay would not apply to students of any age.

2. The Aesthetics of Classical Ballet

“The body culture of ballet dancers, whilst greatly affected by the ideals and beliefs developed and held by those involved with, and “inside”, the ballet world, is also inevitably affected by the body culture of the society at the time.” (Walters 2000, p. 7)

It is common knowledge that classical ballet dancers are slim. The general thought is that slim and long bodies create clearer and more beautiful “lines” required in classical ballet technique. With this said, the aesthetics started somewhere, and has become the norm in classical ballet. Most, if not all, professional ballet schools and companies choose their dancers through auditions. They usually have many dancers to choose from and the physical appearance plays a major role in addition to technique and other attributes. Many dancers experience pressure from school or the management of ballet companies to lose weight. The issue of weight is unfortunately often discussed in a humiliating way, with inappropriate comments from the management, and often in front of other dancers instead of discussing the matter privately (Walters 2000). I believe, this negative culture has lasted for so long that it has become practically accepted by dancers who often have to fight for work and are happy to be dancing even if they are treated badly. I am sure that changing this culture will take a long time, but every ballet teacher can make a small difference. It seems like the atmosphere around eating disorders has slowly changed, both in the media and dance world, since I took my professional training 10 years ago. There are more discussions about fighting eating disorders, and dancers are more often compared to athletes, where strength is of importance. The fashion world is also a sector where eating disorders are very common and various big fashion events are now taking a stand by refusing to use models under certain size. It also seems that the shape of the ideal female body is slowly changing. I believe such a change is also starting to take place in the ballet world. For example Prix de Lausanne, one of the most prestigious ballet competitions in the world, makes dancers sign a contract where the judges reserve the right to prevent dancers from competing if they have an eating disorder or the examining physician believes they impose a health risk to themselves by attending the competition. Another institute actively fighting eating disorders in classical ballet is the National Ballet School of Canada, where this is done by attending various dance medicine conferences and by leading by example. They aim to combine the latest advancements in

sports medicine, science of movement and childcare, to the traditions of ballet training. "They are persuaded that: *'the time has come for the dance world to re-think the way things have always been done.'*" (Wuersten in Walters 2000, p. 27)

In addition to the culture in classical ballet, there is the aspect of the art form being physically very demanding, which affects the aesthetics. A lower body weight will put less pressure on the joints and decrease the risk of injury, even though a low body weight may induce other health risks. Ballet includes many complicated lifts and it is of naturally easier and less risky for male dancers to lift lighter women (Walters 2000).

3. Introduction to eating disorders

The World Health Organization has created the International Statistical Classification of Diseases and Related Health Problems (ICD-10), which is the diagnostic system used in the Norwegian health system for criteria of anorexia nervosa and bulimia nervosa. Both diseases are listed under "Behavioral syndromes associated with physiological disturbances and physical factors", meaning that both are considered mental disorders. In science, it is more common to use a system called The Diagnostic and Statistical Manual of Mental Health Disorders (DSM IV-TR), created by the American Psychiatric Association (Skårderud 2000). The classifications are very similar, with slight differences in the under categories. Both classifications list as a symptom the loss of menstruation for girls, which is something many experts argue, because there are cases where all other criteria are filled, but the patient still menstruates. For such cases ICD-10 has the diagnosis of "Atypical anorexia nervosa" where an individual lacks some of the criteria for anorexia nervosa diagnosis, but is clearly ill. DSM IV-TR also lists two additional eating disorders; namely binge eating disorder (BED) and eating disorder not otherwise specified (EDNOS). BED is an eating disorder which I will not discuss further, as it usually is not an issue to students in professional ballet training. EDNOS, however, I believe is an eating disorder that is widely spread in the ballet world. EDNOS is defined as an eating disorder where a patient clearly suffers from an eating disorder, but does not fulfill the criteria for anorexia nervosa or bulimia nervosa (Treasure, Schmidt & van Furth 2005).

According to Skårderud (2000), in aesthetic sports, such as dance, gymnastics and figure skating, 46% of female athletes suffer from eating disorders, whereas Walters (2000) refers to research that the “average” female ballet dancer’s weight is 15% below the ideal considering their height. Statistics vary, but I think it is safe to say that eating disorders are an issue in the classical ballet world. It is also far more common in females, with approximately 90% of persons suffering from eating disorders being female (Skårderud 2000).

3.1 Anorexia nervosa

Anorexia nervosa is a mental illness where patients refuse to sustain a normal weight in comparison to their age and height. It often starts by deliberate weight loss, which ends up getting out of the patients’ control. The patients weight is at least 15% below normal weight or their body-mass index is 17.5 or less. Patients with anorexia nervosa fear gaining weight and their body image becomes distorted. They refuse to accept their low body weight as a problem (ICD-10 and DSM IV-TR). Most patients will limit their eating by ignoring the feeling of hunger, but some patients have episodes of overeating (Skårderud 2000). Female patients often lose their menstruation, but not necessarily.

3.2 Bulimia nervosa

Bulimia nervosa is a mental illness where patients repeatedly overeat and then either make themselves throw-up or use laxatives or other medication to get rid of the food eaten earlier. For some patients throwing up is the reason for overeating, whereas other patients consider it shameful. Patients with bulimia nervosa are often of normal weight, but are very concerned about their body’s shape and weight (Skårderud 2000).

3.3 Recognizing the signs of eating disorders

Early signs of eating disorders, both for anorexia and bulimia nervosa, can be that the student is overly engaged about food. She may talk about it a lot, read about it or even prepare food for others, but not for themselves. Often the person starts by dieting and ignoring feelings of hunger in order to lose weight, but the habit ends up getting out of control. They limit what they eat, are very concerned about the calorie and fat con-

tent of the food they eat, and often exercise excessively to lose weight. They may claim allergies of various foods, prefer to eat alone or start eating obviously less or more than before.

Food choices will often be of low calorie and low fat types and it is common to drink diet sodas and juices to neutralize the feeling of hunger. A person with bulimia nervosa will often leave the table during, or immediately after, the meal to go to the bathroom and may put on the TV or music to distract others. A person with an eating disorder will get easily agitated if meals do not take place at planned times and may refuse to eat then. They may deny being hungry although it has been a long time since they last ate and may feel guilty after eating. Weighing themselves is done often, exercise is excessive and wearing baggy clothes to hide their body is common. They may often exclude themselves from the group and they are easily agitated. Also being extra helpful, due to their guilt, is common. Physical signs, beyond the obvious weight loss that a teacher may notice, are unstable weight, dizziness or tiredness. The student may start growing soft, thin hair called lanugo, especially on the face and on the back, as well as that their hair on the head may turn flat and lifeless. Due to bad blood circulation, feeling cold is common, and also sores such as blisters from point work may heal slowly (Skårderud 2000).

4. Self perception

Eating disorders are considered mental health problems, where the patient often has distorted images about themselves. The way students see themselves may be crucial for preventing risks of eating disorders.

4.1 Self-image

Both anorexic and bulimic patients link their self-image to body image. Self-image or self-concept is the way a person sees him- or herself. Self-image is constructed of thoughts, feelings and beliefs we have of ourselves, which may vary according to situation and different phases in life (Woolfolk 2004). Gunn Imsen (2005) describes self-image as reflections and beliefs a person has of themselves as an object, and that are affected by social interactions starting from mother-baby relationship and childhood. These social interactions, where another person's reaction to your action, combined with your own thoughts about yourself, builds your self-image, which continues

to evolve throughout life. George Herbert Mead calls this symbolic interactionism. This could be described as a person checking their mirror reflection through other peoples reactions. In this process, the person you mirror, has to be of some importance to you. Normally a complete stranger's reaction will not affect your self-image, at least not as strongly as someone you know and even more so, if it is someone you look up to, for example your teacher. (Imsen 2005). Askland and Sataøen (2009) see self-image being built by social interactions where an individual identifies, interprets, and adapts to social norms and habits. Through social activity the person then redefines and re-evaluates these norms and habits. This socializing process creates individuals as a part of a social group or culture, as well as each individual having unique traits. Their definition of self-image is very similar to Meads, but they believe that culture and norms play a larger part in the socializing process than what Mead says.

4.2 Body image

Body image is very closely related to self-image. *"A person's body image is thought to be, in part, a product of his or her personal experiences, personality, and various social and cultural forces. A person's sense of his or her own physical appearance, usually in relation to others or in relation to some cultural "ideal," can shape his or her body image. A person's perception of their appearance can be different from how others actually perceive him or her."* (Wikipedia) A person with an eating disorder links their self-image to their body image. As they often have a distorted body image, thinking they are bigger than they really are, I would imagine they also feel worse about themselves than they should. They may feel less worthy as a person due to feeling that they have the wrong body shape. All these feelings are reflected in their self-esteem.

A dancers body is her tool for work. It may be difficult for a dancer to distance themselves from work, when their body is the only tool they have. When being criticized for being the wrong shape or size, having bad feet or for other body related issues, it may be difficult for a dancer to take this as a criticism of their work rather than of themselves or their body. (Mastin 2009) "The matter of body shape is guaranteed to become a subject that a young dancer will be faced with, time and time again, at various points in their career. Confidence in body shape and food choices should be with

them always, and building these relationships at an early stage is priceless. This cannot be stressed enough. Having a healthy, lean body means having a healthy attitude to food.” (Mastin 2009, p. 69)

4.3 Self-esteem

Self-esteem is one's evaluation of their worthiness. A person will evaluate him- or herself in comparison to his or her own standards, or standards set by the surroundings, for example by friends or school. If a person feels that they succeed in what they are doing, their self-esteem will be boosted, and the opposite will happen if the person feels to have failed (Imsen 2005). A person with an eating disorder will often set standards for their own weight, imposing a very low weight threshold (ICD-10). In addition, many patients with eating disorders show signs of perfectionism (Treasure, Schmidt & van Furth 2005), which also indicates them setting very high goals and standards for themselves. Self-esteem is built through emotional reactions and evaluation of yourself in various situations (Woolfolk 2004) According to Maslow's hierarchy of needs, everyone has the need for a positive self-image. Maslow divides self-image into two categories, the lower and higher version (translation of “mangelbehov” and “vekstbehov” from: Wikipedia).

The lower version means a person needs an external confirmation of success, whereas in the higher version the person feels they have mastered something themselves (Imsen 2005). Persons with good self-esteem are generally pleased and have a realistic image of themselves and their talents and attributes. They see their own weaknesses, but accept them and wish to work on them. A person's self-esteem will vary according to situation and context (Askland & Sataoen 2011). For example a dance student may feel “normal” size when surrounded by family, but feel “fat” when comparing herself to other dance students.

It is unfortunately common practice for ballet schools to practice the thought of “break them down to build them back up again”. Teachers will use their power to crush students' self-esteems or positive thoughts about themselves to then create the types of dancers the institute or teacher aims for the students to be (Walter 2000). I see this type of practice in strong contrast to Maslow's theory that everyone has a need for a positive self-image. Respect and recognition are crucial elements for a per-

sons self esteem. Seen as dancers bodies are their tool for work, lacking recognition or respect in their dance training can have a damaging effect to their self-esteem and confidence (Walters 2000).

4.4 Identity

Erik Erikson describes the teen years as a crucial stage in identity building. In this stage of life, a person makes conscious decisions about values, obligations and often also on their future career. Although a persons' identity is created throughout his- or herself's whole life, it is in the teens that it starts to set as a base for adult life. "Identitet handler om at våre drivkrefter, ferdigheter, meninger og vår historie skal organiseres i et konsistent selvbilde." (Woolfolk 2004, p. 90) The identity and feelings from childhood will affect a persons identity in that those "inner feelings" will now have to be harmonized with the social environment the teenager lives in (Imsen 2005). "Who am I?" is a question that many teenagers ponder about, and the answers are part of molding their identity. When a person is incapable of finding answers to these questions, and feels they don't know who they are, Erikson calls it identity diffusion (Woolfolk 2004).

Gunn Imsen (2005) divides identity into objective and subjective identities. Objective identity includes aspects by which an individual would be recognized officially, such as their name, identity number, gender and parents. Subjective side of identity is described as something constant and invariable, where the society and social environment will affect the development of a person's identity. It is based on knowing yourself and your values, choosing to socialize, and feeling grounded and included in a social environment.

Nina Winger (1994) describes identity as a construction of the relationship between an individual and society. A person's identity varies according to the surroundings and is molded through social interaction where they identify, interpret and adapt to fit into social norms and habits, while also redefining and changing these norms. Identity is, therefore, dependent on social interaction. The feedback we receive from people around us will be used as building blocks to understand ourselves and for personal development. A person will identify themselves as a part of a group often in relation to age and interest, for example through fellow students at a ballet school. Through

socializing in a group, a person tries to find their own identity, which will fit into the group. Therefore, a young dancers identity may vary a lot depending on which environment they are in. In a ballet school, they may try to fit the image of a slim, good girl often met in such environments, whereas their identity around their childhood friends, who have nothing to do with dancing, may be something different.

I believe it is important to differentiate one's identity related to dance, one's and identity outside dance. I believe in Wingers theory that a person's identity varies according to the surroundings, and as a dance teacher it is important to help the students understand the difference between their professional and personal identity. What happens in dance classes is part of the professional identity, and especially negative experiences such as a bad class or a choreography a student is struggling with, is part of their work and does not need to affect their personal life. I believe it is important to encourage students to have a social life outside school and outside their ballet friends, because in such social situations the student may feel more successful than in situations related to ballet. I also believe it is the teachers job to create an atmosphere in class where students are active and their individual characteristics are welcome. One often meets these "good girl" students, who seem to have suppressed their own identities away to fit into the ballet image, and in the long run I believe this can have bad consequences on a persons identity development. I believe such students may experience identity diffusion.

The environment of a ballet school will most likely be very different to what they have experienced earlier. A student may have been the most talented child in their local ballet schools, possibly in a small town. The changes in their life situation, possibly moving to a new city, attending a professional ballet school, moving away from home, friends and family, will all affect the teenager's identity development. I believe these changes in life may cause confusion and the student may create distorted images of themselves and their body, adding to the risk of getting an eating. They may then desperately try to fit in, and a diet may get out of hand.

5. Case

This case is based on a student I studied with 10 years ago. I was part of many of the events leading to the student becoming sick, and the rest of the information is based on interviewing her (email and phone interview 8.5.2013). I will call her "Sarah".

Sarah was 16 years old when she was accepted into a prestigious ballet school in London. She is 175 cm tall, has long swayback legs and beautiful feet with a high arch. She was technically one of the strongest in class and it seemed like the teachers had high hopes for her, but in their opinion, she needed to lose weight. She weighed 60 kg when she started her professional training. From the start Sarah was well aware that she was one of the biggest girls in class. In addition, she felt immense pressure from her teachers. She felt like a lot of the feedback she got from her teachers was about her weight.

There were several incidents where a small group of girls were called in for a group meeting. These were the "biggest" girls in class. Here are a few examples of situations we experienced. The ballet teacher of the year picked out 6 girls (out of 22) to write a food diary for a week and then meet the nutritionist. She says the reason was that they needed to check our diets for not consuming too much fatty foods. The nutritionist gave us small adjustments for our diet, without finding big things to change. I was, for example, advised to use skimmed milk in my breakfast cereal instead of semi-skimmed. All 6 girls were told to "work on their muscle tone".

In second year, the same girls were asked to join the ballet teacher for a talk. The teacher told us that she had spoken to all the other teachers at the school and they all differ in opinion on who needs to lose weight. She listed each teacher telling us how many percentage of the class that teacher felt needed to lose weight. "Catherine thinks 75% of the class needs to lose weight, Megan thinks 40%, Lillian is a bit more open, maybe because she is a contemporary teacher, and thinks only 25% of the class needs to lose weight..." There were several such incidents where we were confronted as a small group. In addition, our weight was always a topic in individual meetings that we regularly had with our teachers. During the first year, the school decided to attend an experiment where the students' intake, calorie spending and body fat would be measured. The girl with the highest body fat amount had 18 %, indicating that the whole

class was skinny in “normal terms”. Even after these results, the teachers kept pressuring us to lose weight. The atmosphere about eating in school was very negative. Most students would eat in the changing room, the little they ate, because they knew teachers would not come in there. The green room was mainly used for doing homework, drinking tea or napping.

The first two years passed with Sarah holding a pretty steady weight, losing a couple of kilos, but gaining muscle tone. Second year came to an end and we were advised to stay in shape during the summer. In the third year, we would join the school’s touring company and casting and rehearsals for the numbers would start immediately in the fall. During this summer Sarah decided to lose weight, as she did not want her weight to prevent her from getting casted. When we returned to school in September, Sarah’s weight had dropped drastically. She was casted heavily, including some soloist parts. She felt like she had succeeded and was in full control. The teachers had noticed her weight loss and asked to talk to her. They said; “Are you ok? You are looking very thin.” This, to her, was a confirmation of success. To hear them call her thin meant for her that she was doing the right thing. Therefore, she continued to restrict her eating. She rarely ate at school, or if she did, it would be very little in comparison to before.

During the fall Sarah’s weight kept dropping. She was called in for various meetings with her teacher and she was warned that if she lost more weight, they would have to restrict her dancing. She was sent to the nutritionist and a sport psychiatrist. Unfortunately she had already lost control and her weight kept dropping. In November, Sarah weighed only 46 kg, and her mother was asked to come for a meeting at the school. It was the first time the school talked about her situation using the word anorexia, making her mother cry. This was a turning point for Sarah; she realized she had a problem. She was sent home, denied from dancing and appointed a nutritionist to help her. None of the other students were informed about what happened, it was only through her roommate that we found out she was sent home.

Although she could see it coming, being sent home was tough for Sarah. It meant she was missing rehearsals and potentially risking roles. It was difficult for her to “lose” control again by eating, when she felt like she had control by not eating. She says that the things that helped her most, were people eating together with her. “Also, my nutritionist used calorie content to gain weight. I had spent so long knowing the calorie

value of everything to lose weight - she did the reverse. She explained things like, in order to gain just ONE pound in weight, I need to consume 3000 calories. That's a chocolate bar every day for 10 days. This worked. It made it doable to eat more without fear of exploding."

Sarah decided she wanted to return to school after Christmas, and was allowed, but was restricted from dancing full days. She slowly gained a little bit of weight, but to this day she is still very slim. Upon return, she felt like her teachers didn't push her at all in the way they did before. The teachers most likely did it in consideration to her regaining her strength and weight, but she felt like they had given up on her. She got to tour and dance a fair share with the company, but not as much as she had initially hoped for.

For her beating anorexia is a never-ending story. When I asked her: "How long would you say you were sick for?" she replied, "Forever. Anorexia is an ongoing battle. Hence, so many relapses in most patients. I luckily have never relapsed, but there isn't a day that goes by where you're not tempted to restrict your intake of food and challenge your willpower again..." She feels she got good help from her nutritionist and the sports psychologist at school, but feels that the teachers had very little knowledge on how to handle students with eating disorders. Their attempts to help, by voicing their concerns, worked as boosters for her losing weight.

6. How The Ballet Academy at KHIO copes with eating disorders

I interviewed Toini Kristensen, the Head of Studies for the ballet studies at The Academy of Dance at Oslo National Academy of the Arts (KHIO) about their procedures concerning eating disorders (interview 26.4.2013). She said that the most important aspect of fighting eating disorders in professional dance training is an open dialog between the students and the school, together with a support network of various professionals, including nutritional experts, doctors and psychologists.

Approximately 5 years ago, after they struggled seriously with a few cases of eating disorders, they decided to create a system of routines to help sick students. They contacted various doctors, psychiatrists and nutritionists, among others Finn Skårderud, a psychiatrist specializing in eating disorders, whose literature I have used in this thesis.

The biggest difference since building a support team and having various lectures with these experts, Kristensen says, is the attitude the school has towards eating disorders, and how they have worked to have an environment at their institute where students accept themselves for who they are. At the same time students should feel safe to voice their concern about a fellow student.

The school's focus is on the hard work to reach the goal to create the best possible dancers, and the school aims to have a healthy environment concerning eating and body image.

At the beginning of the first year, the students have a course of lectures with an experienced nutritionist, who has worked closely with athletes and dancers. The lectures approach topics such as; nutrition for active training, food suggestions for before, during and after training, balanced energy through nutrition, eating disorders, etc. The nutritionist also talks about the physiological changes that take place as the students' bodies grow from teens to young adults. Girls stop growing height, which may cause weight gain, also hormonal changes may cause weight gain or loss. Boys may suddenly stretch a lot in height and their weight may not keep up with it. Each student is asked to write a food and exercise diary for a period of time (usually one week), which forms the basis for individual appointments. The nutritionist is able to guide each student privately towards healthy eating habits, and detect signs of eating disorders. This way, each student has had a contact with a nutritionist. If problems occur at a later stage, it will be easier for students to talk to someone they already are acquainted with. The most common advice the nutritionist gives the students is that they need to eat more often.

Another way the school encourages a healthy environment, is that they suggest students spend their lunch breaks eating together. The students are advised to make this their social time, where everyone eats and enjoys themselves, without concerning themselves about what foods each individual is consuming. Due to classes being very small (with approximately 6 students per year), students will easily notice if someone skips lunch on a regular basis. In addition, the school feels very strongly that girls must menstruate regularly. This is something they voice to students and rely on students being honest. The school immediately sends students to the doctor if they have missed 2-3 periods.

It seems as if the environment and atmosphere in this school is very open, and students feel safe asking their teachers for advice. Kristensen says she has noticed a big difference in how the school handles eating disorders since they started the program with the nutritionist. Although the school still has students with eating disorders, she feels the amount has decreased and the cases are caught at an earlier stage and they are able to help more.

The school encourages students to voice their concerns about their own bodies or other issues they may have, or if they are concerned about a fellow student. All concerns are handled confidentially. Students are also encouraged to confront the person they are worried about, even with the risk of various outcomes such as anger, denial or losing a friend. The school's job after receiving a notice from a fellow student, is to evaluate the situation and talk to the person concerned. The student is quickly advised to meet with the nutritionist, who is the expert and know how to manage the situation further. The teachers' job is not to evaluate whether or not the student has, in fact, an eating disorder, but rather to suggest for the student to seek professional assistance. Kristensen is pleased to have a support system that the teachers can trust and says this is essential in such delicate subjects.

7. What to do?

I do not believe this question can be fully answered, because each individual case will be different according to the students' identity, self-concept and self-esteem. The needs of each individual will vary and a teacher will need to use their common sense and ethics in choosing how to handle the situation. I believe a teacher can help in building a safe and positive environment, which may prevent some potential eating disorders.

7.1 Feedback

Classical ballet training requires precise work and a student will hear many corrections on their technique. As mentioned earlier, it may be difficult for a dance student to differentiate feedback given on their technique as part of their work, from their image of themselves. Therefore, I believe it is important to look into building and strengthening your student's self-concept and self-esteem. Positive self-concept is a

result of feeling successful and being noticed (Woolfolk 2004). Therefore, it is important to help every student feel this way. Noticing each student, in every single class, making sure that you as a teacher give them at least one positive feedback can help the student feel successful and noticed. Noticing and encouraging effort and recognizing success may boost the students' self-esteem (Woolfolk 2004). It is only human to like some students better than others and for a teacher having to find positive attributes in each student, may help build a more positive image of a less liked student. It is important for a teacher to be aware of their prejudices and expectations for each individual, and try to accept each student the way they are. This will then affect Mead's social interaction, where the student will read into how the teacher reacts to them.

A teacher must be precise in evaluating their student and not exaggerate their opinion of their student. Positive feedback needs to be real and based on the student's achievements (Steensaasen & Sletta 1996). The feedback given in class needs to be related to what the students are working on and the students need to feel that the teacher means what is said. It is easy to get into the bad habit of just saying "good" or "well done", but that will have little effect if the student hears this after every exercise and has nothing to base it on. Therefore, specifying what was good in the exercise is important. Positive feedback will strengthen a person's self-esteem (Woolfolk 2004), therefore, working on giving corrections in a positive manner is vital. Many ex-dancers who become teachers, are used to hearing "no, no, no, you're doing it wrong" or at least "you need to lift your legs higher". I believe every teacher can make a difference here. For example starting by saying "It's much better than last time" or "I can see you are working very hard on this" will be a positive way to start giving a correction and hopefully help the student's self-esteem while improving their technique.

An area often corrected in dancers is their "center" or core, meaning their abdominal and back muscles. A common way to correct this is by saying, "pull your stomach in". I believe this may be a sensitive subject to a student with a negative body image, and therefore, it is important to use specific feedback here as well. "Pulling your stomach in" may sound specific, but for a person with an eating disorder, instead of hearing what the teacher meant which was "engage your core muscles", they may hear "your stomach is too big". I believe talking about the abdominals, or center,

would be safer. But, I also acknowledge that it is a difficult issue, due to the core strength being such an important part of classical ballet technique.

7.2 Dialog and confrontation

Having an open dialog with the students can help the students feel safe and included. (Woolfolk 2004) I believe it is important that each student has a regular individual meeting with their teacher, where they can discuss the student's progress and goals as well as how the student feels they are doing socially and personally.

According to Skårderud (2000), it is important to address a student you may be worried about. A student may feel worse if not seen, than if confronted. During the first confrontation it is important that the student feels that they are invited into a dialog. Using I-messages (Woolfolk 2004) such as saying "I am worried about you, can you help me to be less worried for you?" is a considerably better approach than saying "I think you have an eating disorder." This way the student will not feel judged, but rather see how their behavior affects you as their teacher. In most cases the student will deny any problems in the first meeting, but the most important goal for the first meeting is to book another meeting (Skårderud 2000). Before confronting the student, I think you should discuss your concerns with your colleagues, other teachers of the student and together decide who will confront the student. Like Mead's theory says, a person who is of importance to you, will affect your self-image more. Therefore, it may be best to choose a teacher who the student seems to look up to the most, but also a person who she feels safe with to approach the issue for the first time. Like Sarah said, seeing her mother cry affected her the most. During your first meeting it is important that you share your concerns with your student and then listen to them and try to understand how they feel about it. Giving positive confirmation about things you agree on, may encourage the student to share more (Woolfolk 2004). Your tone of voice, choice of words and the way you welcome your student into a dialog will be crucial for the trust you need to have and build with your student (Bergem 2011). As a teacher, it will be your job to evaluate whether you want to give the student a little bit of time (for example a week) to think about what is happening and then meet again or whether you try to book them in for either a nutritionist or a psychologist for the next meeting. Here I believe you need to evaluate each situation and student, keeping in mind that you, as their teacher most likely have a closer relationship to the student

than the professionals, but at the same time your knowledge and competence will not be the same as theirs. In any case, I think it is important to use outside help of nutritionists, psychologists and doctors, and guide the student to seek for help. You may, as their teacher, book a time for them, but you cannot force them to go. However, in most cases I would think a teacher booking the time for them will increase the chances of them going.

7.3 PARK-model

By confronting a student you will risk the student going into complete denial and feeling misunderstood and a victim of a bullying teacher (Woolfolk 2004), therefore, it is crucial to plan your first meeting as well as possible. PARK-model, created by Trygve Bergem (2011), may be a useful tool in approaching difficult ethical situations related to work, such as a student with a suspected eating disorder.

“P” stands for problem. In the case of suspected eating disorders, the problem would be a student with an eating disorder. Is it possible to say when the problem started? This, I believe, is often hard to say in such cases unless the student has experienced something traumatic, which may have caused a reaction resulting in an eating disorder (Skårderud 2000).

“A” stands for analyzing the situation. What do you know about the student’s social situation, how are they doing in school, etc. Is there someone who may know more about the situation, for example the student’s parents, maybe a best friend or other students in class? What elements are included in the dilemma and does it need to be addressed.

“R” means reaction. Once you have a picture of the situation, and have possibly decided you need to act, it’s time to plan what and how to do it. Think about the various possibilities; do I, as her teacher, talk to her? Do I call the parents first? Do I ask a professional (i.e. nutritionist or psychologist) to join me for the meeting? If the situation has started from a friend being concerned, do I ask the friends to approach her? There may be various possibilities, and to find out what may work best in each case, it is important to try and envision the possible outcomes of various approach possibilities.

The last action point, “K”, stands for *konsekvens* (= consequence). After evaluating the outcome of various approaches you will land on an approach that you consider the best for the situation. It is also important to consider whether this is a short or long term solution. Eating disorders are often illnesses that the patient will struggle with for the rest of their lives in some way, so this would hopefully be that start of a long-term solution.

In situations where you feel you cannot reach out to the student, or your attempt has failed, I believe you need to immediately seek for outside help. If the student denies having an eating disorder, maybe you can get her to meet a psychologist to discuss the pressure or upset you as her teacher have caused her. That way, you would be taking the blame, but at the same time the student would be meeting a person with better competence to handle the situation. But as I mentioned earlier, you cannot force your students to seek help, you can only try to advise and guide them. When working with young adults, the parents of a student under 18 have the right to know about your concerns. I believe you should also be open with the student and say you want to call the parents. Even with students over 18, I would suggest to the student that we involve the parents.

7.4 An open environment

I believe it is important to talk about the body’s aesthetics in classical ballet, focusing on the importance of correct nutrition and trying to create an environment that is not obsessed by weight. Not all students will have come from a home where they take part in decisions on food consumed in the house. Helping students make healthy choices in food and arrange for a nutritionist who has worked with dancers or athletes to give a lecture to all students, is important. I think it is equally important to use professionals, such as nutritionists and psychologists, and where possible, use professionals who have experience from working with dancers or at least athletes. As a teacher you can lead by example. I don’t remember ever seeing any of my teachers eat, and the whole atmosphere around eating at the professional ballet school me and Sarah went to, was negative and students would often hide food that they had gone to buy during lunch breaks. Based on my interview with Sarah and Toini Kristensen, it seems that eating together with fellow students is a very important form of support for a person with an eating disorder.

Where possible, I believe the school should have a cafeteria or a lunchroom where students gather for lunch breaks and make it a social event every day. In case of suspected eating disorders, a teacher should not try to be the students' therapist in any way, but seen as a ballet teacher is often the person who sees their students daily and builds relationships with students, I believe the teacher is in an important role in guiding and helping the students to understand they need help. A teacher's job will therefore, be more in preventing eating disorders and creating a healthy atmosphere around the subject. They are also in a central role in catching the early signs of a student with an eating disorder and then helping them seek professional help at an early stage.

7.5 Weight loss

As a ballet teacher I strongly disagree in pressuring or advising a young student to lose weight. I believe in Sarah's case, that the pressure she felt from the teachers in her first two years was partly the reason she developed anorexia nervosa. It is not to say she would not have gotten sick if she had not been pressured, but I do believe such suggestions may push a student over the edge and be a part reason for the illness. Having myself experienced being one of the "bigger" girls in ballet school, I felt like we were all well aware of it without outside confirmation. We all worked on losing weight and I believe the issue would have sorted itself out without the teachers making a point of our weight. Most students will not have trained as many hours daily as they do in professional training, so their calorie consumption will increase drastically. Unless they start eating drastically more, their weight will probably drop naturally. I believe it is much more important to supply nutritional information and advice for students.

8. Summary

Eating disorders are a mental health problem that many ballet teachers meet. The way teachers and choreographers humiliate and pressure dancers to lose weight, has become a bad culture in the ballet world that luckily seems to be changing. I believe ballet teachers play a vital role here and in this thesis I have aimed to answer the question; *what can I as a ballet teacher do to prevent eating disorders or help a student with such a problem?*

There is no one right answer to these questions, because each individual is different and will therefore react differently to various approaches. In the helping a student with eating disorders, a ballet teacher should not in any way try to be a student's therapist or doctor. In cases of suspected or confirmed eating disorders professionals such as psychiatrists, doctors and nutritionists should be used to help. The teacher's role in such cases is to first of all notice the early signs of potential eating disorders and then to approach the student and help them get professional help. A teacher cannot force a student to get help, but their job will be to approach the student and gently guide them towards professional help. It is important to voice your concerns as a teacher and not to deal with the problem alone. When approaching the student, using the PARK method may be useful.

A person who develops an eating disorder will often link their self-concept and self-esteem to their body image. Therefore, strengthening and helping a student to build a positive body and self-image with the help of positive feedback, may prevent eating disorders. The teacher can lead by example and help create a healthy environment about eating at school.

I think it all comes down to you as a teacher being aware of the way you approach and discuss the subject of body and eating disorders.

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