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How Perfectionism Plays a Role in Eating Disorders Among Dancers

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How many people understand exactly what is happening when someone is dealing with an eating disorder (ED(s))? Many are unaware that there are more eating disorders than anorexia and bulimia. I wanted to learn how dancers seem to fall into the ED spiral. Was it an injury? The style of dance they decided to practice? The other students? A rude and picky teacher? It is important to know where dancers struggle and how it can be changed by focusing on the triggers leading to eating disorders. I am extremely passionate about understanding what may happen in dancers' brains and how it affects their performance. Everyone has high and low days, but why do they kick in for dancers as they near a show? There are obvious answers from stress to the idea of perfectionism, but what about all the in-betweens that we do not understand? We must talk to dancers and teach them about what may be happening in their brains and why they experience the changes they make. While performing this research, via surveys (anonymous) and interviews (unbiased choosing), I was studying Social Psychology and Addiction Studies through my Sociology degree and Dance Wellness. These subjects seem abstract from each other but are extremely prominent in this research. By performing this research, I believe I can help dance studios and programs learn how to instruct their students about these issues and why it is important that dancers learn about EDs from their teachers. I also believe that this research will help future dancers know what to look for and be able to advocate for themselves. There are multiple forms of perfectionism that can be found throughout the arts, as well as the coping mechanisms used throughout classes that lead dancers to believe that an ED is the correct way to handle the situation. Through this research, I was able to find that some of the stereotypes and ideas of perfectionism were true, but others were not.

The primary dance style that we hear of dancers falling into an ED is within the Ballet world. This is true for multiple reasons, and the main one is tighter clothing. When wearing tighter clothes, many people struggle to look at themselves constantly. For many ballet dancers, they are "continually in the studios with mirrors that could be up to three-fourths of the room (three of four walls)" (Price, 2006). Tights and a leotard (typically pink tights and a black spaghetti strap leotard) are not going to hide much of your body. These dancers then spend four to nine hours in front of these mirrors criticizing every movement and contortion of their bodies. This leads dancers to be aware of every little "roll" and "pouch" that is pointed out. After seeing this constantly, it is impossible to struggle with the mental load. Most ballet dancers in our program on campus are not expected to wear the traditional leotard and tights. Even the dancers that wear leotards said in their interviews with me that "leggings help "cover" sections that the leotard seems to cut and accentuate more" (2022). In other dance styles, on- and off-campus, the dance attire is not as strict. Many modern dancers wear baggier clothes that move along with their movements. It is not baggy to the point that it is distracting or creates a dangerous environment for the dancers to move in but is baggier than the constricting clothing ballet wears. Due to this, many modern dancers do not talk about their weight as often as ballet dancers.

Something not as often talked about is also the gender roles seen with EDs. "Gender role could be defined as a construct that represents all behaviors that are sex-dimorphic in a given culture" (Ravaldi, 2006). These gender roles need to be discussed when looking into EDs because the biological differences between genders play a huge role in how they are affected by EDs. These include "body fat composition, endocrine, and hormone variability and proneness to mood disorders" (Ravaldi, 2006). Most dancers (in western countries) strive for thinness and weight dissatisfaction (body dysmorphia) starting at an early age, typically in childhood. Most

men, in this situation, remain silent about EDs. It is more stigmatized among women who dance, primarily in the ballet world, and is not something looked for within the male dancer population. Male dancers with EDs are starting to be represented in media, which will hopefully destigmatize the idea that only women deal with EDs. The first show that I ever watched with a male dancer battling an ED was "Tiny Pretty Things" on Netflix. This is an adaptation of the book *Tiny Pretty Things* and its sequel *Shiny Broken Pieces.* Not only does it show a male dancer battling an ED (bulimia nervosa), but it also shows bullying within the dance world, as well as females experiencing ED (primarily anorexia nervosa).

Even though there are several EDs within our society, the main three (Anorexia Nervosa (AN), Bulimia Nervosa (BN), and Binge Eating Disorder (BED)) are what many dancers face. AN is when an individual restricts their diet to the point of starvation. These individuals are fearful to eat, so they do their best to avoid food. BN is when individuals throw up to remove everything that they have eaten. This can lead to individuals becoming highly dehydrated and losing even more nutrients than someone holding back food. Therefore, BN is seen as "one of the most dangerous eating disorders" (Friborg et. al, 2014). BED is when you believe that you must be starving to eat something. These individuals eat as much as they can, which leads to them overeating and feeling sick. Even though these definitions of EDs vary drastically, they are all highly connected to each other. BED can lead people to a moderate case of BN from the feeling of throwing up from overeating and allowing this food to go into the system in a brief period of time. Something not as noticeable is that many people recovering from AN tend to fall into BED during recovery. This is because many will still not eat as much but make it look as if they were hungry and binge in front of everyone watching.

Seeing how these EDs collaborate with each other leads to the research being done by others. Currently, doctors are performing research on how MDMA (ecstasy) can be used in psychotherapy to help those battling EDs. When MDMA is taken, serotonin, dopamine, and norepinephrine are increased. The brain releases more of these hormones, which is what creates the feelings we may feel. These include euphoria, empathy, relaxation, and meaningfulness. Serotonin regulates happiness, mood, and anxiety, so an increase of this can help with those experiencing PTSD, as well as encourage those to eat in small increments, Dopamine is how we feel pleasure. When you enjoy doing something, you tend to do it more often. With EDs, we tend to not find pleasure in eating or certain activities. An increase in dopamine could lead to individuals eating meals. Finally, norepinephrine increases heart rate and blood pressure, as well as pumps blood away from the heart. All these help in digestion and keep the body functioning properly. Obviously, we do not want anyone to become addicted to MDMA, but it may be something that helps individuals with these illnesses to get back on a healthy lifestyle. For this to work, without addiction, it would have to be highly regulated and controlled. During my interviews, I asked individuals if they believed this would be helpful, assuming it becomes approved for doctors to start treating patients. All of them agreed that they believed it could help, assuming that it was regulated, and no one was left dealing with addiction issues afterward. Even though they agreed that it would be helpful, they all said that they would not choose that treatment for themselves.

Studies have shown that both AN and BN can be "characterized by PERFECTIONISM, obsessive-compulsiveness neuroticism, negative emotionality, harm avoidance, low self-directiveness, low cooperativeness, and traits associated with avoidant personality disorders" (Cassin, 2005). For this study, I avoided talking and diving into personality disorders and how

they can lead to EDs, but it is a relevant topic to investigate in a later study. It is easy to assume that AN and BN are characterized by perfectionism, as seen in this study, due to the overarching standards being pushed around in the dance community. The legs need to be perfectly straight, at a 180° angle. We must fit into costumes that have been pre-measured and made. We are expected to fit these conceived measurements, not re-make, or make the changes needed for the dancers to fit them comfortably and correctly. Out of the respondents to my survey, 80 percent responded to them being told that they could not perform a role due to costume measurement size (2022). This is a primary issue that needs to be focused on. If we focus on this and begin to fix it, we will see less thought put on body type and weight. Hopefully, leading to fewer dancers reporting EDs in their early to late teenage years.

There are several forms of perfectionism that can be perceived. All three main forms (self-oriented, socially prescribed, and "other-oriented") of perfectionism can be seen among dancers in their art form. The top one seen among dancers is self-oriented perfectionism. Many dancers see themselves as not good enough and are continuously striving for that 100 percent. They never want to be below 95 percent to 99 percent, which can be a huge problem for their physical and mental health. "Self-oriented perfectionism is then built off of socially prescribed perfectionism (SPP)" (Alvarez-Rayon, 2005). SPP is seen throughout the art world because you are expected to have a certain amount of training, a certain mindset, a certain look, etc. If you do not fit this, socially, that is unacceptable in the art world. Many must rebuild their relationships with the art world after the fact because of how badly they are treated in this world. The last form is "other-oriented perfectionism." Anything could fall into this category. One that would fall into this category can be seen as maladaptive perfectionism. This subtype of perfectionism would be associated with maladaptive coping. "This is the idea of participating in behaviors that make us

feel better in the short term but are extremely harmful in the long term" (Filipas and Ullman, 2006). This connects to "eating disorders [AN, BN, and BED], self-harm, substance abuse, compulsive lying, and any other risk-taking behavior" (Macy, 2007). This coping leads to maladaptive perfectionism meaning they can only be perfect through one of those coping mechanisms.

Even though maladaptive behavior is associated with the specific risk-taking behaviors mentioned above, we can look at other factors that can lead to dancers relying on maladaptive behavior and coping to get through their difficult schedules. Within my study, it was found that everyone was either a double major and a minor or just one major and a minor. On average, these dancers were taking 18 to 20 credits per semester. Following University standards, for every credit a student takes, they should spend about three hours outside of class working on outside classwork. This can include homework assignments, studying for tests, and protecting the body (rolling out muscles, injury prevention, etc.). This would mean that these dancers, on average, spend 53 to 60 hours on work per week outside of their classes. When looking at this number, dancers are expected to spend seven and a half to eight and a half hours on outside work. This is proof that there is not enough time in the day to complete everything and expect their bodies to function, not only at a dancer level but at a normal human functioning level. Many of these dancers have outside rehearsals (which could count towards their outside workload) that take up their time and force them to focus solely on time management. This could mean rearranging other plans or pushing for later nights to finish assignments. This time management still pays off when looking at grades. These dancers' average GPA falls around 3.63 which is a solid 'B' average. Knowing this, the average hours of sleep the dancers get is five and a half to seven hours. These dancers also stated that they drink coffee or tea every single day, which explains

part of the reason they still function with little sleep. With the intake of caffeine and the stress of the constant amount of work, it can become difficult to fall asleep as well. This could explain the lack of hours of sleep on top of work. Almost all the dancers (86 percent) rely on external sources to fall asleep. It was an equal tie (33.3 percent) for the top three. These are essential oils (lavender and eucalyptus being the most used), white noise (fans primarily), and herbal teas (chamomile, peppermint, and ginger). Lack of sleep, stress on workload, and the overwhelming feeling of being perfect can lead to maladaptive coping among these dancers. Most are seen in the eating disorder and substance abuse areas (primarily alcohol and marijuana).

Another aspect of dance that can easily lead to thoughts of perfectionism which then leads to eating disorders is the stigma around injuries. An injury is a "physical problem deriving from stress or other causes to do with performance, rehearsal, training, or other circumstances of dance life, which affects the ability to participate fully in normal dance training, performance, or physical activity" (Vassallo, 2019). Even though injuries are finally becoming more accepted, there is still the underlying stigma that leaves dancers fearful of the repercussions at hand. Multiple studios have seen dancers not as fearful of short-term injuries but have found long-term injuries to be the most fearful type of injuries. It was found in a study on professional dancers that "approximately 50% of dancers report delaying treatment because of the stigma around injuries" (Vassallo, 2019). That being said, more dancers turn their short-term injuries into long-term ones due to delaying treatment. If we could break down the stigma, dancers would be more willing to treat injuries. There are also communication issues between doctors and dancers based on what is expected of dancers, even when injured. Many doctors expect dancers to just stop dancing until the injury is healed. That is almost never possible and that needs to be explained to doctors. I agree that "vocalizing the multifaceted physical, psychological, and practical

implications of injury may also help to improve communication and understanding between dancers and clinicians" (Vassallo, 2019).

As mentioned before, there is a huge issue with the stigmatism of injuries within the dance world. In my study, about 72 percent of the respondents reported an injury. These injuries were from stress fractures and back issues to dislocated knees and chronic illnesses. As we dive further into the results, please note that there was always a "non-applicable" option if a respondent was not comfortable with the question. It was found that despite these injuries 87.5 percent continued to attend their classes. Whether it was for their grade (college or performing arts high school), to avoid falling behind in choreography, or to ensure that they knew what was happening in class, they continued to attend despite the discomfort. To look at the stigma that we are seeing among the dancers with injuries, the respondents were asked to describe how they felt sitting out. Many of the words show how many dancers feel and why there is still fear about getting and being injured. The words include embarrassing, sad, left out, tense, depressing, and disappointing. These feelings come from having to just watch everyone doing the thing you love. It also can be strange to have everyone staring at you as you sit out. Out of the respondents, only 43 percent have gone to physical therapy for their injury, but no longer continue to go. The primary reason was that it was too expensive to keep going. Most insurance plans cover thirty visits for physical therapy a year. Usually, this would be enough, but with a bad enough injury, you could need more physical therapy for your injury. You could also become reinjured, or the original injury does not heal correctly, which will lead to going over that 30-visit limit. This is one of the many reasons dancers are concerned and afraid to get an injury.

It is incredibly important to know if dancers are aware of eating disorders and what causes them. Every respondent knew what an ED is and could give a definition if asked. They

also were able to explain the difference between the three main EDs that have been researched (AN, BN, BED). This is good to know that the dancers within the college can explain it. Respondents were also asked what they believed the main causes of EDs were, and there were so many ideas. The first few included the need to look “fit” and/or perfect, which leads to being self-conscious of their bodies. These all correlate to each other and make sense especially if certain styles of dance. Others included the comparison of themselves and other dancers, the pressure from wanting to perform well, and the fear of failing. These also correlate with one another because each feeling can lead to another. Say you compare yourself to your classmate, now you feel the pressure to dance and succeed like her, and when you do not reach it, you begin to fear whether you are succeeding. It is an unfortunate process that many dancers have go through their heads. The next group of reasons, I believe, are the most common for anyone that may go through an ED. Those are family, friends, media, and teachers. Even if they do not realize it, comments can sometimes not come across as kind as they mean them. Even a joke could be an issue without anyone knowing. Media is continually bringing young teens down with what they believe is how they are supposed to look. That is an issue that unfortunately is exceedingly difficult to fix. The idea of social media is okay, but I believe we, as adults, should be stricter when it comes to people on it. The younger the person, the less likely they should be on social media and posting things. This becomes a safety issue both physically and mentally for them and should be monitored. When it comes to comments from friends, family, and teachers, we should focus on how we discuss things and be careful what we say. This is not me saying that we need to baby our children, this is me saying we need to be able to have conversations with our children without degrading them every time. The last cause given by a respondent was

perfectionism. This was nice to see knowing that the research was about perfectionism in dancers. It showed that more people believe it than they typically say aloud.

When asked where they had learned about EDs is the shocking part. Each respondent gave several areas that they had learned about EDs. The highest being their own personal research (42.9 percent), followed by friends and personal experience (28.6 percent), and then lastly Health class (high school) and Psychology class (28.6 percent). Why is there not a section for a dance studio? No respondent said that their dance studios (public or private) taught them about EDs. This is an issue. EDs are typically known to start appearing in the dance world during a student's middle and high school years. I am not saying we must teach about EDs at a super early age, because the littles do not need to be exposed to the ED world yet. It is important that dance instructors at least have a short conversation about EDs with their dancers, so they are aware and know that their instructor is available to discuss any concerns that they may have about themselves or their fellow classmates and friends within their studio. There are simple trainings that are available to instructors (and anyone else who is interested) that teach instructors how to notice the small nuances that people learn to hide the fact that they are dealing with a mental illness. There are not enough of these, but they are available in some locations. A way for this issue to be fixed is to increase how many of these classes are actually offered and when instructors can go to them. I would not be opposed to it becoming mandatory to teach at studios for certain age groups either. A misworded or misunderstood comment could lead to self-doubt and other negative feelings about oneself, which can later lead to EDs or other mental disorders. Knowing how to talk to your students and how to help them when they come to you for help will encourage dancers to not fall down this rabbit hole and hopefully live healthier lives.

Every respondent told the survey that they believe perfectionism plays a role in EDs, which is incredibly important. If dancers are aware of the different things going on within the studios and companies, then why are the instructors not? It can be assumed that these instructors are turning a blind eye to it or, the more likely answer, instructors are not aware of how to approach dancers that may be starting to experience symptoms of an ED. Without a lot of training in the mental health world, instructors are left to decipher how to approach it as the situation is unfolding in front of them. Knowing that perfectionism does play a role throughout all the major dance styles, it is incredibly important that studios and companies discuss this with their dancers. (It is most likely seen that minor dance styles are affected as well, but those were not really discussed or researched in this project). If they are not receiving any form of support, how are they supposed to find the courage and advocate for themselves? That also needs to be taught. I hope that this research can show, whoever listens, that we need more awareness and support for dancers of all sizes. We need to understand EDs, and their effects, ourselves, and then we will be able to help others. I hope that by sharing this, more people understand the connection between the physical and mental aspects of the body to dance.

Works Cited

Alvarez-Rayon. 2005. Perfectionism and Eating Disorders: A Review of Literature. *European Eating Disorders Review.*, *13*(1), 61–70. https://doi.org/info:doi/

Cassin. 2005. Personality and eating disorders: A decade in review. *Clinical Psychology Review.*, *25*(7), 895–916. https://doi.org/info:doi/

Filipas & Ullman. 2006. Child Sexual Abuse, coping responses, self-blame, posttraumatic stress disorder, and adult sexual revictimization. *Journal of Interpersonal Violence, 21(5), 652-672*

Friborg et. al. 2014. Personality Disorders in Eating Disorder Not Otherwise Specified and Binge Eating Disorder: A Meta-analysis of Comorbidity Studies. *The Journal of Nervous and Mental Disease*, *202*(2), 119–125. https://doi.org/10.1097/NMD.0000000000000080

Macy. 2007. A coping theory framework toward preventing sexual revictimization. *Aggression and Violent Behavior, 12(2), 177-192*

Price. 2006. The effect of ballet dance attire on body and self-perceptions of female dancers. *Social Behavior and Personality.*, *34*(8), 991–998. https://doi.org/info:doi/

Ravaldi. 2006. Gender role, eating disorder symptoms, and body image concern in ballet dancers. *Journal of Psychosomatic Research.*, *61*(4), 529–535. https://doi.org/info:doi/

Vassallo et. al. 2019. Injury, Fear, Stigma, and Reporting in Professional Dancers. *Safety and Health at Work, Volume 10, Issue 3, 260-264.* https://www.sciencedirect.com/science/article/pii/S2093791118303019