

The associations between childhood dance participation and adult disordered eating and related psychopathology

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Abstract

Objective: To examine the relationship between childhood dance participation and adult eating behavior and psychological health. **Methods:** A total of 546 undergraduate females at a large Midwestern university completed questionnaires regarding eating behavior and associated features, depression, self-esteem, and body image. **Results:** Women who participated in childhood dance are more likely to score higher on measures of bulimic behaviors than nondancers. In addition, childhood dancers indicated greater drive for thinness and poorer impulse control compared to nondancers.

Keywords: Dance; Bulimia; Body image; Depression; Self-esteem

Furthermore, there was a statistical trend for childhood dancers to report greater perfectionism and a smaller ideal body mass than nondancers. There were no significant differences between dance groups on measures of depression and self-esteem. **Conclusion:** These findings suggest that participating in dance as a child may influence one's eating behavior as an adult, including associated factors such as drive for thinness and impulse control and potentially perfectionism and preferred body size.

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Introduction

The incidence of eating disorders is greater among females than among males. The American Psychiatric Association has reported a ratio of 10 females to every male [1]. Investigating predictors other than gender for eating disorders has led some researchers to focus on sports and activities in which the aesthetic appeal of a thin body is regarded as preferable. Aesthetically oriented sports and activities previously studied include gymnastics, jockeying, wrestling, swimming, dance, and ballet [2–4]. Most literature investigating the increased likelihood of disordered eating among athletes in aesthetic sports has focused on those who participate in these activities at an elite level [5–11]. There is evidence that competition at elite levels places individuals at greater risk for disordered eating and weight concerns than general participation in athletics [12].

A recent study of children indicated that as early as age 5, girls participating in aesthetic sports scored higher on a measure of weight concern than girls who participated in a nonaesthetic sport or no sport [4]. Furthermore, those girls participating in aesthetic sports at both assessment times (ages 5 and 7) reported the highest level of weight concerns, compared to their peers who were not participating in aesthetic sports, or who had been participating in them for a shorter time. These results suggest that the emphasis placed on appearance by participating in aesthetic activities can begin at a very early age, and can worsen the longer the individual participates in the aesthetic activity.

Much of the research on dancers has also focused on individuals enrolled in competitive or professional ballet schools or those whose career is dancing, many of whom have been participating in dance classes since childhood. Research has found elite dancers to be more likely to be preoccupied with their weight and to develop eating disorders than other athletes and the general population [5,6,10,13–16], and to score higher than controls on subscales of the Eating Disorders Inventory (EDI), including the Drive for Thinness, Bulimia, Interpersonal Distrust,

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Ineffectiveness, and Perfectionism subscales [9]. Another study found that the frequency of eating disorders was twice as high for dancers than for students who do not participate in ballet, indicating that young ballet dancers should be considered an at-risk group for the development of eating disorders [13]. Elite dancers have also been found to engage in unhealthy weight-control behaviors, including vomiting, diuretic and laxative use, and excessive exercise [16]. Finally, a longitudinal study investigating eating disturbance among female ballet dancers found that two subscales of the EDI, Drive for Thinness and Body Dissatisfaction, were significant predictors of eating disorder diagnosis at 2- and 4-year follow-up [7].

The tendency of female dancers to exhibit disordered eating may be because female dancers are subject to enormous pressure regarding their body shape [17]. Pierce and Daleng [10] found that because of dual expectations of performance and presentation, dancers may be at greater risk for body image distortion than other athletes and the general population. In addition to the female ideal of beauty that is perpetuated in the common culture, dancers are exposed to additional ideals that are considered to be necessary within the dance community, such as that preferred by ballet master George Balanchine and his followers of a straight body and long limbs [18]. Collectively, these findings underscore the dramatic increased risk of disordered eating, body dissatisfaction, and appearance emphasis among elite dancers compared to individuals who do not participate in aesthetic sports at all or who participate at a lower intensity.

However, it is not only elite athletes who appear to be at risk. A recent study by Ravaldi and colleagues [19] investigated disordered eating and body image concerns among three groups of individuals involved in athletics at the nonprofessional level (nonelite ballet dancers, gymnasium users, and noncompetitive body builders) compared to controls. They found significant differences between all three nonprofessional athlete groups and their controls on measures of disordered eating, dietary restraint, depression, and discomfort about their body, with the scores of the athletes indicating greater psychopathology than those of controls.

In addition to eating disorder and body image concerns, the mental health of ballet dancers may be more compromised than other performing art groups, athletes, and the general population. Ballet dancers scored highest on measures of emotional instability compared to other performing artist groups [20], and lower on self-esteem measures [11,20]. Bettel et al.'s [5] research compared dancers' and nondancers' ratings of their body and personality, and found that 13- to 17-year-old female dancers described their personality as less beautiful, pleasant, attractive, confident, lovable, and good than the nondancing girls did.

Thus, there is a body of research on eating disorders among females who are athletes or dancers or in training to

become dancers. There is little research on the impact of participating in dance classes as a child on eating problems and associated mental health as an adult. This study addresses this question by comparing women who have taken ballet and/or dance classes as a young girl to those who have not on measures of eating disorders, body image dissatisfaction, mood, and self-esteem. It is hypothesized that the childhood dancers will score higher on measures of eating disturbance and depressive mood, and lower on body satisfaction and self-esteem scales as adults than those who did not participate in dance in childhood.

Method

Participants

A total of 546 female college undergraduates participated in the study. Age ranged from 17 to 55 with the average age being 20.6 years (S.D.=3.0). The mean height was 5 ft. 5 in. (S.D.=2.7 in.) and the average weight was 137 pounds (S.D.=26.2 pounds), and the calculated mean body mass index (BMI) was 22.8 (S.D.=4.5). The majority of participants stated that they were single (58.2%) or in a serious relationship (37.9%). Participants were either White (78.6%) or Black (14.1%).

Procedure

Data were collected in compliance with the Human Subjects Committee and Institutional Review Board at the university where the research was conducted. Students were recruited by posting advertisements for the study, and voluntarily signed up to receive extra credit or to fulfill a research participation requirement for introductory undergraduate courses in psychology, women's studies, and continuing education. Sign-up sheets informed participants the length of time required for participation in the study, study location, and compensation options for participating in the study.

At the study session, the study was described. Participants were informed verbally and in writing that they were allowed to withdraw from the study at any time, for any reason. Written informed consent was obtained from each participant. They were also given the researcher's contact information in the event that they had study-related questions. At the end of data collection, each participant was asked to refrain from discussing the study with other students to prevent selection and response bias, and encouraged to contact the researcher to learn study results.

Eight questionnaires were used in the study, and the order of the questionnaires was randomized. A Latin square design, allowing for variability due to subjects and due to the order of the questionnaires, was used to counterbalance order effects. Of the total 64 different orders possible (the

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