



Factors Dancers Associate with their Body Dissatisfaction

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ARTICLE INFO

Article history:

Received 12 December 2016

Received in revised form 8 February 2018

Accepted 9 February 2018

Keywords:

Dance
Body dissatisfaction
Risk factors
Eating disorders
Prevention
Positive body image

ABSTRACT

Body dissatisfaction constitutes an important factor in the development of eating pathologies, particularly among dancers. The aim of this research was to test the factors that dancers identified as relevant to their body dissatisfaction using an exploratory mixed method design. Participants were 369 dancers from two Spanish dance conservatories. Questionnaires assessed body dissatisfaction, abnormal eating attitudes and behaviors, and risk factors to eating disorders in the dance domain. Nine factors were found; the “teacher”, the “uniform”, and the “mirrors” were the most common. Individuals with a greater likelihood of developing an eating disorder identified teachers’ influence as a key factor in their body dissatisfaction. Specifically, ballet dancers were more likely to indicate that teachers were a negative influence compared to students in other dance genres (contemporary, flamenco, and Spanish dance). Programs to reduce negative body image and improve positive body image in dance conservatories are needed, specifically focusing on teachers.

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1. Introduction

Numerous studies have shown the close relationship between body dissatisfaction and unhealthy eating (e.g., Duarte, Ferreira, Trindade, & Pinto-Gouveia, 2016; Rohde, Stice, & Marti, 2015; Johnson & Wardle, 2005). Body dissatisfaction can promote the progressive appearance of behaviors (such as dieting and vomiting) aimed at improving individuals’ assessment of their own physical appearance (Arcelus, García-Dantas, Sánchez, & Del Río, 2015; Francisco, Narciso, & Alarcão, 2013; Rohde et al., 2015). Individuals who exhibit unhealthy eating behaviors, experience body dissatisfaction, and significant weight loss may be diagnosed as having an eating disorder (ED).

1.1. The aesthetic ideal in dance

The present study is grounded in a sociocultural model due to its scientific support (e.g., Bradford & Petrie, 2008; Garner & Garfinkel, 1980; Striegel-Moore & Bulik, 2007) and applied this model within

the realm of dance. This model explains that when a certain unrealistic beauty ideal is more relevant for a certain culture, it might be more probable to find individuals with body dissatisfaction and concern with their own appearance in that culture (Rodríguez-Testal, 2013). Considering dance a culture, it has been found that many dancers report pressure to maintain an ideal aesthetic based on extreme thinness (McEwena & Younga, 2011; Mitchell, Haase, Malina, & Cumming, 2016), and mistakenly believe that a lower body mass index is related to better performance.

Many dancers feel pressured by teachers and the dance context to maintain a low body weight (Nordin-Bates, Walker, & Redding, 2011). Sociocultural theories have been supported in the dance context, but the specific factors that are related to the risk of developing an ED are not yet clear (Striegel-Moore & Bulik, 2007). Thus, more research is needed to improve knowledge about the specific etiology of EDs in each subculture or context where dance is performed (Striegel-Moore & Bulik, 2007). Characteristics of each institution (private schools, conservatories, dance companies) might point to a subculture that modulates the tendency to develop EDs by either increasing or decreasing the vulnerability of the dancers (Toro, Guerrero, Sentis, Castro, & Puertolas, 2009). There are private dance schools where a thin body image is not promoted, and learning to

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dance in such a context might help dancers to accept their body shape more readily (Toro et al., 2009).

1.2. Eating disorders in the context of dance

Overall, though, there is a high prevalence of EDs in dance (Arcelus, Witcomb, & Mitchell, 2014; Herbrich, Pfeiffer, Lehmkuhl, & Schneider, 2011; Hincapie & Cassidy, 2010; Ribeiro & Da Veiga, 2010). Arcelus et al. (2014) conducted the first systematic meta-analysis of this topic, based on 36 works published between 1966 and 2013. Data show a prevalence of EDs in dance of 12% (16.4% in ballet dancers), which included 2% with anorexia nervosa (AN) (4% in ballet dancers), 4.4% with bulimia nervosa (BN) (2% in ballet dancers), and 9.5% with an ED not otherwise specified (EDNOS) (14.9% in ballet dancers). In conclusion, they revealed that dancers in general were three times more likely to suffer from an ED (AN, BN, or EDNOS) than the general population.

In this regard, other studies conducted with dancers from professional conservatories have indicated that the percentage of girls with low weight, taking as reference the threshold of the International Classification of Diseases (ICD) – 10 is 20.8% in classical ballet, 18.2% in contemporary dance, 14.8% in Spanish dance, and 8.8% in flamenco (García-Dantas, Del Río, Sánchez-Martín, Avargues, & Borda, 2013). Furthermore, these researchers indicated that, using 10 points as the cut-off point to establish moderate risk and high risk with the EAT-26 (Eating Attitudes Test-26), 41.7% of ballet girls and 42.1% of flamenco girls were at risk of developing an ED. Although the rate was still high, the risks to contemporary and Spanish dancers were lower (27.2% and 28.5%, respectively). García-Dantas et al. (2013) showed that the highest percentage of dancers with body dissatisfaction seemed to be in classical ballet, followed by flamenco dance (32.6% and 24.9%, respectively). On the other hand, lower rates of body dissatisfaction have been found in contemporary dance (9.3%) (Nordin-Bates et al., 2011; Torres-Pérez, García-Dantas, Beato, Borda, & Del Río, 2013).

These studies were conducted in a competitive context, where the dance teaching is associated with exams at age 14. In Spain, the access to conservatory begins at 8 years old and the exigencies lead to a high rate of dropout. Often, it is difficult to coordinate academic studies and dance studies, and the stress generated might promote anxiety problems, low self-esteem, and other psychological consequences (García-Dantas & Caracuel, 2011).

Understanding the relevance of both the dance genre and the context associated with it to the prevalence of EDs, several researchers have investigated whether dancers from other less well-researched disciplines, such as street dance or modern dance, are also vulnerable to the problems associated with body image and food. For example, Langdon and Pretacca (2010) found that female dancers from modern dance had a higher appreciation of, or satisfaction with, their bodies, and a reduced desire for thinness than female non-dancers; and Swami and Tovée (2009) found no significant between-group differences in actual-ideal weight between street dancers and non-dancers. Dancers in these genres do not have an aesthetic ideal based on thinness.

1.3. Risk factors for the development of eating disorder in the context of dance

Most of the studies on these topics focused on examining the personal characteristics of dancers (such as perfectionism and body image disorder) and comparing them with other non-dancer individuals, or participants in other sports (Arcelus et al., 2015; Zoletic & Duraković-Belko, 2009). However, the current study focuses more on the context within the institutions where dancers develop their skills (dance conservatories), which is novel in that it takes into consideration those aspects of the dance culture that dancers perceive

make them vulnerable to developing eating problems (independent of their personal vulnerability).

Therefore, after conducting a review of the scientific literature about dance and EDs, it was found that one of the most studied risk factors is the existence of mirrors in the classroom. Although mirrors are useful instruments for teaching (Radell, Adame, & Cole, 2004), several studies have found that mirrors in the dance classroom can contribute to poor body image (Deaborn, Harring, Young, & O'Rourke, 2006; Nacimiento, Luna, & Fontenelle, 2012; Radell, Keneman, Adame, & Cole, 2014; Reel, SooHoo, Jamieson, & Gill, 2005). Mirrors can be a distraction because many dancers use them to evaluate their physical appearance, hindering their ability to dance naturally. According to Reel et al. (2005), when a dancer uses a mirror to assess their figure, they increase self-objectification (Fredrickson & Roberts, 1997); that is to say, they engage in constant evaluation of their own body as something external. This is a precursor of body dissatisfaction and consequently, abnormal eating habits (Jongenelis, Byrne, & Pettigrew, 2014).

Another possible risk factor identified from the empirical evidence is the use of a uniform, which can negatively affect the body image of some dancers. In a study by Reel et al. (2005), dancers confirmed that the use of a uniform (e.g., leotards and tights) was related to their body concern, because they show off the figure. In fact, 99.1% of participants agreed that, “the uniform makes me feel more aware of my weight and appearance” (Reel et al., 2005, p. 43).

In the domain of sports psychology, it has also been frequently demonstrated that the high expectations of, and pressure from, coaches and teammates (or classmates) are related to the development of EDs in athletes (Dosil & González-Oya, 2008). Specifically, in the context of dance, some researchers indicated that choreographers and teachers were seen by dancers as an indirect source of pressure to lose weight and modify their figures (Giguere, 2015; Nordin-Bates et al., 2011; Reel et al., 2005).

Some teachers suggest diets without having appropriate nutritional knowledge, while others emphasize the importance of avoiding some foods (sweets), which might provoke body concern from dancers at early ages who might believe that “to dance well you must lose weight” (García-Dantas & Del Río, 2016, p. 36). There is evidence that dance teachers can play an important role in moderating external and individual expectations about body image (Mitchell et al., 2016). In general, teachers have much contact with dancers, so might influence the development of an eating disorder. To analyze teachers' influences on students is crucial, because they (as leaders) can influence other risk factors, increasing or decreasing their effect. For example, teachers can decide the total time that students spend in front of mirrors and the type of uniform students wear. Teachers might also mediate critical and derogatory comments that occur among the students. Therefore, to examine teachers' perceived influence on their students is important, as supported by the scientific literature (Dosil & González-Oya, 2008).

Toro et al. (2009) argued that teachers should avoid criticism, comments, and jokes about the body, weight or food, and that they should show affection and empathy to students. These researchers added that although they are sure that there is pressure from dance teachers, there are no objective data that show the importance of this risk factor compared to others. Thus, it was considered important to continue this line of research in the present study (Sánchez, Vila, García-Buades, Ferrer, & Domínguez, 2005).

Another factor that can constitute a risk factor for developing EDs is taunting and criticism from classmates in relation to body image (Marcos, Sebastián, Aupalat, Ausina, & Treasure, 2013; Paxton, Eisenberg, & Neurnark-Sztainer, 2006; Tatangelo, McCabe, Mellor, & Mealey, 2016). It seems that in the non-dancer population, peers play an important role in the promotion of the dominant sociocultural ideal, as well as the promotion of standards of beauty that promote the development of unhealthy weight control tech-

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