

The Relationship between Passion and the Psychological Well-Being of Professional Dancers

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Abstract

The Dualistic Model of Passion defines passion as an intense desire or enthusiasm for a self-defining activity that people love, consider important, and devote significant amounts of time and energy to. The model proposes two distinct types of passion, harmonious (HP) and obsessive (OP). HP occurs when the activity is autonomously internalized into the individual's life and identity, while OP is a result of a controlled internalization of the activity. The aim of this study was to investigate the prevalence and type of passion professional dancers have for dance in relation to their psychological well-being, specifically eating attitudes, self-esteem, and perfectionism. Participants were 92 professional dancers, aged 19 to 35 years ($M = 27.03$, $SD = 3.84$), and mostly from the United States, the United Kingdom, and Canada. Results revealed that HP positively predicted self-esteem (SE), while OP positively predicted self-evaluative perfectionism (SEP), conscientious perfectionism (CP), and disordered eating attitudes (EAT-26). Additionally, SEP was found to mediate the relationship between OP and EAT-26, suggesting that OP may lead to SEP, which could in turn motivate disordered eating. Overall, the results of this study have supported and extended previous research suggesting that the two

types of passion can have divergent effects on aspects of psychological well-being. Findings indicate that HP should be encouraged and OP discouraged among dancers, for example, via autonomy supportive behaviors of teachers.

Passion and dance are two words that have been joined together in many contexts outside of scientific research. It is widely believed that in order to pursue a career as a dancer one must be passionate about dancing and performing. While we can never truly define the extent or the means by which dancers love dancing, we can try to identify whether their passion is harmoniously or obsessively incorporated into their lives and the impact this incorporation has on indicators of well-being. Many researchers have examined various aspects of dancers' psychological well-being, such as the prevalence of eating disorders,^{1,2} self-esteem,³ and perfectionism⁴; however, to date no research has attempted to relate these indicators of well-being to a dancer's passion. The current study aims to investigate the differences in types of passion among professional dancers while focusing

on the relationships between passion and psychological indicators of well-being, specifically those mentioned above: eating attitudes, self-esteem, and perfectionism.

Passion has been defined as an intense desire or enthusiasm for an activity that people love, consider important, devote significant amounts of time and energy to, and has ultimately become self-defining.⁵ According to the Passion Model proposed by Vallerand and colleagues,⁵ there are two types of passion, harmonious (HP) and obsessive (OP). The type of passion an individual has is determined by how the activity is internalized into his or her identity. HP is a result of an autonomous internalization, which allows the individual to choose freely whether or not to engage in the activity. Conversely, OP is a result of a controlled internalization, wherein aspects of social acceptance and self-esteem are contingent on activity engagement. As a result, an individual with high levels of OP will demonstrate rigid perseverance in an activity, in contrast to the flexible engagement characteristic of HP.

The Dualistic Model of Passion was based in part on Self-Determination Theory (SDT),^{6,7} which focuses on the innate psychological needs and inherent growth tendencies of humans. Vallerand⁸ proposed that consistent with SDT humans engage in an activity in hopes of satisfying their basic psychological needs of autonomy,

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competence, and relatedness. The fulfillment of these needs is believed to enhance psychological and physical well-being.⁹⁻¹¹ Alternatively, the deprivation of these needs may lead to defensive or self-protective psychological accommodations, which could in turn lead to the development of rigid behavior patterns and greater psychological ill-being.⁷

Mageau and coworkers¹² found that autonomy supportive behaviors are related to the development of HP. As such, when individuals feel they have the right to express their feelings and preferences, they appear more likely to develop an autonomous and flexible type of passion (i.e., HP). Conversely, individuals who highly value activity specialization (common in activities such as dance, due to the years of training involved), report high activity valuation (i.e., feels that their participation in an activity is extremely important to their parent, guardian, or teacher), and rely heavily on this activity for self-definition, are more likely to develop OP. Additional research in a range of domains related to dance, such as sport and music, has reported that HP is associated with numerous positive outcomes, including pride, vitality, flow experiences, positive affect, positive interpersonal relationships, positive athlete-coach relationships, performance attainment, and life satisfaction.^{5,12-18} In contrast, investigators have found that OP is related to guilt, rumination, depression, anxiety, and negative affect.^{16,18,19} While dance-specific research has found OP to be related to chronic injuries.²⁰ Additionally, research has found a relationship between the environment and the type of passion it generates. Amoitt and colleagues²¹ found that among athletes who were playing in highly competitive leagues, individuals with OP reported better psychological adjustment than did those with HP. Conversely, among athletes playing in less competitive leagues, those with HP reported better psychological adjustment than those with OP.

In the dance context, it is important to recognize that dance training is not inherently geared toward au-

tonomy support; dance class sizes are traditionally quite large and typically involve one teacher directing the class in unison. Depending on the teacher and other environmental factors, the dance student could perceive this situation as being one of regulation and control, potentially giving rise to OP. On the other hand, if teachers support their dancers' autonomy, HP may be more likely to develop.¹² In a professional company, the director-dancer relationship may discourage a sense of autonomy and relatedness. The high demands made on dancers to conform to a visual aesthetic coupled with the necessary high skill development may also lead dancers to feel incompetent. Thus, dance no longer satisfies the needs of the dancer. When such needs are thwarted, a rigid persistence could develop,^{6,7} possibly enhancing the likelihood of OP and the negative outcomes linked to it.

While some steps have been taken toward understanding the development of the two types of passion, little is known to date about the outcomes of HP and OP among dancers. Research has yet to address the dominance of either type of passion within the professional dance context; hence, investigating the levels and outcomes of the two types of passion among professional dancers constitutes the aim of the current study. Considering that passion is believed to be a required attribute of elite dancers, who exist in an inherently competitively field, and that the internalization of passion may result in various positive and negative affects, further investigation of the relationship between passion and the psychological well-being of dancers is warranted. Three aspects of well-being that appear particularly relevant to dancers are disordered eating attitudes, self-esteem, and perfectionism.

Disordered Eating

One negative well-being indicator commonly studied in dance is the presence of eating disorders (EDs). EDs may be defined on a continuum from EDs *per se* (essentially, anorexia nervosa and bulimia nervosa) to preoccupations with weight and restrictive

eating.²² Research has typically found EDs to be more prevalent among dancers than non-dancers.^{1,23,24} In an early study, Druss and Silverman²⁵ suggested that classical ballet students were at risk of developing EDs due to their extreme dedication to dancing, despite knowing that less than 5% of them would actually become professional ballerinas. This extreme dedication could potentially be classified as rigid persistence (characteristic of OP), making disordered eating a pertinent topic to explore in relation to passion for dance. As such, investigating the relationship between EDs and passion—in particular OP—constitutes a means of moving existing findings forward.

Self-esteem

Self-esteem is defined as the favorable and unfavorable attitudes one has toward oneself and is considered a critical indicator of well-being.²⁶ It is typically believed that, because of the extreme physical and psychological demands that are inherent in dance, dancers (particularly ballet dancers) have both low self-esteem and low self-confidence.²⁷⁻²⁹ However, recent studies suggest that dance students of mixed dance styles have relatively high self-esteem^{30,31}; at the university level, modern dancers were found to have slightly higher self-esteem than ballet dancers.³² To date, most of the literature regarding self-esteem in dance relates to eating attitudes and body image in student dancers.²⁷⁻³⁰ Very little research has looked at the self-esteem of professional dancers as a result of positive affect in one's life, for example, through passion for a self-defining activity. This appears to be a valuable research direction, as Lafrenier and associates¹³ found that self-esteem positively predicted HP. This relationship is likely due to the probability that individuals with high levels of self-esteem implement more adaptive self-regulatory strategies,³³⁻³⁶ which allow them to internalize their passionate activity in an autonomous or harmonious way. The current study aims to extend these findings by examining the relationship between the internalization of dance as a passionate

activity and the self-esteem of professional dancers. It is postulated that the variables will be positively correlated.

Perfectionism

Perfectionism is believed to be extremely common in the dance world²⁵ and has been shown to impact well-being in terms of anxiety, self-confidence, and of particular relevance to the current study, disordered eating attitudes.^{2,25} Recently, perfectionism has been conceptualized as having two dimensions: conscientious perfectionism, which is considered adaptive, and self-evaluative perfectionism, which is considered maladaptive.³⁷ Conscientious perfectionism (CP) is characterized by setting high standards for others, striving for excellence, and being highly organized. Self-evaluative perfectionism (SEP) is characterized by need for approval, concern over mistakes, rumination, and perceived pressure from significant others.³⁷ Rice, Lopez, and Vergara³⁶ suggest that individuals with the more maladaptive form of perfectionism have less stable self-esteem that drives them toward fulfilling their expectations with intensity and perseverance, leading to compulsions and anxiety that are not present in more adaptive types of perfectionism. Similarly, individuals high in OP internalize their activity into their identity in a controlled manner, and may attach contingencies to the activity, including self-esteem and social acceptance.⁵ Thus, a dancer with high levels of OP is likely to feel a compulsion to engage and succeed in dance, which may be influenced by seeking approval and perceiving pressure from significant others. The striving for excellence, characteristic of CP, indicates a flexible approach to goals that relates conceptually to definitions of HP. Therefore, it is of interest to assess whether there is a relationship between the different types of passion and perfectionism.

Methods

Participants

Participants were 92 professional dancers, 69 females and 23 males. Of the sample, 25 were ballet dancers

(27.2%), 47 were contemporary and modern dancers (51.1%), and 20 stated that they performed other styles (21.7%). The "other" category consisted of Irish, African, musical theater, hip-hop, and jazz dancers. The majority were from the United States (N = 56) and the United Kingdom (N = 22); the remainder were from Canada (N = 5), Germany (N = 3), and other countries, including Japan, Belgium, Switzerland, France, Australia, and Bulgaria (N = 7). Participants were aged 19 to 35 years (M = 27.03 ± 3.84), had been dancing for an average of 19.3 ± 6.03 years, reported 6.99 ± 4.56 years of professional dance experience, and all were currently performing in a professional company or show. They averaged 23.47 ± 11.77 hours a week dancing (rehearsing, performing, or both). Participants were recruited through email and Facebook™ and completed online questionnaires using SurveyMonkey™.

All participation was voluntary and informed consent was required. The study was granted approval by a higher education ethics committee. The participants were informed of the anonymity of the results and the option to omit any questions they were uncomfortable answering.

Instrumentation

Passion

Harmonious and obsessive passion were measured using the Passion Scale,⁵ modified for use in dance.²⁰ The scale is composed of two 6-item subscales assessing harmonious and obsessive passion toward an activity (in this case dance). An example of a question assessing harmonious passion is "Dancing is in harmony with the other activities in my life"; an example assessing obsessive passion is "I have difficulties controlling my urge to dance." These were accompanied by four passion criteria questions (e.g., "Dancing is a passion for me"). All questions were assessed on a 7-point Likert scale, ranging from 1 ("I do not agree at all") to 7 ("I strongly agree"). In total, 91% of the original participants (N = 92) scored 4 or more on the criteria questions, thereby meeting

the passion criteria. Those who did not meet the passion criteria (N = 11) were not included in the analysis. The Passion Scale has been found to be valid and reliable in previous studies that assessed its psychometric properties.^{5,8} In the current study, internal consistency was acceptable ($\alpha = 0.76$ and 0.77 for the harmonious and obsessive passion subscales, respectively).

Disordered Eating Attitudes

The Eating Attitudes Test (EAT-26)¹ is a 26-item questionnaire that is used to determine individuals' attitudes and behaviors associated with disordered eating and EDs. It is composed of three subscales: Dieting, Bulimia and Food Preoccupation, and Oral Control. In the present study, $\alpha = 0.88$ for the Dieting subscale and $\alpha = 0.67$ for the Bulimia and Food Preoccupation subscale. In the Oral Control subscale, items 2, 19, and 20 were removed for the coefficient alpha to be acceptable at 0.60.

Self-esteem

The Rosenberg Self-Esteem Scale²⁶ is a commonly used scale of 10 items pertaining to self-worth. The dancers were asked to choose an answer for each of the items from a 4-point scale ranging from "strongly agree" to "strongly disagree." The scale has established validity and reliability.²⁸ For this study, it exhibited good internal consistency ($\alpha = 0.87$).

Perfectionism

The Perfectionism Inventory (PI)³⁷ was used to evaluate the level of perfectionistic tendencies in the professional dancers. The PI is divided into eight subscales: Concern Over Mistakes, High Standards for Others, Need for Approval, Organization, Parental Pressure, Planfulness, Rumination, and Striving for Excellence. The first four subscales represent the composite PI factor referred to as Conscientious Perfectionism (CP), and the latter four make up the composite PI factor called Self-Evaluative Perfectionism (SEP). The PI inventory has established validity and reliability.³⁷ For this study, the questionnaire given to

the professional dancers omitted questions in the “Organization” subscale, as it did not translate easily to dance, and substituted “teacher” for “parent” in questions from the “Parental Pressure” subscale to make it relevant to the dance context. This dance-specific version of the PI, designed and used in recent dance research,⁴ consists, therefore, of seven subscales, one being “Perceived Teacher Pressure” and 51 questions. All items are rated on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). For this study, all subscales were found to exhibit good internal consistency ($\alpha = 0.72\text{--}0.85$).

Data Analysis

Data were collected from SurveyMonkey™ and exported to SPSS software. The data were preliminarily screened for inputting errors, outliers, incomplete questionnaires, and normality. When the respondents answered less than 75% of items on any questionnaire, not including the Passion Scale, the data were discarded. Participants' responses were included in this study only if they had completed the Passion Scale questionnaire, met the passion for dance criteria, and had less than a modest amount of data missing in other questionnaires. In cases where the participant had completed approximately 75% of each scale, the completed item means (rounded to their integer value) were substituted for missing responses within the corresponding subscales. This was done when the respondent omitted only one item on a short scale (less than 10 items or fewer) and up to two items on longer scales (more than 10 items). No imputations were used if there were additional items missing. This data imputation method has been found to be effective.³⁸

All scores exhibited reasonable normality except for the EAT-26 and Rumination subscale of the Perfectionism Inventory. This is often the case with the EAT-26 scale due to half of the options yielding a score of 0, which results in the majority of scores clustering around 0, while a few that represent more problematic

issues may peak up to 3. The original responses of the EAT-26 were first used to identify the professional dancers who were symptomatic of EDs (scores equal to or greater than 20) before a Log10 transformation of the scores was performed in order to analyze EAT scores alongside the other variables. This method of analysis of the EAT-26 is similar to that used in a recent study investigating eating attitudes in dance students.² Scores classified as symptomatic of EDs were prevalent in 15.2% of the sample ($N = 14$). Results were also split according to gender and dance style. All other analyses were performed using the Log10 transformed EAT-26 scores. The Rumination subscale of the PI was transformed using the reflect and square root transformation, which was then multiplied by -1 to encourage the correlative relationship between it and other variables to be in the appropriate direction.³⁹

Means were calculated and then correlations and regressions were run, first to determine associations among the variables and then to assess predictive relationships.

Results

Means and Standard Deviations

The means and standard deviations of study variables, as seen in each dance style group, were calculated. A one-

way analysis of variance (ANOVA) established that there were no significant differences between the variable means among different dance styles. Hence, it was decided that all further analyses would combine dance styles, making one homogeneous group of 92 professional dancers. The means and SDs for all variables of this homogeneous group are shown in Table 1.

Correlations

Bivariate correlations were performed to determine relationships between variables of interest. As can be seen in Table 2, a significant positive correlation was found between harmonious passion (HP) and self-esteem. Interestingly, obsessive passion (OP) was significantly and positively correlated with both Self-Evaluative Perfectionism (SEP) and Conscientious Perfectionism (CP), as well as the Eating Attitudes Test (EAT-26) overall score and the “Bulimia and Food Preoccupation” and “Dieting” subscales.

Due to the strong positive correlation between EAT-26 and SEP and the previous literature showing SEP to predict disordered eating,² a partial correlation was used to explore the relationship between OP, EAT-26, and EAT subscales (Bulimia and Food Preoccupation and Dieting) while controlling for SEP. Inspection of the zero order correlations ($r = 0.271$; $r =$

Table 1 Variable Means and Standard Deviations (SD)

Variable	Mean	SD
Age	27.03	3.84
Years Dancing	19.3	6.02
Years Dancing Professionally	6.99	4.6
Hours/Week	23.47	11.77
Harmonious Passion For Dance	5.56	0.85
Obsessive Passion for Dance	3.64	1.34
EAT-26	8.29	9.48
EAT - Dieting subscale	5.34	6.83
EAT - Bulimia and Food Preoccupation	1.66	2.37
Self-Evaluative Perfectionism	13.07	2.5
Conscientious Perfectionism	10.89	1.54
Self Esteem	31.29	4.72

Note: The mean and SD of the oral control subscale of the EAT-26 was not calculated due to its unreliability.

Table 2 Correlations between Variables of Interest

	HP	OP	EAT-26	EAT-BFP	EAT-D	EAT-OC	SEP	CP
OP	.39†							
EAT-26‡	-.01	.27†						
EAT-BFP	.04	.26*	.67†					
EAT-D	.01	.32†	.91†	.55†				
EAT-OC	.16	.15	.40†	.28†	.26*			
SEP	-.02	.39†	.31†	.17*	.38†	.02		
CP	-.01	.32†	.17	.07	.23*	.01	.65†	
RSE	.37†	-.11	-.25*	-.19	-.21*	-.02	-.35†	-.16

Notes: *denotes $p < 0.05$; †denotes $p < 0.01$; ‡omits unreliable items. HP = harmonious passion; OP = obsessive passion; EAT-BFP = EAT-26 Bulimia and Food Preoccupation subscale; EAT-D = EAT-26 Dieting subscale; EAT-OC = EAT-25 Oral Control subscale; SEP = self-evaluative perfectionism; CP = conscientious perfectionism; RSE =denotes Rosenberg self-esteem.

0.257; $r = 0.321$) suggested that controlling for SEP had a fairly large effect on the strength of the relationship between these variables, and the only significant relationship that remained after controlling for SEP was between OP and the Bulimia and Food Preoccupation subscale of the EAT-26. This implies that the observed relationship between OP and EAT-26 and its subscales is largely due to the influence of SEP. Regression analysis was used to explore this relationship further.

Predictive and Mediating Relationships

A series of linear regressions were run to test the hypotheses that HP would positively predict self-esteem, and OP would positively predict SEP, CP, and EAT-26. Results indicated that HP positively predicted self-esteem; the variance in self-esteem explained by HP was 13.6% ($R = 0.37$, $F[1, 90] = 14.15$, $p < .001$). Next, a linear regression was used to test the hypothesis

that OP could predict CP and SEP. While it was found that only 9.9% of the variance of CP was explained by OP ($R = 0.315$, $F[1, 90] = 9.87$, $p = .002$), 15.5% of the variance of SEP was explained by OP ($R = 0.394$, $F[1, 90] = 16.53$, $p = .001$). Finally, a linear regression was used to assess whether OP could predict EAT-26. Results indicated that 7.3% of the variance of EAT-26 was explained by OP ($R = 0.271$, $F[1, 90] = 7.107$, $p = .009$). Therefore, OP positively predicted aspects of perfectionism and disordered eating; due to the zero order correlations, the next step was to run a Sobel test⁴⁰ to establish whether SEP was a mediating link in the relationship between OP and eating behaviors. The Sobel test result was 3.8 with an associated p -value $< .000$, indicating that the association between eating behaviors and OP is likely to be affected significantly by the inclusion of SEP (Fig. 1). Thus, a positive correlation between OP and

SEP could likely contribute to the positive correlation between eating attitudes and OP.

Discussion

The aim of this study was to examine the relationship between passion and the psychological well-being of professional dancers. Analyses revealed that 91% of professional dancers surveyed were passionate about dance. Of these 92 dancers, higher scores were reported for harmonious passion (mean 5.56, SD 0.85) than for obsessive passion (mean 3.61, SD 1.34). Therefore, the majority of dancers were passionate about their art and tended to internalize it in a flexible and harmonious manner. Furthermore, just as Lafreniere and coworkers¹³ found passion for an important life activity to be associated with self-esteem, the present study found HP to positively predict self-esteem. This extends additional previous studies which indicate that high self-esteem

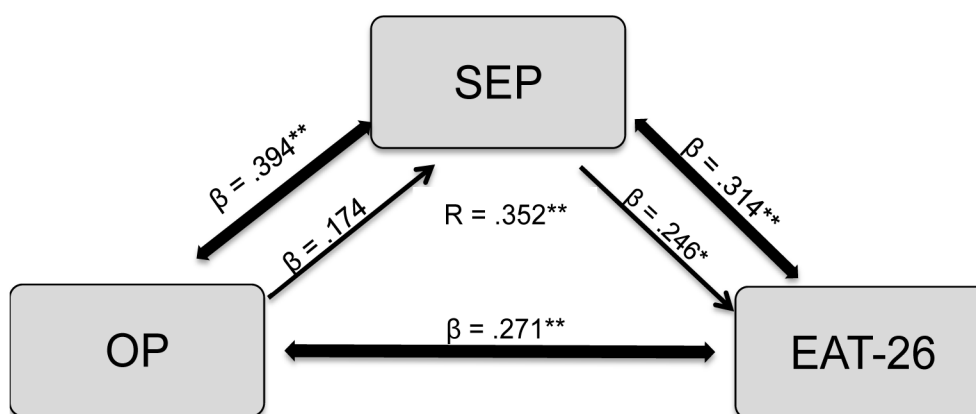


Figure 1 Sobel Test: predictive relationships used to determine mediating relationships.

is generally associated with enhanced feelings of initiative and more adaptive self-regulation.³³⁻³⁵ According to our analyses, HP accounted for 13.6% of the variance in self-esteem, indicating that although there are many other contributing factors to self-esteem, HP as a self-defining activity makes a significant contribution. Therefore, when dancers are engaged autonomously in an activity for which they are passionate, they are likely to derive at least some of their self-worth from that activity.

Alternatively, it is possible that the dancer's passion may be derived from the attitudes one has for him or herself while engaged in the activity. In accordance with the subscale of HP "Dancing reflects the qualities I like about myself," a dancer whose self-esteem is enhanced by dancing may experience an increase in HP. As in previous research,¹³ there was no direct negative link between OP and self-esteem. These findings are important as they indicate that although OP may affect other aspects of well-being (e.g., negative affect),⁵ in the current sample OP had no significant effect on global self-worth. However, the current study found OP to predict maladaptive behaviors, specifically disordered eating and perfectionism. These results support previous studies that have reported relationships between the rigid persistence associated with OP and various maladaptive behaviors.^{5,12,13-18}

The prevalence of disordered eating attitudes was established and evaluated. Overall, 15.2% of the dancers in this study had symptoms of EDs. This percentage is considerably higher than that found in previous studies (e.g., 4.1%,⁴¹ 6.5 %, ¹) but lower than one study which indicated that 83% of female ballet dancers reported having at least one incident of disordered eating over their lifetime.²⁴ Like a majority of studies,⁴²⁻⁴⁴ the current one found disordered eating attitudes to be more prevalent in females (17.4%), while only 8.7% of all males scored above the cut-off point. This is most likely because female professional dancers feel under greater pressure to conform

to a strict body type as part of their livelihood. In the current study, results showed a positive correlation between OP and EAT-26 overall score, as well as between OP and the Bulimia and Food Preoccupation and Dieting subscales of the EAT-26. This relationship could be due to the individual's development of a rigid perseverance to meet or internalize the aesthetic demands of professional dance. These are novel findings, as no literature exists on the relationship between eating disorders and passion in dancers.

Furthermore, no research to date has explicitly linked OP and Perfectionism (PI). The findings of the current study in terms of this relationship may in part be explained by conceptual similarities between self-evaluative perfectionism (SEP) and definitions of OP. Specifically, the subscales of SEP (such as need for approval and rumination) bear similarities to some of the characteristics of OP; for example, previous research has found that individuals high in OP report deriving social acceptance from and ruminating about their activity.⁵ Indeed, in the current study OP positively predicted SEP. Additionally, a positive correlation and predictive relationship was found between OP and conscientious perfectionism (CP). These findings are surprising, given that CP is sometimes referred to as the "healthy" type of perfectionism,⁴⁵ which entails striving for excellence but not at the cost of self-esteem.²⁵ According to Slade and Owens,⁴⁵ this organized way of striving toward highly challenging personal goals should be encouraged. However, the current study contradicts these suggestions, as OP was highly correlated with the CP subscale of striving for excellence. This extends previous literature in which athletes and musicians high in OP adopted both adaptive and maladaptive goals, suggesting that they desired to achieve success by any means.^{16,18,46} It is possible that for individuals high in OP, striving for excellence entails attempts at success by all available means and aiming to achieve goals in a rigid and persistent way. Also, there was no

significant relationship between HP and CP, indicating that striving for excellence may not imply a flexible approach to goal achievement. This is not the first time that the notion of a "healthy" form of perfectionism has been refuted in dance; Nordin-Bates and colleagues⁴ reported that even moderate levels of perfectionism among student dancers were associated with negative outcomes, such as anxiety and lower self-confidence. Therefore, CP as a "healthy" form of perfectionism may need to be reconsidered, and future research may find more negative outcomes from CP than positive.

A number of studies have found that a common risk factor for EDs, such as anorexia nervosa and bulimia nervosa, is perfectionism.⁴⁷⁻⁵⁰ Nordin-Bates and colleagues² strengthened this link by finding that SEP positively predicted disordered eating attitudes in both male and female dance students, while CP also predicted disordered eating attitudes among males. In the current study, SEP was positively correlated with EAT-26. Because of this relationship and previous research findings,⁴ it was of interest to investigate further whether SEP mediated the relationship between OP and EAT-26. The results indicated that although the relationship was not completely mediated, the presence of SEP had a large influence on the relationship between OP and EAT-26. This is a novel finding, suggesting that the perfectionistic tendencies of dancers, which lead to EDs, are derived from the rigid persistence that is a component of their obsessive passion for dance. Since SEP only partially mediated the relationship, further research is needed to determine other mediating factors.

Implications

The time demands and discipline requirements of dance training may result in a controlled internalization of dance into an individual's identity and subsequently the development of OP, yet the results of the current study together with previous research^{5,12,13,16-19} demonstrate that

the adoption of a healthy, flexible passion for an activity is associated with highly positive outcomes. According to Mageau and coworkers,¹² an autonomy-supportive environment can assist in the development of HP. Since many professional dancers begin dancing when they are children, it is best that they be introduced to this type of environment early in training. To that end, teachers should endeavor to adopt a democratic teaching style, offer students choices during classes, and explain the rationale behind exercises. Furthermore, teachers could encourage students to develop other interests and relationships outside of dance, promote self-assessment rather than emphasize outdoing others, and discourage the established notion of the traditional dancer body, to which many dancers feel mandated to conform. The latter two suggestions may be specifically important in reducing the risk of EDs, as the current study found links between perfectionism, OP, and disordered eating. Additionally, the importance of rest should be instilled in dancers, both students and professionals, to help them dismiss the idea that rigid perseverance is the only way to succeed as a dancer.

Limitations

One of the main limitations of this study was the inequality of sample size of the dance styles represented. The modern and contemporary group was much larger than the ballet and “other” groups, which may have prohibited potential variable differences from reaching significance. Moreover, an inherent limitation to any study based on self-reported measures is the reliability of results. It has been found, for example, that under-reporting is a common limitation of ED research: dancers with EDs may be reluctant to participate in or accurately answer questionnaires, as they could potentially disclose embarrassing or inappropriate behaviors.⁵¹ However, in this study participants were assured of anonymity, which may have reduced this limitation. Since the current study utilized volunteers, potential response bias may also be present;

over 300 dancers were invited to participate, and it is possible that the dancers who chose to participate had different eating behaviors than those who did not or were more obsessive in their attitudes toward dance. Despite these limitations, this study has moved existing research forward by providing further rationale for encouraging the “healthier” type of passion rather than promoting an obsessive engagement in dance.

Conclusion

The current study investigated the relationship between passion and the psychological well-being of professional dancers. HP positively predicted self-esteem, whereas OP positively predicted self-evaluative perfectionism, conscientious perfectionism, and disordered eating attitudes. It is concluded that while passion for dance may yield many positive outcomes in one's life, if one's passion becomes obsessive, involvement in dance could potentially lead to many negative effects. Future research could usefully further investigate the perceived autonomy of dancers in relation to their passion, and the role that teachers play in the development of the two types of passion in the studio environment.

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