



Intern's research looks at eating disorders in ballet world

When we think of a dancer, what image comes to mind? Long and lean, muscled and graceful? Thin as a rail?

For most dancers, the need to be in perfect shape in order to perform the necessary steps, to move, to jump, to hold a pose, requires paying strict attention to training and to diet. But for some within the world of professional, or even semi-pro, dance, the attention paid to diet and exercise can cross over into pathology. The pressure to be thin, to be perfect, can distort one's self-image and turn one's mind against its own body.

The wonder of it is, why don't more dancers succumb to eating disorders? Because the majority of dancers do not, according to **Jennifer Thomas, MS, M.Phil.**, a psychology intern at **McLean Hospital** in Belmont who is four months shy of her Ph.D. from Yale University's Clinical Psychology Program. The soon-to-be psychologist conducted a study on eating disorders amongst dancers as an undergraduate at Dartmouth College that was presented at the International Conference on Eating Disorders in Orlando in May, 2004.

A ballet dancer since an early age, she was invited to train full-time with the Boston Ballet at age 17, an opportunity she decided to forgo in order to get a "normal" college and post-graduate education.

While she has never given up dance, Thomas has found a way to bring her love of ballet into her work, hoping to help young women who are susceptible to eating disorders deal with the pressures that are unique to ballet while researching the disease itself.

She spoke with *New England Psychologist's* Catherine Robertson Souter about her experience in dance and how that has helped to shape her chosen career path.

Q: You have been dancing for most of your life.

A: I danced with local schools when I was younger and at 11 or 12, I started taking ballet every day. When I was a junior in high school, Boston Ballet invited me to come train with them full-time. It was a big turning point for me because I had been working towards being a professional ballerina and it sounded like an amazing opportunity.

Q: Why did you choose psychology over ballet?

A: I ended up deciding to go for an academic career because dancing is time limited. It was nice to have a normal college experience and to get my Ph.D. which I would not have been able to do had I selected to stay with Boston Ballet.

I still dance semi-professionally. At Dartmouth, I danced with a modern dance company and in Connecticut, I danced with the New England Ballet and the New Haven Ballet. This year, I am dancing with the Boston Dance Company.

Part of the reason that I got into psychology is because of my ballet. Growing up and training with these high level companies, I would see a lot of girls, and even men as well, engaged in disordered eating behaviors and some who even had to leave the company. Certain aspects of the ballet culture were encouraging it. There would be teachers who would tell girls they needed to lose weight to be cast in the company.

There was a lot of pressure but the majority of dancers don't have eating disorders. It was interesting to me what makes certain people vulnerable.

I also liked the academic projectory that you can continue to produce and add to the knowledge of the field through your whole lifetime as opposed to it being more limited like ballet.

Q: You had done a study on eating disorders as an undergrad? How did that come about?

A: Dartmouth College had a grant program for first-year students to spend the summer doing a project. I got to fly to different ballet schools around the country, give out surveys, talk to the students and then I put together papers that talked about the injury rates, the relationships between injuries and eating pathology in dancers and what types of risk factors there are for eating disorders within dancing.

I started this as an undergrad and then kept that thread, that research, while I was getting my doctorate. My actual dissertation is about eating disorders "Not otherwise Specified" (ED-NOS), sub clinical eating pathology - where do you draw the line between eating disorders and disordered eating? This was not specifically with dancers but for me it is related because the majority of dancers who have an eating disorder don't actually fit the full criteria for anorexia or bulimia.

The majority of dancers who have eating disorders have a more sub clinical psychopathology. They are doing some fasting or some dieting behaviors but they are not quite meeting the weight criteria for anorexia or they are still continuing to menstruate despite being at a very low weight.

Q: In your original study, you found a higher level of eating disorders with national and local schools, versus regional. What does this mean?

A: My hypothesis was that the closer dancers were to the national level, the more pressure there would be. I was thinking the students at the national level would have more eating pathology and I found that they did have higher rates of vomiting and fasting and also scored higher on the eating disorder inventory. We (then-faculty advisors Pamela Keel, Ph.D and Todd F. Heatherton, Ph.D.) also found that students at local schools had high scores in terms of their eating attitudes but they were not actually acting on them. So that made me think that it was partially true that the more pressure there is for thinness and the more role models you are seeing who are very thin, the more you might act on the attitudes and manifest that in your behavior.

The other interesting twist was that students at the regional schools were the healthiest. That was puzzling at first but then we also saw that they had the lowest levels of perfectionism. It helped us to think about this model where it's not just the environment but also what you bring to the environment. If you have a dancer who is a perfectionist and then is put into an environment that exacerbates or encourages it, that person would be very vulnerable to getting an eating disorder. If you are not a perfectionist, you might be immune to that pressure, like at the regional level. If you were a perfectionist, like we saw at the local schools, but you did not have a lot of pressure put on you, then you also had a lower level of disordered eating. It ended up being more complicated than I anticipated but more interesting as well.

Q: Why would the local students have higher levels of perfectionism than those at the regional level?

A: That was surprising. Part of how we collected the data was that we went to these summer programs where people train around the country during the summertime. We based the groupings on where the person trained during the school year.

We realized that the kids in the local group where the best dancers from those schools choosing to spend their summers training at professional schools. It was probably an accident of our sampling strategy but then I think that ended up giving us even more of a story.

Q: What has been the reaction to your work?

A: The most interesting thing is talking to ballet schools about the research. It can help motivate the schools and companies to be more supportive towards the dancers. When they see that eating disorders are related to dancers having more injuries or lower self-esteem, that helps them to take more notice.