Exploring the Relationships Between Perfectionism and Psychological Well- and Ill-Being in Professional Dancers: The Mediating Role of Coping Tendencies

Jee Eun Ahn[a], Seongkwan Cho[b*], & Hanna Lainas[c]

[a]*Department of Theatre and Dance, College of Liberal Arts, Middle Tennessee State University, Murfreesboro, Tennessee, USA*
[b]*Department of Health Sciences, College of Nursing and Health Sciences, Texas A&M International University, Laredo, Texas, USA*
[c]*Department of Teacher Education, Leadership, and Counselling, College of Education and Health Professions, Columbus State University, Columbus, Georgia, USA*

Abstract

This study examined the relationships among self-oriented perfectionism, socially prescribed perfectionism, coping styles, and psychological well-being and ill-being in professional dancers. A total of 2226 vocational modern dancers (81.5% female; Mage = 34.24yrs, SD = 6.24) participated in the study. The participants completed measures assessing multidimensional perfectionism, coping tendencies, psychological well-being, and psychological ill-being. The hypothesized model demonstrated acceptable fit indices, χ^2(298) = 605.11, p < .001, χ^2/df = 2.03, CFI = .90, TLI = .89, RMSEA = .068, and SRMR = .07. The results showed that self-oriented perfectionism positively predicted problem-focused coping (β = .53, p < .001) and psychological well-being (β = .22, p < .05), while negatively predicting avoidant coping (β = -.19, p < .05). Problem-focused coping positively predicted psychological well-being (β = .29, p < .05), whereas avoidant coping positively predicted psychological ill-being (β = .53, p < .001). In contrast, socially prescribed perfectionism positively predicted psychological ill-being (β = .17, p < .05). Bootstrapping analyses confirmed that problem-focused coping partially mediated the relationship between self-oriented perfectionism and psychological well-being (β = .15, p < .005), whereas avoidant coping fully mediated the relationship between self-oriented perfectionism and psychological ill-being (β = −.10, p < .05). These findings suggest that coping styles serve as key mechanisms linking perfectionism to mental health outcomes. Self-oriented perfectionism may foster adaptive functioning when paired with problem-focused coping, whereas socially prescribed perfectionism and avoidance exacerbate psychological distress. Interventions promoting adaptive coping and autonomy-supportive climates may therefore reduce the maladaptive effects of perfectionism and enhance dancers' psychological well-being.

Key words: perfectionism, coping, psychological well-being, psychological ill-being, dancers

Introduction

Perfectionism is a multidimensional personality disposition characterized by setting excessively high

personal standards and engaging in critical self-evaluation, particularly in performance-oriented environments such as sport and dance (Frost et al., 1990; Stoeber, 2011). Contemporary research distinguishes between adaptive and maladaptive functions of perfectionism, commonly referred to as perfectionistic strivings and perfectionistic concerns, which yield distinct psychological outcomes (Stoeber & Otto,

2006). Perfectionistic strivings, reflecting the pursuit of self-imposed standards, are typically associated with motivation, self-discipline, and persistence. In contrast, perfectionistic concerns, reflecting chronic self-doubt, fear of failure, and sensitivity to external evaluation, are consistently linked to anxiety, burnout, and diminished psychological health (Hill et al., 2010; Gotwals et al., 2012). Recent meta-analytic studies have reinforced this dual-function perspective, showing that perfectionistic strivings tend to predict vitality and lower emotional exhaustion, whereas perfectionistic concerns reliably forecast burnout and ill-being across performance settings (Hill & Curran, 2016; Hill et al., 2018; Kim et al., 2025; Lainas & Cho, 2017).

Within both athletic and artistic domains, this distinction has been further clarified by studies demonstrating that self-oriented perfectionism as an indicator of perfectionistic strivings can operate as a motivational resource when coupled with adaptive self-regulation, while socially prescribed perfectionism as an indicator of perfectionistic concerns represents a vulnerability factor under evaluative pressure (Arslan & Altan-Atalay, 2023; Atienza et al., 2020; Stoeber & Otto, 2006; Yu et al., 2025). These contrasting outcomes have therefore attracted renewed attention in performance psychology, particularly among high-achieving individuals such as athletes and dancers, for whom performance evaluation and perfectionistic tendencies remain deeply intertwined.

In the field of sport psychology, numerous studies have investigated how perfectionism influences both optimal functioning and psychological distress. Athletes often operate in highly evaluative environments, where small performance discrepancies can have significant consequences for competition outcomes, reputation, and self-esteem. Within such settings, self-oriented perfectionism may serve as a motivational force that enhances effort, focus, and mastery orientation, whereas socially prescribed perfectionism has consistently been associated with anxiety, disengagement, burnout, and decreased well-being, especially when accompanied by maladaptive coping strategies such as avoidance or self-blame (Appleton et al., 2009; Gustafsson et al., 2011; Hill et al., 2020; Kwon & Cho, 2020; Lainas

& Cho, 2017; Madigan & Curran, 2021; Madigan et al, 2015). The dual nature of perfectionism suggests that contextual and regulatory factors, such as motivational climate and coping strategies, determine whether perfectionism functions adaptively or maladaptively (Stoeber, 2011; Hill et al., 2010; Lasalle & Hess, 2022).

Although research on athletes has clarified the motivational and affective consequences of perfectionism, comparatively less attention has been given to professional dancers, despite similar or greater performance pressures. Dancers face continual evaluation not only of technical precision but also of aesthetic appearance, physical form, and expressive ability. This dual demand, requiring both athletic discipline and emotional artistry, creates an environment in which perfectionistic tendencies are easily reinforced and internalized (Nordin-Bates et al., 2011). The culture of dance emphasizes flawless execution and constant refinement, often under public scrutiny, which leads many dancers to equate their self-worth with performance success. Recent studies have reaffirmed that such evaluative climates intensify self-consciousness and amplify socially prescribed perfectionism, which in turn predicts emotional exhaustion and body-related distress (Arslan & Altan-Atalay, 2023; Atienza et al., 2020; Yu et al., 2025). Within this context, socially prescribed perfectionism, believing that others expect perfection, becomes especially salient and has been linked to anxiety, disordered eating, and burnout (Arbinaga, 2025; Cumming & Duda, 2012; Goodwin et al., 2014). Such findings underscore the need to investigate perfectionism within the aesthetic and social structures unique to professional dance, where evaluative pressure, artistic identity, and vulnerability to self-criticism intersect.

Coping strategies play a pivotal role in explaining how perfectionism translates into either psychological well-being or ill-being. According to the transactional model of stress and coping (Lazarus & Folkman, 1984), individuals appraise stressors and select coping responses that directly influence emotional outcomes. Problem-focused coping involves efforts to confront

and manage stressors through planning, seeking feedback, or adjusting performance strategies, whereas emotion-focused coping, which includes avoidance or denial, aims to regulate emotional responses without addressing the underlying source of stress (Carver et al., 1989). In performance settings, problem-focused coping tends to promote resilience and effective self-regulation, whereas avoidance-based strategies often exacerbate distress and sustain negative affective states (Hill et al., 2010; Gustafsson et al., 2011; Hill et al., 2020; Madigan & Curran, 2021). Recent findings in both sport and dance contexts further indicate that coping styles mediate the relationship between perfectionism and psychological adjustment. For example, adaptive coping mediates the effects of perfectionistic strivings, promoting persistence and vitality, whereas avoidance-based coping amplifies the emotional costs of perfectionistic concerns (Arbinaga, 2025; Atienza et al., 2020). These patterns suggest that coping mechanisms may indeed mediate the impact of perfectionism on mental health outcomes, shaping whether high personal standards lead to growth or vulnerability (Appleton et al., 2009).

In the dance environment, coping assumes particular importance due to the convergence of artistic, physical, and social demands. Dancers train and perform under constant observation, receiving frequent feedback on both their technique and aesthetic presentation. While constructive critique may enhance skill acquisition, excessive scrutiny can intensify self-consciousness and perfectionistic concerns, particularly when coupled with limited autonomy and subjective evaluation criteria (Nordin-Bates, 2020; Nordin-Bates et al., 2023). Adaptive coping behaviors such as setting realistic goals, seeking social support, and integrating corrective feedback have been associated with improved performance and psychological well-being among performers (Nicholls et al., 2011; Atienza et al., 2020; Arbinaga, 2025). Conversely, maladaptive coping, including denial, withdrawal, or self-blame, has been linked to greater anxiety, emotional exhaustion, and burnout in dancers and athletes alike (Cumming & Duda, 2012; Yu et al., 2025). Thus, understanding how coping interacts with perfectionism is crucial for promoting healthy psychological adjustment within the high-pressure dance culture.

The professional dance context also introduces unique psychosocial risks that can amplify the negative effects of perfectionism. The emphasis on aesthetic appearance, body composition, and expressive authenticity exposes dancers to constant comparison and self-monitoring. When perfectionistic concerns dominate, dancers may interpret constructive feedback as criticism or perceive temporary setbacks, such as an injury or casting decision, as a personal failure. Such interpretations can contribute to chronic stress and reduced self-worth, especially in environments where open discussion of psychological difficulties is discouraged (Nordin-Bates et al., 2023). Socially prescribed perfectionism, in particular, has been identified as a strong predictor of emotional distress in aesthetic performance domains because it fosters externalized control and contingent self-esteem (Arslan & Altan-Atalay, 2023; Cumming & Duda, 2012; Stoeber et al., 2007). Recent studies further indicate that appearance-related pressure and body image concerns mediate the link between socially prescribed perfectionism and anxiety in dancers (Arbinaga, 2025; Yu et al., 2025). These pressures can erode motivation and lead to avoidance-based coping patterns, which perpetuate maladaptive emotional cycles and hinder recovery from performance difficulties.

Empirical evidence suggests that perfectionism in dancers should be understood within a multidimensional and dynamic framework that integrates coping processes. Perfectionistic strivings, when combined with problem-focused coping, can facilitate motivation and resilience, allowing dancers to persist through technical challenges and maintain satisfaction in their work (Arbinaga, 2025; Atienza et al., 2020). In contrast, perfectionistic concerns tend to predict maladaptive coping, avoidance, and emotional exhaustion, particularly in environments characterized by constant evaluation and limited psychological safety (Gustafsson et al., 2011; Madigan et al., 2018; Nordin-Bates & Jowett, 2022).

Recent research in performance psychology supports a process-based understanding of perfectionism, in

which coping styles serve as mechanisms linking personality traits to emotional outcomes. Perfectionistic strivings, when aligned with adaptive coping, contribute to self-regulated learning, persistence, and psychological well-being. Perfectionistic concerns, when linked with avoidance and self-critical coping, lead to heightened stress, negative affect, and burnout (Stoeber, 2011; Atienza et al., 2020; Madigan & Curran, 2021). Emerging intervention studies further emphasize the importance of coping-focused and autonomy-supportive approaches in mitigating the detrimental effects of socially prescribed perfectionism (Arbinaga, 2025; Hill et al., 2020; Lasalle & Hess, 2022). This distinction has both theoretical and applied implications for promoting dancers' mental health. Interventions that cultivate problem-focused coping and autonomy-supportive climates may buffer against the harmful effects of socially prescribed perfectionism while sustaining the motivational benefits of self-oriented perfectionism (Deci & Ryan, 2000; Hill et al., 2010; Nordin-Bates & Jowett, 2022).

Therefore, the purpose of this study was to examine the relationships among self-oriented perfectionism, socially prescribed perfectionism, coping styles, and psychological well- and ill-being in professional dancers. Consistent with contemporary process-based models of perfectionism (Hill et al., 2020; Madigan & Curran, 2021), it was hypothesized that (1) self-oriented perfectionism would positively predict problem-focused coping and psychological well-being, (2) socially prescribed perfectionism would positively predict avoidant coping and psychological ill-being, and (3) coping styles would mediate the effects of perfectionism on psychological outcomes, such that problem-focused coping would transmit adaptive effects to well-being, whereas avoidant coping would transmit maladaptive effects to ill-being (Atienza et al., 2020; Nordin-Bates & Jowett, 2022).

Methods
Participants

The participants were vocational dancers recruited from professional modern dance companies in Korea. Initially, 232 dancers were asked to complete a battery of questionnaires. Among them, 226 dancers completed the questionnaires. A total of 81.5% were female (n = 184) and 118.5% were male (n = 42). Their ages ranged from 22 to 50 years (Mage = 34.24yrs, SD = 6.24). Twenty-nine dancers had dance experience of less than 10 years (12.8%), 122 dancers had from 11 to 20 years (54%), 65 had 21 to 30 years (28.8%), and 10 dancers had more than 31 years of dance experience (4.4%).

Measures

Perfectionism. Dancers' perceptions of their perfectionistic tendencies were measured using the Korean version of the Multidimensional Perfectionism Scale (MPS-Kr; Han, 1993). The MPS-Kr, like the original MPS developed by Hewitt and Flett (1991), consists of 15 items assessing self-oriented perfectionism (SOP) and 15 items assessing socially prescribed perfectionism (SPP). All items were rated on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). The reliability of the MPS-Kr subscales was α = .83 for SOP and α = .80 for SPP (Han, 1993).

Coping Tendencies. Coping tendencies were assessed using the Korean Athlete Sport Coping Scale (K-ASCS; Yoo & Park, 1998). The instrument consists of four subscales: problem-focused coping (PFC), emotion-focused coping, avoidant coping (AC), and detached coping, each comprising eight items rated on a 5-point Likert scale ranging from 1 (almost never) to 5 (always). Consistent with the study's focus and prior work in performance settings, only the PFC and AC subscales were administered (Hill et al., 2010).

Psychological Well-Being. Psychological well-being (PWB) among dancers was measured using the Mental Health Continuum−Short Form (MHC-SF; Yim et al., 2012), which contains three subscales: emotional well-being (3 items), social well-being (5 items), and psychological well-being (6 items). Participants were asked to indicate the frequency of their feelings about each statement over the past month. The MHC-SF was

rated on a 6-point Likert scale ranging from 1 (never) to 6 (every day).

Psychological Ill-Being. Consistent with previous studies (Balaguer et al., 2012), the Korean version of the Athlete Burnout Questionnaire (ABQ-Kr; Choi et al., 2017) was used to measure dancers' psychological ill-being (PIW). The ABQ-Kr, like the original ABQ developed by Raedeke and Smith (2001), comprises three subscales that assess physical and emotional exhaustion, reduced sense of accomplishment, and sport devaluation. Each subscale comprises five items, rated on a 5-point Likert scale, ranging from 1 (almost never) to 5 (always). Minor wording modifications were made to tailor the items for dancers; specifically, the word *"sport"* was replaced with *"dance."* For example, one item reads, *"I am exhausted by the mental and physical demands of dance."* Choi et al. (2017) reported that the Korean version of the ABQ demonstrates adequate reliability and validity.

Procedures and Data Analysis

After obtaining the Institutional Review Board (IRB) approval, the authors first contacted the head directors of professional modern dance companies in Korea and explained the purpose and procedures of this study. With the directors' agreements, they visited dancers during practice hours and asked them to fill out the informed consent form first, the demographic questionnaire, and then respond to the series of questionnaires. Participants were informed that participation in this study was entirely voluntary and that they could stop responding to the questionnaires at any time without penalty or consequence. All responses were kept confidential

The data were collected on-site and then analyzed using SPSS 25.0 for descriptive statistics and Mplus 7 to conduct structural equation modeling (SEM) to examine the full structural model. Anderson and Gerbing's (1988) two-step approach was utilized to evaluate the full structural model, including both the measurement and structural models. The measurement model was tested to examine the relationships between latent variables and their indicator variables, whereas

the structural model was evaluated to assess the causal relationships among latent variables (Hair et al., 2010). The bootstrapping technique used for testing the mediation effect (Kline, 2023) provided 95% bias-corrected (BC) bootstrapped confidence intervals (CIs) to determine the significance of the indirect effects. For the mediation analysis, 5,000 bootstrap samples were generated.

Model fit was evaluated using the chi-square (x^2) test, normed chi-square (NC; i.e., x^2/df), root mean square error of approximation (RMSEA), standardized root mean square residual (SRMR), Comparative Fit Index (CFI), and Tucker−Lewis Index (TLI). Previous studies have suggested that values of NC below 3.0 (Kline, 2023), RMSEA below .08 (MacCallum et al., 1996), SRMR below .08, and CFI and TLI above .95 (Hu & Bentler, 1999) indicate acceptable model fit. Construct reliability (CR) and average variance extracted (AVE) were calculated to assess convergent validity. The suggested cut-off points for CR ($\geq$ .70) and AVE ($\geq$ .50) were used as reference criteria (Hair et al., 2010).

Results

Descriptive Statistics

Table 1 shows descriptive statistics, reliability coefficients, and intercorrelations for all subscales. All variables indicated satisfactory univariate skewness and kurtosis. The overall values of skewness and kurtosis ranged from -.25 to .09 and from -.02 to .78, respectively, and thus, the univariate normality was supported in that the absolute value of each item's skewness was below 2 and kurtosis was below 7.

Measurement Model

The measurement model demonstrated an acceptable fit to the data, x^2 (296) = 529.48, p < .001, x^2/df = 1.79, CFI = .89, TLI = .91, RMSEA = .06, and SRMR = .07. All standardized factor loadings ranged from .50 to .93, indicating that each observed variable adequately represented its respective latent construct.

Table 1. Descriptive statistics, reliability coefficients (α), and intercorrelations for all subscales

	M	SD	α	1	2	3	4	5	Skewness	Kurtosis
1. SOP	3.76	.56	.83	-					-.10	.78
2. SPP	3.32	.59	.78	.38**	-				-.11	.20
3. PFC	3.57	.47	.78	.51**	.17*	-			.09	.65
4. AC	2.33	.55	.71	-.03	.14*	.05	-		.01	.39
5. PWB	4.06	.76	.86	.38**	.09	.44**	-.03		-.11	-.11
6. PIB	2.92	.73	.85	-.08	.25**	-.14*	.39**	-.23**	-.25	-.02

*$p < .05$; **$p < .01$. Note; SOP = Self-Oriented Perfectionism, SPP = Socially Prescribed Perfectionism, PFC = Problem-Focused Coping, AC = Avoidant Coping, PWB = Psychological Well-Being, PIB = Psychological Ill-Being.

Composite reliability (CR) values ranged from .71 to .89, and average variance extracted (AVE) values ranged from .52 to .73, both exceeding the recommended cutoff points of .70 and .50, respectively (Hair et al., 2010). These results provided evidence for satisfactory convergent validity and internal consistency. Furthermore, each construct's AVE value exceeded the squared inter-construct correlations, confirming discriminant validity (Fornell & Larcker, 1981).

Structural Model

To test our hypotheses, we conducted path analyses of the structural model. Figure 1 shows the results of the path coefficients among the subscales. The structural model also demonstrated acceptable fit indices, x^2 (298) = 605.11, $p < .001$, x^2/df = 2.03, CFI = .90, TLI = .89, RMSEA = .068, and SRMR = .07. Self-oriented perfectionism significantly predicted problem-focused coping ($\beta = .53$, $p < .001$), avoidant coping ($\beta = -.19$, $p < .05$), and psychological well-being ($\beta = .22$, $p < .05$). Problem-focused coping, in turn, positively predicted psychological well-being ($\beta = .29$, $p < .05$), whereas avoidant coping positively predicted psychological ill-being ($\beta = .53$, $p < .001$). Socially prescribed perfectionism was positively related to psychological well-being ($\beta = .17$, $p < .05$) but not to psychological well-being. Bootstrapping with 5,000 resamples was conducted to examine the indirect pathways. The analysis revealed significant indirect effects consistent with the hypothesized mediation

model. The relationship between self-oriented perfectionism and psychological well-being was partially mediated by problem-focused coping ($\beta = .15$, $p < .01$, SE = .06, 95 % CI [.05, .28]). In contrast, the relationship between self-oriented perfectionism and psychological ill-being was fully mediated by avoidant coping ($\beta = -.10$, $p < .05$, SE = .05, 95 % CI [-.21, -.02]).

Discussion

The purpose of this study was to examine the relationships among perfectionism, coping styles, and psychological well-being and ill-being in dancers. The results supported the hypothesized model derived from previous research on athletes and performing artists, demonstrating that self-oriented perfectionism predicted both adaptive and maladaptive coping styles, which, in turn, influenced dancers' psychological health outcomes. Specifically, self-oriented perfectionism positively predicted problem-focused coping and psychological well-being, while negatively predicting avoidant coping. Furthermore, problem-focused coping was positively related to psychological well-being, whereas avoidant coping was strongly related to psychological ill-being. The bootstrapping analysis revealed that the relationship between self-oriented perfectionism and psychological well-being was partially mediated by problem-focused coping. In contrast, the link between self-oriented perfectionism and psychological ill-being was fully mediated by avoidant coping. Additionally, socially prescribed

Table 2. Summary of significant standardized path coefficients for the structural model

Model					β	SE	Lower	Upper
							Bias-Corrected Bootstrapped 95% CI Estimates	
SOP	→	PFC			.53***	.08	.39	.65
SOP	→	AC			-.19*	.09	-.33	-.05
SOP	→	PWB			.22*	.09	.07	.37
SPP	→	PIB			.17*	.08	.04	.30
PFC	→	PWB			.29*	.09	.11	.44
AC	→	PIB			.53***	.07	.39	.664
SOP	→	PFC	→	PWB	.15**	.06	.05	.28
SOP	→	AC	→	PIB	-.10*	.05	-.21	-.02

Notes: *significant at level $p < 0.05$, **$p < 0.005$, and ***$p < 0.001$. SOP = Self-Oriented Perfectionism, SPP = Socially Prescribed Perfectionism, PFC = Problem-Focused Coping, AC = Avoidant Coping, PWB = Psychological Well-Being, PIB = Psychological Ill-Being. Only statistically significant direct and indirect paths are presented in this table.
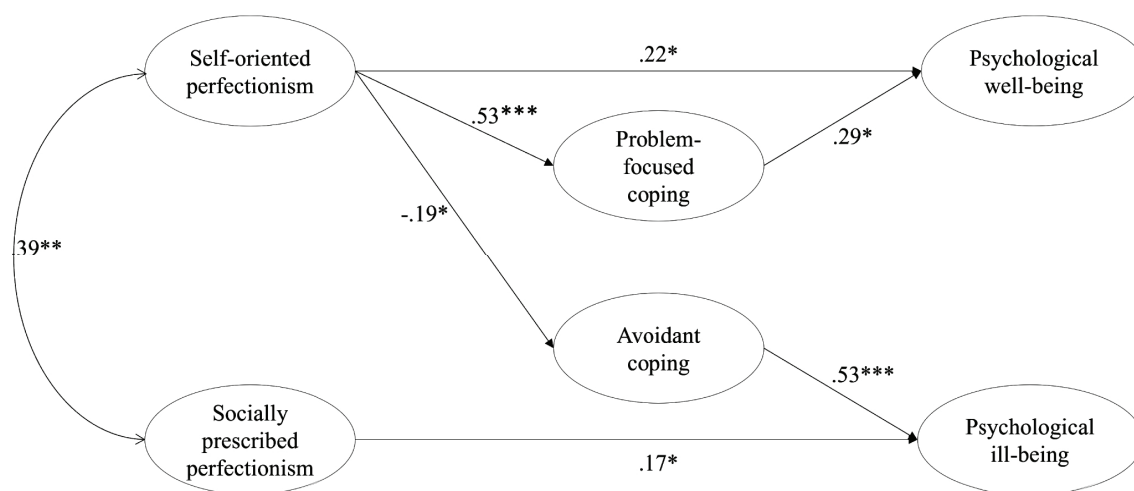

Figure 1. Structural equation model with standardized estimates in the relation between self-oriented perfectionism, socially prescribed perfectionism, problem-focused coping, avoidance coping, psychological well-being, and psychological ill-being. Only significant paths are presented.
Notes: *significant at level p < 0.05, **significant at level $p < 0.005$, and ***significant at level $p < 0.001$.

perfectionism was found to predict psychological ill-being directly, underscoring the detrimental role of externally imposed perfectionistic standards. These findings collectively highlight that the influence of perfectionism on dancers' mental health is contingent upon the nature of their perfectionistic tendencies and the coping strategies they employ.

Adaptive Pathways: Self-Oriented

Perfectionism, Problem-Focused Coping, and Well-Being

The positive association between self-oriented perfectionism and problem-focused coping found in this study aligns with the notion that self-oriented perfectionism as an indicator of perfectionistic strivings can be an adaptive motivational force when managed

constructively (Appleton et al., 2009; Hill et al., 2008). Dancers with high self-oriented perfectionism appear to set high personal standards not solely to avoid failure but to attain mastery and artistic excellence. This form of perfectionism has been linked to greater self-regulation, persistence, and effective problem-solving in performance contexts (Appleton et al., 2009; Madigan et al., 2018). Consistent with recent research in athlete and performance populations, self-oriented perfectionism was positively related to psychological well-being, suggesting that dancers who channel their perfectionistic strivings into self-improvement and goal-directed coping may experience enhanced satisfaction, confidence, and fulfillment in their performances (Hill et al., 2010; Madigan et al., 2018).

The partial mediation observed through problem-focused coping supports the view that adaptive coping functions as a psychological buffer, translating perfectionistic effort into growth-oriented behavior rather than self-criticism. This aligns with the stress‑coping model proposed by Lazarus and Folkman (1984), which posits that problem-focused strategies reduce stress appraisal and promote active adaptation. In line with this notion, dancers who engage in reflective self-evaluation, seek feedback, and develop action plans are more likely to maintain mental stability under high evaluative pressures. In contrast, when perfectionistic strivings are not accompanied by constructive coping, they may deteriorate into self-doubt and frustration (Flett et al., 2015). Thus, this pathway underscores that perfectionism per se is not inherently maladaptive; rather, its psychological outcomes are contingent upon the nature of the coping mechanisms employed.

Maladaptive Pathways: Avoidant Coping and Psychological Ill-Being

In contrast to the adaptive effects of self-oriented perfectionism, the findings revealed a maladaptive pathway wherein avoidant coping mediated the relationship between self-oriented perfectionism and psychological ill-being. Although self-oriented perfectionists strive for excellence, their internal standards can become psychologically taxing when setbacks occur. When dancers attempt to avoid confronting stressors by denial, withdrawal, or self-blame, their stress responses intensify, leading to emotional exhaustion and decreased well-being (Gustafsson et al., 2011; Pentith et al., 2021; Madigan et al., 2018). The full mediation by avoidant coping indicates that maladaptive coping styles serve as the primary mechanism through which perfectionistic tendencies transform from potentially positive motivation into psychological distress (Montano, 2025).

This finding is particularly relevant in the context of dance, where self-evaluation and public scrutiny are constant. In expressive performance contexts, where emotional authenticity and aesthetic precision are simultaneously demanded, avoidant coping may severely disrupt both artistic expression and psychological regulation. Avoidant coping may manifest in behaviors such as excessive rumination after rehearsals, reluctance to discuss mistakes, or avoidance of critical feedback. These maladaptive responses perpetuate a cycle of anxiety and underperformance, reinforcing feelings of inadequacy (Nordin-Bates & Jowett, 2022; Nordin-Bates, 2020). Moreover, the significant predictive link between avoidant coping and psychological ill-being suggests that dancers who fail to confront performance-related stressors are vulnerable to chronic stress symptoms, including burnout, depression, and reduced self-worth (Jowett et al., 2021; Hill et al., 2020). These results also align with prior findings in both athletes and vocational dancers, where avoidance coping was consistently associated with negative affect and exhaustion (Gustafsson et al., 2011; Dwarika & Haraldsen, 2023).

Socially Prescribed Perfectionism and External Pressures

Another critical finding was that socially prescribed perfectionism directly predicted psychological ill-being, independent of coping styles. This outcome aligns with earlier research suggesting that externally imposed perfectionistic standards are particularly detrimental in aesthetic and performance domains (Atienza et al.,

2020; Jowett et al., 2021). Dancers who perceive that instructors, choreographers, or peers expect flawless performance may internalize these pressures, leading to heightened self-consciousness and fear of negative evaluation (Haraldsen et al., 2019). Unlike self-oriented perfectionism, which may drive intrinsic motivation, socially prescribed perfectionism reflects an external locus of control that undermines autonomy and psychological resilience (Deci & Ryan, 2000). Consistent with motivational models of perfectionism (Atienza et al., 2020), dancers' adaptive striving may stem from intrinsic or identified forms of motivation, whereas socially prescribed perfectionism may reflect introjected or external regulation, increasing vulnerability to ill-being.

The dance environment, characterized by subjective evaluation and aesthetic ideals, can amplify these effects. When dancers believe their worth is contingent upon external approval, they are less likely to engage in adaptive coping, as self-disclosure or help-seeking may be perceived as weakness (Nordin-Bates & Jowett, 2022). This aligns with findings that socially prescribed perfectionism correlates with higher anxiety, disordered eating, and performance burnout (Atienza et al., 2020; Jowett et al., 2021). The present results thus emphasize that external pressures, rather than the pursuit of excellence itself, are key predictors of psychological ill-being among dancers. Cultivating autonomy-supportive teaching environments may therefore be essential to reducing the detrimental impact of socially prescribed perfectionism (Nordin-Bates, 2020).

Although socially prescribed perfectionism has been widely associated with maladaptive coping tendencies in performance contexts, the present findings did not support significant associations between socially prescribed perfectionism and coping processes. That is, socially prescribed perfectionism was directly associated with psychological ill-being, whereas its associations with problem-focused and avoidant coping were not statistically significant. These findings suggest that externally imposed performance expectations may operate as a direct psychological burden in highly evaluative dance environments, independent of specific coping tendencies (Atienza et al., 2020; Stoeber, 2011).

In contrast to self-oriented perfectionism, whose effects on psychological outcomes were contingent upon coping strategies, socially prescribed perfectionism appears to exert its influence through more immediate cognitive-emotional processes, such as fear of negative evaluation and contingent self-worth, which are closely tied to controlled forms of motivation and external regulation (Deci & Ryan, 2000; Hill et al., 2010).

Beyond individual traits, social and institutional climates may also moderate the impact of perfectionism on coping and psychological outcomes. Autonomy-supportive environments where instructors emphasize personal improvement, provide constructive feedback, and frame mistakes as learning opportunities can buffer the maladaptive effects of perfectionistic concerns and foster more adaptive coping patterns (Haraldsen et al., 2019; Nordin-Bates & Jowett, 2022). Conversely, controlling or punitive climates may reinforce socially prescribed perfectionism, heighten performance anxiety, and promote avoidance-based coping behaviors (Jowett et al., 2021). These findings align with self- determination theory (Deci & Ryan, 2000) and contemporary qualitative research indicating that autonomy-supportive teaching enhances intrinsic motivation, trust, and psychological safety in dance training (Clements & Nordin-Bates, 2024; Nordin-Bates, 2020). Future research should examine how motivational climates, institutional norms, and leadership styles influence dancers' coping behaviors and emotional regulation. Longitudinal or multilevel designs could clarify whether autonomy-supportive teaching practices buffer against the cumulative effects of socially prescribed perfectionism over time, thereby sustaining both well-being and artistic engagement.

The Mediating Role of Coping Strategies

The bootstrapping results further illuminate the mediating role of coping strategies in the perfectionism and mental health relationship. The partial mediation through problem-focused coping suggests that while perfectionistic strivings can enhance well-being, their positive effects are maximized only when accompanied

by adaptive coping behaviors. Conversely, the full mediation of avoidant coping indicates that maladaptive strategies are a critical mechanism through which perfectionism leads to ill-being. These dual pathways reinforce the conceptual framework that coping acts as a pivotal bridge between personality traits and psychological outcomes (Lazarus & Folkman, 1984; Hill et al., 2010).

These findings hold particular significance for dancers, whose professional demands require continuous psychological regulation and adaptive functioning. Dance training environments often involve perfectionistic norms and repetitive failure-feedback cycles that challenge performers' emotional stability. Encouraging problem-focused coping behaviors such as setting incremental goals, seeking mentorship, and reflecting on progress can help dancers reinterpret perfectionistic tendencies as constructive challenges rather than threats. In contrast, avoidant behaviors exacerbate emotional fatigue, hinder learning, and perpetuate maladaptive perfectionism (Atienza et al., 2020; Hill et al., 2020; Madigan et al., 2015; Nordin-Bates, 2020). The dual mediation pattern underscores that promoting adaptive coping is not merely beneficial but necessary to prevent perfectionism from becoming a risk factor for mental health deterioration (Almásy & Soltész-Várhelyi, 2025; Arbinaga, 2025).

Applied Implications and Future Research Directions

These findings offer practical insights for dance teachers and mental performance consultants working within the dance context. First, teachers should differentiate between adaptive and maladaptive forms of perfectionism when providing feedback. By emphasizing self-referenced improvement rather than external comparison, teachers can help dancers transform perfectionistic tendencies into productive motivation (Madigan et al., 2018). Second, mental performance consultants can incorporate coping skills training into dancer development programs, focusing on problem-solving, cognitive restructuring, and emotional awareness (Nordin-Bates, 2020; Nordin-

Bates & Jowett, 2022). Such interventions can foster resilience and reduce reliance on avoidance-based responses during high-stress situations such as auditions or performances (Arbinaga, 2025).

Moreover, establishing autonomy-supportive learning climates where mistakes are framed as learning opportunities can reduce the impact of socially prescribed perfectionism (Deci & Ryan, 2000; Jowett et al., 2021). Encouraging open discussions about mental health, providing peer support systems, and integrating reflective practices such as journaling or mindfulness can further strengthen dancers' capacity for adaptive coping (Yu et al., 2025). These psychological interventions align with best practices in sport and performance psychology, where mental skills training is regarded as a vital complement to physical and technical preparation (Haraldsen et al., 2019; Nicholls, 2021).

The experience of injury provides another critical context in which perfectionism and coping intersect. Injuries disrupt dancers' sense of competence and identity, often challenging the perfectionistic self-concept that equates worth with performance (Atienza et al., 2020; Nordin-Bates, 2020; Pentith et al., 2021). Dancers with high levels of maladaptive perfectionism may interpret injury as personal failure, leading to guilt, frustration, and premature return pressures that heighten psychological distress (Nordin-Bates et al., 2023). In contrast, those who adopt problem-focused coping strategies such as seeking medical guidance, adjusting goals, and engaging in structured rehabilitation tend to maintain emotional stability and recover more effectively (Hill & Curran, 2016). These observations reinforce the notion that coping not only mediates the emotional effects of perfectionism but also moderates recovery outcomes in high-performance contexts. Future studies could explore intervention programs that integrate psychological coping training into injury rehabilitation or investigate how perfectionism-related cognitive patterns affect adherence to medical recovery protocols.

Conclusion

This study contributes to the growing body of literature on perfectionism and mental health in the performing arts by clarifying the mechanisms through which perfectionistic tendencies influence dancers' psychological outcomes. The results demonstrate that self-oriented perfectionism can serve as an adaptive resource when paired with problem-focused coping but may contribute to psychological distress when coupled with avoidant coping. Furthermore, socially prescribed perfectionism emerged as a direct predictor of psychological ill-being, underscoring the harmful effects of external performance pressures.

The findings highlight the importance of conceptualizing perfectionism as a multidimensional construct encompassing both adaptive and maladaptive pathways. Coping strategies play a pivotal mediating role, transforming perfectionistic motivation into either resilience or vulnerability. From an applied perspective, promoting adaptive coping skills and fostering autonomy-supportive environments can help dancers maintain psychological well-being while pursuing artistic excellence.

Despite its contributions, this study has certain limitations. The cross-sectional design precludes causal inferences; thus, longitudinal studies are needed to examine changes in perfectionism, coping, and mental health across a dancer's career trajectory. Future research should also investigate longitudinal and cross-cultural variations in how perfectionism and coping interact over time, particularly across different phases of a dancer's career. Such studies may clarify how adaptive and maladaptive processes develop, stabilize, or change within the unique psychosocial ecology of professional dance.

Additionally, future research could adopt longitudinal, multilevel, or mixed-method designs to investigate how social climates, institutional norms, and leadership styles moderate the perfectionism‑coping relationship over time. Given that autonomy-supportive and controlling climates appear to shape dancers' coping tendencies, exploring these contextual effects across diverse cultural and organizational settings would be particularly valuable.

Moreover, the experience of injury represents a critical yet understudied context for understanding the psychological consequences of perfectionism. Future intervention studies could integrate coping-skills training into rehabilitation programs to evaluate whether adaptive coping enhances both physical recovery and emotional resilience following injury. Investigating how perfectionistic beliefs influence help-seeking, adherence to medical guidance, and return-to-performance decisions would deepen the applied scope of performance psychology.

Taken together, these findings highlight that perfectionism in dancers can serve as both a powerful motivator for artistic development and a risk factor for psychological vulnerability, with its impact largely shaped by how it is managed. By attending to the mediating role of coping strategies, educators and practitioners can help redirect perfectionistic tendencies away from distress and toward growth, thereby supporting dancers' emotional resilience and their sustained commitment to the creative process.

Author Contributions

Conflict of Interest

The authors declare no conflict of interest.

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