

PSYCHIC SYMPTOMS AND SELF-ESTEEM IN DANCERS

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SUMMARY

Introduction: The mental health of the human being and a higher level of the self-esteem have the positive effects on the peace surrounding, stability, success and the personal satisfaction of any individual. The fundamental opinion is that the dance has the affect on the body and the psychological health of the people. To explore if the dancers have their less-expressed psychological symptoms and higher self-esteem.

Subjects and methods: The examination was performed on the sample of 310 examinees, mostly of the young life age and who identified themselves as the dancers or non-dancers. For the requirements of the investigation there were used the socio-demographic question-form, the psychological symptoms estimation scale (RCL-90-R) and the Rosenberg self-esteem scale (RSES).

Results: The dancers show the smaller appearance of the psychological symptoms and that almost in all sub-scales, but their difference is not statistically significant. The statistically significant difference among the men and the women was recorded in the subscales of the somatisations, then the interpersonal vulnerability, the depression, the anxiety and the phobias. The dancers possess their higher self-esteem than the non-dancers, but statistically their difference is not significant. Comparing the results against the sex, the persons of the female sex possess the higher self-respect than the persons of the male sex.

Conclusion: The dancers possess less of the psychological symptoms and their higher self-esteem than the non-dancers, but the difference within the results is not significant statistically.

Key words: *psychical symptoms - self-esteem - dancers*

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INTRODUCTION

In 2001 the World Health Organization defined the mental health as the state of the well being where any individual realizes his/her potentials, he/she can cope with the normal life stress, he/she can work productively and fruitfully, and he/she is able to contribute to the community (World Health Organization 2001, 2013). The mental health becomes the international and national priority due to the recognition of its importance both the health of any individual and the whole community, and apropos the whole nation (Kuzman 2012). The experts describe the stress as the effort, the thrust, and the pressure increase due to the mental excitement or the body burden (Babić et al. 2018). The numerous experts point out the importance of the life style influence and the body activity on the mental health of any individual (Walsh 2011, Paluska & Schwenk 2000). Beside the aforementioned factors, the authors of the present researches accent that the self-esteem is essential for the mental and social welfare, and that a lower level of the self-esteem is connected together with the more expressed psychological symptoms like depression, suicidal intentions, anxiety (Mann et al. 2004, Bolognini et al. 1996). The self-esteem has been

defined as the evaluation of oneself and that is one of the key psychological constructs, and like that it is an object of the numerous researches (Jelić 2012, Grolnick & Beiswenger 2006). The low level of the self-esteem has been connected with the row of the unfavorable outcomes, including a bad school success, the drugs misuse, the nourishment disorders, anxiety and depressive disorders, and generally bad health condition (Kendler et al. 1998). The high self-esteem has been connected to the better social skills (Baumeister et al. 2003). The persons that keep better picture of themselves as well they have more reliability of their own competence and the higher expectations of their success, that leads to the increased motivation and persistence in achieving the life aims (Burušić & Tadić 2006). The previous researches have shown that the physically more active persons show the higher level of the self-esteem, and that they are more satisfied by themselves (Eklemović et al. 2018). So the physical activity represents the key connection between the above mentioned variables and dancing, considering the fact that a dance is a form of the performed art, where the body moves rhythmically. Any dance is a physical form of the art. Accordingly it has become an implanted opinion that a dance, through the body activity accompanied by the music, has an effect on

the improvement of the mental health, the emotional stability and the higher level of the self-esteem (Schwender et al. 2018). The aim is to examine if the dancers possess the psychical symptoms less expressed and the higher self-esteem in the relation to the no dancers.

SUBJECTS AND THE METHODS

The research was performed by the implementation of the average prospective study of the appropriate sample of 310 examinees in 2018 through the poll question-form created on the Internet page. The poll question-form consisted of three parts: the question-form on the socio-demographic data, the question-form on the global self-esteem (RSES – Rosenberg Self Esteem Scale) and the question-form on the psychical symptoms (SCL-90-R – Symptom Check.list-90-Revised). All persons to whom the invitation to take part in the research was sent, were informed on the purpose of the research, and as well they were informed that the sampling was voluntary and anonymous.

Question-forms

The author of this work independently formulated the content of the socio-demographic question-form by which one he collected the data concerning the sex, age, education, matrimonial, social status and as well the own perception of the examinee's health. It was offered to the examinees, according to their personal evaluation of their dancing knowledge, to decide if they belong to the dancers group or to the non-dancers group. The question-form for the self-estimation SCL-90-R was used for the estimation of the psychical symptoms, by which one the levels of the depression are estimated as well. The examinee enters the level of the psychical symptoms set out at the scale from 0 to 4 points. The primary dimensions are the somatization, the obsessive compulsiveness, the sensitivity to the human relations, the depression and the anxiety, the animosity, the phobia, the paranoid ideas and the psychoticism. Three scale indexes are calculated from the values of the single dimensions: the index of the total difficulties as the best indicator of the stress current level or deepness; the index of the positive symptoms of the uncomfortableness that shows if the examinee reinforces or decreases the stress symptoms, and the total positive symptoms that represent the total number of the stress symptoms that the examinees specified. It is of the opinion that it represents the tested and predictive measuring instrument to estimate the psychical symptoms (Derogatis & Savitz 2000). To fill-in the SCL-90-R scale it is required approximately 30 minutes. The scale fulfillment time was not limited.

The question-form to estimate the self-esteem RSES is a one-dimensional scale to measure the global self-estimation and its utilization is very wide. It includes ten boxes, five of them are positive, and five are negative.

That is the Likert scale with the responses on the scale with four estimation degrees, where 1 means "I do not agree at all", and 4 means "I agree totally". The total result is achieved by adding the estimations from all boxes where the result ranges from 10 to 40. The higher result indicates the higher degree of the self-expressed self-esteem. The recommendation is to reply on to the test questions quickly and without too much rethinking. The scale was translated into several different languages and it is used in the multicultural studies that 53 different countries include. The reliability of the inherent consistency (Cronbach alfa) attained by this research is 0.81 (Štambuk 2001). All afore-mentioned instruments have been standardized and validated.

For the description and the analysis of the measured phenomenon at the level of the collected data set, the research results were elaborated by the descriptive statistics method (quoting frequencies, measures of the central values that represent the set, and belonging scatterings that show how much the central value good represents the mentioned set, al that with a graphic and tabular display. In the further analyses there were used the certain parametric and nonparametric methods of the inferential statistics. The samples distribution for each continuous variable and each researched group was tested by Kolmogorov-Smirnov test that was automatically calculated by the computer programs of each statistical processing. The category variables were displayed as their frequency and percentage. The differences among them were tested by the Chi-square test and the Fisher exact test. The continuous variables were displayed as an arithmetic middle and a standard deviation. The differences among them were tested by the Student t-test. The probability level $p < 0.05$ was taken as statistically significant. The SPSS statistics software was used in the statistics analyze, version 17 (SSPS Inc. Chicago, IL).

RESULTS

310 examinees of the age 15 to 70 years took part in this research. The most of the examinees were in the age of 30-35 years (30.97%). Lower number of the examinees (28.39%), that took part in the research, were in the age of 25-30 years. The lowest number of the examinees was in the age of more than 57 years (0.32%). The display of socio-demographic characteristics of the examinees is shown in the Table 1. The empiric value of Chi-square test is the lowest in the sex trait (0.134%), and the highest one is in the social status trait (18.002%). The empiric signification is almost in all cases, except the social status criterion, higher than 5%, and so one may conclude of the independence of the observed characteristics. The statistically considerable dependence exists between the group and the characteristic social status where the significance value is lower than 5%. The dependence of the group and the marital status characteristic is noticeable although statistically it is not significant.

Table 1. Display of examinees' socio-demographic data

	Dancer		Non-dancer		χ^2	p
	N	%	N	%		
Gender					0.134	0.174
male	72	38.5	44	35.8		
female	115	61.5	79	64.2		
School education					6.991	0.201*
elementary	1	0.5	2	1.6		
secondary	67	35.8	42	34.1		
academy	34	18.2	14	11.4		
university	72	38.5	58	47.2		
M. A. degree	9	4.8	7	5.7		
doctorate	4	2.1	0	0.0		
Social status					18.002	<0.001
employed	151	81.2	86	71.1		
unemployed	20	10.8	33	27.3		
other	15	8.1	2	1.7		
Marriage status					4.258	0.119
married	108	58.1	58	48.3		
unmarried	59	31.7	52	43.3		
other	19	10.2	10	8.3		
Health condition					4.091	0.244*
perfect	147	78.6	83	69.2		
medium	35	18.7	32	26.7		
bad	3	1.6	2	1.7		
I do not know	2	1.1	3	2.5		

60.32% of the examinees took part within the research who declared themselves as dancers and 39.68% declared themselves as non-dancers. Taking into account the dancing knowledge of the dancers, the most examinees (52.82%) who took the part in the research were the amateurs, while the lowest number was of them who were the dance instructors (2-14%) ($\chi^2=258.636$; $df=5$; $p<0.001$). In the group of the non-dancers 69.11% of examinees are those who want to learn dancing, while only 2.44% of them do not want to learn dancing ($\chi^2=83.317$; $df=2$; $p<0.001$). In the Table 2 are shown the socio-demographic data of the examinees according to their sex. The empiric value of the Chi-square test is the lowest one of the marital status criterion (1.118%) and the highest one of the social status criterion (9.771%). According to the previous table it is possible to see that the empiric signification is present almost in all cases, except the "social status" if higher than 5% and it may be concluded that observed characteristics are independent ones. The statistically considerable dependency exists between the group and the subscale "the social status", where the importance value is lower than 5%.

The collected data from the SCL-90-R question-form of two observed groups were separately elaborated – dancers and non-dancers. The data were elaborated and classified in nine groups of the primary dimensions of psychological symptoms (Table 3). The empiric value of the Chi-square test is the lowest of the interpersonal vulnerability trait (0.360), and the highest one of the depression trait (1.744%). In the dancers group the manifestation of the psychological symptoms is fewer

almost in all groups, but the difference statistically is not significant. The differences within the psychological symptoms in the relation to the sex are shown in the Table 4. The empiric value of the Chi-square is the lowest of the paranoia trait (0.225), and the highest one of the depression trait (3.543%). There is no statistically significant dependency within the subscales of the psychological symptoms like the obsessive-compulsive symptoms, aggressiveness, paranoia, psychotic signs and non-specific symptoms. All medium values in the women are lower than in the men and that means that the occurrence of the psychological symptoms in the women is rarer than in the men. That difference is not significant statistically. Statistically considerable difference between men and women appears in the subgroups: somatization, interpersonal vulnerability, depression, anxiety and phobia.

The differences within the samples of dancers and non-dancers exist. The difference is shown by the graph that shows the parallel responses of the examinees from the both groups to the given statements from the question-form for the self-appraisal of the self-esteem RSES (Figure 1). The middle value of the dancers group amounts 27.738 and of the non-dancers group 27.138 at the risk level of 5% ($t=0.809$, $p=0.419$). Although the difference is not significant statistically, we confirmed the hypothesis that dancers possess higher self-esteem than non-dancers. The middle value of the female group is 27.928 and of the male group it is 26.784, that confirms that female persons possess the higher self-esteem than the persons of the male group ($t=1.350$, $p=0.127$) (Figure 2).

Table 2. Display of the socio-demographic data of the examinees according to the gender

	Male		Female		χ^2	p
	N	%	N	%		
School education					8.040	0.131*
elementary	1	0.9	2	1.0		
secondary	51	44.9	58	29.9		
academy	18	15.5	30	15.5		
university	40	34.5	90	46.4		
M. A. degree	4	3.4	12	6.2		
doctorate	2	1.7	2	1.0		
Social status					9.771	0.008**
employed	100	86.2	137	71.1		
unemployed	14	12.1	39	12.4		
other	2	1.7	15	17.9		
Marriage status					1.118	0.182
married	59	51.3	107	56.0		
unmarried	46	40.0	65	34.4		
other	10	8.7	19	9.9		
Health condition					3.428	0.346*
perfect	88	76.5	142	74.0		
medium	21	18.3	46	24.0		
bad	3	2.6	2	1.0		
I do not know	3	2.6	2	1.0		
Dancing skill – dancers					6.999	0.205*
self taught	11	15.3	20	17.4		
amateur	43	159.7	67	58.3		
dancing school	6	8.3	20	17.4		
professional	4	5.6	2	1.7		
rainer	6	8.3	4	3.5		
dance instructor	2	2.8	2	1.7		
Dancing skill – non-dancers					2.708	0.214*
he/she wants to learn dancing	27	61.4	58	73.4		
he/she does not want to learn	2	4.5	1	1.3		
other	15	34.1	20	25.3		

*Fisher exact test; **p<0.05

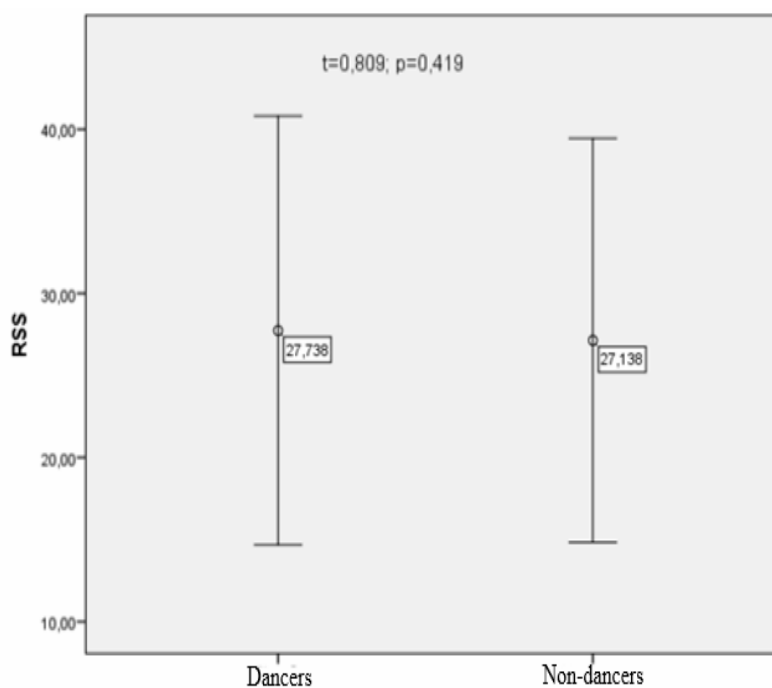


Figure 1. Parallel display of RSES results of the dancers and the non-dancers groups

Table 3. Differences in the psychic symptoms between the dancer and non-dancer groups

CL-90 R	Dancer		Non-dancer		t	p
	X*	SD**	X	SD		
Somatization	0.60	0.55	0.66	0.65	0.822	0.412
Obsessive-compulsive symptoms	0.88	0.67	0.91	0.65	0.412	0.681
Interpersonal vulnerability	0.95	0.55	0.97	0.62	0.360	0.719
Depression	0.76	0.60	0.89	0.72	1.744	0.082
Anxiety	0.57	0.54	0.63	0.69	0.799	0.425
Aggressiveness	0.63	0.63	0.72	0.71	1.147	0.252
Phobias	0.28	0.47	0.31	0.52	0.559	0.576
Paranoia	0.96	0.61	10.00	0.67	0.597	0.551
Psychotic characteristics	0.47	0.45	0.52	0.54	0.867	0.386
Unspecific symptoms	0.78	0.57	0.81	0.64	0.517	0.605

* χ^2 -test; **Standard deviation

Table 4. Differences in the psychic symptoms in sex relation to

SCL-90 R	Male		Female		t	p
	X*	SD**	X	SD		
Somatisation	0.50	0.42	0.70	0.66	3.217	0.001
Obsessive-compulsive symptoms	0.85	0.61	0.92	0.69	0.827	0.409
Interpersonal vulnerability	0.85	0.47	1.03	0.63	2.897	0.004
Depression	0.65	0.57	0.91	0.68	3.543	<0.001
Anxiety	0.48	0.45	0.66	0.67	2.818	0.005
Aggressiveness	0.64	0.63	0.68	0.68	0.567	0.571
Phobia	0.20	0.28	0.34	0.57	2.895	0.004
Paranoia	0.96	0.62	0.98	0.64	0.225	0.822
Psychotic traits	0.45	0.46	0.51	0.51	0.922	0.357
Non-specific symptoms	0.76	0.50	0.81	0.65	0.670	0.503

* χ^2 -test; **Standard deviation

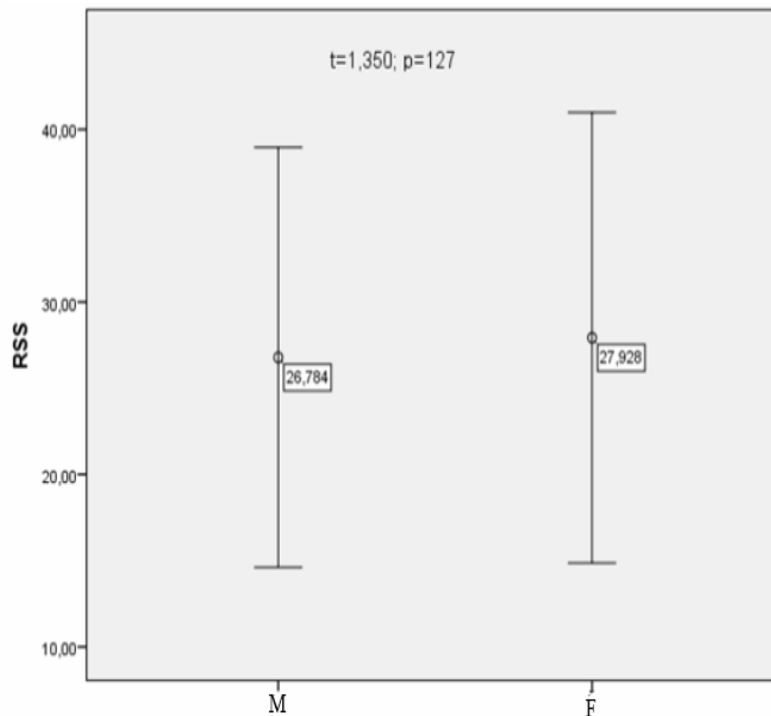


Figure 2. Parallel results display according to the sex

DISCUSSION

So far the numerous researches have been carried out with the aim to ascertain the common connection of the human mental health, self-esteem and dance. Certain scientists point out the dance as a possible standard therapy method that leads to the remarkable improvements within the development of the psychomotor characteristics, particularly of the persons that suffer from Parkinson's disease (Bognar et al. 2012, Rocha et al. 2017, Kunkel et al. 2018, McCneely et al. 2015, Dos Santos Delabary et al. 2018). The certain studies point at the importance of the dance in the development of the psychomotor functions of the deaf persons (Pele 2002). Further the certain studies point out that a dance has a positive influence on the cognitive functions and the metabolism of the elderly persons (Borhan et al. 2018, Rodrigues-Krause et al. 2019). Certain studies quote that a dance has significantly positive influence on the development of the muscle power and endurance, particularly of the older persons (Hwang & Braun 2015). Beside the mentioned discoveries of the dance impact on the man health, the numerous studies point out that dance has a strong effect on the psychosocial aspects of the person and on the light expression of the psychical symptoms in relation to the non-dancers (Muller-Pinget et al. 2012, Muller-Pinget & Golay 2019). Our results confirmed the results of the above-mentioned studies. The numerous studies point out to the importance of the dance and its impact on the importance of the dance and its influence on better life quality (Baptista et al. 2012, Westheimer et al. 2015, Frison et al. 2014, Hernandez et al. 2018). Our results show that statistically the dancers possess significantly greater pleasure with their social aspect of life quality in relation to the non-dancers.

The psychical symptoms of a dancer and a non-dancer

The results of our study confirmed the numerous present researches that point at the lower expression of the psychic symptoms in a dancer in relation to a non-dancer. The certain studies set out that the dance therapy may help to the oncological patients in their coping with the illness and to speed up their psychological recovering (Manheim et al. 2012). Bradt et al. in their systematic summary point out that it is a low level of the proofs that indicate onto a significant positive connection of the dance therapy with the improvement of the psychological and physical outcomes of the oncological patients (Bradt et al. 2011). Meekums et al. in their Cochrane system survey point out that the efficiency of the dance therapy onto low expression of the symptoms of depression has not been for sure proved by the present researches, and that is necessary to implement additional researches in order to set out the influence of the dance on the depression by the higher reliability (Meekums et al. 2015). Padham and

Aujla point out by their results that too great passion for dance, i.e. its obsession, can have the negative influence on the dancer's psychological health (Padham & Ajula 2014). On this trail there are as well the results of the researches that were conducted by Akehurst and Oliver. They set out that too great obsession by the dance may cause the risk behaviour and more expressed psychical symptoms in the professional dancers (Akehurst & Oliver 2014). Thompson et al. point out that the professional dancers due to a long-lasting stress and their lifestyles that imply a hard work and self-denials complain of the more expressed psychic symptoms. Certain professional dancers were diagnosed as having a post-traumatic stress disorder. They have set out that the children professional dancers may have an expressed feeling of the shame and psychical symptoms like anxiety, mostly due to the mode of the treatment of them by their trainer during their training (Thomson & Jague 2015). Very small number of the professional dancers took part in our study, and the greatest number of the examinees declared themselves to be the recreational dancers. The possibility exists that that data had an influence on lower expression of the psychic symptoms in dancers in relation to the non-dancers. Several studies point out that the dance has considerably positive effect on better mental health of the older persons (Hwang & Braun 2015). Our results coincide with the afore-mentioned study, meanwhile, the difference in the relation to the non-dancers in our study is not statistically significant. In the afore-mentioned study there were included only the examinees of the older age, while in our study most examinees were of younger and middle age. Certain studies quote that aerobic exercises and Zumba dance have the influence on decreasing the depressive symptoms and better work memory (Norouzi et al. 2019). Boing et al. found out that the belly dance influences the improvement of the physical and psychological life quality of the women diseased by the breast cancer (Boing et al. 2020). Eygor and partners set out that a dance is connected with a smaller expression of psychical symptoms, particularly of depression, at breast cancer patients (Eygor et al. 2010). In our study it was considerably greater number of the female gender examinees, what correspond with most of the present studies, where most of the examinees have been of the female gender. Koch et al. point out by their results of the meta-analyses that the dance therapy has a positive influence on the decrease of depression and other psychic symptoms (Koch et al. 2019). Cardos points out that the dance practicing has the positive influence on the decrease of the psychical symptoms appearance, particularly of the anxiety, what conforms to our results (Cardas 2015). Our results confirm the majority of the present studies that the manifestation of the psychical symptoms is smaller in the women than in the men (Lakes et al. 2016). Certain previous studies included only the professional dancers (Akehurst & Oliver 2014).

In our study there were included the different categories of dancers, at most the recreational dancers. The age of the examinees of our study is more various in relations to most of present researches that mostly pursued older examinees (Bognar et al. 2012, Rocha et al. 2017, Kunkel et al. 2018, McCneely et al. 2015). Klink et al. researched that the dance has a considerable influence on better mental health of the older person, and the therapeutic effects of the dance were recorded at the older persons (Klink et al. 2014). It was registered by the certain researches that the rate of the good mood during performing the dance activities brings to the older people a positive effect like the optimism, the serenity and power for the confrontation with the life stresses. The participants of this research evaluate the dance as an effective medium to redirect their attention from the life contents that bring them a bad mood to the dance contents that bring them the tranquillity and the power. Therefore they experience the dance as a kind of therapy and the efficient weapon against any stress (Marasović & Blaženka Kokorić 2014). From the above so far set out it is visible the welfare of going in for dancing strengthening personal capacities to cope with the life problems that can cause the appearance of the psychical symptoms.

Dancer's and Non-Dancer's Self-Esteem

Until today it has been done many studies that have gone in for the connection of the dance with the level of the self-esteem of an individual. Like our studies, numerous present studies have set out that the dancers possess a higher level of the self-esteem than in relation to non-dancers (Volpe et al. 2013, Sturm et al. 2014, Szalai et al. 2014). In our study the difference between two groups statistically is not considerable. Müller-Pinget and Golay found out that a dance has a positive influence on a greater satisfaction with the life quality and a higher level of a dancer's self-esteem (Müller-Pinget & Golay 2019). Taking into consideration that Spain is the only country where the dance represents a particular passion and whatever happens the dance is a part of the common culture, we sorted out several carried out researches that were occupied with the self-esteem of the Spanish professional dancers. Certain researches point out that the professional dancers, particularly those younger, see themselves obese and their self-esteem level is lower in regard to the appearance of their body (Kazarez et al. 2018). The research that conducted Vaquero-Cristóbal et al. are on the same trace. They have pointed out that most professional dancers have a picture of themselves that is about the appearance of their body that is not real, what can induce the disorders in their nourishment (Vaquero-Cristóbal et al. 2017). Contrary to the afore mentioned researches, Jáuregui Lobera et al. attained the results that do not show any difference between dancers and non-dancers in regard of their bodies perception, and in

the satisfaction and the self-esteem level in regard of their bodies as well (Jáuregui Lobera et al. 2016). Zoletić and Đuraković have pointed out that beside the professional ballet dancers, the professional models may also have problems with the disorders in their nourishment and the appearance of their bodies (Zoletić and Đuraković 2009). From the results of above given researches it is visible that the influence of the dance on the life of the professional dancers is not the same one as its influence on the life of the persons who see themselves as the recreational dancers. In our research it is the greatest number of the examinees who consider themselves as the recreation dancers. The present discoveries point out lesser self-esteem of the professional dancers in relation to the recreation non-dancers, what we may not ignore during the analysis of our results. Our results refer in the considerable majority to the self-esteem of the recreational dancers, who show that the higher level of the self-esteem is present in the examinees who consider themselves as the recreation dancers, what has been confirmed by the results of the present studies (Abrão & Pedrão 2005). The physical inactivity represents a great danger to the health of the modern society. In accordance with it, the numerous researches point out that in the comparison with other recreations, like exercising in the fitness room, dancing at most affects the health of an individual (Fong et al. 2018). The results of the present studies show that the dance contributes to someone in acquiring the positive opinion of his/her own, the better social skills, the higher motivation and persistence in achieving the different life aims. The afore-mentioned factors are essential in achieving the higher self-esteem level of an individual (Nordin-Bates et al. 2011). Banio found out that going in for dance has particular influence on the better socialisation of an individual, and especially on the improvement of the social communication (Banio 2015). The given results confirm our results which show that on the socialisation scale the dancers show better results than non-dancers. The results of our study show that the female sex persons are with more self-esteem than the male sex persons, what confirms the results of the present researches that were engaged in the sex differences within the level of the self-esteem (Carvalho et al. 2016, Musić et al. 2014).

On the theme of the expression and the appearance of the psychical symptoms and the self-esteem in our milieu there were done and the other researches as well. Tadić and Babić researched the level of the life quality and the self-esteem of the students of the University at Mostar situated in the Mostar Student Centre (Tadić & Babić 2016). Babić et al. researched the appearance of the psychic symptoms in the students from the families with the war experience in whom it was found significantly larger appearance of the psychic symptoms (Babić et al. 2016). Several authors pointed the appearance of the psychic symptoms in the ontological

patients out who were cured by chemo- and radiotherapy (Bačić et al. 2018, Hrkać et al. 2019). Bagarić et al. tested the appearance of the psychic symptoms in the persons who were examined by the magnetic resonance in the doctor's office (Bagarić et al. 2018). In 2019 Janjić researched the appearance of the psychic symptoms in the persons who are addicted to the opiates (Janjić 2019). In 2017 Ljubić and Babić researched the appearance of the psychic symptoms in the students of the Health Studies Faculty before and after the examinations (Ljubić and Babić 2017). In 2019 Ledić et al. researched the appearance of the depression in the children and in adolescents (Ledić et al. 2019). In the same year Brajković et al. pointed out the relation of the appearance of the psychological symptoms and the self-esteem level of the students of the Health Studies Faculty of the University at Mostar (Brajković et al. 2017). It is visible from the afore-mentioned researches that so far in our milieu were done the numerous researches into the appearance of the psychic symptoms within the self-esteem level.

CONCLUSION

The psychic symptoms appear in dancers and almost in all their subgroups and by that we confirmed the hypothesis, but the difference is not significant. The statistically significant difference was noted between men and women, and that in the subgroups: somatisation, interpersonal vulnerability, depression, anxiety and phobias, what means that statistically it exists a significant dependency of the sex trait. The appearance of the afore-mentioned symptoms is lower at women than at men what indicates the better mental health of women. The dancers enjoy the higher self-esteem than the non-dancers, but the difference is not significant statistically. Comparing the results according to the sex the females possess the higher self-esteem level than males.

Contribution of individual authors:

Leon Ajtlbez is the project coordinator, participated in the study concept data interpretation, literature appraisal, and also critically drafted and revised the final appearance of the paper.

Dragan Babić, Marko Martinac & Shpend S. Haxhibeqiri participated in the study concept, paper composition, theoretical explanations, data interpretation, literature appraisal and English language proofreading.

Darjan Franjić & Katarina Barać were responsible for the methodological approach and for the study concept, paper composition, theoretical explanations, data interpretation, literature appraisal.

All authors provided their approval for the final version of the manuscript.

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