



LENS

Eating Disorders and Sports

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Most of us think of athletes being in great shape, ready to perform well in their sport. Elite athletes do rigorous training, use prescribed diets, and are careful about factors that would influence their performance. Thus, it may be surprising that eating disorders have been found to be more common among elite athletes than the general population (Sundgot-Borgen & Torstviet, 2004). In fact, eating disorders were seen in both male and female athletes although more commonly in females than males. For men, the most common disorder was bulimia, found especially in the weight category sports such as wrestling (9%). For female athletes, the highest rates for eating disorders were in the aesthetic sports such as figure skating or gymnastics, with a rate of 12% for anorexia and a rate of 15% for bulimia.

In some sports such as wrestling, an athlete must “make weight.” That is, to compete in a certain weight category, the person must show his or her weight to be at a certain level. For some athletes, this puts on pressure as they consider ways to make their required weight. One way to do this follows the purging pattern seen in bulimia.

Besides making weight, a number of sports are best performed with a lean body. These include distance running, gymnastics, swimming, and diving. These so-called lean sports along with weight-class sports such as wrestling show more eating disorders than other sports (R. T. Thompson & Sherman, 2010). It is also the case that judged sports such as figure skating or gymnastics are associated with more cases of eating disorders. A judged sport is one in which the person is given a score by a judge rather

than being rewarded simply for being the fastest to run or swim a distance.

Student athletes are influenced by a number of individuals, including their coach. In one case study of a 12-year-old runner, his coach suggested he might do better competing in a different track and field event such as shot put (Dosil, 2008). Since this student had wanted to be a lean runner as he had seen on TV, he became upset at this advice. Rather than discuss it, he went home and said to himself that he should stop eating so he could become lean. This upset his parents, as he refused to eat and began to lose weight. Fortunately, in this case a psychologist was able

to work with the adolescent, his parents, and his coach to reduce the problematic eating behaviors.

Another case involved a 22-year-old taekwondo national champion competing to go to the Olympics (Dosil, 2008). He was at a higher weight level than he liked and argued with his coach about his weight. The coach thought the athlete was letting himself go and putting on weight. With the competition coming soon, he considered a number of ways to lose weight and be allowed to compete in a lower weight-class category. These included taking laxatives and diuretics, going to a sauna, and training in plastic clothing. Feeling the athlete was not working at his potential, the coach involved a sports psychologist who was able to work with the athlete and his coach in terms of the advantages and disadvantages of remaining in the current weight class. This turned into a more long-term collaboration, which resulted in adequate food intake with the athlete performing well.

These two case studies show the beginning of disordered eating patterns and behaviors concerning weight spurred on by involvement in athletic competition. What is less well known is how many of these disordered patterns develop into clinical eating disorders. At this point, longitudinal studies are lacking to scientifically understand this relationship. Eating disorders prevention programs are just beginning to be implemented to educate all those involved in athletics and to identify athletes at risk (Coelho, Gomes, Ribeiro, & Soares, 2014).

Thought Question: What factors can lead athletes to disordered eating patterns?