

A Psychological Perspective on Development of Eating Disorders in Female Athletes

Thulcy Devindra Alahakoon
Department of Philosophy, University of Kelaniya

Abstract

There is strong and consistent evidence that eating disorders are prevalent in sport. These illnesses lead to significant physical and psychological morbidity and impaired performances. Female athletes tend to be affected more than male athletes. This paper intends to reveal the development of eating disorders in female athletes and find associated variables with development of eating disorders in female athletes. It is important to note that both anorexia nervosa and bulimia nervosa are determined by an interaction of many factors both personal and biological and social and cultural. Future studies are needed, especially to assess the direct effect of eating disorders on sport performance.

Keywords: *Eating disorders, Anorexia nervosa, Bulimia nervosa, Binge disorder, Athletic performance*

Introduction

In sport people often view athletes as model of health. Ideally they eat a balanced diet and right mix of nutrition allow their bodies to perform at their physical peak. If athletes gain or lose too much weight, then their performance is compromised, and their goal is to regain the balance. But not all athletes attain this out healthy appearance in a healthy way. When it comes to food and weight athletes engage in a variety of unhealthy strategies to reach their goals. These behaviors can be harder to detect in athletes than in the general population because of the unique athletic environment. Eating disorder is defined as an illness in which one's attitudes and behaviors towards eating negatively affect their physical and mental health. Eating disorders can affect both males and females, but there is a significant difference between genders, women account for 90 to 95% of all cases of anorexia nervosa and 80% of all cases of bulimia nervosa. Much of what has been written about eating disorders focuses on women because historically women have been more at risk to develop them. But men also struggle with eating disorders, and they should be monitored. Although they appear to be less at risk than women, male athletes face unique challenges to maintain certain weight requirements in the sport setting.

Literature Review

From the introduction of the eating disorder, a large number of studies have been undertaken in various aspects on the topic in the world. Some study focused on issue of eating disorders in athletes, prevalent in eating disorders among athletes and prevention of eating disorders. This literature review attempts to review closely related literature in the field of sport psychology. Christy L. Picard (1999) has done a research on The Level of Competition as a Factor for the Development of Eating Disorders in Female Collegiate Athletes. He stated that athletes at higher levels of competition showed more signs of pathological eating and were at an increased risk for the development of eating disorders.

Sara Alpern (1990) has done a research on ‘Eating Disorder among women’. She determined eating disorders by an interaction of many factors both personal and biological and social and cultural.

Marwan El Ghoch , Fabio Soave, Simona Calugi and Riccardo Dalle Grave have done on ‘Eating Disorders, Physical Fitness and Sport Performance’ . They have found eating disorders have a negative effect on physical fitness and sport performance by causing low energy availability, excessive loss of fat and lean mass, dehydration. Nicole Klasey (2009) has done a research on female collegiate athletes with eating disorders and disordered eating. She has found female athletes remain at an increased risk of developing disordered eating attitudes and behaviors. Above studies noted the nature of the relationship between athletic involvement and eating disorders. From this paper I expect to find associated variables with development of eating disorders in female athletes and classify risk factors in to the three categories namely Personal Factors, Socio environmental Factors and Behavioral Factors.

Discussion

Sports and exercise play a significant role in a balanced, healthy lifestyle. Exercise benefits every part of the body, including the mind, while competitive sports can instill a sense of accomplishment and self-confidence in a person. However, when training and diet become excessive, an athlete may potentially be hurting his or her performance, rather than improving it (Gavin, 2009). Eating disorders and disordered eating are significant problems among athletes. Eating disorders typically begin with disordered eating and a disordered relationship to the body. The most common eating disorders include anorexia nervosa, bulimia nervosa and a third category called binge eating disorder.

Anorexia nervosa typically begins in adolescence and often persists into adulthood. Patients with anorexia lose weight by restricting their food intake and exercising excessively. Some of these patients will go on to abuse laxatives or take diet pills. People with anorexia are likewise given to excessive exercise, perfectionism, over compliance, selflessness and a denial of discomfort. Since these traits are so similar, it is easy to see why a “good athlete” becomes an ideal candidate for developing anorexia. Anorexia tends to be most prevalent in nations where food is abundant and society places importance on a thin body ideal. The condition cuts across all socioeconomic lines and most ethnicities. Anorexia is slightly less common among African Americans, as compared with Caucasians, Hispanics and Asian Americans (Yager & Powers 2007).

The medical complications of anorexia are severe and can negatively affect the heart, endocrine system, skeleton, reproductive system, gastrointestinal system, kidneys and even the grey matter mass in the brain. According to the American Psychiatric Association, people with anorexia tend to feel cold all the time, suffer from severe constipation, fail to have regular periods, develop extremely dry skin, sometimes with a yellowish cast; and have brittle skin and nails .

Bulimia nervosa is an eating disorder that is much more difficult to detect than anorexia. That’s because the client may appear to be healthy and may seem to have

“normal” eating habits; however, a lot of disordered eating and purging occurs in secret. The condition typically begins during late adolescence or early adulthood. People prone to bulimia tend to be normal weight or slightly overweight. Usually, bulimia starts after a period of dieting, which is why fitness professionals should be well trained in how dieting puts a person at risk for developing an eating disorder. As with anorexia, 90%–95% of patients with bulimia are female. Generally, the personality of the bulimic individual is different from that of an anorexic. People with bulimia exhibit emotion deregulation, impulsivity, perfectionism, self-destructiveness, low self-esteem, conflict avoidance and fear of abandonment.

The medical complications related to bulimia nervosa are extensive and can be life threatening. The heart is affected because of electrolyte imbalances, and the heart muscles become weak. Chest pain and hernias are common because of persistent vomiting. Dental problems are severe because of the amount of enamel erosion and gum recession caused by chronic purging. Additionally, women who have had bouts of bulimia tend to have twice the rates of infertility, low birth weights and postpartum depression.

Binge eating disorder is characterized by recurrent binge eating. An occurrence of Binge eating disorder is defined as having two main characteristics. First one is eating more food within a 2-hour period than the average person within the same time period and second one is feeling a lack of self control during the suffering period. People who suffer from Binge eating disorder often exhibit a tremendous amount of distress about overeating. To compensate, they eat more rapidly than normal, continue to eat until they feel uncomfortably full, eat large amounts in the absence of hunger, eat in secret out of embarrassment, and feel disgusted, depressed and guilty after eating. People with Binge eating disorder can be of normal weight, but most tend to be overweight and have repeatedly failed at dieting attempts in the past. As with anorexia and bulimia, Binge eating disorder is more common among women than among men.

The medical complications of Binge eating disorder are similar to the complications associated with being overweight and obese. These include hypertension, type 2 diabetes, coronary heart disease, stroke, gallbladder disease, osteoarthritis, sleep apnea and cancer.

Eating Disorders and disordered eating are significant problems among athletes. Certain subgroups such as female athletes are especially at risk in sports that emphasize a thin body or appearance, including gymnastics, ballet, figure skating, swimming, and distance running (Picard, 1999). Female athletes who are concerned with controlling their body weight and body composition are at an increased risk for developing an eating disorder. (Byrne & McLean, 2001).

These athletes may increase their training regimes and prolong dieting routines which adds to the risk of an eating disorder (Byrne & McLean, 2001). Several factors place an individual at risk for the development of an eating disorder. These factors include the need to maintain strong control over body shape, the level of performance, and the level of competition (Picard, 1999). Body concerns, pubertal timing, dieting, social

pressure for thinness, and self-esteem are some of the variables that have been found to be associated with the development of eating disorder symptoms.

Risk factors of eating disorders can classify in to three categories as, Personal factors (including developmental, cognitive/affective, and psychological factors), socio environmental factors (including socio cultural norms, familial factors, peer norms and behaviors, and food availability), and behavioral factors (including eating behaviors, dieting, physical activity, coping behaviors, and specific skills).

One behavioral risk factor that has been associated with increased levels of eating disorders is participation in sports. Populations exposed to high levels of social pressure for thinness have been hypothesized to be at increased risk for eating disorders. These groups include athletes whose sport supports a thin body size (ex: gymnasts), models, and dancers (Dorian & Garfinkel, 1999). For athletes, there are additional pressures concerning body composition, shape, size, and weight specific to sport involvement in addition to the general societal pressures for thinness. These additional pressures have led researchers to hypothesize that participation in sports may be a risk factor for the development of eating disorders

A recent published literature on the prevalence of eating disorders among athletes demonstrates a small, but significant effect size for both male and female athletes, indicating higher levels of anorexic and bulimic symptoms in athletes compared to non athletes (Hausenblas, & Carron, 1999). Overall, when sports are classified into groups according to their emphasis on leanness, athletes whose sport has a high degree of emphasis on 4 body size or shape (ex: gymnastics, figure skating, cheerleading) have a higher prevalence of eating disorders and body image disturbances than do athletes whose sport does not have such an emphasis (ex: basketball, softball, hockey).

It can be clearly identified there is a close relationship between eating disorders and perfectionism. The relation between eating disorders and perfectionism has been well established, and it may influence in an indirect manner among athletes. It is suggested that perfectionism as a personality trait combined with environmental and other factors may increase the risk of developing an eating disorders. Both self oriented perfectionism and socially prescribed perfectionism have been independently and positively related to eating disorders among non athletes and it has been suggested that women high on socially prescribed and self-oriented perfectionism are especially vulnerable.

Griffin and Harris (1996) surveyed a large group of junior high and high school coaches concerning their attitudes, knowledge, personal experiences, and recommendations to athletes regarding weight loss. They found that both male and female coaches reported that 20% of the female athletes at their school needed to lose weight. Additionally, 64% of the coaches surveyed reported that an athlete's weight in their sport was either extremely important or definitely important. However, the coaches did not recommend psychologists to their athletes for help with weight loss efforts or eating disorders. This study demonstrates a general lack of knowledge about nutrition, body weight, and eating disorders among coaches. Coaches would benefit

from information regarding the relationship between body weight and performance as well as guidelines on how and when to make recommendations for weight loss (Harris & Foltz, 1999). Coaches reported a high rate of possible eating disorders among their athletes, but demonstrated poor ability to detect such problems. This study demonstrates the need to educate coaches about the signs and symptoms of eating disorders among athletes. Furthermore, these results point to a need to provide information about appropriate referral sources.

Conclusion

A number of factors predispose an athlete to developing an eating disorder. Risk factors include the following pressure from influential people (coaches or parents) to lose weight to improve sports performance, over involvement in sports, with limited other social and recreational activities, training even when sick or injured, training outside of scheduled practice times or more than other athletes on the team, a traumatic event, injury, poor performance, a change in coaching personnel. The type of sport can also pose a risk to athletes. For example, involvement in any of the following activities can increase the risk, sports that emphasize body appearance, sports that focus on leanness, endurance and 'weight class', sports that involve judging rather than refereeing. Eating Disorders are common and potentially serious conditions which affect both health and sporting performance. The sport world is familiar with how to deal with the risk of sport injury. This includes developing good practice in prevention, screening programs and helping athletes to get the right treatment and support when they need it. A similar framework should be adopted for eating disorders.

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