



COACHES:
**Gain an Awareness to the Issues Facing your
Athletes regarding Physique & Eating
Behaviors**

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During the past decade there has been an increase in the awareness of fitness and wellness. Psychosocial influences have demonstrated a role in many aspects of human behavior. Behaviors enhanced by the mass media have been the pursuit of having a physically fit, slim, lean body. From movies, television, magazines, and miracle diets, to workout videos, our culture has created an enormous focus on the 'ideal' body shape. To be accepted in our culture many men and women believe it is necessary to meet the ideals that society stresses. Therefore, women and men spend hours worrying about how their body appears, what cloths to wear to best display how they want their physique to be viewed by others, and generally how they look. Thus, with the concerns of trying to attain what society calls the 'ideal' physique, it would be reasonable to say that some female/male adolescents and adults are self-conscious of their appearance, especially in front of others. With a fixation on the attainment of the 'ideal' figure some may have developed, or at least, are likely to have an altered perception of their body image, have an increased social physique anxiety, have general depressed self-concept, self-esteem, and may have developed disordered eating habits that may predispose them to anorexia, bulimia, or reverse anorexia (fear of being too small, mainly experienced by body builders).

It is quite plausible that female athletes involved in sport where their figures are constantly displayed in front of judges and audiences and males involved in sports where 'making weight' is focused on, may have a greater propensity towards anxiety

surrounding the shape of their body. The literature is mounting on those sports where athletes' figures are on display, in that they may have altered behaviors regarding their bodies. For example, in sports such as dancing, gymnastics, and figure skating, there is an increased risk to develop an altered perception regarding physiques and eating behaviors. Coaches, parents, health professionals, and peers alike who have contact with these athletes, must be aware of the potential problems that could arise from participation in high evaluative type sports. An awareness of the possible behaviors that might preclude one or indicate that something is not "right", attentiveness to the athlete's behaviors or change in behaviors is a necessity. A checklist of some perceptions/perceptions that may indicate a problem, include the following (but not exhaustive):

- (1) Distorted perception of body shape (i.e., wants to lose weight even when below 'normal' average)
- (2) Below normal weight (with an intense fear of obesity)
- (3) Wide fluctuations in weight over short periods of time
- (4) Clandestine eating (i.e., large quantities of food wrappers in lockers/room)
- (5) Socially withdrawn (avoiding eating with teammates/peers)
- (6) Evidence of purging after eating (leaving to bathroom after eating or eating large quantity of food, or evidence of vomit smell in bathroom or garbage)
- (7) Laxative or diet pill usage and abuse
- (8) Excessive exercise (outside the training regime)
- (9) Highly irritable/depressed (and not due to other causes)
- (10) Erratic changes in performance of the athlete (Sport Medicine Council of Canada, 1990)
- (11) Excessive concern about gaining weight
- (12) Feelings of shame or guilt about eating
- (13) Low self-esteem
- (14) Dizziness, headaches
- (15) Constipation, diarrhea, bloating

- (16) Blood shot eyes
- (17) Dry skin & hair
- (18) Cold intolerance
- (19) Muscle weakness

(Adapted from the Canadian Association for the Advancement of Women and Sport and Physical Activity, 1994)

Coaches do not cause eating disorders, but they can precipitate the disorder through unconscious or thoughtless comments about figure and weight. As well, coaches have such a close relationship with the athlete that they can help prevent an eating disorder with close attention to signs and symptoms and action. Coaches should have a plan in place, if they suspect a problem. This could include an interview with the athlete, where the coach is entirely supportive, honest and non-judgmental with the athlete. Parents are required to be notified if a minor is involved, and if over 18 years of age then the responsibility ultimately falls upon the athlete. The coach can assist in recommending consultation with physicians, psychologists, or a dietician.

To assist in the prevention of distorted behaviors and perceptions about physique and eating habits, coaches can implement the following suggestions:

- (1) De-emphasize weight (don't measure weight or comment on it)
- (2) Extinguish group weigh-ins
- (3) Eliminate unhealthy rapid weight loss practices
- (4) Have an awareness to the signs and symptoms
- (5) Emphasize a balanced approach to performance (fitness, strength, flexibility, skill)
- (6) Treat all athletes as individuals

(Adapted from the Canadian Association for the Advancement of Women and Sport and Physical Activity, 1994 ; Lindeman, 1994).

Many females and some males experience the issues presented in this article because of our societal pressures. The purpose of the present article is to bring an awareness that there might be further perceived pressures that athletes place on themselves to attain the 'ideal' physique, due to the nature of participating in a particular sport. As well, if one suspects there is an issue regarding improper behaviors then consultation with professionals may be required.

Health professionals, coaches, and parents need to emphasize healthy lifestyle choices. Athletes already have a huge amount of pressure from society, and those involved in highly subjective evaluative sports, or sports where there is a subculture to 'make weight', do not need a coach or anyone else to focus on their figure. We need to coach them the skills they have, not the skills they might have if they just lost a little weight.

The issues presented in this article, will typically lead to a decrease in performance and in some instances can be fatal. Good training and nutrition are the keys for successful performance.

For further information contact:

- Public Health Services (in Saskatoon): (306) 655-4600
- Centralized Intake for Mental Health Services (in Saskatoon): (306) 655-7950
- Student Health Center at University of Saskatchewan: (306) 966-5768
- Student Counseling Services at University of Saskatchewan: (306) 966-4920
- National Eating Disorders Information Center (NEDIC)
Toronto General Hospital
200 Elizabeth St., Room 2-332
Toronto, ON. M5G 2C4 (416)340-4156

Sources for Males with eating disorders:

- www.mhource.com.edu/psytimes/p950942.html
- www.zeusnet.com/bjblinder/blmales.htm
- www.zeusnet.com/bjblinder/anmales.htm
- www.zeusnet.com/bjblinder/atpmales.htm

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References

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Lindeman A.K., 1994. Self-Esteem: Its application to eating disorders and athletes. International Journal of Sport Nutrition, 4, 237-252.