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Pressure to be Perfect: Eating Disorders in Sports

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Figure 1. Harvard Health Publishing. "Ask Dr. Rob about Eating Disorders." *Harvard Health Blog*, Harvard Health Publishing, www.health.harvard.edu/mind-and-mood/ask-dr-rob-about-eating-disorders.

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Abstract

Eating disorders have become more prevalent in recent years as societal standards have gotten harsher. Typically, when people think about the type of people who develop eating disorders, the first thing that pops into their head is not athletes. There is an association between athletes and the need for great amounts of food to fuel their bodies. However, in sports such as wrestling and aesthetic sports, like gymnastics and figure skating, the emphasis of image and the pressure from their coaches can be extremely harmful to their mental health. This paper discusses specific statistics of the incidence of eating disorders in various sports, but mainly focuses on figure skating, gymnastics, and wrestling. The claim that the main driving force of eating disorders in these athletes is their coach's comments is disputed. Rather, these disorders are caused by an internal struggle that is enhanced due to societal expectations and standards. I chose this topic because since I am going into nursing, I will have to treat many different patients with a wide range of disorders. Knowing the risk factors for these diseases and what type of living and training conditions cause these toxic thoughts and actions can help in the early detection and treatment of these diseases. In the future, health professionals, as well as the general public, should put more of an emphasis on acceptance of different body types and the prevention of eating disorders with the intention of saving many individuals from suffering.

Picture an average gymnast: fairly short in stature, lean, and very muscular. But what happens if you don't fit this ideal? Does this make you any worse of a gymnast? Can you still do gymnastics? Yes, it is absolutely possible! There are hundreds of different body types, and while some may be more ideal for executing different stunts, with hard work and perseverance, anyone can accomplish anything, regardless of their body type. This body type stereotype is one of the many reasons athletes develop eating disorders. Eating disorders are very prevalent in many different sports, not just in gymnastics. Wrestlers, for example, have to maintain a certain weight to stay in the same weight class. This sometimes requires losing ten or more pounds in a very short amount of time. While this weight is not necessarily due to increased body fat, many wrestlers stop eating for a day or more in order to meet their criteria. These actions can quickly lead to having a negative body image in general and can manifest in the everyday lives of athletes.

Many times, these thoughts are not caused by an internal force, but rather by the treatment the athletes receive from their coaches and peers. If an athlete is not meeting the criteria for the ideal body composition, coaches may give them harder workouts during practice. While these workouts are not necessarily physically harmful, they separate the athlete from the rest of the team, which can lead to a negative self-image. However, in recent years, there has been a shift throughout the athletic community in attempts of raising awareness for mental illness and eating disorders. The prevalence of eating disorders has decreased overall as a result, but there are still stereotypes that exist about the typical body of an athlete, which still may lead to eating disorders. **Although other factors such as coaching play a role in the levels of eating disorders in both males and females, the desire to fit the stereotypical body shape in certain sports serve as main driving factors.**

As of 2016, it was estimated by the NIH that roughly 10 million women and 1 million men suffer from some form of an eating disorder in the United States alone (“Eating Disorders”). However, these numbers may not be entirely accurate due to the stigma and ambiguity surrounding eating disorders as a whole. It is believed that the prevalence of eating disorders is higher in individuals who are athletes versus those who are not. An eating disorder is defined as “Eating disorders are a group of conditions marked by abnormal eating habits that reduce the quality of a person's physical or mental health” (“Ask Dr. Rob about eating disorders”). This definition includes a variety of conditions. Anorexia nervosa is the most commonly known, followed by bulimia. Anorexia nervosa is a condition in which an individual loses their appetite and, if treatment is not sought out, ends in starvation. Bulimia is another very prevalent disorder. Typically binge eating is also associated with bulimia. The individual will eat copious amounts of food and then purge, or vomit, to get rid of the food they ingested. Less commonly known disorders exist as well, including orthorexia, or an obsession with “healthy” or “proper” eating, and eating disorder not otherwise specified.

The prevalence of eating disorders in sports varies depending on the category in which the sport belongs (see fig. 2).

Kind of Sport					
Technical Sports	Endurance Sports	Aesthetic Sports	Weight Dependent Sports	Ball Games	Power Sports
Archery	Canoe/Kayak (Sprint)	Synchronized Swimming	Boxing	Badminton	Javelin Throw
Fencing	Cycling	Gymnastics (Artistic)	Weightlifting	Basketball	Discus Throw
Canoe/Kayak (Slalom)	Rowing	Gymnastics (Rythmic)	Judo	Soccer	Hammer Throw
Modern pentathlon	Swimming	Gymnastics (Trampoline)	Taekwondo	Handball	Shot-Put
Equitation (Dressage)	Triathlon	Figure Skating	Wrestling (Freestyle)	Field Hockey	Sprint
Equitation (Eventing)	Biathlon			Water polo	Hurdles
Equitation (Jumping)	Speed Skating			Tennis	Multiple Event Contests
Shooting	Nordic Combined			Table Tennis	
Diving	Cross-country Skiing			Volleyball (Beach)	
Skeleton	Middle- and Long-Distance Running			Volleyball (Indoor)	
Curling	Steeplechase			Ice Hockey	
Luge	Race Walking				
Alpine Skiing					
Freestyle Skiing					
Ski Jumping					
Snowboard					
High Jump					
Long Jump					
Pole Vault					
Triple Jump					

Fig. 2. Giel, Katrin Elisabeth, et al. "Kind of Sport." Chart. *The International Journal Of Eating Disorders*, vol. 49, no. 6, June 2016, pp. 555. EBSCOhost, doi:10.1002/eat.22511.

As shown above, there are six different categories of sports; technical sports, endurance sports, aesthetic sports, weight dependent sports, ball games, and power sports. Each individual sport is listed below the category title it falls into. For example, boxing, weightlifting, judo, taekwondo, and wrestling (freestyle) are considered weight dependent sports. This table is the criteria for the results of the study conducted and published in *The International Journal of Eating Disorders* (see fig 3).

	Total Sample	Females	Males	Kind of Sport					
				Technical Sports	Endurance Sports	Aesthetic Sports	Weight Dependent Sports	Ball Games	Power Sports
<i>Body weight</i>									
<i>n</i>	1126	496	630	181	324	46	97	403	71
BMI percentiles (M ± SD)	56.4 ± 23.6	49.2 ± 23.4	62.0 ± 22.2	53.2 ± 24.9	53.4 ± 21.9	37.1 ± 23.4	55.3 ± 27.4	60.7 ± 21	68.3 ± 25.5
Underweight (%)	3.1	4.9	1.8	4.4	2.2	15.2	7.2	1.0	2.8
Normal weight (%)	90.5	91.3	89.8	87.3	95.0	84.8	83.5	94.8	66.2
Overweight (%)	6.4	3.8	8.4	8.3	2.8	0	9.3	4.2	31.0
Screening for core ED symptoms									
<i>n</i>	1115	488	627	178	322	46	97	398	71
Positive screening result (%)	21.5	30.7	14.4	20.2	258	26.1	28.9	15.3	28.2
<i>Body acceptance</i>									
<i>n</i>	1104	483	621	179	317	44	94	395	71
M ± SD	25.1 ± 4.0	23.6 ± 4.0	26.3 ± 3.6	24.4 ± 4.2	24.8 ± 4.0	24.8 ± 4.8	25.9 ± 4.1	25.3 ± 3.8	25.7 ± 3.8
Negative body concept (%)	7.3	12.4	3.4	11.7	7.6	13.6	6.4	5.3	4.2
<i>Weight control behaviors</i>									
<i>n</i>	1125	491	632	182	320	46	97	406	70
Constant dieting (%)	7.5	12.4	3.8	9.9	9.1	13.0	12.4	4.4	2.9
<i>n</i>	1130	499	631	183	327	45	97	403	71
Use of compensatory behaviors (%)	12.2	6.6	5.6	10.4	5.8	4.4	78.4	4.2	7.0

Sample size of subgroups does not necessarily sum up to number of total sample for each variable as data on kind of sport was available for *n* = 1134 participants (see Table 1).

Fig. 3 Giel, Katrin Elisabeth, et al. "Eating Disorder Pathology in Elite Adolescent Athletes." *The International Journal Of Eating Disorders*, vol. 49, no. 6, June 2016, pp. 555. EBSCOhost, doi:10.1002/eat.22511.

The figure above shows the results of a questionnaire given to athletes of different sport categories regarding body weight, BMI, the presence of typical eating disorder symptoms such as positive body image, negative body concept, constant dieting, and use of compensatory behaviors. As a whole, the females involved in the study had a greater percentage of individuals who perceived themselves negatively, constant dieting, and use of compensatory behaviors. Aesthetic sports had 15.2% of underweight individuals and zero overweight individuals. This category also had the highest percentage of individuals with a negative body concept (13.6%) and constant dieters (13.0%). Weight dependent sports were a close second in the constant dieting category with 12.4 percent. This category also had the highest rate of use of compensatory behaviors with 78.4 percent.

The aforementioned statistics show a great deal about the culture of different sports. The aesthetic sports, such as gymnastics and figure skating, have a higher incidence of risk factors for eating disorders. Not only do these athletes need to be light in order to prevent injury, they also are constantly judged on their appearance, both in and out of the ice rink. Another study conducted by BioMed International confirms the fact that the incidence of eating disorders is higher in aesthetic sports by saying, “female athletes from leanness sports (such as dancers and gymnasts) reported higher levels of body dissatisfaction than athletes engaged in nonleanness sports (e.g., ball sports), regardless of participation level” (“Body Image of Highly Trained Female Athletes Engaged in Different Types of Sport”). This quote basically explains that regardless of the dedication and involvement level of the athlete, there is still higher incidence of negative body image as compared to non aesthetic sports. However, weight dependent sports, such as wrestling and taekwondo have higher incidences of compensatory behaviors, such as vomiting or taking laxatives because they need to maintain a certain weight to

stay in their respective weight classes. Many of the athletes of these sports have constant battles with their weight, which can cause toxic thoughts and actions. According to a journal published by the NCAA, risk factors for eating disorders include:

Sport body stereotypes and belief that losing weight will increase sport performance, pressure (real or perceived) from coaches or others to lose weight, observed eating and exercise behaviors of teammates and competitors, revealing uniforms, similarity between “good athlete” traits and symptoms of disordered eating, [and] presumption of health based on good performance. (Brown 26)

While coach’s perception is mentioned, most of these risk factors involve stereotypes or societal influences, such as the presumption of health based on performance, and revealing uniforms. If these ideals did not exist in society, the incidence of eating disorders may not be as relevant in the athletic world today.

Figure Skating

Figure skating is a sport that requires great amounts of strength and balance, as well as grace. As opposed to gymnastics, figure skaters do not typically have what some may call “bulky” bodies. While these athletes have lots of muscle, it is not usually as visible as those in gymnasts. For this reason, many skaters struggle with their body image. They are expected to be tall and lean with a very low body mass index. Having a higher body mass not only makes their appearance less graceful to some, but it also makes it more difficult for them to execute different skills. In some instances, coaches may notice an athlete struggling and may suggest they lose a few pounds to help. However, this rational can have a very negative effect on the mental health of these athletes and may lead them on a path of destruction for their bodies.

One example of this toxic coach athlete relationship is demonstrated through the Japanese figure skater Akiko Suzuki's career. Suzuki had been struggling with her jumps and was desperate for a way to better her performances when her coach suggested she lose a few pounds to lighten the strain on her body. However, she lost more than a few pounds very quickly. Her coach was not the only driving factor for her weight loss. When interviewed, she said "[t]here were all these younger skaters coming along with good proportions, and I started wishing for longer legs. I got a real complex" ("Figure skating: Eating disorders dull skating's luster as awareness grows"). Suzuki felt pressure to be like the other, younger skaters, but since she could not change her height or the length of her legs, she tried to change her weight. She lost roughly one third of her body weight in two months and, soon after, was diagnosed with anorexia nervosa. This severe weight was detrimental to her career and her health. Eventually she sought out treatment and was able to compete in the 2006 and 2010 Olympic games. Prior to these games, however, it took her a year to be able to execute a jump due to her low muscle tone and lack of nutrition.

Anorexia nervosa is not the only eating disorder found in figure skaters. Bulimia is also very relevant. The book Little Girls in Pretty Boxes by Joan Ryan discusses, in detail, the relevance of bulimia and other eating disorders, as well as the role of body image in these athletes. Ryan quotes one skating coach saying "[i]mage... is everything" (Ryan 97). She then goes on to say "[o]ff-ice training often includes "mirror time," when skaters practice the facial expressions they'll use in their programs. In skating no aesthetic detail goes unnoticed, on or off the ice" (Ryan 97). The pressure placed on these athletes constantly to look their best is very toxic. It becomes an obsession and, for many of them, turns into a persistent battle between their body and mind. Ryan details the story of Susie Wynne, a competitive skater, and her battle with

bulimia. Wynne's coach had suggested she lose a few pounds after forcing her to weigh herself in front of him. He decided it was too high for his liking, so she "stopped eating, threw up, took laxatives, tried everything... She was losing control. Food became the focus of her life off the ice... She would eat an entire pizza in a sitting, then vomit" (Ryan 98,99). One of her coaches was later quoted saying "[figure skating] is a whole image sport. It's bullshit" (Ryan 99). These two quotes demonstrate how desperate Wynne was to be perfect because of the nature of figure skating. While her initial desire to lose weight was due to a comment made by her coach, it quickly turned into an internal drive caused by the pressure of society to fit the "mold" of a figure skater's body.

Gymnastics

Like figure skating, gymnastics is considered an aesthetic sport. Many gymnasts struggle with the same pressures, not only from their coaches, but also from the stereotypes associated with their sport. As mentioned above, when people picture gymnasts, they imagine a short, lean, and muscular individual. When someone does not quite fit this mold, they may receive hate or criticism from their coaches and peers. Unlike figure skating, gymnastics is more a sport focused on the amount of power an individual has and the ability of them to use this to fly through the air, rather than the gracefulness and composure on the ice. While figure skaters still need to be very strong to be able to perform their skills, they are less known for their bulky appearance. Gymnasts typically have very prominent muscles and a slightly different body type. In figure skating, even if an individual does not look exactly like everyone else, as long as they are able to execute the skills required at their level, they will usually progress. In gymnastics, however,

coaches often keep athletes back from progressing to the next level due to their own opinions of the individual's body type.

Olympic gymnast Jennifer Sey wrote an autobiography that details her struggle with eating disorders, harsh coaches, her Olympic dreams, and her parent's influence throughout her career. From the beginning, she struggled with her self confidence saying, "[m]y entire childhood was plagued by thoughts of subparness... and I withdrew into a state of self-hatred and shame. Ironically, growing competence usually amplified the self-criticism, my guard against complacency" (Sey 91). She had a constant internal battle because she never felt like she was good enough. Gymnastics was her one passion and she tells about how she would have done anything to be successful. She attended many different training camps and competitions in hopes of becoming an Olympian. Her coaches at home were usually supportive of her, however one particular coach was not. His name was Gary Goodson. Sey describes how many of the athletes feared him because of the intensity of his training. He was always very up front with his opinions and "[h]e wanted wind up dolls that could spring their taut bodies into the air performing unprecedented flips and twists" (Sey 89). He had very unrealistic expectations for the athletes in his gym and would treat anyone who did not fit his ideal mold differently. When he worked with Jennifer after she had attended an elite competition in San Francisco, he called her "Dough Girl, as [she] lacked the muscular physique of his favorite" (Sey 89). Sey was very talented at this time, but because she did not have the exact body type this particular coach wanted, she was treated terribly. This lead her down a dangerous path. While Goodson's intentions may not have been to ruin her dreams, he successfully crushed them. However, in her book, Sey does not blame him. She says "[i]t was me. I was my own tormenter" (Sey 92). Her previous internal battles with her self worth had previously existed, her coach just enlarged them. These internal

struggles were mostly caused by her tendency to compare herself to the standard gymnast body and what the rest of society thought Olympic gymnasts should look like. Sey eventually developed an eating disorder and became very sick. Luckily for her, she received treatment and ended up in the Olympics. Many gymnasts, however, are not as lucky. Had the stereotypes and pressure from society's ideals of perfection not existed, Sey's coach may not have said the things he did, and she may not have had such a rough road to success.

Wrestling

When many people think about eating disorders in sports, they usually associate predominantly female, graceful sports like the aforementioned gymnastics and figure skating. Many do not think about weight cutting, predominately male sports, such as wrestling. As seen in figure 3, however, there is a very high incidence of compensatory behaviors and constant dieting in these sports. In figure skating and gymnastics, the stereotypical figure is very slender. In wrestling and more male dominated sports, as said in a journal article on the topic of male identity in sports, "a "muscular ideal" has been central to research among men... researchers have argued that the increased objectification of men in Western society has led to an ideal male figure that is both highly muscular and also very lean" (Ahlich). The research conducted has found that the objectification and ideal that men need to be muscular and have little body fat is detrimental to the mental health of men. In sports like wrestling, not only are these athletes being held at these standards in society, they also have to maintain a certain weight to remain in their competition class. Many times these athletes have to drop significant amounts of weight in a very short amount of time. This requirement can lead to extremely unhealthy behaviors, such as purging and not eating for a few days. Sometimes, the desire to lose weight does not stop just to

maintain their weight class. If the individual has a negative body image to begin with, they may continue these unhealthy behaviors outside of when they are “required” to. Their negative body image is usually due to their internal comparison of themselves to others, and if they are not as muscular or “good-looking” as others, they may take harmful action to fix it.

In today’s society, there is a strong emphasis placed on appearances. The consequences of this emphasis are not good for the mental health of those who succumb to the pressure of fitting the stereotypes. These individuals may partake in harmful actions due to mental illness from diseases such as depression and eating disorders. Athletes, especially those in aesthetic and weight cutting sports, feel this pressure and succumb to it very often. Their coaches may have an influence initially, but the continuation and manifestation of the disease are usually caused by an internal conflict.

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