Eating disorders are more prevalent in sport than other areas of society, and coaches are well placed to identify issues early and encourage people to seek help. However, new research has identified that coaches will take many different approaches, with varying degrees of success.
Introduction

Sarah is a talented 18-year-old female at your club. She is hard-working in education and sport, and as she progresses she is getting close to national selection. You notice Sarah has lost weight and become more rigid about her diet.

Three months later performance has dropped and Sarah’s weight has continued to decline. She admits to you that she has not been eating properly and sometimes makes herself sick after mealtimes.

This was a scenario put together by researchers at Loughborough University to test the responses of coaches to athletes with eating disorders. What emerged from the results was a clear distinction in approaches; from coaches who felt able to manage an athlete with an eating disorder, to those who did not.
Strategies for Dealing with Eating Disorders Among Athletes and Players

Eating disorders and coaching

Research has suggested that sportspeople are more than twice as likely to have an eating problem as the general population. Coaches can play a leading role in addressing these issues, and while they are often part of the solution, it may be the case that they are also part of the problem.

In 2012, interviews with 16 female athletes who have recovered from eating problems found that when their coach intervened or imposed restrictions on training it prompted them to seek help. Similarly, a review of 22 research studies on the barriers to seeking support for mental health issues found that young people showed greater help-seeking intentions towards trusted sources (coaches) rather than friends and family.

However, there is a fine line between helping and hindering. There is plenty of research that has shown a relationship between coach attitudes or behaviours and potential triggers for disordered eating. For example, policies introduced by coaches may often increase body surveillance or make athletes more aware of their body, or the need for a certain body shape. Other ways coaches may inadvertently exacerbate a problem include: encouraging weight-loss strategies without providing adequate support and guidance; criticising weight or size; introducing policies of regular weight and nutritional monitoring; placing a high priority on weight for performance.

Often these negative impacts are due to poor coach-athlete relationships, but it may also be the case that coaches are simply unaware of where to go for support or what advice to give. Indeed, coaches have often spoken of a concern that their actions might in some way exacerbate the problem.

Researchers at Loughborough University wanted to examine these relationships in more detail, and what emerged was how both relationships and awareness may influence the different strategies used by coaches faced with an athlete with an eating disorder.
The researchers interviewed 11 coaches about their experiences of working with athletes with an eating disorder. A scenario approach as described at the start of this summary was also used to see how they would act in a fictional situation. Given the sensitive subject area this is often a less personal and therefore less threatening way to approach such topics.

What emerged were two main strategies of either engaging with the athlete or avoiding the problem. Within this engagement strategy there were also two distinct approaches – supportive or confrontational. Each of these is described in detail below.

Supportive approaches

The first (and most common) of the engaging strategies was the supportive one. Here, coaches were proactive in seeking support and, crucially, worked in partnership with their athletes to address the issue.

These coaches proved resourceful in seeking support for their athlete and were willing to take the lead role in finding this information. They also proved to have high levels of awareness of where to signpost athletes for more support.

Strong interpersonal skills were key and it was apparent the coaches had established good channels of communication and developed clear objectives to tackle the problem by working with the athlete. They kept up to date with progress and were able to provide emotional support when required.

Changing training routines was another method to motivate athletes to recover. For example, the quantity of training was closely linked to an athlete’s weight, with increases in training permitted only with weight gain or weight maintenance.

Overall, this strategy of greater coach involvement based on strong relationships was positive as it helped provide valuable insights into the changes in the athlete, their recovery and resumption of training.
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Confrontational approaches

The other engagement strategy was very different — confrontation.

This approach can often be traced back to poor coach-athlete relationships and authoritarian coaching styles. Battles over the need to seek treatment were common, based on scare tactics and coercion.

Coaches would often impose a series of strict rules in an attempt to maintain some sort of control over the situation. For example, if body fat hit a certain number they would have ‘a strong conversation’ about this. Conditions would be set that were non-negotiable, with penalties in place for not adhering to them. Alternatively they might try to scare athletes into seeking help by giving examples of other athletes who had similar problems and how their performance subsequently suffered.

Avoiding approaches

The final approach showed an unwillingness to engage with the problem. Coaches might avoid the issue by citing a lack of knowledge/confidence, suggesting alternative reasons for weight loss, or feeling that eating problems fall outside their role as a coach.

Similar to the confrontational approach, these coaches demonstrated a lack of confidence on the subject, or anxiety about saying the wrong thing. However, unlike the confrontational approach, they chose to do nothing. The researchers hint this may also have been linked to a perceived lack of influence over the athlete, or a lack of available support.

Alternative explanations were often sought to explain the weight loss, or avoid addressing the issue. Typically, the coaches would suggest factors such as lifestyle or training habits. For example, one coach put weight loss in the athlete down to poor time management.

Finally, coaches in this strategy did not want to take responsibility for eating problems among their athletes. For them, these were issues that needed to be addressed by parents, health professionals or the athletes themselves.

Perhaps the biggest danger of the avoiding strategy is that it delays access to treatment and allows the problem to escalate. Previous research has shown the coach is in the advantageous position of being able to identify the early signs of problems, but if they choose to ignore them, or explain them away with other explanations, then they are doing their athletes a disservice. It may not be the coach’s job to treat the problem, but they should be highlighting problems or signposting athletes to assistance.
Learning from the research: Dolphins, rhinos and ostriches

Animal metaphors are commonly used within the wider health literature on eating disorders as these are often helpful for people to more easily recognise their own approach. The researchers from Loughborough University felt their results fitted well to this approach and suggested the coaches in the study could be broken down into dolphins (supportive), rhinoceros (confrontational) or ostriches (avoiding).

Below are some descriptions from health literature that might aid any coach reflecting on how they deal with eating disorders among their athletes or players.

Most advice on eating disorders encourages the dolphin/supportive approach as the optimal way of helping someone. The coach is the dolphin sometimes swimming ahead and leading the way, at other times swimming alongside with encouragement, or even swimming quietly behind.

The rhinoceros (confrontational approach) is fuelled by stress, frustration or simply their own temperament. They try to convince and persuade by argument and confrontation. The downside is that even if the athlete does obey, they are not developing the confidence to change without assistance. More likely they will argue back with eating disorder logic, and this will merely produce a deeper hole for the sufferer to hide in.

Rather than confronting the behaviour, the ostrich (avoiding approach) finds it difficult to cope with the distress of challenging and confronting the eating disorder so avoids talking and thinking about the problem. The downside is that the athlete may misinterpret this approach as uncaring, thus strengthening their feelings of low self-esteem.

More information on eating disorders and sport

Anyone interested in learning more on the subject of eating disorders in sport can access a guide for coaches provided by the charity Beating Eating Disorders:
www.b-eat.co.uk/assets/000/000/102/Eatingdisordersacoach'sguide1.1Oct13_original.pdf
If you are interested in finding out more about this area, this summary is based on the article below:


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