



VOLLEYBALL BC

INFO SHEET

BODY IMAGE & DISORDERED EATING

EATING, EXERCISE, BODY IMAGE ISSUES

Disordered eating & body image issues often begin as a preoccupation with losing weight, gaining weight (or muscle mass) or as an intense fear of becoming fat. It is considered disordered eating when this fear or concern leads to abnormal eating and exercise patterns. These patterns can include bingeing (eating large amounts of food), purging (ridding the body of food), fasting, significantly restricting the amount and/or the types of foods eaten, and/or the use of products or overexercise to lose or gain weight (Petrie & Greenleaf, 2012).

WHAT ARE EATING DISORDERS?

Eating disorders: such as anorexia nervosa (starvation), bulimia nervosa (bingeing / purging), and binge eating disorder (compulsive eating) are at the extreme end of disordered eating. Someone who experiences disordered eating is worried, or constantly thinking about their body weight, shape, physical appearance, and food intake. They think about these things to a point where it gets in the way of happiness and daily life. Typically, treatment is required for healing.

WHAT IS THE FEMALE ATHLETE TRIAD?

The Female Athlete Triad is a condition that affects girls and women (and athletes who menstruate of all genders) in a wide range of sports. The Triad is among the most serious health concerns facing these athletes in sport. It includes disordered eating, amenorrhea, and osteoporosis.

Relative Energy Deficiency in Sport (RED-S) SIGNS AND SYMPTOMS

This often unrecognized or misdiagnosed disorder can occur in any athlete (all genders) and may include:

- low energy availability (inadequate caloric intake);
- with or without disordered eating;
- amenorrhea (lack of menstrual periods);
- low bone mineral density;
- frequent illnesses or injuries;
- poor recovery.

*When it comes to RED-S, disordered eating includes:

- intentional (on purpose) under-consumption of calories.
- non-intentional (not on purpose) under-consumption of calories.

This can happen both as a function of inadequate fuelling and also as a function of too intense exercise.

This disorder is complex, affects all genders and abilities, and requires a full medical and psychological examination in order to be properly diagnosed and addressed.

Source: NCAA, NEDIC, NEDA, IOC



CASE ILLUSTRATION

The athletic trainer of a volleyball team learned that a new recruit (Sarah) would not eat before a competition, saying she would feel "too heavy" to perform. Sarah also declined to eat (or ate only small amounts) while they were on the road, providing a different reason for not doing so each time. When Sarah did consume food, she rushed to the washroom by herself almost immediately after. Her teammates also noticed that Sarah was often cold and complained of muscle cramps in the change room. She was struggling with her performance and confided in teammates that she thought she could improve by losing weight and becoming leaner. Her family and coach seemed to praise her weight loss at first, so she just kept going. The athletic trainer did a medical screen, which concluded an irregular menstrual cycle, and a significant weight loss of 14 lbs over the season. Sarah often had trouble focussing, and often struggled with a very low mood.

SIGNS AND SYMPTOMS OF EATING, EXERCISE OR BODY IMAGE ISSUES

Volleyball is a "body conscious" sport, which means athletes may be at a higher risk for body image issues or disordered eating due to a potential preoccupation with body shape and size, and wearing body conscious uniforms.

Physical signs & symptoms

- Amenorrhea (missed menstrual periods)
- Dehydration
- Gastrointestinal problems
- Hypothermia (feeling cold often)
- Stress fractures
- Weight loss or body composition changes
- Muscle cramps, weakness, or fatigue
- Dental and gum problems
- Frequent illnesses (colds, flu)
- Delayed growth and development (youth/teens)

PROTECTION AND PREVENTION FACTORS

- Set a good example: focus on personal qualities and true performance indicators (work ethic, good technique, good communication skills, leadership)
- Use neutral words to describe foods (crunchy or sweet/salty vs. good/bad) and eating practices; no "dieting" language or behaviours
- Avoid critical remarks about body shape and size (in others but also in yourself)
- Encourage self-expression and communication
- Teach positive coping skills for stress and pressure
- Provide flexibility in uniform types and sizes to suit the comfort of the participant

Psychological/behavioural signs & symptoms

- Avoidance of social eating situations
- Reports "feeling fat" despite being thin
- Excessive use of restroom
- Preoccupation with weight and eating
- Use of weight loss products
- Anxiety and/or depression
- Difficulty concentrating
- Increase in mood changes

The key is getting a support system and addressing the behaviours and underlying mental health issues in an athlete struggling in this area. A doctor who understands these concerns in athletes, a mental health professional, sport dietician, the coach, and the athlete (and their families) may work together to return the athlete to optimal health.

FOR AN IMMEDIATE MENTAL HEALTH CRISIS

- Call the BC Crisis Centre at 1-800-784-2433
- Go to the nearest Emergency Room or call 911

Sources

NCAA, NATA, Eklund & Defreese, 2017



LEADING IN SAFE SPORT PRACTICES & FOSTERING A SAFE ENVIRONMENT

Visit www.volleyballbc.org/safe-sport for more information about what we are doing to address concussion, injury, abuse and maltreatment, and mental health in volleyball.