



Physical Education Teachers, Coaches, and Dance Instructors

Physical education teachers, coaches, and dance instructors are in a unique position to enhance the self-esteem of their students, increase their physical activity levels, and help create an environment that discourages disordered eating and promotes the early detection of eating disorders.

Eating disorders and serious health problems among athletes may begin as disordered eating behaviors at very young ages

The National Collegiate Athletic Association (NCAA) has identified eating disorders as an important health problem. Participation in sports and other physical activities can help protect young people from eating disorders by enhancing self-esteem and body image. However, studies suggest that some young people who participate in athletic activities may be particularly vulnerable to developing eating disorders.¹ They include:

- ◆ Elite athletes, especially those competing in lean sports such as dance and cheerleading.
- ◆ Other dancers.
- ◆ Athletes in sports in which low weight is believed to enhance performance, such as track and crosscountry.
- ◆ Athletes in sports that have weight classifications such as wrestling, football, and weightlifting.

It is **not** psychologically or physically healthy for middle school students to attempt to achieve or maintain unnaturally low weights. Adolescence is a time of rapid growth and development. Restricting calories during this time can result in physical and emotional problems such as:

- ◆ Stunted growth, loss of bone mass, and nutritional deficiencies.

- ◆ Poor athletic or dance performance.
- ◆ Irritability, moodiness, and poor concentration.
- ◆ Feelings of not being “good enough.”

Furthermore, there is no evidence to support the belief that lower body weight will enhance performance in middle-school age students.²

“One of my dreams was to be a cheerleader. When tryouts were announced in the seventh grade, I signed up immediately and practiced night and day. After tryouts, I knew I had given a flawless performance. However, the PE teacher who was judging the competition took me aside and gently told me that although I was one of the best candidates, she simply could not choose me. The reason? She said I was too chubby...”³

—Therapist, Wisconsin

The problem of eating disorders is a mental health as well as a physical health issue

Anorexia, bulimia, and binge eating disorder are associated with emotional problems and poor eating behaviors, within a culture that puts great emphasis on thinness and appearance. Students susceptible to developing an eating disorder may have a history of low self-esteem, difficulty handling stress, and/or a perfectionist attitude.

Vulnerable students are extremely sensitive to comments made by individuals who are important to them

An off-handed remark referring to an athlete or student as “chubby” or “thunder thighs” can become deeply embedded in the mind of a person at risk for eating disorders who desperately wants to please the coach.



“At first I only vomited or took water pills when I had to make weight. Then I had to do it more often because I’d gain more weight in between times. It seemed like the only way.”

—Athlete recovering from bulimia

You may be the first to notice that a student is developing an eating disorder

In middle school you are unlikely to see students with a “full-blown” case; rather, you may notice one or more of the following early signs:

- ◆ Repeated comments about being fat or dissatisfaction with their bodies.
- ◆ Weight loss or lack of weight gain with increased height.
- ◆ Overexercising or exercising when injured.
- ◆ Pretending to eat or not eating in social gatherings such as roadtrips, pre-game meals, postgame celebrations, and athletic banquets.
- ◆ Frequent trips to the bathroom.
- ◆ Evidence of interest in or use of diet pills, energy pills, steroids, or other unhealthy substances designed to alter body weight or shape, or to increase strength.

Early detection of an eating disorder is important to increase the likelihood of successful treatment and recovery. Eating disorders occur in all socioeconomic and cultural groups, as well as in boys. Please see the other sheets in this packet for more information.

A student may tell you about a friend before you notice any signs yourself

Here are some suggestions for talking to students who are concerned about a friend:

- ◆ Ask students to describe what they have seen or heard their friend say.
- ◆ Tell them that you will follow through and talk with their friend.

- ◆ Discuss whether they want the conversation to be confidential or whether you may use their names when you talk with their friend. Ask if they would like to be present when you talk to their friend.
- ◆ Reassure them that talking with you was the right thing to do. Let them read the information sheet, “**How To Help a Friend.**”
- ◆ Ask students who approach you if they are worried about having an eating disorder themselves.
- ◆ Consider whether they need to talk with a counselor about their concern for their friend.

Take immediate action when you are concerned about a student

Recognize that you do not have the skills to deal with the underlying emotional turmoil that often accompanies eating and exercise problems.

Share information with your school’s eating disorders resource person, school nurse, and other teachers or staff members who know the student.

Decide together the best course of action and who should talk to the student and family members. For more information on how to talk to students and family members, see the information sheet on “**How To Help a Student.**”



National Ballet School Program: A Case Study

A program conducted at the National Ballet School in Toronto demonstrates how early intervention, nutrition education, and counseling can greatly reduce the chances of dancers developing eating disorders.⁴ In small group meetings several times a year, students were encouraged to discuss their experiences regarding unrealistic demands on their behavior or appearance, and their feelings of powerlessness, shame, and fear. Students who became preoccupied with shape, weight, or food were encouraged to request help promptly.

Before the program was started, the incidence of new cases of anorexia or bulimia was about 1.6 per year for 100 girls ages 12 to 18. For the past 8 years, there has been only one case of anorexia and one of bulimia.⁵

Your goal is to communicate to the student that you care and to refer her or him to a health care provider who is knowledgeable about eating disorders.

Build self-esteem and positive body image

Remind your students that their body shape/size or physical ability does not determine their self-worth or identity. Focus on areas over which they have more control—such as strength, physical conditioning, and the mental and emotional components of performance.

Other suggestions:

- ◆ Do not require weigh-ins or tape-measure checks, or discuss weight in an evaluation of a student's ability and performance.
- ◆ Encourage students to express their concerns if they feel harassed about their appearance.
- ◆ Show dance videos by successful choreographers who incorporate diversity of age, size, ethnicity, and weight into their artistic expression (e.g., Bill T. Jones, Mark Morris, and African Bush Women).

Compliment students on issues not related to physical appearance, such as having creative ideas, displaying acts of kindness, or engaging in community service.

Educate your students

Engage in frequent and open discussions about positive body image and how good nutrition improves performance. Explain how some weight control behaviors, such as fasting; severe restriction of certain foods; self-induced vomiting; and use of laxatives, diuretics (water pills), or diet pills are dangerous and can hurt their performance.

Emphasize that student athletes are at risk for undernourishment and dehydration, which cause loss of muscular strength and endurance, decreased speed, loss of coordination, and poor judgment. Continued poor nutrition and dehydration can result in impaired brain function, irritability and inability to concentrate, depression, and social withdrawal.

Other suggestions:

- ◆ Educate serious athletes and performers on how to train safely during formative years.
- ◆ Explain the “Female Athlete Triad”—disordered eating, absence of menstruation, and loss of bone mass—which can begin in the middle school years.
- ◆ Encourage students to speak with you or another adult if they think they or a friend of theirs may have an eating disorder.

Encourage the love of sports and dance

Some students' body size and shape may not fit the ideal for a specific type of dance or sport. If so, tell them about other ways to be involved with dance and sports, including:

- ◆ Choreography, costuming, or staging.
- ◆ Athletic training or coaching.
- ◆ Refereeing or judging.
- ◆ Sports/dance research or management.

Refocus their attention *without* mentioning body size, shape, or weight.

Definitions

Anorexia nervosa is self-starvation. People with this disorder eat very little even though they are thin. They have an intense and overpowering fear of body fat and weight gain.

Bulimia nervosa is characterized by cycles of binge eating and purging, either by vomiting or taking laxatives or diuretics (water pills). People with bulimia have a fear of body fat even though their size and weight may be normal.

Overexercising is exercising compulsively for long periods of time as a way to burn calories from food that has just been eaten. People with anorexia or bulimia may overexercise.

Binge eating disorder means eating large amounts of food in a short period of time, usually alone, without being able to stop when full. The overeating or bingeing is often accompanied by feeling out of control and followed by feelings of depression, guilt, or disgust.

Disordered eating refers to troublesome eating behaviors, such as restrictive dieting, bingeing, or purging, which occur less frequently or are less severe than those required to meet the full criteria for the diagnosis of an eating disorder.

Resources

Included in the BodyWise Information Packet is a list of eating disorders resources for middle school personnel. The following resources are specific to physical education and dance.

Organizations

National Association for Girls and Women in Sports

1900 Association Drive, Reston, VA 20191-1599
Tel: (703) 476-3450

U.S. Olympic Committee Sports Medicine Council

The International Center for Sports Nutrition and the University of Nebraska Medical Center Eating Disorders Program, Tel: (402) 559-5505

Videos

Developed by the National Collegiate Athletic Association, the following short videos are available from Karol Media, tel: (800) 526-4773; Web site: www.karolmedia.com: *Afraid to Eat: Eating Disorders and the Student Athlete*, *Eating Disorders: What You Can Do*, and *Out of Balance: Nutrition and Eating Disorders*.

Publications

American College of Sports Medicine. *The Female Triad*. Available from American College of Sports Medicine, P.O. Box 1440, Indianapolis, IN 45206, tel: (317) 637-9200.

Grandjean A.C., Woscyna G.R., & Ruud J.S. "Eating Disorders in Athletes," In Mellion, M.B. (ed.), *Office Sports Medicine*. Philadelphia: Hanley & Belfus, 1996.

Educational Organizations

The National Women's Health Information Center

Tel: (800) 994-9662;
TDD: (888) 220-5446;
Web sites: www.4woman.gov
www.4girls.gov

Girl Power!

Tel: (800) 729-6686; Web site: www.girlpower.gov

National Eating Disorders Association

Tel: (206) 382-3587; Referral Hotline: (800) 931-2237
Web site: www.nationaleatingdisorders.org

National Association of Anorexia Nervosa and Associated Disorders

Tel: (847) 831-3438; Web site: www.anad.org

Harvard Eating Disorders Center

Tel: (617) 236-7766; Web site: www.hedc.org

Eating Disorders Coalition for Research, Policy & Action

Tel: (202) 543-9570;
Web site: www.eatingdisorderscoalition.org

Center for Media Literacy

Tel: (800) 226-9494; Web site: www.medialit.org

End Notes

¹ Smolak, L., Murnen, S. K., & Ruble, A. E. Female athletes and eating problems: A meta-analysis. *International Journal of Eating Disorders*, 27, 371-380, 2000.

² U.S. Olympic Committee Sports Medicine Council. *Eating Disorders*. International Center for Sports Nutrition and the University of Nebraska Medical Center Eating Disorders Program, 1993.

³ Berg, Frances M. *Afraid To Eat: Children and Teens in Weight Crisis*. Hettinger, ND: Healthy Weight Publishing Network, 1997, p. 91.

⁴ Piran, N. et al. (eds.). *Preventing Eating Disorders: A Handbook of Interventions and Special Challenges*. Philadelphia: Brunner/Mazel, 1999.

⁵ Piran, N. *On Prevention and Transformation*. Toronto Department of Applied Psychology, Ontario Institute for Studies in Education.