



Coaching & Officiating '03 – Investing in the Future

Coaching Elite Female Athletes – Psychological Considerations

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The Elite Female Athlete – Desirable Characteristics?

- High intelligence
- Dedication, persistence, motivation
- Goal orientation, high achievement need
- Strong self-discipline, need for control
- ‘Perfectionism’, strong, narrow focus
- High pain tolerance, strong work ethic
- High power:weight ratio, low skinfolds
- High level competitiveness

A Possible Conundrum?

- Coaches seek to either recruit or develop these psychological characteristics as part of the total performance package for the elite female athlete
- These very same psychological characteristics are consistent with those of the young females who develop eating disorders

Comparing Anorexics & Elite Female Athletes

- BMI below minimally normal level for age and height ($<17.5 \text{ kg/m}^2$)
- Intense fear of gaining weight or becoming 'fat' and refusal to gain weight
- Distorted perception of body weight/shape and denial of symptoms
- Amenorrhea – absence of 3 consecutive cycles

Comparing Bulimics & Elite Female Athletes

- Binge eating
- Self-perceived lack of control over bingeing
- Recurrent use of compensatory purging behaviour (vomiting, fasting, laxatives, exercise)
- Excessive emphasis on body shape/weight, dissatisfaction with body and fear of weight gain

Is this an issue we should be concerned about?

- Sundgot-Borgen (1993) investigated 522 athletes (across 35 sports) and 448 non-athletes and found 25% of athletes in aesthetic and weight controlled sports and 12% of athletes in other sports met criteria for ED's. The prevalence rates among the non-athlete controls was 5%

Should we be concerned?

- **Burkes-Miller & Black (1988)** reported prevalence rates amongst 695 US College female athletes at 4.2% for anorexia and 39.2% for bulimia
- Reported prevalence rates for sport are generally seen to be higher than the normal population, but it is difficult to determine in sport (Brownell & Rodin, 1992)

Should we be concerned?

- Elite sport may inadvertently provide some of the conditions that contribute to ED development over and above societal influences:
- Anthropometric measurement
- Weight categories
- Aesthetic sports/judged sports
- Excessive exercise possibilities
- Uniform/sponsor/media expectations
- Competitive nature of athletes/coaches

How should we approach the issue?

- The 'Under the Carpet' Approach
- The 'Over-react' Approach
- The 'Commonsense' Approach

The 'Under the Carpet' Approach

- Ignore the issue and maybe it will go away
- Rationalise that any athlete who develops an ED while on your team would have even if they weren't and so it's not your fault
- Simply tell your athletes that there will be no eating/weight issues on your team because you say so
- Create a 'tough' culture within your team so that you can tell an athlete she is fat/putting on weight or punish her for being over-weight and get away with it

The 'Over-react' Approach

- Start looking for signs/symptoms in every female athlete
- Collect weekly weight and skinfold measurements
- Be ultra-careful when talking to female athletes to the point that you are too scared to say anything
- Threaten to kick any athlete with eating problems off your team
- Bring in the clinical 'expert' and make a big fuss about the issue
- Feel helpless because of the complexity

The 'Commonsense' Approach

- De-emphasise weight/skinfolds (focus on strength/power and skill development)
- Provide basic educational information
- Be sensible with comments/feedback to female athletes
- Avoid putting athletes with 'model'/ideal physiques on a pedestal
- Watch for early warning signs
- Be prepared to refer to a specialist
- Keep accurate records

Duty of Care

- As a coach, do you have a duty of care to safeguard the psychological and physical welfare of your athletes?
- What would be considered by a court of law to be reasonable coaching conduct if an ED issue involving one of your athletes was investigated?
- Can you incorporate reasonable conduct within your coaching program without adversely compromising your coaching?

A Commonsense Approach

- Have an ‘at risk’ policy
- Have a clear policy for privacy of anthropometric data and feedback guidelines for discussing weight related issues
- Provide appropriate team resources (eg sport psychologist, sports physician, dietician, physiologist)
- Use a multi-disciplinary approach to case management of ‘at risk’ athletes and keep good records
- Have a backup referral network of eating disorder specialists

Summary

- Eating Disorders are an issue in elite sport
- As a coach you do have a duty of care for your athletes
- There are useful strategies/guidelines available for the coach and athlete
- There are resources available to assist