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Beyond the End Line - Putting the Mental Health of Female Athletes First

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Beyond the End Line
Putting the Mental Health of Female Athletes First

By Katherine Scholten
Bowling Green State University Honors College
Submitted for Honors Recognition
To Catt, Anna, Amber, Olivia, Lauren, Liv, Lexi, Carley, Erin, and Clare, if it had not been for you, I would not have the courage and strength I have today.

To Dr. Sanchez, thank you for working on this with me for the last two years and for pushing me to become the academic I am.

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Mental health is an emerging issue among the college population. I have witnessed the seriousness of this issue firsthand among fellow female athletes, specifically, my teammates, my competitors, and even myself. As athletes, we are conditioned to put on our game face and compete to our highest ability, no matter what the circumstances are. Problems are encouraged to be left outside the playing field with the belief that performance trumps any psychological discomfort that might be present. Yet, it is undeniable that there is a connection between physical ability and mental health; however, more often than not the seriousness of mental illness is thrown to the sidelines. Although the intent behind this practice is meant to better the team's performance, pressuring athletes to suffer in silence is setting the team up for failure in the long run. Communicating this expectation with athletes relays an unimportance of their overall well being.

Mental health among female student-athletes needs to be prioritized across college athletics. Athletes can no longer be expected to shake off mental pain as they do physical pain. The reality is, in order to be an elite athlete, being physically fit is secondary to maintaining their psychological wellbeing.

The National College Athletic Association (NCAA) has recognized the significance of mental health in an athletic setting. However, many athletic programs continue to disregard the findings of the NCAA Sports Science Institute. Universities can no longer deprive their female athletes of their full athletic potential by minimizing the importance of the athlete as a whole. The research and evidence provides endless proof that mental illness is real and present within the female student-athlete community. Things will only continue to deteriorate if administrators, coaches, and athletic trainers do not address this issue head on.

To keep more athletes on the field, we must first acknowledge the individual rather than just the athlete. Young athletes today are more impressionable than ever before. It is important that during a critical time in their life they are supported and understood by an athletic program that will stand behind them through victory and defeat.

The following pieces were tailored specifically to the mental health challenges female athletes are experiencing today. These articles illustrate the struggles and triumphs of student-athletes as well as the best ways to support them. Firsthand accounts from researchers, sports psychologists, coaches, and even athletes themselves highlight the most effective approaches to care for athletes struggling with mental illness.
The New Student-Athlete Experience

Evidence is growing that generational changes are affecting the mental health of the college population - altering the student-athlete experience.

As a young adult, if you are called a Millennial, it is often meant as an insult. After all, common words used to describe Millennials are spoiled, sheltered, narcissistic, privileged, obsessed, unrealistic, and irresponsible. This is not to say every Millennial possesses these traits; however, many do. The Millennial Generation refers to those born in the 1980s or 1990s through the early 2000s. Globally there has been a societal shift away from intrinsic values and towards extrinsic values as well as a shift in parenting tactics [5]. The consequences of these changes were unforeseen; however, because of these developments, Millennials have become more anxious, depressed, and hopeless than prior generations.

Most of the Millennial Generation is in college or approaching college, and these generational changes have forged a college population struggling with their mental health. Within the college population, these changes have altered the student-athlete experience. Further research should be conducted on exact changes; however, this article provides an introduction into the multifaceted generational and mental health changes that have altered the student-athlete experience.

Shifts in Generational Values

When examining the changes in the student-athlete experience, it’s necessary to start looking at the culture as a whole. Societal shifts have greatly impacted the Millennial generation. The focus on extrinsic values - money, fame, and image - can be attributed to the increase in technology and social media. Millennials are obsessed with social media more than anything else. Whether it be Pinterest, Twitter, Facebook, Instagram or Snapchat, college students are spending countless hours worrying about what everyone is thinking of them and what everyone else is doing.

Many Millennials feel a pressure to present their happiest and most popular selves. The fixation with creating an unrealistic image has forged a population of developing narcissists [5] who are more preoccupied with themselves than those around them.
“Possible downsides of too much focus on the self include less empathy, less concern for others, less interest in larger social issues, and selfish behavior that harms the environment” [5]. This is drastically different from the culture that their parents grew up in during the 1950s, 60s and 70s. Prior to the 80’s there was more of a focus on independence, community, hard work, responsibility and family: all of which are intrinsic values. Has growing up in a culture vastly different than their parents’ affected Millennials’ behaviors, self-image, and attitudes? [5] The only answer to this question is “yes.”

Extrinsic values such as image, popularity, achievement, and money are the driving forces of the Millennial Generation. Compared to their parents, Millennials are looking for more external validation rather than self acceptance. A result of always looking for their worth from the approval and acceptance of others, Millennials are constantly disappointed and dissatisfied. Seeking external validation through their extrinsic values coupled with how their parents raised them is setting up the Millennial Generation for an onslaught of mental distress upon entering college and the working world.

The Evolution of Parenting Styles

The manner in which Millennials were parented is affecting their mental health just as much as societal shifts have. Unlike prior generations, Millennials have been found to have an inflated sense of self, believing they are above average. Yet standardized test scores have actually gone down compared to prior generations [5], so where did this come from? This belief has been fostered by their parents. Since childhood, Millennials have been told a variation of two phrases: “You can be anything you want to be” and “You’re special.” This has led to Millennials having an inflated sense of self, leaving them to believe they are superior to their peers.

This is evident among college campuses. Administrators have seen first hand the changes that have occurred with the new generation of college students and student-athletes. When asked to describe Millennials, administrators used words like “special, sheltered, overconfident, pressured, and achieving” [3]. All of these are not necessarily negative qualities, but these are not qualities that set up Millennials for success. Being described as special, sheltered, overconfident and pressured are not generally taken as compliments.

Feeling Special and Falling Short

As mentioned earlier, Millennials often have a high opinion of themselves, which is derived from the focus on extrinsic values and parents raising their children to believe so. This can be dangerous in the classroom as well as on the field. As children, student-athletes were often the most talented on their team - many carried their team on their back. After all, out of 2,925,284 female high school athletes, only 3.0% are able to go on and play a NCAA Division I sport [4]. That may be a reason to feel special, yet in that 3%, everyone is equally talented if not more so. This realization can be rather destabilizing to the student-athlete’s confidence. For most of their lives they were used to being one of the most talented but now they are just a small fish in an ocean.
When dealing with Millennials from an academic standpoint, administrators often refer to Millennials as feeling superior and overconfident - a byproduct of feeling special. Yet there is no evidence that they are stronger academically than previous generations. On the contrary, standardized test scores have actually gone down [5]. The idea that they are performing better than they actually are, does not bode well for their future. This gives them a false idea of how hard they need to work to accomplish their goals and succeed later on in life.

The Sensational Helicopter Parents

Another challenge Millennials face is overcoming and outgrowing their ‘helicopter’ parents. The term helicopter parent was developed specifically for describing the parents of Millennials. Helicopter parents are known for being remarkably overprotective and taking a hands-on approach in their child’s life. Parent involvement is essential for any child’s development, however in the case of helicopter parents, it sets their children up for failure.

As Millennials entered college, it was evident that their parents had done them a disservice. Rather than students solving their own problems, communicating with their professors, or advocating for themselves, Millennials had their parents do it for them. This is unmistakable based upon the influx of calls and emails professors, administrators, and deans received from parents concerning their child’s grades, dorm assignments, or any other matters regarding their well-being [3].

Prior generations were taught early on to take responsibility and ownership for their actions, for the Millennial generation, this is nonexistent. The level of dependence on their parents has resulted in an inability to advocate for themselves, leaving Millennials feeling intimidated, helpless, and pressured to perform. This feeling of helplessness destabilizes the student mentally and emotionally, which makes them susceptible to mental illnesses such as depression and anxiety.

Unrelenting Pressure

Similar feelings can be evoked if parents are pressuring their children to succeed and perform. Often helicopter parents believe that because they have done so much for their child, the least their child can do is repay them by succeeding. So on occasion when a Millennial falls short, it conjures up feelings of failure and disappointment. Over time, the constant pressure to please creates an unwholesome environment resulting in constant anxiety and depression. The pressure that parents are putting on their children aren’t making them more successful, rather it is creating a generation riddled with anxiety and depression, scared to disappoint those around them.

Pressure is something many student-athletes are use to. For many, their university is paying them to perform at a high level. Being able to perform under pressure is normal and crucial for success in their sport. Yet there is a fine line when the pressure parents, coaches, fans, and teammates to perform, can become too much. In controlled amounts, pressure can be healthy, but when the pressure begins to whittle away at the student-athlete’s confidence, anxiety and depression trail close behind.

“University professionals must understand that working with millennials almost invariably involves working with their parents as well.”

Kari Much Journal of College Counseling
Today, one in five adults meet diagnostic criteria for mental illness [2]. This is a significant increase from prior generations - 15% to 20%. It would be easy to avoid the topic. It would be even easier to deny it; however ignoring or denying the problem will only continue to hurt all future generations. There is no easy fix and more research needs to be done to fully understand the impact of generational changes. For now we can bring attention to the problem, educate all those involved and promote understanding and tolerance.

It is not easy to talk about mental health; discussion surrounding the topic can be difficult, uncomfortable, and often requires vulnerability. The NCAA has recognized that mental health is just as important as physical health. With this in mind, universities and athletic programs need to be taking into account how the student-athlete experience is changing due to the generational changes affecting their mental health. Better assisting their student-athletes’ mental health will only prove to be advantageous for the athletic programs as well as the universities.

References


Protecting the Mental Health of Student-Athletes
Foreseen Challenges, Vulnerabilities, and Barriers to Seeking Treatment

Unfortunately for student-athletes, there are additional challenges within their environment that predispose them to mental health issues. Every day athletes hear the sayings: “No pain, no gain,” “Push through it,” “Do it for your team.” As a college athlete, there is a mentality to shake off physical pain as well as mental pain. Any sign of weakness is not tolerated. It is not surprising that in a culture where weaknesses are exploited, athletes are having more trouble than ever with their mental health.

Regular exercise can promote a healthy recovery from mental and physical health problems; however, when performing at a high level in a destructive environment, it can compromise the athlete’s overall health [2]. In no way does this mean that the athletes shouldn’t be pushed to their limits and to play to their highest potential, but in order for this to happen, coaches, athletic trainers, and administrators need to be aware of the potential barriers athletes face when they try to prioritize their mental health. If these things are not taken into consideration, there can be detrimental effects to the athlete’s mental health.

Numerous studies have found that student-athletes underutilized psychological services compared to their counterparts. Many times when mental health issues arise, student-athletes avoid seeking help due to fear of being judged. There are also additional environmental barriers that inhibit student-athletes from seeking treatment [3].

Time Commitments

Student-athletes have a full schedule. Between travel, practice, lifting, conditioning, treatment, scouting, meetings, 12 to 16 credit hours, and homework, student-athletes usually have their day planned to the minute. Their schedule can become immensely overwhelming and be a barrier to seeking professional help for their mental health. Many services on campus, such as the counseling center and psychological services do not have hours that are conducive to an athlete’s schedule. 8 AM to 5 PM are general times that these services are available, and if an athlete has practice and lifting in the morning, class in the afternoon, and homework at night, there is no allotted time for athletes to care for themselves and take time to seek help.
In order to ensure the physical and mental health of their athletes, coaches need to dedicate a time for athletes to care for themselves and allow them to seek the help they may need. Many coaches would argue that their players just need to be more time efficient or need to work harder in order to manage their mental and physical health. However, in the world of college athletics, there never seems to be enough time to get everything done. Yet, allotting a time during the week when the team is free would ensure that athletes have the ability to seek the help they may require. Moreover, if coaches want their athletes to perform at their highest level, they need to recognize that their athletes’ mental health is just as important as their physical health. As the saying goes “the game is 90% mental and 10% physical”; if coaches have this belief, it’s important that they support their athletes in every manner possible.

The Public Eye

When an athlete’s name appears in the news, it is not just their name, but their sport and school as well. Athletes are constantly under a microscope, examining their lives. As a result, their privacy is infringed upon due to the public’s eye. This leaves the athlete subjected to the opinions and beliefs of the public, leaving the athlete vulnerable to mental illness stigma. Because athletes are constantly being watched and judged, they are more likely to ‘tough out’ psychological distress and underutilize counseling centers than their non-athlete peers [3]. This is unfortunate because many campuses employ a sports psychologist to help their athletes manage their mental health and perform to their highest potential. Coaches should be aware of what is posted about the team. They can educate their athletes to make proper choices regarding what the public can see and privacy settings on student-athletes social media accounts. Protecting their athletes should be a coach’s and athletic departments’ first priority.
Stigma

Stigmas are perpetuated because people misuse terms like psycho, bipolar, retard, anorexic, OCD (Obsessive Compulsive Disorder), and depressed. The colloquial use of mental illness diagnoses creates a skewed perception of what mental illness actually is. It's common to hear people say “you're so retarded”, “I'm so OCD”, “she's a psycho”, “she must be bipolar”. They are misused daily in conversation and the press. These phrases create labels surrounding mental illness, giving a negative connotation to those diagnosed. It can lead to a misunderstanding concerning mental illnesses and its severity.

Labeling is common in our culture and as a result there is shame that surrounds mental illness. There is an aversion to seeking help for mental illness because athletes believe that their teammates and coaches are going to judge them and perceive them as being weak because they are seeking help [4]. As mentioned earlier, in athletics, weakness is not tolerated and vulnerabilities are exploited. Until athletic departments prioritize the mental health of their student-athletes, they are going to continue to suffer in silence.

In order to combat stigmas coaches, administrators, and trainers need to create an environment that is supportive, tolerant, understanding, and safe for the athletes to discuss what is on their mind and challenges that may arise. By creating an environment that is based upon open communication and understanding, athletes will be more likely to succeed and receive the support they need to perform their best in the classroom and on the field.

Injury

For most college athletes, they have identified as an athlete since they were eight or nine years old. By college, this identity is very concrete and important to the athlete. But what happens when injury occurs and the athlete is taken out of the game? Suddenly their identity is interrupted causing significant psychological distress. Studies have found that the higher the athletic identity the more distress the athlete experiences when injury occurs or when their careers end [2]. When an athlete is injured, they are increasingly more susceptible to mental illness and are in a highly vulnerable state. Coaches, trainers, players, and families need to be aware of the psychological distress that occurs when an athlete is injured and unable to return to the game.

Injuries are one of the most unpredictable misfortunes that occur for college athletes. There is nothing more disappointing to an athlete than not being able to compete and help their team. Not
only does the injury have physical implications, but psychological as well. The psychological effects of an injury are invisible but just as harmful as the injury itself. Margot Putukian, Director of Athletic Medicine and head team physician and Princeton University, wrote:

“For some student-athletes, the psychological response to injury can trigger or unmask serious mental health issues such as depression, anxiety, disordered eating, and substance use or abuse…it’s important for athletic trainers and team physicians, as well as student-athletes, coaches and administrators, understand that emotional reactions to injury are normal” [1].

Stabilizing their emotional state can help the recovery process and lead to a faster recovery. In addition, it has been found beneficial to involve the injured athlete in practice, whether by keeping stats or asking them what they see on the court or how something should be changed. This reinforces that they are a part of the team and a reason for the team’s success. It is then important to do periodic check-ins to see how the recovering athlete is doing. During these times, assess if additional support is needed and make the necessary referrals. This will foster an environment to allow the athlete to achieve a “full” recovery which will include both physical and mental health.

References


Image Sources


Social media has the ability to mask what real life is truly like. It is easy to portray a version of yourself that is thriving, healthy, popular, and perfect. However, behind all those pictures, life isn’t everything that it appears to be. Behind the pictures are breakdowns, stress, doubt, and a real person.

On social media, Madison Holleran had the ideal life. She appeared to be happy, successful, she had a good group of friends, and she was running at the University of Pennsylvania. Yet, the image she created on social media was just an illusion.

Behind each picture, Madison was struggling with depression and anxiety. It was a split image. Her Instagram account showed a girl that was happy, had a lot of friends, was enjoying college, and living life to the fullest; underneath it all, Madison was contemplating whether or not to end her life.

After Madison’s first semester of running at the University of Pennsylvania, she came home for winter break and talked with her best friend, Emma, about quitting the team. The two girls spoke intimately about their fears of being at school and about growing up.

That break, Madison’s family could tell something wasn’t right. Her parents spoke with her about why she was so unhappy, but Madison couldn’t put her finger on what the problem was. The Holleran’s agreed that Madison would find a psychologist back at school, except Madison had no intention of ever finding one.
On the day of January 17th, 2014, Madison went to class, took an exam, and told friends that she would meet them later that night at the dining hall. Instead, Madison walked the streets of the city. She carried a bag with gifts for her family that she would leave behind. As she walked the streets, Madison ran into the Lehigh University soccer coach, Eric Lambinus - a school that heavily recruited Madison.

“How are you?” He asked

In response Madison told him that she was good, but planned on cutting back on track. Eric had heard through friends that Madison was unhappy at Penn.

“Just know there are doors open for you still. There are opportunities” Eric told Madison.

Madison thanked him and the two went their separate ways. A block away, Madison climbed nine flight of stairs at a parking garage. On the ledge of the garage she left the gifts for her family. The ninth level of the garage sloped upward, then there was a wall and a silver railing. It’s unknown how long Madison spent up there. Later, Madison was found on the street below with just a cut above her eye. Because Madison landed in the street and not the sidewalk, her family presumes she took a running jump and hurdled over the railing - just like she had in practices and races.

“Even people you think are perfect are going through something difficult.”

- Seventeen Magazine [4]

An hour before her death Madison posted this photo to her Instagram Account
All those that loved Madison hold a clue about her death. Since then, the Holleran’s have dedicated themselves to telling Madison’s stories - to ending the stigma that surrounds mental illness [4].

Suicide is the 10th leading cause of death in the United States [3, 6]. Each year 44,193 Americans die by suicide [2] and for each completed suicide there are 25 attempts [6] - that is approximately 1,104,825 suicide attempts a year. Nevertheless, our culture still avoids the topic of suicide, but why?

For many people, suicide is a taboo subject. It is a subject that evokes difficult conversations, and feelings of shame, sadness, and confusion. If we continue to avoid conversations about mental health, we will continue to lose loved ones, friends, classmates, and teammates.

If conversations on mental health become a priority, mental illness becomes a subject of conversation that can promote healing, hope, compassion, and understanding. If everyone joined in on the conversation, those struggling with suicidal ideations would not feel ashamed or alienated, but rather they would have a safe environment where they could express their feelings, concerns, pain, and struggles.

Mental illness is a college athlete taking her own life.

Mental Illness is your teammate struggling to get out of bed in the morning for her workout because she is weighed down by an unspeakable sadness.

Mental illness is being huddled in a corner of a bathroom stall having a panic attack.

Mental illness is your best friend standing in her room with a razor pressed against her skin.

Mental illness is real, current, and very prevalent.

For many, the topic of mental illness is a joke or an adjective that's thrown around, but doing this only invalidates those struggling. Our culture needs to be educated on mental illness, so the right action can be taken. “Mental health education is about the people. Instead of numbers, people need to stand up and tell their story… Once it
of numbers, people need to stand up and tell their story... Once it gets personal, people listen and connect [7].”

As an athlete, we are immersed in a “no pain, no gain” culture — where mental pain is expected to be shaken off like physical pain; causing individuals with mental illnesses to suffer in silence. Silence is the reason we keep losing people to suicide, and the silence has to stop.

Acknowledging that mental health is just as important as physical health is the first step that colleges and athletic departments need to take. To accomplish this, athletes need to be educated and awareness needs to be brought to campuses. “Awareness is not reading facts off of a Powerpoint presentation. Awareness is not wearing yellow on World Suicide Awareness Day. Awareness is not tweeting or hashtagging your support. Awareness is people telling people what it's really like to be in a place so scary and dark that it feels like you'll never escape.” [7] Being honest and vulnerable is distressing for most, but that vulnerability is needed in order to never lose another precious life like Madison Holleran’s.

“One in five adults in America experience a mental illness... [and] one half of all chronic mental illness begins by age 14, three quarters by age 24” [1].

Mental illness is prevalent among the student-athlete population, even more so due to the extra stress and pressure student-athletes face. Experiencing depression or anxiety doesn’t mean you aren’t mentally tough, if anything you are mentally tougher than your teammates because you’re fighting a battle every day and still going about your business. That’s not weakness, that’s being a bad ass.

As stated before, education and awareness are the keys for schools and athletic departments to make a change. The National Alliance on Mental Illness [5] has six suggestions on ways to foster an environment that encourages open dialogue:

**Talk Openly About Mental Health**

“Many would realize that they are not alone if we talked more about mental illness instead of ignoring it or dancing around the topic. Many are suffering with mental illnesses in silence. If we talked openly and honestly, we would learn that reaching out for help and support is the bravest thing one can do. Mental illness isn't something you should be ashamed of. It doesn't mean that
you are weak. Being diagnosed with a mental illness isn’t the end of the world, it can be the beginning of a better and healthier one. This world can only be possible if we have candid conversations about the truth of mental illness.”
– Catherine Hare

Educate Yourself And Others
“I think educating our population on the topic of mental health is crucial to ending the terrible stigma surrounding it. The world views mental illness as a dark topic to be completely avoided, when in reality nearly 20% of Americans suffer from some form of anxiety, depression, or addiction. If more people were informed, the subject wouldn't be taboo and more people who are suffering in silence would be able to to reach out and get the help they need.” – Anna Frerichs

Be Conscious Of Language
"It's impossible to understand another individual's experience. No childhood is the same, no financial situation is the same, no person has the same perceptions of the world, and absolutely no one's mental and physical health are exactly the same. We all have intersectional identities and experiences that influence the way we occupy space in the world, but if we traverse these spaces with empathy and an understanding that our very existence and our compassion is valuable, we will come so much closer to creating a world that is safe for all those who may be suffering.” – Clare Nowalk

Encourage Equality Between Physical And Mental Illness
“I find that when people understand the true facts of what a mental illness is, being a disease, they think twice about making comments. I also remind them that they wouldn't make fun of someone with diabetes, heart disease or cancer.” – Megan Dotson

Show Compassion For Those With Mental Illness
“I offer free hugs to people living outdoors, and sit right there and talk with them about their lives. I do this in public, and model compassion for others. Since so many of our homeless population are also struggling with mental illness, the simple act of showing affection can make their day but also remind passersby of something so easily forgotten: the humanity of those who are suffering.” – Rachel Wagner

Choose Empowerment Over Shame
“Over the years, I’ve spent much of my time living in the painful cycle of shame. I would shame myself for having an eating disorder, I would shame myself for never feeling I could keep recovery. I would also shame myself for not being thin enough, good enough, pretty enough. I’ve come to realize that I no longer want to live in that shame. I want to feel empowered in making healthy choices for myself. I want to feel empowered by being my authentic self, which is far from perfect and that's okay. I am a powerful woman who can embrace her flaws and love herself versus shaming herself.” – Olivia Frank
Knowledge is power. There is strength in numbers and together, student-athletes, athletic administrators, coaches and trainers can help stop the stigma that surrounds mental illness. When athletic departments have speakers come to talk with athletes, they should prioritize topics on mental health. Have someone stand up and tell their story - it will impact the athletes.

During this coming school year, the Mid American Conference has their Mental Health Awareness Week, February 12, 2018 - February 16, 2018. I invite all athletes, coaches, trainers, and administrators to participate. If you have struggled with mental illness or have struggled in any way, tell your story - post on Facebook or Instagram, find a blog and tell your story there. You never know who is going to read it and be impacted by it forever.

References


Image Sources


In the past five years, the National Collegiate Athletic Association (NCAA) has produced documents for universities in regards on how to protect their student-athletes’ mental health. It appears few universities have measures in place when their student-athletes’ mental health is at risk. Many universities utilize a sports psychologist, yet most student-athletes are unaware of these services. A study published in The Journal of College Counseling found “student-athletes avoided seeking counseling due to the societal stigma associated with being considered mentally unhealthy or weak if seeking counseling as well as sport-specific stigmas such as having teammates finding out about one’s need for or use of counseling” [2].

If the student-athlete population is more vulnerable to mental illness and less likely to utilize the resources athletic departments have, how do we best support student-athletes struggling with their mental health? The NCAA has produced three booklets and numerous documents on caring for student-athletes’ mental health. To answer this question, this article references three documents published by the NCAA that will help coaches and administrators to better recognize and assist those athletes with mental illness.

**BEHAVIORS TO MONITOR**

The 2014-2015 Sports Medicine Handbook examines behaviors that cause concern and indicates further discussions needs to take place. Student-athletes often seem to have it all; however, “the full range of mental health issues found in the general student population can also be found in the life of a student-athlete” [4]. Student-athletes are not immune to developing mental health issues. In NCAA’s Mind Body and Sport, Psychologists Chris Carr and Jamie Davidson wrote, “intercollegiate athletics embodies a unique and demanding culture. The pressures and demands on 18- to 21-year-old student-athletes are great. Their wins and losses are seen by many, questioned by many, and often criticized publicly... it is no surprise that these pressures can affect a student-athlete’s mental health” [1].

With this in mind, the first thing coaches, trainers, team physicians, strength and conditioning staff,
academic support staff, and administrators need to be aware of are several behaviors to monitor. These include:

- Changes in eating and sleeping habits
- Unexplained weight loss
- Drug and/or alcohol abuse
- Gambling issues
- Withdrawing from social contact
- Decreased interest in activities that have been enjoyable, or taking up risky behavior
- Talking about death, dying, or “going away”
- Loss of emotion, or sudden changes of emotion within a short period of time
- Problems concentrating, focusing, or remembering
- Frequent complaints of fatigue, illness, or being injured that prevent participation
- Unexplained wounds or deliberate self-harm
- Becoming more irritable or problems managing anger

Often, these behaviors are minimized by coaches and other staff causing “student-athletes [to] avoid disclosing mental health concerns, especially if the perceived negative consequences include being rejected by teammates or coaches due to the disclosure” [1]. It is important that all involved start a conversation with a student-athlete who is showing any of these behaviors. Coaches should avoid accusing or blaming the student-athlete and instead have a private conversation voicing their concerns about the health of the student-athlete. Often having a coach or training staff member that has rapport with the student-athlete can prove to be advantageous during a difficult conversation.

Conversations concerning mental health can be uncomfortable, awkward, and difficult; nevertheless these conversation should never be avoided. Concerns about the athlete should be addressed promptly after they arise. Immediate action is critical considering prolonged behaviors could lead to serious health concerns.

**ESTABLISHING A RELATIONSHIP WITH MENTAL HEALTH SERVICES**

As reported in *Mental Health Best Practices*, athletics provides a unique environment that can foster a “positive psychological well-being, personal growth, self acceptance, autonomy, and positive relations with others” [3]. However, it is NOT uncommon that the stress and strain of athletics can cause psychological unrest among student-athletes. With this in mind, athletic departments should foster a strong relationship with mental health services. Whether that be with a sports psychologist on staff or with their campus’s counseling center, a strong relationship makes referring student-athletes less difficult; The 2014-2015 *Sports Medicine Handbook* suggested “because student-athletes are less likely to use counseling than non athlete students, increasing interaction among mental health staff members, coaches and student-athletes will improve compliance with referrals” [4].

Athletic trainers are often the first point of contact when contacting psychological services for a student-athlete. Trainers need to establish rapport with their athletes. A level of trust is essential. Sometimes simply “encouraging student-athletes, or ‘giving them permission,’ to seek help from mental health providers that will help them gain insight into their situation, and encouraging athletes that seeking counseling is a sign of strength, not weakness, can be very useful” [4]. In addition, it would be advisable for the athletic trainer to keep referrals to a mental health professional confidential. The stigma that surrounds mental illness can be shameful if a student-athlete gets a referral, “it is important early on to identify those individuals with
whom the student-athlete will allow to share information, and to obtain appropriate written releases as indicated” [1]. In most cases, the less others know, the more secure the student-athlete will feel about their decision to seek help. Give the student-athlete the responsibility of informing their coaches or teammates, let them wait until they feel ready and confident. Unless the athlete is in immediate danger, giving them the responsibility to inform others will allow them to feel as if they are more in control of what is going on.

CREATING A SUPPORTIVE ENVIRONMENT

Societal stigma causes many athletes to believe mental illness is a weakness. Student athletes are “taught to “play through the pain,” struggle through adversity, handle problems on their own and ‘never let anyone see you cry.’ Seeking help is seen as a sign of weakness, when it should be recognized as a sign of strength.” [4]. Thus, it is extremely important that coaches and trainers create a supportive environment for student-athletes where vulnerabilities are recognized and asking for help is respected. The Sports Medicine Handbook recommends that coaches and trainers “follow the following guidelines in order to help enhance student-athlete compliance with mental health referrals:

• Express confidence in the mental health professional
• Be concrete about what counseling is and how it could help
• Focus on similarities between the student-athlete and the mental health professional
• Offer to accompany the student-athlete to the initial appointment.
• Offer to make the appointment (or have the student-athlete make the appointment) while in your office.
• Emphasize the confidentiality of medical care and the referral process. [4]

The referral may be the toughest step, but supporting the student-athlete doesn’t end there. Continuing to check-in with the student-athlete and simply taking time to show genuine concern can result in the athlete being more open and willing to share.

In the publication, Mental Health Best Practices, it is important that coaches and training staff are aware that “the way [they] communicate about mental health can demonstrate [their] commitment to inclusion and wellness, and [their] support of all student-athletes, including those with a history of mental health concerns or those experiencing mental health concerns for the first time in college” [3]. Communication about mental health is crucial. If coaches or training staff are using mental illnesses in a derogatory way or are stating negative attitudes about mental illnesses, it creates an unsafe environment for those struggling. Not only does it invalidate those affected by mental illness, it creates a culture that tells athletes that their struggles are a joke and shameful.

**MENTAL HEALTH SCREENINGS**

At the beginning of every season, student-athletes have a physical and go through concussion testing to establish a new baseline for that season. The physical health of the student-athlete is very important to the athletic department, but what about their mental health? Athletic departments need to screen for the state of the athlete’s mental health as well. In the publication Mental Health Best Practices, the NCAA encourages their institutions to screen for depression and suicide risk. To keep a handle on the student-athletes’ mental health, the National Athletic Trainer Association (NATA) has developed a nine questions evaluation for gauging the mental wellness of student-athletes:

1. I often have trouble sleeping.
2. I wish I had more energy most days of the week.
3. I think about things over and over.
4. I feel anxious and nervous much of the time.
5. I often feel sad or depressed.
6. I struggle with being confident.
7. I don’t feel hopeful about the future.
8. I have a hard time managing my emotions (frustration, anger, impatience).
9. I have feelings of hurting myself or others. [3]

If the student-athlete answers “yes” to any of the nine questions, the team athletic trainer needs to discuss further with the athlete to determine the proper course of action. These nine questions should
not stand alone for screening for mental health issues, rather they're a foundation to start a discussion on possible mental health concerns. If concerns are present, referrals should be made accordingly.

Few institutions are using these guidelines with their athletes, or checking in with them about their mental health in general. “One way to ensure an athletics department is in tune with student-athletes’ mental well-being is to systematically include mental health checkups, especially around high-risk times” [4]. An imperative time to have check-ins with an athlete is during injury recovering. Student-athletes can have powerful reactions to being sidelined. Most college athletes have identified as an athlete since they were young. By their college years, this identity is concrete. But when injury occurs suddenly, an athlete’s interrupted identity experiences significant psychological distress. Being proactive with a student-athlete’s mental health can benefit not only the athlete but the team as a whole.

REFERENCES


IMAGE SOURCES


Many do not consider dance to be a sport; however, the athletic prowess of a ballerina rivals any NCAA Division I athlete. The level of commitment, technique, and athleticism necessary to be a full-time ballerina is comparable to that of a D-I athlete. In many cases, ballet dancers exceed the twenty hours of practice a week limit that the NCAA enforces. As a result, the challenges dancers face closely parallel those of other athletes. The story of Amber Gunnerson, a ballerina with anorexia, demonstrates the battle of athletes struggling to come back from injuries and their endeavors to find identity outside of their sport.

Amber Gunnerson is a 19 year-old from Allendale, Michigan. Amber began to dance at age 3. She participated in various forms of dance including tap, jazz, lyrical, contemporary, hip hop, and ballet. At age 5, Amber attended a performance of *The Nutcracker* with her mother. During the snow scene, Amber leaned over to her mother and told her, “I want to do that for the rest of my life.” From that point on, Amber dedicated herself to dance.

Amber believed her calling was to be a ballerina and dreamed of the day she would join a professional ballet company. Countless hours were spent in the dance studio to perfect her craft. But all was not smooth sailing; when she was 18, things began to change. Amber’s level of dedication to ballet exceeded those of her fellow dancers, resulting in an unhealthy obsession with ballet and her body. The traits Amber exhibited were classic characteristics of anorexia nervosa, a condition that was no stranger in the ballet world.

Anorexia nervosa (anorexia) is an eating disorder marked by excessive withholding of calories, distorted body image, irrational fear of gaining weight, perfectionism, and often compulsive exercise.
Typically, this condition occurs in females around the age of 13-14 or 17-18. There are certain personality variables, and genetic and environmental factors, that make individuals more prone to developing anorexia. Often, eating disorders are associated with sedentary individuals; however, now more than ever, athletes are exhibiting traits of classic eating disorders. It’s like the perfect storm—those with anorexia possess many of the same traits elite athletes are praised for: perfectionism, relentlessness, willpower, rigidity, dedication, and excessive training [2, 5].

Like so many others, the qualities that made Amber a sensational ballerina also made her exceptionally good at her eating disorder[2, 4, 5]. Unlike many in her position, Amber chose to stop the vicious cycle that was her eating disorder. About a year later, Amber’s dream began to come true. She was offered a spot as a trainee in a professional company - Ballet 58. However, there was a catch - Amber had to be healthy if she wanted to receive the contract, so she decided to reach out for help.

**K:** When and why did you decide to go into treatment?

**A:** So I started at McCallum in the Victory Program on February 13, and I came in because I knew I wanted something better. I knew I couldn’t dance fully and wasn’t going to be offered the trainee contract with Ballet 5:8, if I wasn’t going to get healthy. And I knew that if I wanted a career as a dancer, I had to be healthy in order to pursue that. There was no in between, ifs ands or buts, it had to be done. And I knew if I waited any longer, or wasted anymore time, just sitting around trying to get better on my own, I knew it wasn’t going to work.

**K:** Can you tell me about the Victory Program?

**A:** The Victory Program was very, very helpful. It was the biggest reason why I came to McCallum in the first place. It was probably the most influential part of my treatment because it really talked about identifying yourself outside of your sport and how to cope with a sport environment and a competitive environment of the sport that you’re in and deal with that in a healthy way rather than using your eating disorder. Plus the people could relate.

McCallum Place is a treatment center for eating disorders located in Saint Louis, Missouri. In the world of eating disorder treatment, exercise is a taboo subject because many affected by eating disorders have unhealthy relationships with exercise. McCallum Place has a unique program for elite athletes with eating disorders called The Victory Program. In The Victory Program, these athletes “will receive the eating disorder treatment and any other related treatment they may need. In addition to treatment for eating disorder focusing on the sport environment, sport nutrition, sports related body image and return to sport. Victory encourages athletes to build a mental toughness and positive body images as a
“Treatment professionals working with student-athletes need experience and expertise in treating eating disorders and athletes, but more importantly need to understand and appreciate the importance of sport in the life of a serious student-athlete.”

Ron Thompson Psychologist at Indian University Departments of Athletics [1]

resource for recovery” [3]. McCallum is one of a handful of centers in America that incorporates exercise in its treatment plan and is one of the only treatment centers that has a program dedicated to elite athletes. In addition to seeing a therapist, dietitian, and psychiatrist, there is also a strength and conditioning coach. This is where Amber found herself for three months during the early months of 2017.

K: **What were your concerns going into treatment?**
A: Just like, how… how I was going to come out of treatment and if it was really going to work. I had a negative situation and a very bad experience in a treatment program that I did at a hospital setting in Michigan that had just an eating disorder group and they did not know what they were doing looking back at it. So I had a lot of stipulations and thoughts about how I thought it was going to be, but it was much better and much more tolerable, but I had a lot of concerns going in, but whether or not it was going to help me in any way and help my thoughts or help me be able to actually live a life rather than just like getting my weight where it needed to be and then just trying to go out in the world and have the same thoughts and habits still.

I was most scared of who I was going to be when I left, what people were going to think and say, and how I was going to dance because it had been a year and a half that I really had felt that fatigue from being malnourished.

K: **How would you describe your treatment experience?**
A: It was very, very tough but very, very eye opening and just an experience I would never take back. I’ve learned so much and gained so much knowledge about who I am as a person and how I work and I have met so many amazing people along the way that I wouldn’t be the same without them and my life wouldn’t be the same without them. I can’t imagine my life without being able to have them in my life.

K: **What was the biggest thing you learned in treatment?**
A: The biggest thing I learned would be… I think that it’s okay to not always have to have a plan or be in control. That you can stumble and fall, but you can get back up, and it’s the way that you get back up that matters the most. If you get back up, it’s not a bad thing to ask for help, and you’re not weak if you ask for help. It’s actually a major strength that people see in you.
After leaving treatment, Amber spent time at home before moving to Chicago to take part in Ballet 5:8’s Summer Intensive.

K: What were you most scared of when you went back to ballet?
A: I was most scared of leaving my support system behind because I knew going into Chicago, I was leaving my family, my friends, everyone I grew up around everyone, that knew and was there in the time that I had been struggling with this. So that was the biggest thing. Leaving my home, my safe space and going into a whole new area, especially in dance. I was dancing with new people, new faces, new comparisons that can happen, so that was something I was concerned about.

K: Did you fall back into ballet quicker than you expected?
A: I did, but it was kind of tough going into it, at a point when I went into summer intensive where we were dancing from 9 to 5:30 every single day. Coming from dancing two to three days a week for a few hours to every day, your body is freaking out on you, and you have no one to talk through that process with, and I had no one who really understood that, but I was very surprised how fast I did get back in shape. When I was home, I wasn't comparing myself to anyone, I was taking classes on my own schedule, coming back on my own terms. Then when I got to Ballet 5:8, it was harder because everyone was at a very good spot when they came in. They were ready for the training program, ready to start doing twenty-plus hours a week, so it was harder then. But when I take a step back and take a look at how fast my body got back into dance, it is fascinating and surprising.

K: Can you tell me about Ballet 5:8 as a company?
A: Ballet 5:8 was a very good company to start out in. They had no tolerance of eating disorders whatsoever, and they actually wouldn't offer me the contract unless I was healthy. They were only going to accept me, if I were going to get healthy. This was a very positive aspect and reassuring aspect that I could be a dancer and still be healthy. They accepted dancers of all different body types, they didn't have a mold that you had to fit like in some other companies. They were much more open to the idea of having healthy dancers and dancing for God.

“It's important as athletes or anyone who struggles with an eating disorder to know there is no one quick fix, it's a process, and you're always going to have to work hard to get through it. It's never easy, but it does get easier. I fully believe that and I have witnessed that. It's something that I hold onto and when it does get tough, I remind myself that there's a brighter side, there is a rainbow after the storm.”

- Amber Gunneson
Ballet 5:8 was everything that Amber wanted, yet she found herself falling into old habits within the first couple months of living and training in Chicago. Amber had the self-awareness to realize what was going on and was adamant enough with her outpatient treatment team that she get help before her eating disorder could get out of hand.

K: How have you adjusted to coming back to McCallum?
A: It was definitely hard coming back into treatment. There was a lot of shame, guilt, and feelings of being a letdown to my family, my friends, or even Ballet 5:8 for that matter. But I knew, deep down, that I needed, I hadn’t finished what I needed to do at McCallum, and I needed to get help. Even when my outpatient team was not pushing me to come in for extra help, I was the one who made it clear that I wanted to get extra help because I knew that I wasn’t going to be able to get out of this spiral, and I wanted to nip it in the bud before it got worse, because I know how fast it can spiral out of control. Before you know it, it’s down the drain.

K: What’s your biggest goal for treatment this time around?
A: My biggest goal is to really work on the identity piece, that’s the factor that I’ve know subconsciously has always been there, but I’ve never been able to really explore that because the thought of "Who am I?" without being a dancer has always been really scary and not an option to consider. So, finding self-worth and value outside of being a professional dancer, and finding peace with that, and exploring more is my biggest goal this time around.

K: Have your plans for the future changed?
A: Well, even before coming into treatment, I planned on going back to Ballet 5:8, but I am not quite sure at this moment, and right now I’m not sure I will go back to Ballet 5:8. I found a joy for teaching dance, and since being here, I’ve been able to kind of explore and think about other things that excite me, and other things that I want to explore, and that’s really exciting for me, but very foreign still. My plans for the future haven’t been so rigid and it’s very freeing and exciting to see what can happen. I know that I want to be healthy, and as soon as I am healthy, my options are limitless.

K: If professional dancing is not in your future what are you considering?
A: Teaching dance! Opening my own dance studio! I still have a very big passion for teaching and inspiring dancers. I to want use my story to show girls that you don’t have to be perfect and dancers don’t have to have one body type. It is an aesthetic art form, but you can find joy and peace in dance and express yourself. I also really enjoy helping people, so I’ve thought about being a therapist, being a nurse, any job that helps people and positively affects them or influences them. And I plan on getting my certification as a group fitness instructor. I did work at the YMCA, and I really enjoyed meeting people there. The atmosphere was very positive for me, so I would love to motivate people in that way as well.
K: If you could give advice to a young athlete what would it be?
A: To be open-minded, never doubt yourself, never limit yourself to one thing, or put yourself in a box, or think you have to do something. It can cause a lot of control issues, and it’s important to find happiness in the hard work, when sometimes you’re perfectionistic, it can be hard too. Don’t let the little things get to you causing you to lose sight of who you really are.

Throughout this process, Amber has shown remarkable grace, faith, resilience, and trust. For athletes, giving up their identity is heart-wrenching and terrifying. Amber’s determination to discover herself outside her ballet career shows exceptional courage. Though she may not be a typical NCAA Division I athlete, Amber’s story serves as inspiration for any athlete struggling and is a lesson to all that it’s alright to ask for help and it’s alright to fall down more than once.

References


Image Sources


Female athletes are in a very unique position, compared to society’s expectations, athletes are expected to be strong and lean rather than being just stick thin. Nonetheless, they are just as influenced by the images the advertising industry produces. Consequently, they have two very different, sometimes conflicting, pressures influencing their body image. This is especially true in sports that heavily emphasize weight and appearance, such as gymnastics, diving, swimming, dance, cheerleading, cross-country, and track. Those that participate in these sports are under constant scrutiny regarding their bodies, and many believe that smaller is better. The fixation on body composition and size can drive athletes to unhealthy behaviors such as decreased calorie intake and over-training in order to achieve a

In the last few decades, the standards of beauty have changed dramatically. Once beauty was based on the natural appearance of women and their bodies, whereas now the standards of beauty are based on the images created by the advertising industry. Young women are becoming more self-conscious and obsessed with obtaining a body that is unrealistic and only achievable through Photoshop or extreme measures. Luckily, companies such as Dove and Arie are rectifying this belief, by showing the world that natural bodies are beautiful despite their ‘flaws’. Both companies are using women of all sizes and are not Photoshopping their photos, in an effort to portray realistic expectations and a new standard of beauty [2].

The Female Athlete Triad: The Unseen Health Crisis of Elite and College Female Athletes
certain body type. The initial intention to lose a few pounds to boost performance often snowballs into significant health concerns like the female athlete triad.

The female athlete triad has been a silent health crisis among female college athletes. The triad arises in girls and women that are physically active and experience one to all three of the components:

(1) low energy availability with or without disordered eating
(2) menstrual dysfunction
(3) low bone mineral density [6].

These three components are like dominos: low energy availability leads to menstrual dysfunction, menstrual dysfunction results in low circulating estrogen, and low estrogen results in low bone mineral density (osteoporosis). All female athletes are at risk for developing the female athlete triad, however it is regularly seen in athletes that participate in weight sensitive sports, such as those that are aesthetically judged or those that have gravitational demands, such as gymnastics, cheerleading, diving, swimming, and rowing.

**Low Energy Availability**

Customarily, the first indication of the triad is low Energy Availability (EA). Low EA is a consequence of insufficient calorie consumption, resulting in the athlete using more energy than they have available. In many cases, low EA is accompanied with disordered eating or an eating disorder. Those in weight sensitive sports often intend to shed a few pounds believing this will better their performance. Yet by restricting their calorie consumption, their bodies are not able to support the stress on the body leading to an imbalance in energy and poorer performance [3].

To an athlete, their body is a temple, without it they wouldn’t be able to play their sport. In athletics, the thing that sets elite athletes apart from their average competition is how the athlete fuels their body before, after, and during competition. Compared to the average person, athletes require more calories and nutrients for their body to maintain and build muscles from training; however the amount of each nutrient and calories required is highly individualized based on the athlete. Athletes of small stature in sports that do not involve continuous running, such as gymnastics,
require fewer calories than a cross country runner. However, the nutrients breakdown required is the same for both [11].

**The Break Down of Nutrition for Athletes**

Carbohydrates are essential for any athlete participating in vigorous exercise more than one hour a day. They should make up about 60% of the athletes’ total calories. Carbohydrates help sustain the body during long intervals of exercise. The carbohydrates an athlete consumes prior to exercising are used as energy rather than pulling from glycogen stores to generate energy. If the athlete is not consuming enough carbohydrates and their glycogen stores are depleted, the body begins to use muscle as a quick source of energy - resulting in decreased strength and endurance.

Protein is another nutrient that is very important for athletes; the required amount of protein each athlete should consume often depends on their sport. For many athletes, protein is roughly 5% of their total calories; however for endurance athletes, protein can be up to 15% of the athlete’s overall calories [11]. Proteins do not provide much energy prior to practice or competition; however proteins are crucial for athletes during their recovery period. The amino acids from protein are essential for building new muscles and repairing damaged muscle tissue.

Fats are often something feared by women and have a bad reputation when it comes to athletics. For competitive athletes, it is recommended that approximately 35% of calories come from fat. Unbeknownst to most athletes, fats provide the quickest source of energy for the body. Calories from fat should focus on rich sources of monosaccharides rather than saturated and trans-fats. In addition to being a quick source of energy, these fats also help to fuel the body’s stored energy sources for exercise [11].
In athletics, a good diet can maximize and even enhance an athlete’s potential in their sport. Yet countless athletes are seduced by the allure of a lean physique, driving them to ignore their energy needs in an attempt to lose weight to better their performance. What many athletes don’t grasp is that a low EA, even for a short period of time, severely impairs their performance and health. Athletes with low EA experience increased fatigue, a loss in strength, degeneration of muscle, difficulty breathing, impaired heart function, and difficulty concentrating. Athletes rarely foresee these negative consequences that accompany low EA [5].

**Disordered Eating**

Within the realm of low EA, the athlete’s eating habits are categorized as disordered eating or as an eating disorder. The unhealthy weight perceptions women have today are causing more women to develop disordered eating patterns. This can be especially true among female college athletes due to the immense amount of stress they are under from both their sport and academic requirements.

Disordered eating (DE) “is a broader term used to describe the spectrum of abnormal eating patterns, including subclinical conditions used to lose weight or maintain a below normal body weight” [11]. Commonly, eating disorders in athletes begin with the pressure to lose weight. In other cases, pressure from coaches and competition can often be the source of disordered eating patterns. In the article, *Coach Pressure and Disordered Eating in Female Collegiate Athletes*, researchers “found almost 70% of [athletes] believed that weight and body image were important to their coaches” and even more recently it was found that 33.7% of female collegiate athletes believed there was pressure from their coach to lose weight [4].

Disordered eating isn’t simply cutting out calories, but also includes “eating the same foods on a daily basis or certain meals as part of their pregame routine” and many times the athletes “justify their DE habits with ease by using time constraints and superstitious eating habits, and over-training as seemingly valid excuses” [12]. When these excuses increase and the athlete begins to cut out entire food groups or drastically cuts their calorie intake, they are separated from those with disordered eating patterns and are instead diagnosed with a clinical eating disorder. Those suspected of having an eating disorder need to be closely monitored and supported by a multidisciplinary team of doctors, dietitians, and a psychologist.

**Eating Disorders**

Eating Disorders (ED) are more prevalent than what is perceived in college athletics. Scholars such as Pearson and Rivers have found certain personality traits that are common among elite athletes and those most susceptible to eating disorders [8]. To be a college athlete, one must be a perfectionist, have persistence, take an obsessive approach to reaching goals, display high self-expectation, and exhibit extreme self discipline and emotional control - all of which are personality traits seen in those that struggle with Anorexia Nervosa and Bulimia Nervosa [10].

**Anorexia Nervosa**

Anorexia Nervosa is recognized by the *Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-V)* as a “persistent restriction of energy intake leading to significantly low body weight”, “intense fear of weight gain” and a distorted body image [1]. Athletes that struggle with anorexia do not always look like the typical emaciated super models, rather they can be very muscular with little fat on their body or they can even be of average height and build. The severity of anorexia should not be solely based on appearance, instead it should be based on the athlete’s psychological state, eating patterns, and repetitive behaviors.
Bulimia Nervosa

Bulimia Nervosa is distinguished by “frequent episodes of binge eating followed by inappropriate behaviors such as self-induced vomiting, misuse of laxatives, fasting, and excessive exercise to avoid weight gain” [1]. There are many consequences of purging, such as dehydration, electrolyte imbalance, and injury to the esophagus, and tooth decay. The purging that accompanies bulimia is especially dangerous for an athlete’s health because dehydration and electrolyte imbalances can result in irregular heart beats or even heart failure. Many believe bulimia is simply binging and then purging through self-induced vomiting; however any compensatory behavior such as exercising or fasting for extended periods of time after a binge is categorized as Bulimia Nervosa as well.

Other Specified Feeding and Eating Disorders

Other Specified Feeding and Eating Disorders (OSFED) is a catch-all classification for eating disorders. Individuals that do not meet the diagnostic criteria of Anorexia or Bulimia Nervosa and experience combination of extreme atypical eating habits and compensatory behaviors are diagnosed with OSFED. Those that receive this diagnosis are often discounted because they don’t have a “more serious eating disorder,” which is a misconception. Those with OSFED have just as many health concerns as those with anorexia or bulimia and are just as likely to die from their eating disorder. It is estimated that 60-70% of all eating disorder cases result in a diagnosis of OSFED where as only 5.2% of girls with eating disorder meet the criteria for anorexia, bulimia, and binge eating disorder [4].

Research conducted on female collegiate athletes shows that the exact prevalence of female college athletes suffering from eating disorders is unclear due to inconsistent measurements and the small sample sizes that are used [9]. As discussed in the Journal of Clinical Sport Psychology, “the prevalence of disordered eating ranges from 1-62% in female athletes across studies. This large variability in prevalence findings can be attributed to methodological limitations, such as small sample sizes, inconsistent instruments, operational definitions of ‘eating disorders’, and widely disparate samples. However, consistent findings suggest that athletes in sports emphasizing low body

Effects of Low Energy Availability on Performance

- Athletes that are fueling themselves properly outperform and outlast athletes with low EA.
- Eating disorders have physical and psychological implications.
- With low EA often athletes experience a decrease in VO₂max, running speed, energy, and strength.
- Malnutrition is regularly accompanied by anxiety, depression and obsessive thinking [3].
weight or lean body, such as dance, cheerleading, and distance running, report more risk of developing disordered eating” [8].

If any athlete is exhibiting traits of low EA, it is critical that the behaviors are addressed immediately before serious health problems, such as bradycardia, electrolyte abnormalities, dehydration, dental erosion, hypertension, bone mineral density loss, and hormonal imbalances occur [12]. Immediate detection can save lives and leads to positive outcomes for the athlete and their sport.

**Menstrual Dysfunction**

Menstrual dysfunction is often a direct consequence of low energy availability. If the athlete is severely restricting, the body begins to use stored muscle and fat the fuel the body. When a woman’s body fat percentage dips below 11%, there is a decreased production of estrogen which prevents the body from having a regular menstrual cycle [10]. Like everything there is a range of severities for menstrual dysfunction: anovulation, oligomenorrhea, and amenorrhea [9].

It is common for many female collegiate athletes to exhibit menstrual dysfunction due to the demands of their sports. This is especially common in weight sensitive sports and endurance sports. Many women strive to lose their period because they believe that means they are healthy. This is a misconception. Women who lose their periods due to low estrogen levels and low body fat will experience long term consequences to their health. As estrogen levels decrease in the body, the stimulation of osteoblast significantly decreases, leading to impaired bone health and premature diagnosis of osteopenia and osteoporosis [11].

The most severe form of menstrual dysfunction is amenorrhea, which is divided into primary and secondary amenorrhea. Primary amenorrhea is the delay of menarche after age 16; whereas, secondary amenorrhea refers to amenorrhea after menarche. Menstrual dysfunction can also appear in the forms of oligomenorrhea and anovulation. Oligomenorrhea is “classified as having menstrual cycles lasting longer that one standard deviation (287 days) past the mean cycle length (>35 days)” where as anovulation is the absence of ovulation altogether [5].

The result of these menstrual dysfunctions is hypoeestrogenism - low levels of estrogen circulating within the body. Estrogen affects more than just the reproductive system, low levels of estrogen can negatively impact musculoskeletal and cardiovascular health in athletes. If there is a prolonged period of hypoeestrogenism, the body experiences infertility and skeletal demineralization [7]. This can be dangerous for athletes that are in high impact sports because hypoeestrogenism increases the risk of fractures and stress fractures and increase the risk of osteoporosis and osteopenia later in life.

**Low Bone Mineral Density**

When an athlete is experiencing low EA and menstrual dysfunction over time, osteoporosis or low bone mineral density (BMD) is a given. Due to the small amount of estrogen circulation and the malnutrition that occur with low EA, athletes affected by the triad are much more susceptible to fractures, stress fractures, and stress reactions. The longer the duration of low EA and menstrual dysfunction, the more BMD that is lost [7]. If the triad has progressed to this point, the bone mineral density loss is irreversible: only very small amounts can be recovered through proper nutrition and physical therapy [7]. The severity of the BMD lost is directly related to the severity of menstrual dysfunction. The most severe bone density loss occurs in athletes that...
were experiencing amenorrhea, where as those experiencing oligomenorrhea do not have as severe BMD loss [6].

The increased bone fragility these athletes experience often results in a temporary removal from their sport due to injury or being removed indefinitely. Injury and poor performance are the exact opposite of what the athlete was striving for. When athletes begin to spiral out of control, they do not have the foresight to see the long-term consequences of their actions until they become reality.

Supporting Struggling Athletes
Recognition, prevention/risk reduction, and treatment are the keys to supporting female athletes that suffering from the triad. The triad is completely preventable; however, athletic trainers and coaches overlook many of the signs and symptoms. One sign coaches and trainers should be aware of is over-exercising. Over-exercising can be interpreted by coaches as an increased dedication to the athlete’s sport, but coaches should also be aware of the risks associated with the female athlete triad [6]. In addition, trainers need to be aware of the symptoms of low EA, as these symptoms can present themselves as continuous fatigue, dizziness/drop in blood pressure, blackouts, suppressed immune system, muscular cramps and shortness of breath accompanied by rapid heartbeat [12]. If trainers or coaches notice any of their athletes suffering from these symptoms on a daily basis, an assessment on the athlete’s health and caloric intake needs to be done.

NCAA Recommendations for the Female Athlete Triad
In the 2013-2014 NCAA Sports Medicine Handbook, the NCAA recommended trainers and coaches to screen their athlete’s if they present with one or more of the triad components: low EA, menstrual dysfunction, and osteoporosis [7]. Osteoporosis must be screened for, and trainers should be aware if athletes begin to develop stress fractures or stress reactions. In addition, the NCAA has made these recommendations for coaches and trainers to help their athletes avoid from developing components of the triad:

**Recognition** - All sports medicine professionals, including coaches and athletic trainers, should learn to recognize the symptoms and risks associated with the female athlete triad.

**Avoid Unnecessary Pressure** - Coaches and others should avoid pressuring female athletes to diet and lose weight and should be educated about the warning signs of eating disorders.
Prevention - Sports medicine professionals, athletics administrators and officials of sport governing bodies share a responsibility to prevent, recognize and treat this disorder.

Educate - Sports medicine professionals, athletics administrators and officials of sport governing bodies should work toward offering opportunities for educating and monitoring coaches to ensure safe training practices.

Inform - Young, physically active females should be educated about proper nutrition, safe training practices, and the risks and warning signs of the female athlete triad. [7]

Return to Play
To date, these recommendations are the guidelines provided by the NCAA for the triad; however no specific return to play guidelines have been established by the NCAA. Yet contributors of the British Journal of Sport Medicine have constructed a return to play protocol that is used by many universities. The protocol is highly individualized based upon each specific case and is determined by a multidisciplinary team of athletic trainers, team doctors, psychologists, dietitians, and psychiatrists.

It is recommended that athletes with relatively low severity and risk factors can return to play immediately (assuming the athlete is reasonably healthy otherwise). Those at moderate risk should be released with daily supervision. This would involve limited clearance with the understanding they must work with the interdisciplinary team and comply with limitations. Athletes who are deemed high risk would be restricted from all play and competition. The main focus is to restore their energy availability, correct the hormonal imbalances, and create a plan to recover from the bone density lost [6].

The female athlete triad has serious health repercussions that last a lifetime. Even with this knowledge, trainers, doctors, and coaches overlook and neglect to address signs of the triad when they appear. Failing to address these issues will not only hurt the athlete but the entire team as well. When it comes to prevention, everyone should be capable of sitting down and starting a conversation with an athlete that they consider at risk. No one can stop the media and society from influencing young women’s body images, but coaches and trainers can make an effort to be a positive influence on their athletes and help prevent female athletes from suffering from the female athlete triad.

References


**Image Sources**


An Essential Letter

A reminder to inspire hope, healing, compassion, and evidence that your worth exceeds more than anything you accomplish on the court or in the classroom.

By Olivia Frank, Amber Gunnesson, Catherine Hare, and Katherine Scholten
Dear legs of strength, arms of kindness, core of laughter, and hands of hope,

This letter is for all college female athletes. We understand what you are going through. We know what it’s like to have your life belong to your school. We’ve experienced the countless hours you’ve put in to academics, practice, travel, meetings, lifting, conditioning, and film. The stress you’ve experienced is natural and expected, but remember you represent that 3% of high school students that have earned the right to play NCAA Division I, that’s something to be extremely proud of.

As athletes we have many of the same tendencies: we’re driven, self motivated, perfectionistic, overachievers, hard workers, and extremely competitive. On paper these are all favorable traits. After all it’s because of them that we got to where we are today, but it’s easy for these traits to get the best of us, especially competition and perfectionism. Everyday we compete with others on the court and in the classroom, but we often forget that we’re also competing against an internal voice that tells us ‘You’re not good enough’ or ‘You could be better.’ Don’t let that internal voice convince you your self-worth is based exclusively on your athletic performance. You are so much more than your stats, your playing time, the grades you get, and your mistakes. The pain of living a self-deprecating lifestyle is far worse than being a human who is not perfect.

College athletics is challenging, it’s supposed to be. If it wasn’t, everyone would be able to do it, and you’re one of the few that can. You’re working incredibly hard, so don’t forget to cut yourself some slack. If you do lose sight of why you’re playing, think back to the little girl who fell in love with the game - the girl that made her backyard, family room, and basement into her gym, and wanted nothing more than to play the game she enjoyed most in the world. That girl is still inside of you, she
doesn’t care about numbers or rankings, she simply wants to work hard and have fun - play for her.

The life lessons that we learn from athletics should prepare us for life after sport, and unfortunately our athletic careers can’t last forever. You deserve a chance to find out who you are outside of your sport. Don’t let your entire identity be solely built on being an athlete. When you retire, and yes that day will come, you’ll most likely experience some difficult emotions, after all you’ve been playing for 12, 13, or 14 years. Giving it up won’t be easy, but those who discovered themselves outside their sport will have an easier transition.

Find what lights a fire inside your soul and puts a sparkle in your eyes and then chase after it. Savor the feeling of waking up each morning and knowing you get to play the sport you love. Memorize the feeling of having an outstanding performance, the team huddles, the bus rides, the endless lines of braiding hair, the hard workouts you wouldn’t have gotten through without your teammates, the dance parties in the locker room, and the thrill of victory. These are the things you’re going to remember.

Don’t forget that your talent, worth, and existence is not limited to being an athlete, rather that it is just a fraction of the intelligent, courageous, strong, exceptional woman you are. Compete hard, love even harder, and nurture your self as an intellectual, compassionate, imperfect human.

Wholeheartedly,
Amber, Catt, Olivia, and Katie