

Chapter IV - Slipping Onto a Dangerous Treadmill

The path leading into an eating disorder varies widely for each individual. Psychologists have attempted to define a causal pathway to no avail; as of yet, no specific set of characteristics has been identified that reliably predicts who will and will not develop an eating disorder (Garner & Garfinkel, 1980; Tyrka et al., 2002). The previous chapter began to illuminate how some of these biopsychosocial factors play out specifically in the context of the distance running world, where the prevalence of disordered eating among women distance runners is undeniably high, leading us to question what exactly it is about this sport culture that entraps runners in ultimately self-destructive cycles. While impossible to capture all narratives, this section seeks to map an arc or trajectory of disordered eating that characterizes a number of women's experiences. We begin with the defining feature of this issue; the ambiguous nature of the delineation between healthy and unhealthy, awareness and preoccupation, 'normal' and 'abnormal.'

Blurry Lines

At first, it was totally an endeavor to eat well and run fast and learn the impact of the food I was putting in my body. I thought, 'Okay, I'm going to really commit to this,' and I came back to school and was definitely more conscious of all of that... you know, 'I can control it.' And I came back and I was running faster...I was training and racing and I felt better and was getting affirmation from all of my peers and from [Coach] and then over the course of that spring, I was able to compete at the national level. I had no idea that was in me. And then over that same period of six months, I lost about twenty pounds. And so by the end, I had people on the team worried...Our captains were like, 'We're seeing a noticeable difference,' you know, expressing concerns, and at that point I was touched that they would be able to speak to me about something so hard, but at the same time I wasn't ready to have an actual awareness of what was going on; I wasn't taking ownership — I was in denial of it. (Participant 24)

It becomes increasingly apparent for each athlete, as she gains running experience, that nutrition has a critical role in overall health and performance; food can directly impact, in both

the short- and long-term, athletic outcomes. During periods of intense physical exercise, the body's stress response diverts blood flow from the digestive system to carry oxygen and nutrients to the muscles. Because digestion slows, the food that the athlete consumed prior to the workout will have a strong influence over their gastrointestinal comfort during the workout. Foods that are high in fat can be particularly uncomfortable, and athletes soon learn this feedback effect. Over time, they learn from experience what works well for them with regards to pre-race and pre-workout nutrition. Over the long-term, nutritional deficiencies that develop can have similarly strong effects on races or workouts; anemia, for example, is relatively common among female distance runners who are not conscious about the amount of iron they are consuming and can hinder the amount of oxygen reaching the muscles. These ramifications *force* a heightened awareness of food choices; each athlete must pay attention to how different foods affect her body in order to optimize performance. When food is brought to the forefront, concerns about nutrition may extend even further to the ways in which it dictates body size and composition, and how this in turn affects performance.

In this way, athletes come to view nutrition as yet another factor they can manipulate to influence their final outcomes on race-day. As one participant voiced, "It's just some other variable that you don't have control over or you do have control over and you have to think about" (Participant 8). As they take running more seriously, athletes often begin to attempt to make consciously healthier choices about their diets. The tricky part comes in trying to, "control that without...over-controlling" (Participant 15). Athletes who attempt to improve their running performance with their diet typically believe they are doing what is better for their bodies (e.g. not consuming junk food or excess calories). One participant expressed the difficulty of balancing reducing unhealthy food in one's diet and still eating "normally":

I think it's really hard to know where that line is, and I think there's a difference between eating healthy and limiting yourself, and I also think that sometimes you think 'Oh, it's okay to limit myself a little bit,' but then, where do you draw the line? (Participant 14)

Many athletes echoed this sentiment of having no clear idea how to differentiate between "eating healthier" and "restricting." The thought patterns of both begin similarly and seem to lie along a continuous spectrum.

Particularly for athletes whose confidence has been damaged, either by repeated poor performance or acclimation to the new college environment, concerns can seemingly arise from nowhere:

I definitely think it's something that can very easily creep up on you if you're not performing the way you want to be, which is kind of scary because I know there are lots of people on the team having those same kinds of thoughts. (Participant 14)

Similar phenomena have been observed within the eating-disorder literature; O'Connor and Van Esterik describe a process in which what begins as a "virtuous" endeavor to eat well spirals into the obsessive: "Initially exhilarating, their virtuous eating and exercising eventually become addictive," (p. 6) as each drop in weight or resistance of hunger produces slightly less satisfaction (O'Connor & Van Esterik, 2008).

The word "normal" seemed to take on a new, nebulous meaning when used with reference to eating habits. One participant observed, "It seemed like you really didn't see any fast girls who were normal around eating junk food," (Participant 15), but a different athlete prided herself as being a leader on the team who modeled athletic success while still being able to "eat normally" (Participant 21). Another participant explained that she had not spoken up about a teammate who was losing weight because she saw her eating "semi-normally" (Participant 3). The ambiguity around this word shines through in the following account, loaded with frustration:

I couldn't understand why it was so hard for me to just eat normally, which, I mean, for most people eating normally is having a balance, but for me that was *never* having any crap *ever*. I was able to do that in high school and it was so easy, so why is it so hard for me now to do what I used to do, you know? (Participant 1)

The prevalence of the word's usage throughout the interviews seems to suggest that women can identify what healthy eating looks like, or at the very least hold some premium on an ability to never worry about the types of foods one is eating. Interestingly, research suggests that the majority of modern women experience some degree of anxiety over their dietary choices, and nearly half are actively dieting or attempting to lose weight (Santos et al 2017; Bish, 2005; Horm

& Anderson, 1993). Therefore, the restrictive patterns that these athletes fall into are not ‘abnormal’; if anything, they are the societal norm.

Athletes’ failure to notice their passage into the pathological becomes apparent in the emotions they described feeling when confronted with such realizations. One athlete recalled her astonishment when she recognized her own behaviors and thought patterns among a list of symptoms in a podcast by a nutritionist. She recalled, “all along I had thought it was just healthy eating...” drifting off in thought. Then redirecting her attention back to the interview, she went on to say:

That was the first time I heard it expressed as an actually problem. Before that, I didn’t think anything was wrong. I was like, ‘Oh my God, I might actually have...like this is something that people get treatment for. This could be a disorder...this — this is wrong.’...That was when I realized it was time to turn something around. (Participant 15)

The longer unhealthy behaviors are allowed to persist, the greater the challenge of unlearning habits and returning to a healthy place.

Returning to ideas introduced in *Influential Figures* from *Chapter III*, the lack of outside feedback discouraging women from their habits or negative eating patterns adds further difficulties. When I asked women who admitted to struggling with disordered eating in the past whether anyone close to them (i.e. friends or family members) had questioned their behavior, they almost always responded in the negative. In fact, the opposite is often the norm; one woman described an ongoing situation with a teammate who was struggling with an eating disorder:

People are complimenting her and telling her, ‘Oh, you look so much better!’ and that’s just making it that much worse. Because they have no idea — like people never assume she did it on purpose. It’s just like she got faster so they assume she lost weight and that’s great for her when it’s actually not that at all. (Participant 3)

These types of comments actually reaffirm an athlete’s behaviors and encourage them to continue on their current course.¹

¹ Some psychologists studying eating disorders have postulated that dietary restriction is a form of attention-seeking behavior, and might connect emotional responses with that form of explanation (Roehrig and McLean, 2010; Waller et al., 2007; Steiger et al., 1997). However, after talking through these issues with so many women, I do not find this explanation compelling. I wonder, rather, if these women wished someone had questioned their weight loss and food restriction. The message that one’s self-worth is derived from performance is reinforced by the failure of those

We are left questioning how we might differentiate between ‘healthy’ and ‘restrictive’. In the following sections, I have attempted to document some of the more common patterns among athletes as they slip towards the unhealthy end of the spectrum.

As women begin to think about dietary choices with aims at weight-loss and improved performance, they often begin to generate a rigid classification of foods that are off-limits, building a concrete mental structure, or “set of rules,” to follow (Participant 6). One athlete recounted:

I know that sounds silly, but I went through college going through phases of ‘Oh, red meat is bad!’ or ‘Oh, carbs are bad!’...It’s when you start excluding certain food groups that you run into trouble, and I wish I could tell my former self that because I definitely went through phases of thinking certain foods were unhealthy when they weren’t necessarily unhealthy. (Participant 22)

It was interesting to note her own embarrassment in sharing this with me, as though she were ashamed of falling prey to this kind of thinking, despite how common it is, not only among athletes but within the general population. Dietary discourse is filled with diet fads and nearly constant contradictory nutritional “findings” (Scrinis, 2013; Davis & Santos, 1999).

One of the reasons these rules are used so frequently is that they can work fairly well at helping an athlete lose weight. One participant described the trajectory:

You first start to lose weight because you just don’t know how to replace those calories that you’re normally eating, and then it becomes ‘Oh, I can lose weight this way,’ and then, ‘I can keep losing more weight,’ and then you just kind of spiral down into this way of not actually nourishing yourself enough. (Participant 10)

Another athlete described a period in which she cut out a number of foods to try and focus on eating only “healthy” things but she lost enough weight that her nutritionist told her she needed to stop (Participant 2). One of the dangers is that once cutting out one type of food succeeds in producing the desired weight-loss and performance boost, women can simply eliminate another group to continue the trend. As women begin to make these dietary changes or choices, they can very quickly grow into norms of a team culture. One professional participant described, “In

around them to question the practices that appear to bring them accolade. It should be noted, however, that out of the many participants with whom I spoke, none explicitly voiced this idea or verbalized such a connection.

college, it was sugar-free, light sour cream, dressing on the side... ‘Oh, we don’t eat egg yolks; we only eat egg whites.’ Fear of fat and fear of carbs. That was my whole college career” (Participant 18). This leads women to opting for a small set of “safe foods” — foods that follow all of the self-prescribed rules — which can easily lead to nutrient deficiencies and their associated problems due to the lack of variety in the diet.² One athlete recalled, “I remember just girls who, when you look at them, or you look at what’s on their tray in the cafeteria, it’s all liquid, and you’re like, ‘That’s not a meal. You put tomato sauce in a bowl and you put vegetables in it,’ and sometimes there was literally nothing solid except for maybe the vegetables” (Participant 27).

As athletes adhere ever more closely to these rules, their relationships with food begin to drift towards the pathological. Women expressed feelings of guilt and regret for ‘slipping up’ and eating a food that they had deemed off-limits (Participants 5, 10, 11). One participant spoke of the focus required, saying “I’m making sure that what I’m putting in my body is exactly what I want to put into it, not something that I’m going to be like, ‘Oh, why did I eat that?’ later” (Participant 10). This heightened awareness gradually worsens. Another participant spoke of similar feelings of guilt:

Sometimes I’ll really want a cookie or that sort of thing, but I just have to say no because I know myself and I know — I just don’t want the concern about the extra 200 calories. And I know it doesn’t mean that much, but sometimes I’ll have like a nagging voice saying ‘Oh I shouldn’t have eaten that.’ I think on the whole I have a really healthy relationship with food, but some days it’s harder.
(Participant 16)

This quotation makes more obvious women’s strong desire for complete control in this area of their lives — they feel they must maintain total discipline in order not to fail in this area. One collegiate athlete described a few weeks when she attempted to restrict her diet by setting rules for herself that cut too much out of her diet, saying she continued to feel “crappier and crappier” because she would get too hungry, slip up, and then beat herself up about it. “I was just too hard on myself,” she reflected (Participant 5). Another participant recalled the ways that she used to use food rules to help her regain her sense of control as she struggled through her freshman and sophomore years of college:

² ‘Safe foods’ stand in contrast to the ‘fear foods’ mentioned in *Chapter III – Conditions of Possibility*.

I couldn't handle anything else bad happening to me. With training, I wanted to do really well and I just wanted to be happy in general, and so I thought that by restricting what I ate that would help me when really it was hurting me in the long run by not just eating enough. I would get to the point where I would want to make myself throw up if I ate anything that was processed or not good for me.
(Participant 11)

None of the women with whom I spoke admitted to ever having purged³ to relieve these feelings of guilt. While that does not eliminate the possibility that it may have occurred, such behavior seems to characterize a clear eating disorder. Whereas restriction is fraught with ambiguity, purging marks bulimia. As explicated in the *Introduction*, the disordered eating these women described witnessing would not classify under DSM-V eating disorder categories of anorexia nervosa or bulimia (APA, 2013). Rather the “questionable eating that goes on” would likely fall into the more nebulous EDNOS⁴ classification (Participant 9). Since most athletes have never learned about the wide spectrum of patterns that classify as disordered eating, they rarely recognize these behaviors as problematic.

Some women described waves or cycles of disordered eating — a pattern that makes struggling individuals even more difficult to identify. As one participant described:

I'd say it was in waves...I could get more obsessed with it sometimes than others. Sometimes it would be as bad as not eating at all — like skipping meals and things like that — but when it was less crazy, it was just like restricting.
(Participant 3)

For some athletes, these ‘waves’ are random. We will see in subsequent sections that similar cyclical patterns characterize recovery as well. Notably, even among professional athletes, among whom disordered eating was rare due to its inability to support sustainable training, diet received greater amounts of attention at certain times. Periods of heightened awareness or focus often map temporally onto training cycles, allowing athletes to move in and out of periods of extreme leanness in order to peak for key races without holding their bodies at an unhealthy

³ Inducing one's gag reflex in order to force oneself to vomit, and a defining characteristic of bulimia. This observation is supported by Greenleaf et al. who reported that the prevalence of this specific pathogenic behavior is considerably lower among NCAA Division I athletes relative to behaviors such as dieting and restriction (Greenleaf, Petrie, Carter, & Reel, 2009).

⁴ EDNOS refers to ‘eating disorder not otherwise specified’ and encompasses a fairly wide range of disordered eating habits and patterns that do not fit into any specific eating disorder (APA, 2013).

weight (Participants 18, 27). A few collegiate athletes similarly described honing their diets leading up to key races (Participants 8, 10). Both professional and collegiate athletes contrasted these periods of restriction with off-season time, during which their diet considerably relaxes.

Not all who engage in these cyclical patterns have equally healthy outlooks. One professional runner admitted that she felt she lacked the discipline to restrict her diet a larger proportion of the time; she demonstrated surprisingly little concern regarding the health ramifications such longer-term restriction entails (Participant 27). Another sponsored athlete's description of these patterns in the professional world casts some doubts over their harmlessness:

Since I've been in the professional world, I've known a lot of athletes, and I feel like you just can't make it that long running at this level with as bad of habits. You'll just end up injured — I'm sure there's a lot of professionals who have dealt with [disordered eating], at least to a small extent, but I feel like you can't train at as high a level as you have to without fueling properly. And maybe there really is a small percentage who can, but I just...I feel like sometimes there's a fine line. Or I guess during the peak of racing season, you're kind of like, "ehhhh" but then they always come back. (Participant 19)

In referencing the degree of suspicion professional athletes' behaviors warrant, she seemed unable to make a conclusive statement about their innocence during key race periods. Particularly towards the end of her statement, her assertions seem to crumble, leaving us to wonder about the degree to which temporal restriction could classify as disorder.

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At times, an athlete must see these patterns manifest in somebody else, often a teammate close to them, to fully realize the danger and power these sorts of habits hold. One athlete recalled, "When I saw it in another person, I realized...that was a way for me to see how terrifying and bad it was" (Participant 15). Despite the observed risk, many women are made additionally vulnerable by presuming immunity. Even when they see other women fall into disordered eating happen, or recognize it occurring on other teams, they believe it impossible for them to fall into such behaviors.⁵ This self-view of resolute resistance may further impair women's ability to recognize unhealthy patterns in themselves. One woman insisted:

⁵ Whether or not this is true, we have no way of knowing; traditional psychological literature suggests that certain underlying elements, or "predisposing factors," of an individual's personality are necessary for an eating disorder to

I've kind of seen the repercussions of eating disorders and I'm just like — there's no way that's gonna happen to me — I can totally prevent that from happening and there's no way that's gonna happen. (Participant 10)

However, the accounts of these athletes reveal that the ability to disentangle oneself from these factors does not follow any logical pattern. The very same participant, in describing another friend who was currently struggling, expressed awe that the individual could fall victim:

[She] is so rational and incredibly smart and...like one of the smartest people I know, and I never would have expected her to be not mentally stable — she is so...like if I had to pick a person to keep my social security number, it would be her! And just the fact that even she is susceptible...it counts no one out. (Participant 10)

This woman articulated total surprise at discovering that her teammate, despite being incredibly intelligent and grounded, suffered from an eating disorder. She seemed unaware of the dissonance between that observation and her expectations for herself. Women with these attitudes may have an even harder time realizing they have wandered into unhealthy territory; they are not on the lookout for these patterns, assuming it could affect those around them, but not themselves.

Several participants articulated similar notions whereby they insisted they could safely and healthily lose excess weight they had gained without allowing it to morph into an obsession. One woman said, "For me, when I got to that point, I could stop...whereas, I don't know if that's the case for everyone" (Participant 13). She was not alone; many insisted they could emotionally distance themselves from their dietary patterns and weight so they would not pass their goal when seeking to lose those pounds (Participants 2, 5, 10, 13, 16). These athletes described 'healthy' weight-loss, or performance-enhancing weight loss, as something to strive towards: "If you can afford to lose five pounds, that is going to improve your performance" (Participant 1). The trouble with this kind of thought process is that it becomes very hard, once an athlete begins losing weight and sees their performance improving, to stop restricting and halt the weight loss. The pattern seductively draws athletes in, tempting them with the possibility of faster times. Not seeing any immediate negative consequences, many athletes struggle resisting the temptation to

precipitate (Garner & Garfinkel, 1980). However, this work has chosen to resist this deterministic model and focus instead on the sociocultural elements of distance running that facilitate the development of eating disorders during a time of dynamic identity formation in athletes' lives.

continue down that path. One athlete woman recounted the warning of a teammate regarding the dangers of weight-loss mindsets: ““Just promise me you won’t let this get in your head. It can only go downhill from there once that happens. I want you to do what makes you comfortable so if that’s one or two pounds that’s fine, but just keep it there and promise yourself. Once you start thinking about it, its so easy to let this get into a downward spiral” (Participant 5).

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Ultimately, in order to keep up weight-loss or hold oneself at a low weight, dietary restriction and nutrition can gradually become all-consuming. Greater and greater portions of a woman’s mental energy must be dedicated to counting calories, tracking energy expenditure, and planning meals. One woman described a point she found at which she was eating just enough that she was not exhausted in practices or races but was still constantly hungry, saying, “I might have been too light, but once you hit that, you know. And once you know where it is, it’s really helpful [for enhancing performance] and you can try to stay around that” (Participant 16). Her words bring to light the pervasive notion among women that “skinnier is better” (Participants 1, 2, 10). Being in a state of hunger makes food ever-present in an athlete’s thoughts. In a telling portrayal of the over-shadowing nature of these disorders within an athlete’s life, one woman recounted, without pause, the exact foods and their precise caloric values that she allowed herself to eat every day, over four years after she had recovered from that period of severe restriction (Participant 15).

Most of the athletes I spoke with seemed to recognize that weight loss does not produce sustainable improvement. One athlete described “putting your body through that” as an “only-good-for-one-season sort of thing” (Participant 7). However, if athletes have been successful, the effect of external expectations can make it even harder to distance oneself from those behaviors. One athlete recalled a period after her first year of weight loss in college:

I started having a lot of anxiety. [The] pressure was growing, people knew who I was, and I was having this tension, like, ‘I know that I’m struggling with this, but I don’t know how to approach it, I don’t want to approach it; I know that takes work.’ (Participant 24)

Athletes often fear that if their weight is restored to a healthy level, their performance will suffer and they will never be able to return to the level of competition their low weight permitted. This is especially true if nutritional restriction brings an athlete unprecedented success.

Once women experience the benefits of weight loss, they may begin to conflate the additional accomplishments the weight-loss brought with their previous athletic outcomes. As they start to associate their performance with the discipline required to draw their weight down, it becomes easy to forget that underlying skill drew them to running to begin with. One athlete described the “very tight association” she had constructed mentally between her altered body and her success, saying:

I had completely eliminated this idea that maybe I had some natural talent, and maybe I started training a lot better when I was in college, and maybe I doubled my mileage, and all of these other things that I had not considered. (Participant 24)

During college, she had convinced herself that her success came from the small size of her body; the other factors contributing to her record improvement seemed to pale in comparison. Though it remains unclear what exactly causes this to happen, we might expect that since dietary restriction and disordered eating take over such a large proportion of thought and mental energy, women view it as the greatest change to their training and therefore primarily responsible for their success.

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It is important to note that many periods of weight-loss are truly unintentional. Several participants referenced the additional stresses of college contributing to accidental calorie deficits (Participants 18, 20, 27). Many of them referred to the difficulty of nutrition for distance runners (Participants 13, 18, 25). As one participant said, “Everyone who’s a distance runner could probably eat better” (Participant 18). In response to a question about whether a period of weight loss that caused injury had been accidental, a professional athlete responded:

I think for me, it definitely wasn’t something that was intentional; I was just increasing my mileage and not increasing my food intake accordingly. It wasn’t even something that I was aware of — it was just my parents saw me and were like, ‘Wow, you look very skinny’ and they do say that a lot. And then I kind of take a step back and think, ‘Hmm, am I eating enough? Am I hungry all the time?’ Especially with work, it’s very easy to just throw yourself into something and you don’t have time to eat. And with classes, it can be the same way — you’re in the library, you don’t really think about eating because you have all of

this other work to do. So it is something that I have to be really aware of. But it wasn't intentional? (Participant 20)

Other athletes were adamant that these types of things are *always* unintentional, and that much of what goes on is “totally unaware disordered eating” that is merely “pervasive in the sport” (Participant 21). One professional athlete described “fueling properly” as the “hardest part of training” (Participant 13, 18, 25), which was echoed by several other participants. Regardless of whether or not weight loss and calorie deficits are intentional, however, the physical dangers and ramifications are still present. One professional athlete recalled her first attempt at training for a marathon; when she failed to sufficiently increase her food intake relative to the number of miles she was running, she lost a fair bit of weight before she realized what was happening. A stress fracture precipitated, preventing her from ever running that marathon. The risk is just as real regardless of the presence or absence of intentions, and therefore awareness remains equally vital.

Thus, lines blur not only in eating habits but also adaptive and maladaptive weight-loss. At first helping athletes to run faster times more efficiently, dietary limitations slowly begin taking their toll. The enticing trajectory of restriction draws women into weight-loss cycles until consequences are only a matter of time.

The Stopwatch and the Hourglass

It's only good for a certain amount of time before you start to harm your body...It does make you faster, you know? And then...it doesn't...It does until it doesn't anymore. (Participant 7)

Once an athlete begins restricting her diet to the extent that she is training and competing in a calorie deficit (consuming less energy than she expends), her body begins extracting stored nutrients, gradually increasing her risk of injury. In contrast to the visible success appearing on the face of stopwatches in workouts and races, there is ongoing invisible damage occurring in her body. Like an hourglass running out of sand, an athlete gradually spends down her nutrient safety net; her body begins to metabolize her muscle tissue and extract nutrients from her bones. If the caloric restriction is sufficiently severe or prolonged, the athlete is almost guaranteed an injury, initiating cycles that perpetuate disordered eating habits and can incite other mental health challenges such as depression and anxiety.

Although this pattern has recently gained more recognition among athletes, its intangible nature allows it to persist. One athlete verbalized the difficulty of keeping such ramifications in mind when surrounded on all sides by the pattern in others:

It's hard seeing the immediate success that people on my team have had with cutting back and losing a lot of weight, and it is pretty...you know, 'Hey, that's working!' and until the injuries come along, you're like, 'Maybe I should try that,' and so I think knowing that you just have to trust that it won't work out — it's just one of those things where you've just got to know that. (Participant 13)

Other aspects of college life (reduction in sleep quantity and quality, for example) and training (intense workout schedule paired with frequent races) make injuries a common aspect of collegiate running, compounding the effects of dietary restriction. Athletes may not immediately experience the physical consequences of the nutrient deprivation; they may remain healthy for several seasons, or even years, followed by a series of back-to-back injuries. One participant described the pattern, saying, "Things just get thrown off" (Participant 24).⁶ A professional athlete recalled:

I had teammates who were getting stress fractures every six months — stress fracture, recover, new stress fracture, recover — it was like clockwork. And I wasn't following that path and I think a lot of that was the nutrition piece. (Participant 21)

Her observation raises an important point; the restriction that many athletes undertake when injured can slow their recovery process and lengthen the time required to get 'back on their feet'. Thus, injury cycles often characterize long periods of women's athletic careers. For an injury like a stress fracture, the recovery time normally ranges from six to eight weeks. In a ten-week season, that kind of diagnosis means an athlete will likely not compete at all. Many women fail to take time away from running when they first start experiencing pain, resistant to the possibility of missing training. As one professional pointed out, "If you have one down week, it can save you six weeks of injury" (Participant 18). However, it can take years of experience in the sport to know the difference between what many athletes refer to as a "niggle" — a harmless sore area,

⁶ It should be noted that none of these observations are quantitatively established; I am merely recounting the experiences of the women with whom I spoke through their interpretations of their injury experiences. However, the science behind RED-S would support the connections I am drawing.

often from tightness or overuse — and a budding injury. The same participant went on to admit, “I never figured it out in college, and I’m still figuring it out” (Participant 18).

An injury usually requires an athlete to stop running entirely while she heals. This means several days or weeks of cross-training, if not complete rest without any physical activity. Many of the participants with whom I spoke pointed out that cross-training burns fewer calories than running, leading to concerns about weight gain (Participants 5,13). One professional athlete recalled her coach warning her, “Okay, you’re not running, you’re cross-training. Make sure you’re eating well because you don’t want to put on this weight” (Participant 25). She went on to describe the subsequent pattern of thought that she feared athletes struggling with nutrition might follow:

Then you could fall into the trap of, ‘Oh, I’m not running, now I need to limit myself in all these other areas to be able to come back and race right away.’
(Participant 25)

She referred to the period during which she was injured as the only time she ever contemplated dietary restriction. Given that she considered herself entirely immune to that way of thinking, this account demonstrates just how susceptible injury can make athletes to these types of thought patterns. Returning to the previous chapter’s discussion of ethnopsychological orientation to control, one woman admitted, “The only time it ever really concerned me was when I was injured...like I feel like you get to this place where you feel helpless as far as running is concerned, and so you’re like, ‘Oh, my weight is something that I can control” (Participant 14). Another athlete connected her frustrations with injury to her identity as an athlete:

I’ve been so used to being in really good shape and being able to do things, I’ve really come to associate that with my identity; I think a lot of runners do. And then you’ll see when they get injured, they go through this kind of crisis, like, ‘What am I supposed to do if I can’t run?’ I think a lot of your identity is tied to your body image and fitness. (Participant 20)

Additional layers of identity are informed by reciprocal relationships with those around her; others’ perceptions continuously inform women’s views of themselves. As another participant described, in contrast to periods of injury and inability to compete, “When you’re doing well I think people tend to — not in a snobby way, but it’s just a human thing — I think they tend to respect you a little more” (Participant 1). Whether this loss of respect is real or imagined, its

perception is often enough to further damage self-confidence in one's running abilities and feed insecurities from poor performance and weight gain that foster disordered eating behaviors.

Women who had gained weight during injury expressed shame or dissatisfaction with their bodies either during or following those periods of time away from running. One athlete discussed an unflattering picture her university frequently used to publicize her success (Participant 19). The photograph was taken soon after she returned from injury when she felt she was slightly overweight; though she laughed about it, it clearly embarrassed her on some level. Another athlete, currently injured, talked about her ongoing struggles with body-image:

Being injured too — I gained quite a bit of weight last year. I used to be a really skinny runner, and now I'm just...not exactly a skinny runner, and so I think with the weight gain there, I started thinking about my diet. And when you're not running, you lose your muscle mass, and you start gaining fat, and that's just not ideal. When you're so conditioned to being used to how thin you look, being injured is really hard because you're anxy, and now you're gaining weight, and you can't really do anything about it. You're like, 'Oh...that's great...'

(Participant 13)

Although the athlete seemed to make light of the issue towards the end, her humor took the edge off of the bitterness and exasperation evident in her voice. Despite her openness, her eyes refused to meet mine as she admitted feeling dissatisfied with her body.

As athletes begin to recover from injury, they must fight to return to their previous level of fitness. If an athlete has gained weight during that time, it can further compound the difficulty of 'getting back in shape':

Especially when I was coming back from injury and I was so much slower, I was just like, 'Oh, I've gained weight; maybe if I lose weight I'll be fast again,' but it never really got to the point where I tried to restrict what I was eating because I guess there's sort of this stigma against doing that. (Participant 14)

Because these women tend to have a competitive nature, as they acknowledged, they can struggle exercising the patience that recovery requires (Participants 14, 17). One athlete described the frustration of simultaneously dealing with weight gain and injury as a kind of "mental anguish" (Participant 13).

Injury is not merely a physical challenge for athletes to overcome but a major psychological and emotional ordeal as well. Women must cope with their loss of place on the team as well as isolation. One athlete described the pattern:

I think a lot of the time when people are injured, they can end up feeling kind of left out because you're not on the runs and missing out on a lot of team bonding activities. (Participant 12)

Other athletes referred to injuries as periods of being disconnected from teammates; women miss the camaraderie that accompanies training with many of their closest friends (Participant 4, 5, 12, 13, 15).

The sense of isolation and physical inactivity that accompanies injury can lead to other problems with mental health. One athlete recalled, "I had a very irregular sleep schedule and eating schedule and sometimes I wasn't hungry so I just wouldn't eat because I wasn't working out that much" (Participant 9). For athletes accustomed to the daily endorphins that accompany running or aerobic activity, their sudden absence can disrupt hunger cues and circadian rhythms, making it hard for athletes to maintain regular eating and sleeping habits. Feeling distanced from teammates and separated from one's sense of purpose can also lead to depression and anxiety disorders that may manifest in loss of appetite. The same woman recalled severe appetite suppression when she was going through that especially stressful and emotionally difficult time, saying, "It's not an eating disorder, but it's just another dysfunctional thing around eating...I've always had the reaction that when I'm stressed I get nauseous and then it just feels really unpleasant to eat" (Participant 9). These cycles can feed back into one another, and women may emerge from periods of other mental health issues forgetting how to tune into their hunger cues or nourish their bodies regularly. These unintentional disordered eating patterns can then make injury recovery even more complicated.

The non-linear nature of these trajectories begins to emerge from these convoluted feedback loops that trap women in cycles of disordered eating. As we will see, even in attempting to escape from these cycles, women are often pulled back into habituated patterns, responding to the triggers they remain immersed in.

Treadmills of Recovery

It's never 100% gone. There were even a couple of months where I thought it was gone, but it's always there, close to the surface. (Participant 15)

The silver lining of an injury incited by nutritional restriction is that it may propel an athlete to seek recovery for her eating disorder. Injury pushes her up against her mental and physical limits and forces her to confront the issue at hand. Unfortunately, athletes often embark on the long process of recovery expecting a straight path to health and instead find themselves on a treadmill — working hard, growing stronger, but getting nowhere fast.

As women first embark on recovery, they tend to imagine a fairly straight progression, gradually moving from disordered eating habits back to their non-pathological relationship with food that they enjoyed as children. At first, things often appear fairly promising. One woman early in the stages of recovery said, “I’ve been trying to...I feel like it’s fixed, but I don’t know. I’m still like very conscious about [diet]” (Participant 17). New to the process, she expressed optimism that “it’s fixed,” but doubt shadowed her hope as she recognized the mental energy still consumed by that aspect of her life.

There are several barriers to recovery. Completely eliminating the insidious thought patterns of disordered eating can be next to impossible, especially without proper support.⁷ The “good athlete mentality” tends to preclude women from seeking counseling for their disordered eating. This mentality is our first encounter of what is referred to as the ‘sports ethic’, described more fully in *Chapter VI* (Hughes-Coakley, 1992; Malcom, 2006). Characterized by self-sufficiency, strength and independence, ‘sports ethic’ values make athletes less likely to look to others for assistance, but recovering alone is a difficult process; as one participant recalled, contrary to her initial beliefs, “trying to do it by [herself] had kind of mixed results” (Participant 15). As one athlete put it, “Once you get in that cycle, it’s just so hard to get out of” (Participant 11). She went on to describe her teammate, whom she approached out of concern, saying, “The girl I talked to has worked on it and is doing a lot better now, but it’s taken her months and months to even get to where she is now and she’s still not eating enough. It’s just so hard to see and to be able to tell someone what to do because it’s all on them” (Participant 11). This

⁷ Though some psychotherapy techniques have proven successful in this area (Steinhausen, Rauss-Mason, & Seidel, 1991; Hart et al., 2011), athletes’ resistance to seeking professional help means they are likely never exposed to these techniques.

comment also raises the issue of the ease with which detours from recovery can be hidden; even friends attempting to look out for athletes and hold them accountable can struggle to identify when things are slipping backwards until it is too late and they have reverted back to old habits.

In the same way that the delineation between “eating healthier” and “disordered eating” is hazy and gray, recovery is not black and white. Even with years between women and the periods when they struggled most severely, the same issues can arise again. One athlete recalled, “I remember even a year and a half out from that, weighing myself and starting to cry a little bit” (Participant 15). This points to the lasting scars these disorders leave on athletes’ minds, long after their physical bodies have been restored to health. The thought patterns associated with disordered eating are cemented over time, making them immensely difficult to eradicate. One recovering athlete voiced her frustration with how easily they can arise, even with distance from the worst of the disorder, seemingly out of the blue: “It’s frustrating too that we can train ourselves so deeply that whenever we’re in the right environment, it can turn on” (Participant 24). One athlete admitted:

I’m like back-and-forth between these two lifestyles all the time and it’s hard for me to tell the people who helped me in the beginning about it because they’re like ‘Well, it worked,’ but it’s like ‘Yeah, not really.’ Mentally, I’m like still in the same place, even though I physically might seem healthy. (Participant 3)

Unfortunately, like most disordered eating habits, rates of relapse are high among runners (Berkman, Lohr & Bulik, 2007). These often lead women to frustration with themselves; they express anger over their inability to simply ‘get better’ (Participants 1, 3, 15). One participant described her feelings through the lens of what she thinks of as her “perfectionism,” saying:

Then another part of me...Every time I get upset about something, a part of me is disappointed in myself for ...for not being able...for not being perfectly recovered. So not only are you not perfect, but you’re dealing with the imperfection imperfectly...It would just be a cycle of self-criticism. (Participant 15)

All of the participants who spoke about exhibiting eating disorder symptoms expressed doubt over whether or not they would ever be “fully recovered” or “normal around food” again:

To be entirely honest, I guess — and this is kind of a sucky [*sic*] sort of thing — but I don't know if it's just something I'll have to struggle with forever, which is so annoying and frustrating. (Participant 1)

Another participant expressed similar aggravation over the burden of her obsessive thoughts about food, saying, “I never really thought about food [before], but now I hate feeling like I have to constantly worry about what I eat. And it’s so frustrating watching [other people] just go ahead and eat anything. I feel like I’m never going to be back in that state of being naive and carefree about food” (Participant 17). Some feminist theorists might contend that such a state is impossible; Bordo (1993) has argued that a woman who has distant or remote attitudes toward food — who “eats not only freely but without deep desire and without apparent consequence” — is a “fantasy figure” (p. 102).

Regardless of whether such attitudes are achievable, these narratives begin to reveal more barriers to recovery, layered upon one another. During periods of disordered eating, gains an emotional valence; a quotidian aspect of day-to-day life assumes a heightened significance. As eating becomes a source of intense anxiety,⁸ or conforming to one’s food rules constitutes comfort and sensations of control, food takes on an emotional weight. Meals, an otherwise mundane activity, require a huge amount of effort and emotional energy. Disentangling those emotional meanings from food later poses an enormous challenge during the recovery process. Though eating disorders represent an extreme form, for many women in the U.S., eating is fraught with these anxieties and registers at a cognitive and emotional level.

Further difficulties stem from learning to deny or ignore hunger cues over time. Women must relearn how to listen to their bodies; one recovering athlete noted, “It’s been so hard to remember that childlike intuition that we had,” referencing the ability of young children to use their natural hunger cues to guide when and how much they eat (Participant 24). Another woman referred to her continued use of a calorie-counting app, even though she felt she had recovered from the worst of her eating disorder:

It’s just something I struggle with. I mean I try to, instead of, ‘You need to stay under this amount of calories,’ trying to eat intuitively. Like if I'm hungry, eat it; if I’m not hungry, don't eat it. But, I still feel the need to go and track to make

⁸ These anxieties return us to notions of ‘fear foods,’ established by rules athletes set for themselves around eating (See *Chapter III – Running Into the Wind*).

sure. I'm like, 'Is my body telling me the right thing?' What if I think I'm eating intuitively and I'm actually eating like five-thousand calories or actually eating like three-thousand calories, you know? I still feel like I don't fully trust myself, if that makes sense. (Participant 1)

Her words convey the fear that she still experiences around the possibility of accidentally over-eating, returning to earlier discussions of desire for control.

...

There are a number of factors that make eating disorder recovery especially difficult for runners. Perhaps primary among them is their continued immersion in the culture and environment from which the issues first arose. Extremely lean, successful athletes surround them on all sides, constantly confronting them with the unspoken messages that first initiated unhealthy behaviors. Elements of comparison, previously discussed in *Chapter III – Running Into the Wind* remain prevalent and performance initially declines as women's body weight stabilizes:

As soon as I increased my calorie intake, my weight went right back up in a very short amount of time and that was really, really hard for me, especially because...again you see all these other girls and it's kind of like, 'Well, I don't look like them,' but it's okay. (Participant 3)

One professional participant voiced the difficulties she experienced in comparing her current appearance to the way she looked in college:

I know that I'm lean, but I'm built. If you see pictures of me on a starting line, I'm stronger than a lot of my other competitors, but that's the way that I am, and I feel good when I run. *That's* what I always have to come back to. I think what's hardest for someone like me, and maybe others who have struggled in the past is that I do look different than I did in college. (Participant 24)

The challenge of accepting a change in appearance is not runner-specific and has been noted more broadly as one of the factors contributing to high rates of relapse among eating disorders

(Berkman, Lohr & Bulik, 2007; Federici & Kaplan, 2007; Herzog et al., 1999; Cash, Deagle & Mikulka, 1997).⁹

Concern over the level of discipline reflected by one's eating habits contributes further friction to healing; even if an athlete recognizes the unhealthy nature of her previous restriction, she will not necessarily relax her view of the importance of nutrition. One athlete recalled her search for the perfect runner's diet during her years of recovery:

Then for like two years after that I was still trying to figure out...what was the best thing because I could see...I could always see it kind of help people, or they would just be super conscious about their food, but that might not have been good. Like it was hard to tell what was healthy and what was disordered.

(Participant 15)

Her word choice here is especially telling; she is not searching for a "healthy" diet, she is looking for the "best thing" — the diet containing *just enough* that she would not be doing anything unhealthy or hurting her body, but one that still kept her small so that she could run and race well. In this way, she still views nutrition as a tool to make her the fastest runner possible and merely realizes her previous habits were too severe.

One professional athlete explained how she came to view nutrition as an element of her performance she had responsibility for controlling. As part of what determined her success, relaxing her thoughts around food meant sacrificing being the best athlete possible:

That's a thing that I wrestle with: this idea that if I'm not completely... 'dialed in' is the best word that I think I can use to describe it, to this area of my life — to taking my nutrition super seriously — I don't care enough. That's the lie that I struggle with. (Participant 24)

Through this mode of thinking, women may convince themselves that recovering from their eating disorders means leaving elite running. One athlete recalled, "My biggest fear and the reason I had waited for so long was that I thought surrendering this meant I had to stop running. I thought it was either-or" (Participant 24).

Some athletes have merely accepted that they will never view food in the same way.¹⁰ One women said that she had decided to settle for never allowing it to get as severe as it once

⁹ Further research has also implicated the prevalence of social media as an additional contributing factor as women compare current pictures of themselves to images from when they were very small (Grabe, Ward, and Hyde, 2008; Grosez, Levine, & Murnen, 2002).

had been, saying, “There’s a point...it’ll never be perfect, but there’s a point I’m never going past again” (Participant 15). Whether or not this is a healthy viewpoint, or one in which they feel they can find joy and freedom in running, seems ambiguous. Nevertheless, what remain clear are the long-lasting effects of disordered eating patterns that color women’s relationships with food long after their athletic careers end.

...

We have now seen how well-intentioned notions about healthy eating can seductively draw women into cyclical traps of disordered eating. Particularly within the context of the transitional stressors associated with coming to college, initially noble aims can morph into unhealthy patterns and ultimately lead to injury. The injury cycle itself not only damages an athlete’s physical health and self-esteem, but her mental health as well, making it even harder to escape from these patterns as her performance slips and she develops fears about gaining weight. However, these injuries may also force an athlete to finally confront the damage nutritional restriction has inflicted on her body. As injury redirects her steps towards healing, she finds herself on a recovery treadmill fraught with relapse and discouragement.

After seeing how these pervasive cycles damage an athlete’s psyche and disrupt her running career, we are left wondering why the running world fails to address this issue. Such questions bring us to the next chapter where we will examine the shroud of silence and stigma surrounding disordered eating in distance running.

¹⁰ These notions importantly relate to the discussion of ‘normal’ introduced in *Chapter III – Running Into the Wind*.