

## Chapter V – Suspicions, Silence, and Stigma

*I think there's resistance to talk about any kind of struggle when you're supposed to be an elite athlete. There's this 'good athlete' mentality that's being tough, and not showing weakness, not showing pain, not talking about it. And that's been ingrained in us from an early age — if you've been doing sports for a long time, you have coaches that don't want to see that and they'll make that very clear to you. You see it across genders, all sports — everybody struggles with that. So I think it makes sense that people don't want to talk about it. (Participant 21)*

Despite the high rates and risks of disordered eating among collegiate distance runners, the issue remains shrouded by silence. There are a number of factors that contribute to the lack of discussion around the topic of food and disordered eating in the running world. These factors overlap and compound one another to ultimately produce a situation in which the topic is rarely brought up in conversation. Women described disordered eating as “taboo” — an off-limits subject that was unofficially deemed inappropriate for conversation. This held true not only at the college level, but also in the professional world. Professional athletes admitted that the contact for this research sparked their team's first conversation on the subject. Through discussions with these women, it became obvious that the stigma surrounding disordered eating extended into other aspects of mental health as well, prohibiting honest conversation about ‘not being fine.’ As we start to unpack this silence, a number of paradoxes emerged. As my collection of interviews grew and narratives were layered on top of one another, a clearer picture of these subtle phenomena could be glimpsed through the fog of stigma. We may begin to question whether the silence surrounding the issue is indeed *in spite of*, or rather *because of*, the frequency with which it occurs, as prevalence bleeds into normalization.

### ***Holding our Tongues and Silencing Suspicions***

We will begin with one of the many paradoxes of this loaded topic: why women do not reach out to a teammate showing unhealthy eating behaviors. Firstly, when athletes experience success as a result of their nutritional restriction, it is challenging to call their behavior into question. There appears to be a sort of ‘don't fix what isn't broken’ mentality that assumes if women are performing well, they must not be under-fueling. As many of the athletes pointed out,

“skinny means fast” (Participants 5, 6, 10, 18) and being small is not necessarily viewed as an issue within the sport. One professional athlete recalled the period of her college career when she first started restricting:

I was improving in that I felt like I was eating enough, but it was just this small restriction — like I was never fully satiated and so I was thinking about it all the time. But I was running really well, so I hadn’t reached rock bottom or whatever that’s called — you know, however that manifests — and it just wasn’t bad enough for people to really call me out...or for me to call myself out. (Participant 24)

The description encapsulates the inherent complexity of a seemingly blurry continuum of the pathological, as discussed in the previous chapter. In the face of athletic success, the possibility that something could be amiss seems improbable. The same athlete went on to say, “My parents were concerned, so I saw a nutritionist and was able to regain enough weight so they were not worried about me — but it was one of those things where...[chuckles] and this is such a problem looking back on it — where you’re running well so you don’t think...[trails off] Nobody was super concerned so I was able to get away with it” (Participant 24). The way she referred to this time, with some level of guilt for deceiving her parents and doctors by convincing them she was completely healthy, suggests that she knew to some level that “something was off”, but because she was running well, she dismissed it.

Isolation poses another challenge, as women who are struggling often withdraw from their closest social interactions. Patients with severe eating disorders can develop what has been characterized as an “intimate relationship” with the disorder itself, helping perpetuate this self-sequestering (APA, 2000). As one participant pointed out, “We don’t see them twenty-four hours a day we don’t know what they do for the rest of the time” (Participant 2). At one of the universities, athletes admitted that the women they are most concerned about live off- campus, cooking for themselves and simultaneously avoiding eating in front of teammates (Participant 13). Eating in secret in that way is a warning sign for disordered eating and allows women to hide the ways they are restricting (National Eating Disorders Association, 2018). As another woman put it, “We can’t know what goes on behind closed doors” (Participant 1).

The uncertainty surrounding these issues emerges as a major barrier preventing women from reaching out. One woman recalled a time when she was concerned about a teammate:

She sustained that weight over the summer — it's not like she lost any more, and at that point I didn't want to step on any toes because I just didn't know, you know, 'Is it accidental or not?' (Participant 10)

In this case, she felt she should not say anything if her teammate was not actively attempting to lose weight — her concerns seem to lie more in the mental side of the issue. Other women echoed this participant's struggle with ambiguity:

I came back to school and I saw a couple of my teammates and I was kind of taken aback because they were already small, but now they are even smaller. I don't think they have...like I don't think they have an eating disorder or any problems with eating...you know, it's hard to know. (Participant 16)

Several participants affirmed that they would reach out “only if I felt strongly” (Participant 6), admitting that there may have been others who they weren't “as close to” and “maybe suspected at times” but never spoke to due to this fundamental uncertainty — because they “never knew for sure” (Participant 15).

Aside from outright confession, women never alluded to how exactly they might find out “for sure” whether or not something was going on. One woman lived with a teammate whom she now recognizes as having had an eating disorder, but she never raised the subject with her:

I was kind of just blind to it and gave everyone the benefit of the doubt, and I had a roommate my sophomore year who was extremely skinny, but I was kind of just like ‘That's just how she is — that's just how she was born,’ and seeing her now, she looks so healthy, and I'm like ‘I should...’ I don't know...because I lived with her and she would eat but she clearly looked unhealthy, but you never want to judge someone based off of what they look like. (Participant 19)

The degree to which women are turning a blind eye against the things they do not *want* to see remains ambiguous, but we see clearly that this need to “be sure” stands in tension with the need to catch these issues early. Waiting to be sure often means waiting until things are obviously serious, at which point the worst of the damage, both physical and psychological, is already unfolding.

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Other women expressed hesitation at projecting their ideas and ideals about what competing in a healthy way meant; they rarely openly questioned the habits of teammates who

have had success in the past. One participant described a period in which her friend and teammate was talking about needing to lose weight against her recommendations:

I didn't want to impose my ideas on her...and I didn't really know how to approach it. I feel like I should have said something, but I didn't. (Participant 20)

Another athlete, after describing a similar situation, explained that she didn't "want to disagree" with what her teammate believed was "the best way to perform" (Participant 5). Similarly, some feared coming across as overly aggressive or overbearing: "I tried to give her space because, you know, that's the last thing you want is somebody down your throat (Participant 10). Though women's awareness of this possibility seems to suggest their concerns would not be perceived as presumptuous or condescending, their desires to avoid conflict may overshadow the rationale behind addressing an issue.

These hesitations are further complicated if women feel they are not an effective authority on the subject — that they are too immature or unprepared to handle the situation. One professional athlete reflected back on her time in college, saying:

I think in a space like college, so much is new and you're all trying to calibrate, 'What is normal now?' You're trying to find yourself, you're trying to find yourself in the team, you're trying to make friends, so I don't know if we have enough self-awareness to know what we need to do to help somebody else out — if you're mature enough to have that conversation. (Participant 27)

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Women who have themselves been wrongly accused of disordered eating seemed especially reluctant to speak to a teammate about the issue. One participant recalled an experience in high school when she was forced to see her school's counselor on a regular basis after her friends told the counselor that she had an exercise addiction and an eating disorder (Participant 6). While she acknowledged that she had been thin, such a body type had always been natural for her, even before she began distance running. The stress of having to meet with the counselor for a nonexistent issue and continuously deny that she had a problem ultimately posed an enormous mental and emotional stressor. She said, after reflecting on the experience, "I think sometimes it's easy to make assumptions about what's going on with people just based on their appearance, but it's really not always the case — it's not always an issue so I've just been really hesitant and careful to do that" (Participant 6). Another participant had a very similar high

school experience in which her friends confronted her directly, but in a manner that was seemingly unproductive:

I know when I was younger and trying to eat healthier in high school, other girls would come up to me and be like, ‘Why do you eat like that? Oh, you have an eating disorder, that’s so bad.’ It always just made me feel bad because I was thinking about — you know, what I was doing wasn’t wrong; I wasn’t losing weight, I wasn’t starving myself — I was just trying to eat healthy. (Participant 14)

She went on to say, in explanation of why she never speaks to a teammate she might be concerned about, “I just don’t want to come across that way. Just knowing how that feels, that’s not a situation that I would want to put someone else in” (Participant 14). The distance runner body type seems to lead to a relatively large number of supposedly false accusations, and women universally described these incidences in a negative light: one woman referred to it as “insulting” (Participant 17) and another described it as “offensive,” particularly when the athlete feels she’s doing “everything right” (Participant 19).

Other women attribute the hesitation to a general reluctance among women to upset or insult one another. As one participant described, “It’s something we actively don’t talk about — like we’re scared to say ‘this person is not doing well’ because you’re so scared of hurting someone’s feelings or crossing some social norm” (Participant 6). By conforming to this unspoken rule of silence, however, women unwittingly feed into the self-perpetuating cycle; in moving forward, we must look for a disruptive solution that makes space for these voices of concern to be heard.

In addition to their concerns being perceived as judgment or condescension, many women also expressed fears that their conversations would only worsen the negative thought patterns of the individual struggling (Participants 3, 5, 12, 13). Some went so far as to expand on exactly how they feared that exacerbation might happen. One woman, for example, posited a theoretical scenario: “I feel like saying, ‘Hey, I think you look really thin today,’ and have them accidentally take that as a misconstrued compliment, or think ‘Oh, I do look thinner! I should keep doing what I’m doing!’...I just wouldn’t want to bring it up and make it worse” (Participant 12).

Though, to the lay reader, this theoretical scenario may at first feel unrealistic, it is important to note that the athlete speaking had herself struggled from an eating disorder. Furthermore, her account is corroborated by evidence-based findings that comments about weight-loss serve to reinforce disordered-eating habits (Stice, 1998). This leads us to wonder if perhaps this particular individual spoke from personal experience. In the same way that comments about a patient in recovery appearing “healthy” can be intensely damaging (Participants 3, 8, 11), these kinds of seemingly innocent approaches can have unanticipated consequences for the athlete struggling. Women’s sensitivity to such a possibility may help us understand their hesitancy in confronting a friend.

### ***Self-defeating Resistance: Denial and Reluctance to Change***

Even if a woman becomes convinced something is amiss with a teammate’s eating behaviors and she works up the courage to approach her, the interaction and outcomes can be complicated by language of concealment and resistance to change. Often times this takes the form of denial, which may stem from a failure to conceptualize certain practices as potentially harmful or, occasionally, from reluctance to alter one’s behaviors.

The ambiguity around where dietary restriction departs from the “healthy,” in combination with a huge number of external stressors, means many athletes fail to realize their behaviors are damaging or misguided until somebody they trust provides a gentle prod of perspective. One athlete recalled this type of conversation with her coach:

I didn’t fully acknowledge it or come to terms with it until I had literally [Coach] sit down and be like, ‘You’re not happy. Let’s do something about that.’

(Participant 9)

Another woman described the phenomenon, saying, “I feel like people who were going through it were kind of...almost in denial or didn’t even think that they [had a problem] at the time” (Participant 19). This can make those difficult conversations even harder because athletes feel that they must “convince” their teammates that there may be something “wrong” with them (Participants 2, 13).

Other times, this “denial” takes a more active form; women may become aware of unhealthy or abnormal aspects to their eating behaviors but deny an issue, often for a combination of reasons. On a basic level, the status quo requires less effort than seeking help and

making change. As one participant observed, “A lot of times when people have an issue, they don’t want to hear it or they don’t want to deal with it” (Participant 6). Then going deeper, an athlete may also perceive dietary restriction as a contributor to her recent success. Thus, whether aware of such decisions or not, she may act in such a way to protect her performance. The outcome, however, is invariably frustrating for those seeking to help. One woman who had attempted to confront teammates about the issue before expressed exasperation at this unwillingness to change:

I think that’s probably the hardest thing when you see somebody and you want to help them but they’re just not responding. It’s like, ‘Okay, what can I do to help them?’ And it just becomes a frustrating situation when they’re not putting in the effort to better their situation. I think, for me, that’s the hardest part — when somebody is resistant to help. (Participant 10)

This resistance can manifest itself in subtler ways as well. Another woman recalled a conversation with an underclassman who was concerned about losing weight:

When I told one girl jokingly, ‘You really don’t need to be worrying about that,’ she just kind of smiled and looked at me kind of like she knew — she was like, ‘Okay’ — like she knew what I was saying, but I could tell it was still really hard for her to not worry about that; like, ‘Okay, I get what you’re saying,’ but she was still going to worry about it. (Participant 11)

These types of encounters often leave women feeling baffled as to how best to help their teammates.

The athletes whose experiences I have included here were among the few; most participants avoided even having these conversations. One woman voiced:

It can be hard to tell because, for the most part, I feel like people who are struggling with that sort of thing don’t want help or they’re in denial or if you ask them about it, they’re going to be like, ‘No I’m fine,’ and it’s hard to just... because you can’t look at someone and be like, ‘Oh, you have an eating disorder.’ (Participant 1)

This perspective again raises women’s reluctance to project their ideas of healthy or unhealthy onto another. It also points to an unspoken notion that confronting a teammate whom one

suspects might be struggling would be a fruitless endeavor, in which the outcome does not outweigh the potential dangers of a false accusation:

I really think it's that you don't want to upset anybody, and selfishly, it's an uncomfortable conversation to have. So I think a lot of people would shy away from that just because it is so uncomfortable...I'm trying to think why I didn't [say anything] and I think it is just because I didn't really know — I didn't feel like there was anything I could say that would make a difference. (Participant 20)

The sense of hopelessness permeating this quotation holds women silent, even in the face of suffering by those they love.

Denial further manifests in language of concealment, as women redirect attention from the abnormal aspects of their eating behaviors. One athlete recounted a story about a collegiate teammate: “I remember her telling us at the dining hall, the team nutritionist told her she wasn't allowed to have cookies. And looking back, I'm like, ‘she definitely made that up; there's no way somebody told her that’” (Participant 19). The athlete spoke not in a tone of accusation toward her teammate but rather with frustration with herself for not recognizing what was going on in the moment.

These accounts, and the general caveat of resistance depicted here, are not intended to characterize athletes but rather the intractable processes that play out in interpersonal interactions. This language of concealment, denial, and the damage they can inflict on trust, represent yet another manifestation of these insidious cycles.

### ***Too Close for Comfort?***

A woman will often hesitate to express concern to a teammate if she believes they do not yet share a sufficiently intimate relationship. As one participant voiced, “You have to develop a pretty trusting relationship with someone before you can talk about something so personal and so hard to deal with” (Participant 25). A number of participants echoed that they would be more inclined to approach a close friend; one explained that in those cases, she believes, “it's really easy to say something because they know you so well and you know them so well” (Participant 20). Furthermore, participants frequently cited incidences where they did not reach out to somebody who they strongly suspected was struggling because they “didn't know her that well” (Participant 16). In these cases, one woman explained, you don't want them to feel like “you're



pressuring them one way or another, even if it's something that might be best for them" (Participant 20). Without a strong basis of friendship, women implied that intentions could feel a bit ambiguous.

Paradoxically, however, if and when the time comes to actually have those conversations with somebody close, women may be slower to speak up than they predict. One athlete recalled:

Somebody came up to me and asked if she was doing okay and...she is my best friend but I still feel sometimes like she should go to the nutritionist, but I'd never question her about that sort of thing — it's just like a weird topic and you don't want to be accusatory. (Participant 8)

Another woman expressed similar feelings around speaking with her sister with whom she is very close:

I think it would be different if it were a teammate. I think it would actually be a bit easier because it would seem genuine, but I think with your sister it's kind of weird, even though we're really close. So it's kind of an ongoing suggestion but one that's being taken kind of lightly. (Participant 13)

Thus, contrary to what they may believe, intimacy in a relationship may not necessarily cultivate a willingness to broach this sensitive topic. The precise reasoning behind the difficulty is unclear — the women themselves seemed unable to explain it. In the first case, the participant seems unwilling to sacrifice the closeness that their friendship holds while in the second, their relationship seems to undermine the seriousness with which the comment is considered.

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Fears of being mistaken, of offending, of being perceived as judgmental, or of eliciting a negative response all come together to restrain women from reaching out and presenting their worries about a teammate. These accounts show us that the majority of women would instead wait until the teammate broached the topic of nutrition, weight, or body-image to raise their potential concerns. Women rarely trust their suspicions, so, as one athlete explained, they assume "a better approach would be to wait until they open up about it" (Participant 2). However, we will see in subsequent sections that the stigma enveloping disordered eating prevents struggling women from ever coming forth. First, though, we will pause to explore the exceptions to the rule: the small subset of women who spoke out of concern, accepting the social risks inherent in that choice.

### ***Powerful Counterexamples***

Despite the overwhelming currents tugging towards silence, a few women turned and swam upstream, standing out as strong advocates for mental health. Their personalities ranged from quiet introverts to boisterous team captains, but they had a few key characteristics in common: all had encountered disordered eating on an intimate level and each of them expressed sentiments of overwhelming compassion and responsibility for the well-being of their teammates.

Most of the women who had the courage to reach out to teammates leveraged their own personal experiences with disordered eating to encourage the teammate in question to feel comfortable knowing that she was speaking with somebody who truly “understood” what she was going through:

I started doing this thing where if I really strongly suspect that someone is struggling, I will reach out to them and kind of share my experience — you know, this happened to me and it really messed me up and kind of see how they respond to that and if they want to open up. (Participant 17)

It seems that this willingness to share their own stories and experiences establishes some level of rapport that can be powerful in generating a willingness to be open. Another participant recalled reaching out to a younger teammate in high school when she noticed that she was just eating cucumber slices at lunch for several consecutive days, claiming she “wasn’t hungry” (Participant 15). In that case, the athlete could share her own background of trying to “eat healthier” and falling into a restrictive behavior pattern. However, in that situation, disordered behaviors were fairly obvious; the signs of disordered eating, as previously discussed,<sup>1</sup> are rarely as easily identifiable among runners. The question persists then, how we can encourage teammates to reach out to in situations that are less black and white.

Uniquely, many of these women expressed a willingness to prioritize a teammate’s health over the friendship that the two of them shared. One of the women recounted her conversation with her teammate where she expressed her concerns, saying, “You can hate me for the rest of your life. Like I do not care. I do not care if you hate me because I care about you that much” (Participant 10). This participant had earlier admitted that her sisters had struggled with severe

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<sup>1</sup> See *Chapter IV*.

eating disorders. Part of her vehemence, therefore, stemmed from her previous witnessing of the utter destruction these pathologies can wreak in athletes' lives. She placed no less value in this friendship; rather, her love for her teammate fueled her fear that this friend would be hurt in the long run by the habits she was developing.

This is not to say that they forced their ideas on their teammates — another woman expressed frustration at being pushed away by the friend she had reached out to:

It's kind of this double edged sword; I want to help her but like she has...eliminated that possibility because she's pushing me away, so I have to respect her space but it's also really hard to do that when I know what you're dealing with and the nature of your disease is wanting to isolate and not reach out for help. (Participant 9)

Her words suggest fear of being shut out by her teammate and unable to encourage her through a difficult time. She was struggling with navigating the balance between wanting to help and making her friend uncomfortable. However, the fact that she at least took the initial step of checking in makes her an exception to the general trend. These women are worth mentioning as an ideal to which all teams should aspire.

### ***A Saturation of Stigma***

*For a lot of people, taking that first step is first admitting you need help, which can be really hard to do when you're controlling and 'Type A' and very independent and you like to think you can do it all. Which a lot of people here — especially distance runners — we like to think we can do it all. (Participant 20)*

The prevailing silence around the topic of disordered eating is rooted in a lack of openness and vulnerability at the individual level and grows into an oppressive taboo around the subjects of food, diet, and nutrition within the sport. Women expressed a variety of rationales, either indirectly or explicitly, for not speaking up about their struggles with disordered eating or mental health more generally. Some expressed fear about how their admission would be received and struggled to articulate exactly why it made them uncomfortable:

I can't even find a reason, but I don't think I'm super open with certain things, and I think — I don't know if it feels like this is the right word that I'm looking for — but it's almost embarrassing to me or something, and you don't know how they're

going to react, and it's just like a sensitive topic, and you don't know if they're going to...I don't know what to say...take you seriously? You don't know how they're going to react, and it's just...[pauses]...being *open*. (Participant 1)

This particular line, punctuated by hesitation, captures the athlete's discomfort even discussing the possibility of opening up about her encounters. She jumped continuously from one idea to the next in a long string of reasons, circling back to the lack of certainty of how the other person would react.

Unfortunately, some women have learned that there may be good reason to keep this part of themselves a secret; negative experiences with openness have cut deeply, reducing their willingness to voice their anxieties. One participant recalled a time after a period of significant weight loss where she shared concerns about weight and body with her teammates:

Not everyone is helpful to talk to...that's something that I've learned: there was a point where I was like, 'Okay, maybe I should talk to someone,' and then when I did, it went really poorly and that turned me off from it more. People said, 'Oh, that's never happened to me — I can't really relate,' or 'Well, if you weigh more, why don't you just eat less'...so those kinds of things also turned me off from wanting to ask for help. (Participant 15)

These types of comments can devastate a woman's vulnerability, but it remains unclear how to prevent such reactions or protect women from them. These encounters point to the overwhelming need for greater sensitivity to these issues, though no clear method for fostering it emerged from these conversations.

The following sections will further expound multiple sources of this stigma to explore in greater detail the many directions from which it flows, flooding the topic such that the textures and nuances remain hidden below a deceptively calm surface. As we have already seen into the depths, we recognize a need to disrupt this saturation and disturb the illusion of placidity.

### ***Impersonal Dialogue Leading the Conversation***

Women's accounts of the few conversations that arise around body image or nutrition revealed a common feature; women talk *about* potentially problematic cases they notice, not *to*

the women who they suspect may be struggling. This impersonal dialogue risks perpetuating the stigmatization of eating disorders in the sport. Many women seem aware of the problems inherent in this pattern. One caught herself mid-sentence, and guiltily apologized, as though I were about to reprimand her: “Like I said, when we talk about people — this sounds so gossipy, I’m sorry” (Participant 1). Sentiments expressed in these “gossipy” conversations are often those of disapproval or scorn towards women restricting their diets:

Especially with girls, I feel like everyone watches what each other’s doing. It’s so intense, and it can feel super judge-y sometimes, at least that’s how it was on our team; everyone was paying attention to what everyone else was doing, and then as soon as they saw somebody maybe starting to struggle, it would be like, ‘Oh my gosh, it looks like so-and-so’s starting to lose weight.’ (Participant 25)

The same participant went on to express her frustration with those cyclical and damaging discussions:

Why can’t we just have an open conversation about this instead of talking to each other *about* them? Why don’t we address it *to them*?...The reality is probably that everybody has at least *thought* about food, or dealt with it on *some* level, if you’re a runner, at some point in time, you know what I mean? So for it to be so hush-hush — ‘let’s only talk about it with all these *other people*, and only talk *about* this person, instead of having these open conversations about it’ — I think that’s part of the main issue with it. (Participant 25)

Several other participants mentioned turning to other team members to express concern about a teammate, rather than simply approaching the woman herself (Participants 8, 11, 13, 22, 27). Their intentions in speaking with others were unclear; we might hypothesize any number of motivations. For instance, women may seek reassurance in their interpretations of the behaviors they have observed. The notion of gossip was introduced to the anthropological literature in 1963 with Max Gluckman’s structural functionalist stance; he posited that gossip fosters social unity by demarcating social groups, helping each group establish social norms of acceptable and deviant behavior.<sup>2</sup> In these settings, such conversation clearly positions dietary restriction outside of what is deemed acceptable. However, this stands in contrast to the frequency with which it

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<sup>2</sup> In the upcoming chapter, we will return to the idea of deviant behavior as it applies to disordered eating, with Hughes and Coakley’s notion of ‘positive deviance’ (Hughes & Coakley, 1992).

occurs. Robert Paine's transactionalist response argued instead that individuals use gossip to further their own individual agendas (Paine, 1967). Later work demonstrated that these ideas are not mutually exclusive — gossip serves many different roles, both promoting cohesion and self-directed aims — nor all encompassing; Sally Engle Merry later proposed, for example, that gossip confers a sense of agency where individuals may otherwise feel powerless (1984). This notion resonates with athletes' accounts of such encounters; they depict feeling lost or uncertain about how to approach a teammate or handle a situation.

We cannot be sure in these settings the role impersonal dialogue fills; I am led to believe it has many underlying motivations, many of them subconscious. Regardless of intentions, however, the outcome is largely the same; the woman who most needs to hear that others are concerned about her is often last to receive the message.

Perhaps even more destructive, however, are conversations that are not seeded by concern for an individual. These conversations can be team-wide; several participants talked about the topic coming up at races. As mentioned in the previous chapter's discussion on comparisons, "sizing up" one's opponents is a common and arguably natural aspect of race day (Participants 7, 19, 20, 22). Women described noticing that team cultures in which disordered eating is rampant "look a certain way" (Participants 16, 21) — a pervasive appearance that strongly suggests "there's an issue" (Participant 7). These observations can lead to race-day discussions about unhealthy behavior. Again, however, these descriptions are often somewhat scorn-laden. Although one participant described questioning why a coach did not intervene (Participant 1), many participants mentioned that teams characterized by "the look" had success, even if it was sustained by a rotation of talent rather than a core of strong athletes.

These discussions were not necessarily temporally localized either; two athletes recalled discussions early on in their college careers in which upperclassmen on their teams told them about previous team members who had struggled with disordered eating (Participants 9, 16). Though it may have been intended as a warning at the time, the upperclassmen failed to address or even mention the possibility that the problems might be ongoing.

The observations made here, drawn out of athlete accounts, are not intended to place value judgments on these conversations. In contrast, it is important to recognize that many of the conversations were critical of the use of nutritional restriction for performance gains and characterized the pattern as "unhealthy" and "unsustainable," suggesting a fundamental

understanding of the dangers at play. The intention here was merely to point out the impersonal nature of the dialogue leading these discussions and caution that it may burden the topic of nutritional restriction with even more stigma than is already inherent.

### ***Fear of Judgment***

The impersonal dialogue that occurs among team members often leads women to fear that if others knew they struggled with dietary restriction, they too would be subject to judgment. Some women recognized that the attitudes they expressed when discussing these concerns may not have been productive with regards to promoting vulnerability; one participant said, “People were just so judgmental about it...I don’t know it’s so tough. Myself included” (Participant 18). As women hear those conversations around them, painting disordered eating in a negative light and ridiculing those whose performance might be benefitting from restriction, they develop fears that their own personal encounters would be met with the same negative reaction. The same athlete recalled a period in which one of her teammates was dealing with an eating disorder, but she received little support from those who knew about it:

It was the type of thing where everybody knew about it and we all talked about it, but the thing is...it’s so weird the attitude that people get. People get angry you know? And her peers too. I noticed that even in myself — you notice somebody and you’re like, ‘Oh she’s so stupid! What are they doing?’ and I find myself doing that. (Participant 18)

Dialogue that paints disordered eating as a foolish choice or a form of self-sabotage occurs frequently in discussions of these behaviors, but prevents women from being open about admitting their concerns with food or thoughts about restriction (Branch & Eurman, 1980; Zwickert & Rieger, 2013). One woman explained:

I guess there’s sort of this stigma against doing that [restricting her diet]. I was like, ‘Oh, I don’t want people to think that I’m anorexic or anything like that.’ (Participant 14)

We see, from these kinds of admissions, that women fear others perceiving them as having an eating disorder more than they fear the pathology or its direct implications. They feel “ashamed of it” as one participant explained (Participant 25). That can keep them from confiding, even in those they feel closest to. Another participant said, “I wasn’t exactly sure how to broach the

topic; it came up a couple of times and we would have short conversations about it, but honestly I never felt like I was quite on the level where I could openly discuss it with her” (Participant 9). This reveals the depth of trust that women seem to feel these types of conversations require.

Furthermore, women are not always in a place to deal with the repercussions of admitting their struggles. One participant recalled an incident where her teammate opened up about the habits she was fighting and was bombarded with a deluge of support: “She was also feeling like overwhelmed and pressured by everyone who ‘discovered’ that she’s not okay” (Participant 3). For that athlete, revealing what she was going through precipitated a much more stressful outcome than keeping it all to herself, at least in the short-term.

Women seemed to recognize that this desire to hold their struggles as secrets was not necessarily logical. One athlete exclaimed in frustration, “It doesn’t make any sense either — like why keep it hidden? It is not your fault!” (Participant 21). While this may be technically true, it unfortunately does little to change the status quo. Regardless of the lack of blame, we cannot easily lift the shame women feel in these admissions.

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The lack of direct and honest conversation surrounding food, along with negatively colored impersonal dialogue, together envelop such topics in silence. As one athlete concisely put it, “It’s so difficult to flat-up talk about food” (Participant 18). She could not, however, articulate or pinpoint the obstacles precisely. Several of the participants described food and nutrition as topics of conversation that were deemed “taboo” (Participants 4, 6, 8), and they cited this stigma as “one of the main reasons it’s not talked about” (Participant 4). As one athlete put it, “There’s that element around it; obviously it happens and we’re going to deal with it, but it’s not gonna be out in the open” (Participant 4).

Team cultures surrounding nutrition and conversations surrounding food can differ significantly, even year-to-year, as leadership changes and classes migrate in and out. One participant spoke about her experience early in college where the taboo seemed abnormally explicit. Whether conscious or not, her brow furrowed and the corners of her mouth turned down as she said:

When I started as a freshman, you couldn’t really say anything about food, or if you felt stressed about it, or were having some kind of body image issue. You



couldn't talk about it or people would hardcore shut you down, so it was always something that was on people's minds but that you couldn't say. (Participant 6)

She went on to express relief that the team culture in that area changed over the years. It is, however, interesting to notice her word choice describing people's thoughts around food during that time: not only was it something her teammates thought about *occasionally* but rather "*always something that was on people's minds.*" The observation leads one to wonder whether repressing these types of conversations has the opposite consequences as intended.

Stigma surrounds not only the topic of food and nutrition among runners but around mental health more broadly as well. Few women had been introduced to sports psychology prior to college or understood its benefits even for those not already struggling with the mental side of athletics (Participants 5, 7, 11, 18, 19). While a shift has emerged toward increasing sensitivity, perceptions (or misperceptions) of mental health and what it entails leads to a "hesitancy" to raise such subjects in discussion (Participant 10). One woman observed, "I think one of the biggest issues with mental health is it's so hard to speak up and say something's wrong" (Participant 7).

A few women offered reasons for this silence. While easy to criticize them at face value as excuses, they remain valuable and informative perspectives when we look closely. One athlete suggested the team has been established as a supportive environment explicitly; the absence of discussion in her view does not stem from lack of receptiveness to hearing and encouraging women through such battles: "We don't really talk about it much. It's clear that we're all there for each other, but we don't really specifically talk about mental health or nutrition on the team" (Participant 11). Such views lead us to wonder if women have a complete understanding of the frequency of these encounters and the barriers that prevent conversations.

Another athlete suggested that the conversation is too "heavy" to have on a regular basis: "It's not a light-hearted conversation and nobody wants to have a super heavy conversation all the time" (Participant 10). Many teams strive to make practice a "fun" time of day — a space and time that athletes can look forward to and use to relieve stressors rooted in other facets of their lives. By using this time and space for emotionally-weighted conversations, this athlete would argue, one would damage its purpose as a 'release' or 'escape'. However, we might question the degree to which such silence stirs further anxieties and stressors as things are left unsaid and problems go unaddressed.

Whether or not these explanations truly explain the underlying patterns contributing to the silence remains unclear, but they help explicate the ways women justify not individually speaking up about the issue. Even athletes with extensive personal experiences with mental health problems will hesitate to share them with others. As one participant confided, “I’ve had some mental health issues and personally, I’ve been diagnosed with depression since my sophomore year of high school and no one knows” (Participant 10). This same individual very much viewed herself as a leader on her team and felt called to take responsibility for her teammates’ well-being. Nevertheless, as somebody with perhaps the greatest authority to have these kinds of conversations, she opted to keep her depression a secret. These kinds of patterns point to broader cultural expectations surrounding mental health, mental illness and what they entail.

The strong resistance to discussing mental health may leave us wondering how such strong stigma arises. When I pursued these questions, many referenced their earlier life or childhood. One athlete captured the development of her own attitudes well:

Growing up, I just didn’t hear about it much and if I did hear about someone seeing a psychologist or something, it was because they had a problem that was actually pretty prominent, and I just never, until I got to college, realized that people saw counselors for just little things too — or therapists, you know, professional therapists just to de-stress. I just wasn’t exposed to that before college. I guess growing up, there was just always kind of that stigma. Movies maybe too? You see people going to counselors who are really crazy or OCD — I didn’t have any of that, so it was like, ‘Why would I ever go see a counselor?’ (Participant 11)

Another participant echoed similar feelings, particularly around seeing a professional to help cope with anxiety or depression: “I think, especially when you’re younger that ‘Oh, if I’m going to a psychologist, there’s something wrong with me’” (Participant 11).

Though perhaps seeded in childhood, that stigma around seeing a professional continues into adulthood. Women often enter college with similar, long-standing beliefs, whether vocalized or not, that something must be “seriously wrong” to warrant seeing a professional (Participant 5, 11, 17, 18). This pattern is not specific, but certainly manifests itself in this population. Notably, these beliefs appear largely uninterrogated. When directly asked where the stigma around seeing

a professional comes from, one participant responded vaguely, “Like the whole, ‘Oh, I’m weird if I see a...’ [*trailing off*] Um, I don’t really know” (Participant 11).

This idea arose repeatedly around the idea of seeing a sports psychologist. Most of the participants had have access to a sports psychologist. However, particularly among college women, this resource goes largely unused:

I know there’s a sports psychologist but there’s just so much stigma around going to a sports psychologist like, ‘Oh my gosh, you know, does that mean you’re kind of going through some kind of psych out phase in your races? Are you feeling like you can’t control how you feel? Are you feeling like you’re not as good? Is your confidence down?’ You know, that’s *not* what it should mean, and there should be no stigma around it! But I mean, you can’t change that in one day or one year. (Participant 10)

Other women expressed frustration with this stigmatization; many seemed to recognize the potential value that the resource had to offer, particularly since distance running involves such a great deal of mental fortitude. A professional athlete recalled, “It was the kind of thing where if you were running well, ‘Why would you need to see the sports psych?’ But it’s an important thing for everybody” (Participant 19). Another expressed some regret for allowing her and her teammates’ actions and attitudes to be influenced by the stigma around the sports psychologist.

We did have a sports psychologist, but you only went to the sports psych...it was really stigmatized. And I could have really used that, but I never made an appointment because I didn’t want to be *that girl* who went to the sports psych. And it’s sad because I had teammates after college who really struggled with mental health. (Participant 19)

The stigma these services are laden with perpetuates the lack of precedent for athletes using the services available, or ensures that if women are using the programs, they do not talk about them out of shame and embarrassment. Because women do not see their teammates taking advantage of these resources, they in turn follow suit. As one woman said:

People should be more actively talking about it. Because I know we do have a counselor that’s specifically for sports but I’ve never met him. Nobody’s actually met him! We don’t talk about that! If we have these resources supposedly allotted to us, why is that not more vocalized? (Participant 9)

In place of seeking professional help for any encounter with mental illness, most individuals attempt to handle it independently. One athlete recounted the time when she realized her eating had become disordered; rather than going to a nutritionist or a counselor, she opted to handle things on her own:

I was like, ‘Okay, I’ll figure out what’s wrong, and I don’t need a therapist, I can do this myself — like I can just play the same role because I know myself better than anybody else would, and I’ll figure it out.’ I definitely have a difficult time asking for help — like there’s a reason I didn’t tell anyone about it for a year...I’ve always preferred to just deal with things on my own even when it’s not necessarily the most effective solution. (Participant 15)

Athletes’ parents may not help in this regard when it comes to seeking help. One woman recalled her first attempt to communicate to her parents her desire to see a professional:

First I told my dad and then I told my mom, and I was like, ‘Hey, I think I might need to get professional help for this and see a counselor,’ and they were like, ‘Do you really think this is at that level?’ and I was like, ‘I think so.’ (Participant 17)

Parental opinions can further contribute to reluctance to seek help for mental health.<sup>3</sup> In a salient counter-example, one woman recalled an interaction between her parents and her sister in which her parents were encouraging professional help:

Even with my sister — she’s an athlete too and has gone through some mental health things in the past and when my parents suggested seeing a counselor, she was like, ‘Oh my gosh no! There’s nothing wrong with me!’ (Participant 11)

This quotation offers us insight into the powerful positive impact parents can have, as well as the strength of the stigma around seeking professional help.

Athletes often have an immensely difficult time accepting that they cannot handle such an issues by themselves. As one athlete said, “Especially when you’re the one struggling with it, we all know that that’s the hardest part is just to take the next step,” referring to seeking professional help after realizing behaviors have gone too far (Participant 10). In the upcoming chapter, we will find that this resistance resonates strongly with the “sports ethic” mentality (Hughes-Coakley, 1992). This spirit of fierce independence, paired with ‘Super Woman’ expectations for oneself, undermines one’s willingness to express vulnerability.

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<sup>3</sup> In conversation, I did not ask these women about parental influences on their perception of mental health services.

### ***Double Standards and “Duck Syndrome”***

Although women almost universally expressed a desire for their teammates to be open with them about challenges that they are facing, feeling emotionally down or numb, and other ongoing experiences with mental health, several of them admitted that they do not feel comfortable sharing their own experiences with their teammates. This subtle yet recurring theme could best be described as a ‘double standard’ when it comes to vulnerability. One captain, after expressing her hopes that her team would feel comfortable coming to her when they are having a hard time, she went on to say, “I’m not usually somebody who talks about you know, feeling sad, or being in a weird place” (Participant 7). She continued:

I felt obligated to address it before the season started and I kind of felt like [in preseason], ‘We have to make sure our freshman feel...’ — but I don’t know if they do — ‘comfortable sharing with us.’ But I don’t share my feelings with them so why would they want to share theirs with me? (Participant 7)

Another athlete admitted that even in talking to a close friend about her experiences with disordered eating, she “wasn’t super candid with everything because...it’s just a hard thing to do” (Participant 1). Women appeared largely oblivious to this asymmetry. One woman explained:

For me, I don’t necessarily feel comfortable sharing — I would never really share my struggles with mental health, at least not with the team per say in general — with my close friends maybe. But that’s just my deal — I don’t necessarily think that should be the case for everyone. (Participant 8)

She did not seem to notice the double standard even these two short sentences had set up. On one hand, she recognized that she would never talk about mental health with her teammates, but seemed to imply others ought to be willing or feel comfortable when she says “I don’t necessarily think that should be the case for everyone”. Though natural, these attitudes perpetuate the lack of conversation as each woman leaves it up to somebody else to start the discussion. Most seemed largely unaware of the possibility that all of their teammates may share similar hesitations. These asymmetrical views of openness may contribute to the general silence surrounding not only disordered eating, but mental health in general. When there is no precedent set for having these conversations, particularly from role models like captains, there is never

implicit permission provided for women to be open and vulnerable discussing the things they are facing.<sup>4</sup>

The perpetual silence contributes to the rise of what is often referred to as the Stanford Duck Syndrome (after the university where the name was first coined) (Floam, 2008; Scelfo, 2015). Though not recognized clinically as a mental illness, the name captures a phenomenon most common among college students; individuals invest a great deal of effort in appearing to “have it all together”, like a duck gliding smoothly across the surface of a pond, while in actuality, they are paddling frantically to stay “above water” with regards to meeting the academic, social, and extracurricular demands they face on a regular basis (Floam, 2008). It represents cause for concern because it is frequently associated with the early manifestations of a number of mental illnesses including depression and anxiety. As one athlete explained, “You have to be putting all this energy into maintaining a persona that everything is alright, even if it’s something that you don’t feel” (Participant 6). One participant actually referenced the pattern directly:

I think there’s still is a little bit of the Duck Syndrome — of that ‘Oh, I’m fine,’ but if you get someone on a long run alone, you can usually wiggle it out of them. But on the surface, people just generally, at practice, don’t lose face. Sometimes you admit stuff, but it’s like ... it’s not the deep stuff — like when you’re really not okay, or when you’re really struggling with something — maybe things that you need to be more open on. (Participant 2)

This account was provided in response to a prompt to share something that she might change about her current team dynamic. While this woman admitted that the issue had improved during her time in college, she felt that this still remained an issue. However, coming back to the idea of asymmetrical expectations, she went on to confess that she felt lost as to how to go about making those changes and promoting openness, admitting that she was a reserved person who preferred to keep things to herself. Despite widespread recognition of silence as a problem, women communicated a desire for change but a resistance to acting as the catalyst.

### ***‘Weird’ — Capturing Peculiarity But Denying Pathology***

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<sup>4</sup> This is not intended as a criticism; merely an observation of one of the many ways that women may accidentally create team dynamics or standards that shun these sorts of discussions.

Again and again, the word ‘weird’ arose to describe fundamentally ambiguous experiences related to disordered eating and mental health, carrying the same negative connotation as its use in general parlance. Regularly denoting something strange or out of the ordinary, ‘weird’ frequently characterizes someone or something that breaks social norms or fails to follow social cues. Here, rather than describing a form of social deviance, it is used to describe patterns arising from the strictest adherence to social influence; conforming to societal attitudes toward the female form, dieting, and affirmation of athletic achievement.

This is far from the first use of the word ‘weird’ in association with mental illness, particularly those most heavily stigmatized; it has been documented in external and internal depictions of those with mental illness — descriptions both of others and of the self (Lauber et al., 2006; Chandra and Minkovitz, 2006). We find similar patterns among runners; one woman, in recounting the period in which she first developed an eating disorder said, “I still don’t really know why I became such a weird person” (Participant 1). This first example reveals confusion and discomfort that create a gap of ambiguity around the origin of her eating disorder. Rather than digging deeply into the roots of those behaviors and beliefs, referring to herself as a ‘weird person’ pushes some distance between her present and past selves. Though she continues to struggle with disordered eating, she speaks as though she has somehow disengaged from the self that initially developed such behaviors.

Thus, on a personal level, ‘weird’ allows women to acknowledge their distinctly ‘abnormal’ behavior while avoiding the stigmatization of ‘eating disorder’ — it captures the peculiarity while denying the pathology. In a pattern similar to those of previous findings, stigma causes women to reject classifications of mental illness (Camp, Finlay, & Lyons, 2002; Goffman, 1963). The negative perceptions produced by such a label continuously color the way peers view these individuals. Furthermore, according to the theory of symbolic interactionism, women then come to view themselves as others do, potentially damaging self-esteem and further magnifying the role their mental illness holds in the construction of their subjective experiences (Cooley, 1902; Mead, 1934; Blumer, 1969). Women employ ‘weird’ to maintain both their self-view and the image they hope to project to those around them.

Similarly, women used “weird” to describe other, more general experiences with mental health. One athlete described her depressive state as “being in an weird place” (Participant 7), and another described her friend’s depression as “weird” (Participant 9). Perhaps most

concerning, athletes who struggled with disordered eating were described as being “super weird about food” (Participant 6). This description referred to close attention to and preoccupation with food choices, in addition to limitations placed on portions or entire food groups. This comment leaves us to wondering about the participant’s experiences with food and knowledge of general female attitudes towards food, given the previously-mentioned plethora of literature suggesting that even women without disordered eating habits have negative relationships with diet (Bordo, 1993; Beardsworth et al., 2002; Rozin, 1996).

Finally, women used “weird” in explanations of their hesitations at openness; one woman said, “It’s so weird, the attitude that people get,” (Participant 18) in reference to the response of those on the receiving end of an admission of a struggle. Another argued that, “Being open is kind of weird” (Participant 1). Although not clearly detailed, she seemed to imply that underlying expectations prohibit one from sharing that kind of intimately personal trial. She then went on to describe her own embarrassment at admitting to those types of issues.

Thus, ‘weird’ comes to characterize a common occurrence as something bizarre and distinctly abnormal, invoking Byron Good’s notion of ‘semantic networks’ (1977). Originally posited in relation to conceptions of various disease categories, similar theory applies here; rather than a clearly delineated adjective, ‘weird’ is used to typify “a ‘syndrome’ of symbols and experiences which typically ‘run together’ for the members of a society,” marked by “patters of associations which provide meaning” (p. 25). No formulaic definition can capture all of the ways ‘weird’ tugs on concepts of estrangement and otherness.

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Silence, therefore, presents itself in two faces. Women afraid of being judged for their thoughts, behaviors, or struggles fail to speak up or ask for help. Simultaneously, their well-intentioned teammates wait to reach out to them and instead try to present themselves as a listening ear:

I had a lot of teammates in college who struggled with a lot of disordered eating or eating disorders and I didn’t, and I always felt like I wanted to be a support for them — when they wanted to open up and talk about it, I could be there for them. I sort of felt like my role on the team. (Participant 21)



While it is not at all my intention is not to dismiss these attitudes — it remains crucial that women have somebody to turn to if they do decide to open up — it also becomes important to recognize that even if all conditions are conducive for openness, silence persists.

In the following section, I will raise questions about the practice of “opening up.” While Western ethnopsychological orientations regard practices of “opening up” as positive and often therapeutic, it is worthwhile to consider potentially damaging effects of augmenting conversation around this topic, introducing nuances and suggesting that such practices may indeed cut the other way.

### ***Openness and Amplification***

Although often perceived as a ‘step in the right direction’, the promotion of openness should be tempered by an important qualification: when women struggling vulnerably share thoughts, encounters and experiences with one another, there exists potential for amplifying existing issues. This magnification begins at the individual level, continues through interpersonal interactions, and ultimately manifests broadly in entire team cultures.

Firstly, for those struggling in their relation to food and diet, vocalizing that adversity can in many ways transform it from an abstract idea to something more concrete. Many women seem to believe that if they conceal their anxieties internally rather than giving voice to them that the problems will resolve themselves on their own. One athlete explained, “I think different people had struggled with a lot of different things and it was their feeling that keeping them hidden away would kind of make them go away...” (Participant 6). Another woman who struggled with disordered eating herself tried to explain this feeling:

Yeah, it’s hard for me to talk about. I guess that’s why I try to stay away from it as much as possible. Like, even when I’m feeling it, I’ll just try to push it down because *really* feeling it is really hard for me. (Participant 3)

By talking aloud about the feelings of inadequacy driving her eating disorder, she feels that she would imbue those thought patterns with legitimacy that they previously lacked.<sup>5</sup>

The notion of validating internal negative beliefs was further reinforced in speaking with other women struggling with similar or related issues. Although a woman may initially hope that

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<sup>5</sup> The field of psychology has further explored mechanisms such as this for coping with strong negative emotions related to eating disorders (Wildes, Ringham, & Marcus, 2010; Halmi, 2013; Fassino & Abbate-Daga, 2013; Abbate-Daga et al., 2013).

she finds empathy in the person she opens up to, the conversation can incite or return negative thought patterns to the confidant; rather than denying her thoughts, they were reaffirmed. She explained her frustration with talking to a friend who was similarly struggling:

I don't know what to tell her because my mindset is exactly the same. I think she would benefit more from talking to someone else because I've told her, 'I love you and I want to help you, but honestly I think we are just bad for each other; you make the thoughts that I have...I can't contradict what you say because that's what I feel.' (Participant 3)

The participant went on to explain why she abandoned her efforts to discuss discomfort with food and unhealthy dietary attitudes with the teammate who shared similar thoughts:

I kind of avoid talking to her about it just because I know it can be hurtful to her. Like she gets it, but she won't really help me because she'll just be like, 'Yeah, you're right,' so I never really bring up my problems with her because I know it can be hurtful to her. I think that she thinks that I'm like completely fine right now, and I'm okay with her thinking that — that's gonna help her more. (Participant 3)

In the end, she decided that it was better protection for her teammate to not discuss that area of their lives at all. Another participant expressed similar sentiments, but from a different angle; her concerns stemmed more from the burden of shouldering another teammates problems while in the midst of trying to push through her own: "It's hard when you see your friend struggling, but I also think you can't make yourself struggle too" (Participant 10). Here she brings up an important notion of responsibility — to what degree should she take responsibility for her teammate's mental health if it damages the way she relates to food or makes her question her own habits? Another participant took this one step further, posing the rhetorical question, "They're your friends and your teammates, but at the same time, how much can a teammate going through the same thing really help you?" (Participant 7). In settings in which multiple women or athletes are trying to navigate the same issues, suggestions and support can feel hollow and insincere, serving only to reinforce or heighten the existing troubling behaviors.

Amplification can stem from other, less explicit elements of being immersed in running culture; it does not rely solely on interpersonal dialogue. Related to the idea of comparison and habit mirroring discussed earlier in *Chapter III – Running Into the Wind*, women's observations

of others' habits can reinforce and amplify their own negative behaviors. One woman described a living situation that became toxic as two of her teammates in the house struggled with disordered eating:

I feel like having them both in the house together made it worse for each other. Because they kind of propelled each other, but they didn't talk to each other about it. Yes, we did try to talk to them, but I wouldn't say that sharing our opinions was super successful. (Participant 22)

Another athlete described the difficulty as coming from "being constantly aware of what [teammates] are eating and unhealthy habits" (Participant 17). This process of amplification can transform the struggle of a single individual into a pattern that characterizes the eating habits of the majority of a team. As several of the women noted, in college, "you're living with your teammates and going to classes with them and eating with them everyday" (Participant 25). The habits of a small group can quickly become the thought patterns of a larger cohort of driven, performance-oriented individuals focused on optimizing performance. One woman recalled how obsession with dieting had taken over her team culture:

The other girls on my team...were definitely super conscious of it. They would be like, 'Oh guess what?! I lost however many kilos,' and everybody would be like, 'Oh, good for you!' or she would be like, 'Oh this weekend I ate an ice cream; I feel so bad,' and those kinds of things — like it was *always* something that we talked about, and in that culture it's a lot more common than it is here to talk about that kind of thing, but not in a good way. It's not like, 'Oh, let's be aware of eating disorders.' No, it's like, 'Let's show off about how much we diet or how much we weigh. Or let's talk trash about this girl who's gained weight in a super snarky and judgmental way,' which made it a super toxic environment for me. (Participant 3)

Although this example represents one extreme — the experience of a single participant, not the team cultures described by current collegiate athletes — it is still important to note the possible implications arising from a failure to address these issues. Another participant described the potential pathway of progression that could lead these patterns to overwhelm a team:

The majority — team culture is everything. One person can believe it and within a week they're brainwashed to, unfortunately, just do what everyone else is doing.

(Participant 24)

Another participant attempted to make sense of the contagious nature of these sorts of habits. She explained, "When you're in college, you feel a little bit more...pressured to conform to that group"(Participant 20). This trend of conforming allows transitions to occur very quickly and as a result, team cultures surrounding food can vary significantly. One athlete expressed gratitude that her team culture had shifted more towards openness with regards to food-related issues, but qualified her support, saying, "Now I think it's more of an open discussion which has it's pros and cons — you obviously don't want it to become a focus for people" (Participant 6). This raises an important point; if food becomes a common point of dialogue, it may very well attract more attention from women who would not normally concern themselves with diet. Returning to the idea of amplification, it is difficult to reinforce a message that nutrition and fueling for sport should not be a preoccupation if it takes up such a large space within inter-team dialogue. Another participant echoed a similar hesitation with having collective discussions of these kinds of issues as a group:

It's really hard to have conversations like that as a big group. I think, just in our sport, anything having to do with eating is just...I mean you can say one thing to a big group and some people are going to hear it one way and other people or going to hear it another way...it's just hard I guess. (Participant 25)

Those hesitations again come back to fears of amplifying the issue — of giving it some sort of credibility that it lacked before. Some of the other women's narratives support this idea. One professional athlete recalled, "There would be girls on the team who you couldn't talk about [food and weight] around" (Participant 18). Another collegiate athlete, who personally struggled with body image, shared her account, which more precisely articulates these women's concerns:

Bringing up the topic can make people upset who you don't think will get upset. I think I'm one of those people; most girls on the team have no idea that it's a thing and so they talk about weight and things like that super freely around me and that's not their fault — they don't know that it's being harmful, but it is...*[trailing off]*. (Participant 3)

This leads us to consider not only the risks of silence but also the potential dangers of conversations that paint diet and weight loss in particular lights. These observations suggest that change, particularly in areas of promoting dialogue, must involve increasing awareness and improving education among athletes. In looking forward, it is possible that coaches may be key players in facilitating this process.

### ***Walking on Eggshells: The Pivotal Role of Coaches***

Whether or not he or she is aware, a coach has a pivotal role in allowing disordered eating to persist among a team and maintaining the silence of the status quo. From the perspectives of these participants, it appears this permission most often arises as a side effect of maintaining a passive attitude, not stepping in when a potential problem arises. One athlete spoke of her teammates' experiences:

Some of my friends went on visits at some of the top DI [*Division I*] running schools and they were talking about how they would go to team dinners and some of the girls would grab like a few pieces of lettuce and they would be like, 'Oh, I already ate' or you know, 'I just had dinner,' and the coaches would be conscious of this and be like, 'Yeah that's fine, whatever helps the team,' and that just seems so immoral and so wrong. Especially at these top DI running schools you would think that if those women did want to go pro [*professional*], they would emphasize being healthy throughout their college career and taking care of their bodies. And that ended up being a huge part of why they ended up not choosing to go to those schools — to know that the coaches are really concerned about their athletes.<sup>6</sup> (Participant 12)

Several women specifically referenced layers of complexity inherent in a coach's role. On one hand, women's health *should* take priority as the primary concern. However, we must recognize disincentives manufactured by situational reality; coaches are paid to train a *successful* team. When particular habits that we might recognize as unhealthy simultaneously bring a woman or a

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<sup>6</sup> Acknowledging this account represents a retelling, we must maintain wariness of potential for exaggeration. As mentioned in *Chapter II – Methods*, within the section on limitations, this research did not explore coaches' perspectives specifically or document their perceived roles in this area. Therefore, in fairness, we cannot make any substantive claims or draw conclusions regarding coaches' views on this issue. Nevertheless, given our interest in athletes' perceptions of these complicated patterns in their sport, their interpretation of coaches' attitudes remains telling, even if stretched.

team a great deal of success, coaches may be tempted to ‘look the other way’. For instance, one athlete spoke about her perception of this tension in her coach with reference to a teammate who had lost a great deal of weight over the summer:

I would imagine that the girl who came back from the summer — she’s a sophomore — there was nothing this serious last year; there were minor cases but nothing like this. But she’s also having amazing success so I don’t know that he would necessarily want her to change...although I do know that he does have our long-term health in mind. (Participant 13)

Later on, this woman reaffirmed her faith in her coach, maintaining her trust in him to do the right thing in this situation, as he has, according to her, in the past. One professional athlete also attempted to articulate this tension while trying to avoid sounding like she was attacking or accusing coaches:

Silence is not the best course of action. Not talking about it doesn’t mean it’s not going to happen — it’s going to happen. It’s just how you deal with it and how you address it that’s the question. I think there’s also the issue of coaches’ jobs being on the line. And if they have a team that’s performing really well or an individual who’s doing really, really well, and who’s helping them keep their job, but they look dangerously thin, you might not say anything or you might not do anything. Or maybe you don’t even let yourself consider it. Maybe you’re not even saying to yourself explicitly — ‘Oh, they have an eating disorder. I’m going to chose to keep quiet’ — you might just choose to not even see it in the first place. (Participant 21)

As she spoke, her emotions and frustrations seemed to escalate. Her hands gripped the table as she went on; “Ignorance is not an excuse! And at this point, it’s willful ignorance if they choose to not pay attention to it and look for it. And...I don’t know...I think it’s negligent” (Participant 21).

Other times, comments from coaches further encourage these cycles, as their support of successful athletes engaging in unhealthy habits implicitly endorses those practices. One professional athlete recalled such an instance from her college career:

My sophomore year, we had a girl on the team who was — it’s actually really sad; she was a highly recruited athlete and was like 5’10”, 120 pounds. And my

coach was like, ‘You look so great and so fit! You’re going to be an All-American!’ and kind of just — not on purpose I’m sure — but kind of feeding into her habits. (Participant 19)

When that encouragement comes from a coach, those practices can easily spread throughout a team. Whether or not they are conscious of it, coaches play a huge role in determining team culture. One athlete articulated this phenomenon specifically:

It definitely stems from the coach too, as much as the team. A coach has to be really aware and catch somebody before it becomes a team-culture sort of thing. Because if a coach is promoting an athlete that is doing things wrong nutritionally, then the rest of the team is going to follow suit. So I think it’s really important for the coach to pull that person aside and deal with the problem — not necessarily publicly praise them, even if they are running really well, because then other people will as well. (Participant 22)

Coaches must leverage the power that their position grants them to attack this issue as close to its roots as possible. They must be partners in the process of moving towards health. Several athletes voiced similar hopes: “I’d also love to see the coaches talk more about, ‘You know, you’re in college, you’re dealing with mental health stuff, eating disorders, whatever; these are your resources.’ I think sometimes you need that in-between” (Participant 19). Another said, “We *know* the science. The science says this is the population that’s most at risk for these disorders and we’re not doing anything about it. So what I’d like to see is the coaches openly address it first of all” (Participant 9). Unfortunately, the hesitation of coaches to address the issue helps to keep it in the shadows; by refusing to acknowledge that it exists, they unintentionally allow it to persist. One professional athlete spoke about the impact that a coach’s words might have had:

It would have hit much closer to home if I’d had my coaches say, ‘Hey, we’re going to talk to you guys about this. This is a problem that we know comes up for a lot of you and we just want to address that this is real and you guys can talk to us about this.’ That never happened. I always had male coaches and I think they were just so terrified that they — that by saying the word ‘eating disorder’ that they would have infected us all with eating disorders, so they just never said it. They *never* said it. (Participant 21)

This athlete touches on an important caveat of these conversations; a coach's role is further complicated by the intricacies of a gendered dynamic in which a man coaches a group of younger women. Particularly in the contemporary climate, many more eyes are following men in positions of authority over women, young women especially. There may be something inherently unsettling about a male coach acknowledging that they *noticed* an athlete's body or a change in an athlete's body. As one athlete articulated:

This is hard, especially male to female. That relationship in general, just with our culture and the dynamic there and the age difference — there's so much that they have to be careful of; they're walking on eggshells. (Participant 24)

Another athlete expanded further, teasing out some of the societal norms that are already under strain by this kind of relationship:

It would be uncomfortable for them because they're already not that far away from a bunch of college girls who have short shorts, and run around in spandex, and stretch us out, and all that weird stuff, and I feel like they are super conscious about that already. (Participant 10)

The athlete's account indirectly captures the vulnerability of female athletes within these contexts. Sociological research in sport has pointed to the power dynamics perpetuated by the gendered nature of relationships between female athletes and male coaches (Tomlinson & Yorganci, 1997; Lenskyj, 1990). For better or for worse, histories of sexual harassment inevitably color modern interactions between these two parties, making male coaches pause in having these discussions. Combined with women's perceptions of an inability to understand or empathize with body-image concerns, these structures are difficult, if not impossible to escape, and therefore a male coach and female athletes must together learn to operate within them (Brackenridge, 1990; Dick, 1991).

Women pointed out that any comments about body size or shape from an older man could be taken a multitude of ways, few of them positive. Other athletes argued that a male coach even broaching the subject of weight could be particularly damaging:

It's hard with a male coach and female athletes, especially with the whole stigma of being thin as a runner — I feel like people who don't need to lose weight at all will interpret that conversation [*about bodies*] as, 'Oh, I do need to lose weight,'



if they have any of those types of tendencies, which isn't what you want.

(Participant 17)

As a result, a number of athletes recalled their coaches tiptoeing around the issue. One athlete recalled, "He wouldn't say that we should eat less; he would just say, like, 'eat healthier' — you know, he'd be careful to emphasize that so that people didn't get the wrong idea" (Participant 1). Yet another athlete explained that her coach brought in a female coaching friend to talk about the issue, saying, "I think he feels kind of weird addressing it himself so he delegates" (Participant 13).

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Many exceptions to this pattern exist within the collegiate running world and we ought to look to these coaches for guidance in navigating complicated territory. One professional athlete expressed a great deal of admiration for the way her coach handled disordered eating:

I know my college coach was really good with that with the athletes who he worked with nutritionally. We did have a handful of people with eating disorders, but it was not the majority — it was not the team culture. It was viewed by most of us as a problem, and we kind of felt bad for those people rather than something we should strive to, and I think a lot of that was the fact that he would step in and have conversations with these girls, and they trusted him, you know? It's a hard talk to have, especially sometimes with a male to a female, but he did it well and the girls seemed to respect him — the ones that I knew that had eating issues.

(Participant 22)

Similarly, another athlete recounted her female coach asking a team member to take medical leave for a year to recover fully from an eating disorder, even though she was one of the scoring members of the team; without her, the team's performance suffered that year, but the coach remained resolute and stood behind her decision (Participant 21). Whether this coach's gender facilitated her decision, we cannot be sure. Regardless, these counterexamples serve as exemplary models for coaches to strive for. Though the reality remains that these kinds of conversations are immensely difficult, these athletes' accounts suggest that coaches have one of the most vital roles in determining team cultures surrounding disordered eating.