

HOW TO HANDLE EATING DISORDERS

Advice for Coaches, Friends, Parents

If you think that an athlete is struggling with food issues, speak up! Anorexia and bulimia are self-destructive eating behaviors that may signal severe underlying depression and can be life threatening. Here are some tips for approaching this delicate subject:

•**Heed the signs.** Anorectic behavior includes extreme weight loss (often emaciation), obsessive dieting, compulsive exercise, spartan food intake despite significant energy expenditure, distorted body perception (i.e., frequent comments about feeling fat despite obvious thinness). Anorexics commonly wear layers of baggy clothing to hide their thinness and may complain about feeling cold.

Bulimic behavior can be more subtle. The athlete may eat a great deal of food and then rush to the bathroom; you may hear water running to cover-up the sound of vomiting. The person may hide laxatives and display other secretive behavior. Petty stealing of money for food is common among teammates. The bulimic may have bloodshot eyes, swollen glands and bruised fingers (from inducing vomiting). Some even speak about a magical method of eating without gaining weight.

•**Approach the athlete gently** but persistently, saying that you are worried about his/her health. Share your concerns about their lack of concentration, light-headedness or chronic fatigue. These health changes are more likely to be stepping stones for accepting help, since the athlete undoubtedly clings to food and exercise for feelings of control and stability.

•**DON'T discuss weight or eating habits.** The athlete takes great pride in being "perfectly thin" and may dismiss your concern as jealousy. The starving or binge-ing is not the important issue, but rather a smoke screen over the larger problem. Problems with *he* are the real issue; problems with food are the symptom.

• **Focus on unhappiness as the reason for seeking help.** Point out how anxious, tired, and/or irritable the athlete has been lately. Emphasize that s/he doesn't have to be that way.

•**Be supportive and listen sympathetically** but don't expect the athlete to admit s/he has a problem right away. Give it time. Remind the athlete you believe in him/her. This will make a difference in the recovery.

•**Give a written list of sources for professional help.** Although the athlete may deny there's a problem to your face, s/he may admit despair at another moment. If you don't know of local resources, two likely national organizations include:

--*American Anorexia/Bulimia Association*, 418 East 76th St., New York, NY 10021. (Send self-addressed stamped envelope) Phone: 212-734-1114. AABA offers a national referral service, self-help groups and information on eating disorders.

-- *National Association of Anorexia Nervosa and Related Disorders (ANAD)*, P0 Box 7, Highland Park, IL 60035. (Enclose \$1 postage and handling.) Information and Crisis Hotline: 708-831-3438. ANAD runs a nationwide system of free support groups and referral list of psychotherapists.

•**DON'T deal with it alone.** If you feel you're making no headway and the athlete is becoming more self-destructive, seek help from a trusted family member, medical professional or health service. Make an appointment with a mental health counselor and bring the athlete there yourself. Tell the athlete that you have to involve other people because you care about him/her. If you are over-reacting and there really is no problem, this health professional will simply be able to ease your mind.

•**Talk to someone about your own emotions** if you feel the need. Remember, you are not responsible and can only try to help. Your power comes from using community resources and health professionals such as a guidance counselor, registered dietitian, member of the clergy, or an eating disorders clinic.