

Ninety Minutes of Freedom: An Interpretative Phenomenological Analysis of the Role that Sport Plays on an Athlete with an Eating Disorder

Victoria Samantha Scarratt¹
University of Stirling, Stirling, Scotland

ABSTRACT

Eating disorders (ED) are serious and potentially life-threatening mental disorders that affect millions of individuals worldwide. Researchers have indicated that athletes who participate in sports are at a greater risk of developing an ED than members of the general population. Previous research has focused on investigating the prevalence and symptomatology of eating disorder sufferers. Limited qualitative research has sought to analyze the lived experiences of patients and especially athletes with an ED. Therefore, the purpose of this research is to provide a platform for an athlete who was clinically diagnosed with an ED to share their story and highlight how playing a sport affected their condition. Semi-structured interviews were conducted with one female athlete who participated in a non-weight-centered sport. Interpretative phenomenological analysis was used to understand the experiences of the athlete and investigate how participation in a competitive sport impacted their eating disorder. Four superordinate themes emerged from the data: family dysfunction, life transitions, control over emotions, and social support needs. The findings from this study were atypical in comparison to current research. Although participating in football exacerbated the symptoms of the participant's eating disorder, it was not involved in the aetiology as previous research has indicated. Football provided the participant with an outlet to separate from the powerful stressors she faced.

KEYWORDS: Athletes, bulimia nervosa, eating disorders, interpretative phenomenological analysis.

Eating disorders, such as anorexia and bulimia nervosa, are a potentially life-threatening multi-faceted medical condition that significantly alters the mental and physical well-being of the sufferer (Currie, 2010). In recent years, contemporary literature has shown a concerning trend that indicates the development of eating disorders in athletes is correlated with sports participation (Papathomas & Lavalley, 2006). It is essential for athletes who participate in amateur or professional sports to properly nourish, rest, and nurture their bodies and minds. In order to advance in their chosen sport, most athletes are dedicated, competitive, and disciplined individuals. The severe health consequences that accompany EDs, such as dehydration, extreme weight and muscle loss, can be detrimental to athletic performance. Several studies discuss that athletes appear to be more susceptible to developing an ED than the general population as a result of performance anxiety, social influences, and high-stress levels (Johnson et al. 1999; Petrie, 1993; Torstveit et al., 2007).

¹ Corresponding Author: A Researcher at University of Stirling, Stirling, Scotland.
E-Mail: victoriascarratt@gmail.com

Clinical Definitions

The American Psychiatric Association (APA, 2013) published the current Diagnostic and Statistical Manual of Mental Disorders 5th Edition (DSM-5). The DSM-5 is a respected and widely used resource by healthcare practitioners to diagnose mental health conditions (Bailey, 2022). Significant changes have been made in recent years regarding the literature surrounding eating disorders due to the DSM-5 outlining an updated diagnostic criterion (Vo et al. 2017). In the DSM-IV there were three main conditions for eating disorders. Anorexia nervosa (AN) and bulimia nervosa (BN) remain the two main conditions in the DSM-5 while eating disorder not otherwise specified (EDNOS) has been replaced with other specified feeding or eating disorder (OSFED), and unspecified feeding or eating disorder (USFED) (APA, 2013). The amenorrhea criterion has been removed for AN, and for BN, the frequency in which binge eating and compensatory behaviors occur must be at least once a week for a minimum of three months (Cowden & Goldman, 2020). It is important to note, the DSM-5 is not used as a platform to focus on the experiences of individuals with eating disorders, but its purpose is as a diagnostic manual.

A brief synopsis of Bulimia Nervosa (BN) will be given as this is the eating disorder with which our participant has been diagnosed. BN can be characterized as recurrent episodes of binge eating (consuming an abnormally large amount of food within a two-hour period) along with the repeated use of compensatory behaviors such as fasting, misusing laxatives, excessive exercise, and purging (APA, 2013). This condition is separated into two categories which are purging and non-purging. Unlike the DSM-IV, the DSM-5 does not differentiate between the former and the latter (Firman, 2020). Typically, an individual will seek to gain temporary relief from their intense emotions or situations outside of their control by engaging in compensatory and purging behaviors (Thompson, 1987). Actively repeating the binge-purge cycle of BN creates specific health risks for the individual such as cardiac complications, dehydration, oedema, and pancreatitis (Forney et al. 2016).

Eating Disorders in Athletes

A prominent topic of discussion in the world of sports psychology is based on the rapid increase of athletes who are struggling with an ED. A prior study, conducted by the National Collegiate Athletic Association (NCAA) on Division 1 and Division 3 athletes from a variety of sports, reported that the prevalence of disordered eating ranged from 40.4% to 49.2% across a variety of weight and non-weight-focused sports (Kato et al., 2016). Bratland-Sanda and Sundgot-Borgen (2013) published a review in the *European Journal of Sport Science*, that noted eating disorders and disordered eating affected approximately 6% to 45% of female athletes. No explanations for this wide discrepancy in the statistics have been noted in the literature (Knapp et al., 2014).

Johnson et al. (1999) conducted a quantitative study that surveyed male and female athletes from 11 different Division 1 universities. At the conclusion of this study, Johnson et al. (1999) reported that female athletes were at the greatest risk, compared to their male peers, for developing thoughts, attitudes, and behaviors that are commonly associated with eating disorders. After a review of the literature, Bratland-Sanda and Sundgot-Borgen outlined various suggested sport-specific risk factors such as injuries, threat perception, pressure to stay within a certain weight, and coaching behavior (Currie, 2010; Smolak et al; 2000; Sundgot-Borgen, 1994). However, a later study by Bratland-Sanda and Sundgot-Borgen (2013) explained that it is difficult to categorize what counts as a ‘true’ risk factor since no long-term prospective studies have been published. Therefore, at this time no causal conclusions can be drawn regarding specific risk factors. This reiterates the call for methodological diversity in research as described at the end of this section.

In addition to sports-specific risk factors, the prevalence between the type of sport an athlete participates in, and the rates of eating disorders have been thoroughly investigated. The hypothesis that surrounds this notion was influenced by Dosil (2008), which explained that pressures for athletes to be thin in order to increase performance may influence already vulnerable individuals. Such as in the case of Mary Wazeter, an athlete at Georgetown University, on a full track and field scholarship. Mary attempted suicide by jumping off a bridge due to feeling defeated in her battle with anorexia and bulimia (Brown, 2004). Athletes who participate in sports that place an emphasis on weight categories, leanness, and endurance are at a greater risk of developing an ED compared to other non-weight-focused sports (Gapin & Kearns, 2013; Petrie, 1993; Sundgot-Borgen & Torstveit, 2004).

When responding to an eating disorder inventory, high-performance female athletes competing in weight-focused sports such as diving and gymnastics, scored significantly higher than female athletes from non-weight-focused sports such as football and basketball (Stoutjesdyk & Jevene, 1993). As noted by Papatomas and Lavalley (2006), it is important to take into consideration that the vast majority of research conducted primarily focuses on eating disorders in weight-focused sports. ED research has concentrated mainly on the symptoms with which the individual presents; however, due to the multifaceted and complex nature of EDs, the aetiology and other variables behind EDs must be further investigated. Limited research, both quantitative and qualitative, has been carried out on the experiences, prevalence, and manifestations of eating disorders in athletes whose sports do not emphasize weight (Papatomas & Lavalley, 2010).

Body Image and Eating Disorders

Based on a literature review conducted by Jacobi et al. (2004), it was found that within the general population, body image disturbances have the possibility to be a variable risk factor which precedes an eating disorder due to preoccupation with weight and appearance. Compared to the general population, studies conducted on athletes with eating disorders were consistent with the findings of Jacobi and colleagues (Berry & Howe, 2000; Byrne & McLean, 2002; De Bruin et al., 2011; Williamson et al., 1999). This has led to the claim that body image disturbances are an absolute criterion of eating disorders in athletes (Beals & Manore, 1994). However, these studies do not come without their limitations regarding participant selection. In De Bruin et al. (2011), out of 52 athletes who were selected to take part in the study, 46 athletes participated in sports that are traditionally considered weight-focused. This large disparity between the participation of weight-centered and non-weight-centered athletes calls for future research to attempt to replicate and generalize these findings to non-weight-focused sports.

Conflicting research indicates that this relationship found in the general population may not occur as frequently in the athletic community due to protective factors such as positive social influences, empathy from coaches, and receiving nutritional education (National Eating Disorder Association, 2018). Sundgot-Borgen (1994) claim that body image disturbances are a relative criterion since it is not always found in an athlete's eating disorder symptomatology. Although they were satisfied with the way their body appeared, elite female athletes reported engaging in harmful behaviors such as dieting on a regular basis and using pathogenic methods of weight control (De Bruin et al., 2007; Hausenblas & Symon-Downs, 2001; Torstveit et al., 2007; Ziegler et al., 1998). As discussed in the previous section, considerable research has noted that athletes in weight-focused sports are at the highest risk of developing an eating disorder. Although this may be the case, a meta-analysis conducted by Torstveit et al. (2007), reported that athletes in weight-focused sports were more satisfied with their bodies as a whole; this was compared to the athletes who played non-weight-focused sports. However, one methodological flaw is that researchers were unable to explain the participants reasoning behind their survey responses due to this being a prevalence study. De Bruin et al. (2007) discuss dieting behaviors

and body dissatisfaction as moderately linked based on the sample of gymnasts with whom they worked. Stronger relationships were identified regarding sport-specific variables, such as the level of sport in which they competed and the athletes' efforts trying to increase their performance were identified. Athletes in this study were convinced that 'thin is going to win' rather than holding the belief that 'thin is beautiful' (De Bruin et al., 2007). The literature on EDs and athletes has yielded inconsistent results; therefore, firm conclusions pertaining to specific risk factors are unable to be drawn at this time.

Sociocultural Factors

Sociocultural models have focused on the ideals of Western culture, which glorifies a 'feminine' and 'thin' female body and stigmatizes body fat (Krane et al., 2004; Levine & Smolak, 2014). Empirical research has suggested that a maintenance factor in EDs can be connected to sociocultural 'pressures to be thin'. This pressure commonly stems from one's peers, family, the media, and specific to the athletes: pressure from coaches (Mabe et al., 2014; Penelo et al., 2011; Pope, 2010). In order to achieve maximal performance, many coaches consider weight loss, food restriction, and overtraining to be beneficial (Pope, 2010). Studies have demonstrated that in order to reach the high expectations that are set by coaches, athletes are dieting with the goal of losing weight, increasing their performance, and satisfying their coach (Sundgot-Borgen, 1994). Engaging in these destructive patterns for a long period of time can cause athletes to be more inclined to hide these behaviors from those who may be able to support them. Athletes may be unwilling to disclose that they have an eating disorder because they are fearful of disappointing their coach, getting dropped from the team, or losing playing time (Sherman & Thompson, 2001).

Another sociocultural factor that may place an athlete at a greater risk of developing an ED is how strongly they identify with their sport. According to Brewer et al. (1993), athletic identity can be defined as the "degree to which an individual identifies with the athlete role." Although limited research has been conducted on the connection between athletic identity in EDs, in the few studies conducted, having a high athletic identity has been correlated with an increased susceptibility for ED psychopathology (Gapin & Petruzzello, 2011; Turton et al., 2017). Similarly, in a study by Arthuer-Cameselle and Quatromoni (2014), it was found that in the population of athletes with whom they were working, eating disorders were correlated to higher levels of athletic identity and how they perceived their performance. Brewer et al. (1993) hypothesized that this relationship may have occurred because sustaining a high athletic identity may not allow for an individual to have a multi-dimensional self-concept.

Athletes are a unique subgroup of the population that face specific obstacles, challenges and experiences. However, Papatomas and Lavalley (2014) placed a heavy significance on understanding that the lives of athletes are not separate from external pressures such as family issues, academia, and social interactions. If practitioners and researchers aim to accurately address eating disorders, then they must also take into consideration how issues that are not sports-related can affect athletes alongside the pressures they face from athletics. In addition to long training hours and travelling far distances for matches, athletes must also handle the demands of their academic schedule. Resources that may help athletes cope with stress and anxiety are severely lacking on American university campuses. If athletes are under immense amounts of pressure, and unaware of healthy coping mechanisms to deal with this mental strain, they are at an increased risk of developing unhealthy eating habits that have the likelihood of developing into an eating disorder (Abood & Black, 1999).

Lack of Methodological Diversity

The psychosocial risk factor model created by Petrie and Greenleaf (2007) aimed to discover risk factors of EDs by longitudinally assessing causal variables and establishing their relevance to eating disorder pathology. The model highlights a complex interaction between mediators such as; sports pressures, restricted eating habits, and low body image with moderators such as; one's self-concept, the amount of social support received, and pressures related to their sport (Petrie & Greenleaf, 2007). When critically analyzing this model, Papathomas and Lavelle (2014) suggest that it may be too rigid and focuses only on preconceived risk factors. As mentioned in the Papathomas and Lavelle (2014) article, Petrie and Greenleaf have acknowledged that employing an inductive qualitative method has the potential to uncover factors that have not yet been taken into consideration. They critique research regarding eating disorders due to the fact that it largely “falls firmly within a positivist paradigm, which is characterized by the underpinning principles of ontological realism and epistemological objectivism” (Angen, 2000; Papathomas & Lavelle, 2012). As a result of this, Botha (2009) claims that this has caused researchers in the field to place their sole attention on the causes, clinical parameters, and treatment methods of EDs rather than the journey and struggles the athlete faces. Research investigating individual experiences, detailed personal accounts, and emotional struggles of athletes diagnosed with ED has been massively overlooked, which makes it more difficult for practitioners to understand athletes' unique experiences (Papathomas & Lavelle, 2012).

A lack of methodological diversity in this area of research leaves many factors regarding what initiates eating disorders, barriers to treatment, and what could help or hinder recovery unknown because prior literature has focused solely on statistics (Arthuer-Cameselle & Quatromoni, 2014). Although prevalence studies give critical insight into the number of athletes in different sports that struggle with an ED, these studies do not explain how an eating disorder is phenomenologically experienced over time. Therefore, vital external variables that may influence eating disorders are unintentionally ignored (Currie, 2007; Papathomas & Lavelle, 2006). Future research must look to close this gap by placing increased focus on this population in a manner that reveals the true complexity of EDs in sports. When seeking treatment, athletes have reported feeling hesitant because they feel like their stories are not understood by practitioners (Sherman & Thompson, 2001). Qualitative ideographic research that focuses on allowing athletes to share their stories may guide practitioners to better understand the journey, challenges, and specific experiences of being an athlete with an eating disorder which may allow for more successful treatment outcomes (Bickford, 2018).

Therefore, the overarching intention of this study is to qualitatively explore how sport influences and mediates an athlete's experience with an eating disorder. In order to capture a meaningful, original, and detailed account of the athlete's experience, interpretative phenomenological analysis (IPA) was used to understand a first-person account from the third-person perspective (Smith & Osborn, 2008). Due to a dearth of literature investigating an eating disorder experience for athletes in a sport that did not focus on leanness, aesthetics, or endurance, emphasis was placed on studying a female athlete who competed in a ‘normal build’ sport (Papathomas & Lavelle, 2006). The current study aims to bring to light the multifaceted and complex experience of a female athlete struggling with an ED and examine the role that sport played throughout the entirety of this major life event.

Methodology

Recruitment and Selection Criteria

Upon receiving ethical approval from the General University Ethics Panel (GUEP) at the University of Stirling, an advertisement (see Appendix A) to participate in this study was uploaded to social media platforms. The participant (referred to herein as Amanda) responded to the post indicating that she had been diagnosed with an eating disorder during her athletic career. In order to be eligible for participation, the athlete had to have been previously diagnosed with an eating disorder that fits the diagnostic criteria of the DSM-5. The main exclusion criteria for the study revolved around the sport in which the athlete participated. Individuals who competed in a sport which focuses on leanness (ex. gymnastics, figure skating, wrestling, and cycling) would not be able to partake in the study. This decision was made on the basis that the majority of research regarding EDs has been conducted on athletes who participate in weight-focused sports (Papathomas & Lavallee, 2012).

To remain consistent with the theoretical underpinnings of IPA, the participant was selected purposively (Pietkiewicz & Smith, 2014). The study emphasized that to participate one must be a female who is over the age of eighteen at the time of recruitment. Although eating disorders are not solely present in female athletes, this research study looks to specifically focus on this population as eating disorders have been shown to affect women at higher rates than men (Keel & Forney, 2013). The decision to recruit adults was made by researching contemporary literature that described adult participants as possessing the ability to recall information from their extended life experiences and they could provide their own informed consent (Nunn, 2009).

Participant

One participant volunteered to participate in this research study as a part of a convenience sample. Brief demographic information along with a contextual synopsis is provided. The description that follows is my personal interpretation of Amanda's story.

Amanda (a pseudonym) is a 22-year-old female student-athlete of white British ethnicity who was enrolled full-time at a university in the United Kingdom. At a young age, she was introduced to various sports such as cricket, football, cross country, and muay thai. Prompted by her peers and parents, she excelled as a multi-sport athlete until the age of 16, when she decided to place her focus solely on football. This sudden switch to one sport was due to the increased physical pressure on her body. Focusing on multiple sports caused her to develop painful shin splints and become unable to continue playing other sports competitively. At the time, she was attending a college that specialized in developing footballers so the choice to stick to football was not a difficult one.

Five years ago, at the age of seventeen, Amanda was clinically diagnosed with Bulimia Nervosa. Amanda also received a second diagnosis of irritable bowel syndrome (IBS), which is a digestive issue that causes extreme pain in her abdomen and abnormal bowel movements (Arnott & Adeniyi, 2022). She suffered from this condition daily and was regularly exploring changes to her diet and lifestyle. At the time of data collection, she indicated that her ED behaviors have improved, but she still struggles with binge-purge cycles and food restriction.

Interpretative Phenomenological Analysis

Interpretative Phenomenological Analysis is a phenomenologically focused approach that has been highly influenced by the philosophical studies of Heidegger (1962) and Husserl (1970). Their phenomenological perspective contradicts that of a positivist theorist that is most

often used in a quantitative setting (Papathomas & Lavalley, 2010). The approach to the current study can be characterized by social constructivism, as the focus is to understand the experiences of an athlete with an ED. IPA aims to study the participants ideographically, so the emphasis is placed on “exploring an experience in its own terms.” Therefore, IPA does not try to minimize the experience to “predefined or overly abstract terms” (Pietkiewicz & Smith, 2012, p. 1). Due to its interpretative nature, IPA is considered a double hermeneutic where the researcher attempts to make sense of the participant trying to make sense of their experiences (Smith & Osborn, 2003; Nunn, 2009).

The decision to embark on a single-subject case study was justified by collecting comprehensive, original, and meaningful data. Although single-subject studies are relatively new and uncommon, the justification for this approach is based on the notion that extensive research will be done on the individual's experiences and reactions to situations, while also providing an opportunity to contemplate the connections between various aspects of the participants account (Smith & Osborn 2008). The overarching goal of IPA is to provide in-depth and detailed accounts of personal lived experiences and not to discover generalizations regarding a large population sample (Smith et al., 2009) It involves timely analysis that will aid the researcher to create an in-depth interpretation of phenomena (Pietkiewicz & Smith, 2012). Analyzing the present study using the methodology outlined for IPA will allow for subjective and meaningful research to add to the existing literature surrounding the qualitative experiences of an athlete with an eating disorder.

Data Collection

Prior to having conducted any interviews, the participant was presented with an informed consent sheet (see AppendixB) and participant information sheet (see AppendixC). The information sheet contained a detailed summary of the study, the participant's role in the study, the potential risks of their participation, and contact information for any questions, comments, or concerns. All the work conducted throughout this research study followed the BPS Code of Conduct which places a strong emphasis on the four ethical principles of respect, competence, responsibility, and integrity (British Psychological Society, 2018). The participant was informed that the video conferencing platform Zoom would be used to conduct a series of interviews. Due to the sensitive subject matter of the study and in line with the BPS ethical principle of respect, confidentiality was emphasized (BPS, 2018). All recorded content was to be kept in a password-protected folder on the researcher's personal computer. In order to properly transcribe and code the interview, the participant also gave consent which allowed the interview to be recorded.

The potential risks of participating in this study were also outlined. Recalling an eating disorder experience may be potentially distressing, especially if the participant is still actively struggling with their illness. She was made aware that participation is completely voluntary, and that she can opt out at any time without penalty. She was told that it was not mandatory for her to answer every single question, and at any point during the interview she could ask for a break if needed. At the end of each interview, a debrief period followed in order to ensure that the participant was not in distress. A sheet detailing mental health helplines was sent to the participant (see AppendixD) after the interview in case she felt the need to receive additional support. The limits of confidentiality were thoroughly explained, and the participant was aware that if I thought she or anyone else was at risk of harm then I would have to inform the appropriate authorities.

Once the participant electronically signed and dated both forms, an initial interview was scheduled. In line with the principles of IPA, semi-structured interviews were used as a guide to facilitate the flow of communication and collect detailed data (Pietkiewicz & Smith, 2012). As a neophyte researcher who is conducting my first individual qualitative study, I created a

semi-structured interview format with specific questions to guide the conversation (see AppendixE). In order to allow the participant to be as open and honest as possible, she was encouraged to express, expand, and lead the conversation in any direction (Smith,& Osborn 2015). Probes were used throughout all three interviews to gain clarification and have the participant expand on her responses. A flexible interview schedule was followed, and no prior categories were imposed on the participant as an attempt to reveal previously unconsidered phenomena and understand her complex behaviors without limiting the field of inquiry (Fontana & Frey, 2000).

Data Analysis

A series of three interviews were conducted over a period of three weeks. The duration of interviews lasted between 25-65 minutes. Audio recordings were later transcribed verbatim by the primary researcher. The participant was assigned a pseudonym, and all identifying information was removed. Consistent with IPA guidelines, transcripts of the interviews were read numerous times in order to familiarize myself with the athlete's experience and immerse myself in the data (Smith & Osborn, 2015). During this time, phrases were highlighted, and annotations were made (Pietkiewicz & Smith, 2012). Exploratory notes were then taken regarding the content of the interview, language use, critical observations, and reflections (Smith et al., 2009).

Previous comments were then categorized into sub-themes that were based on reflections of the participant's account. Relationships and connections were then made between the statements that were identified. According to their conceptual similarities, themes would be grouped together and given a descriptive label. A final list would include multiple personal superordinate themes along with sub-themes. Data analysis would continue in the results section of the study as direct quotations from the participant's interview would be used to illustrate themes (Papathomas & Lavalley, 2010).

Recommended by Smith et al. (2009), to assess the validity and quality of the study, I have chosen to follow the four Yardley (2000) principles: sensitivity to context, commitment and rigor, transparency and coherence, and impact and importance. Sensitivity to context was demonstrated through multiple facets such as referencing relevant and contemporary literature, understanding the sociocultural setting of the study, placing emphasis on ethical principles, and acknowledging possible issues of power between myself and the participant (Yardley, 2000).

The rigor of the study was affected due to adherence to time constraints and working with a convenience sample. However, for the full duration of the study, I have strived to produce a rigorous study by regularly engaging with my supervisor, member checking, and engaging in personal reflexivity. Transcribed interviews were sent back to the participant, and she was allowed the opportunity to assess the accuracy of my comments, state further explanations to questions if necessary, and provide feedback on my results and conclusions (Lincoln & Guba, 1985). In the case of any interpretations being refuted, this would not invalidate my findings but rather, it would agree with constructivist notions that both the researcher and the participant are influenced by their unique and subjective realities (Fielding & Fielding, 1986; Papathomas & Lavalley, 2006).

In order to remain transparent regarding the data collection process, please refer to Appendix F for the verbatim transcription of the interview. Impact and importance are typically the decisive criteria by which validated research is judged (Yardley, 2000). Along with the theoretical and practical impact of the study, emphasis has been placed on sociocultural impact. To this end, this study brings to light the meaning and function of "risky" behaviors such as developing an eating disorder as a high-performance athlete even though the participant was aware of its detrimental effects (Smith, 1996; Yardley, 2000).

Self-Reflexivity

In qualitative research, it is understood that prior beliefs and assumptions of the researcher will influence how data is collected and analyzed. Therefore, reflexivity allows the researcher to reflect on the impact that they had on the research process (Morrow, 2005; Yardley, 2000). The following passage is a personal statement that was written with these goals in mind.

I am a twenty-three-year-old woman of British and Hispanic ethnicities. I was born in the upper-class town of Montville, New Jersey and have lived there for most of my life. I currently live alone and have not been married and do not have any children. I graduated Summa Cum Laude with a Bachelor of Science in Psychology from Saint Peter's University in Jersey City, NJ. I am currently working towards my MSc in Sport's Psychology from the University of Stirling in Scotland. I have been a competitive football player for most of my life playing on a scholarship at the NCAA Division 1 level. I am currently a scholar athlete signed for Stirling University. Regarding my epistemological standpoint, I disagree with the doctrine of positivism. I am a proponent of social constructivism as I believe that knowledge is derived from our interactions with others. Eating disorders do not discriminate, they can affect everyone of all races, ages, and genders.

I was previously diagnosed with Bulimia Nervosa. I have since made a full clinical recovery. I would not change my experience in any way because it has shaped me into the young woman that I am today. I aim to use my journey towards healing to raise awareness of this detrimental illness. As an athlete with an eating disorder, I experienced a variety of challenges and obstacles that many of my peers did not face. My concerns were often overlooked or misunderstood by healthcare professionals. Therefore, as my career develops, I will strive to give athletes who struggle with an eating disorder a platform to share their unique stories so practitioners, family members, and coaches can better understand this very real and life-threatening disorder.

Results

Four superordinate themes emerged from the collected data. They have been grouped to create a narrative that is reflective of the participants' experiences. The superordinate themes are dysfunctional family relationships, control over emotions, social support needs, and life transitions. Together, these themes help illustrate how sport influences and mediates the athlete's ED. In order to further capture the participant's 'lived experiences,' each theme will be reinforced by verbatim extracts from the interviews. It must be acknowledged that themes were constructed based on the subjective interpretation by the primary researcher and derived in order to maintain relevance with the research question.

Dysfunctional Family Relationships

The participant expressed that her toxic relationship with family members exacerbated her ED symptoms. Amanda attributed the onset of her disorder to dealing with overwhelming emotions due to her mother trying to commit suicide on multiple occasions. Therefore, her mother's health issues and her loss of innocence emerged as key themes. Despite this unstable dynamic, Amanda credited her family as being the primary reason why she got involved with football:

... then my stepbrother, he used to play so we would always play together on the street. My mum and my stepdad are both big football fans, so it was just constantly on the telly and you just want to be

involved and understand what's going on, so I thought I would follow them.

Despite recalling fond memories of when she was younger, the next sections reflect how an increasingly toxic family dynamic severely affected her relationship with food.

Mother's Mental Health Issues

Possibly the most recurring theme that was highlighted in Amanda's experience was how her mother's battle with mental illness affected her. The following passage from Amanda illustrates the monumental impact her mother's struggles had on her:

So yeah, it all came from my mom. My mom, she tried to commit suicide several times before I left to go to America. So, for me that was like my tipping point. I was all worried about that and then like more and more I didn't focus on myself or my eating problems... like I just didn't eat, and didn't eat, and didn't eat, it just went on and went on and went on. So yeah, that was definitely the start of everything.

Although diagnosed with bulimia nervosa, Amanda indicates that she suffered from disordered eating prior to this diagnosis. She pinpoints this time period on multiple occasions and is adamant that this is when her struggles began. Additionally, the issues that occurred with her mom also impacted her experience with football as demonstrated by the next excerpt from the transcript:

I didn't really know much about it, so I tried to keep it a secret. I did a year of uni in the UK before going to America, so I pushed it back and then came out the next year. (Assistant coach name) talked to me the year I was in the UK and I told him I had to push off coming especially after everything with my mom happened.

Aside from just having to push off going to America for a bit, which caused her to harbour feelings of distress and confusion, her relationship with football was almost permanently affected during this time period:

I nearly had to step out of football to become her carer, and like that also added onto the food thing because I was just constantly worrying or looking after her, so it meant that I would be skipping meals more often... and um like, if I didn't have football during this time then I just know like the quality of everything surrounding food and the disorder would just um drop significantly.

Amanda acknowledged that if she did not have football to lean on during this time period, her relationship with food would have possibly been even more affected than it already was. This point will be described more in-depth in the *Control Over Emotions* theme. Although her ED was affected, playing football was the way that she kept control and balance over her life.

Loss of Innocence

Amanda described how her situation was already up in the air with football and moving to America which caused her a great deal of stress. She was not sure when she could finally focus on herself again and pay attention to her eating habits. The dynamic of her whole life changed, and she was forced to take on new responsibilities. The passage below from Amanda illustrates this clearly:

... I was constantly on the phone, constantly chasing my mum all the time making sure and seeing if she was okay. I was also chasing my sister, so much was going on and then time would just fly by, and then I wouldn't even notice that I hadn't eaten a meal that day. Then I had to go play football, and I was just always so tired.

Amanda was seventeen at the time of this event and as she reflected on her story, she recalled doing actions that are typical of adults. Besides watching her sister and her mom daily, she would also have to go play football which it appeared that she could not fully enjoy because she would be exhausted from a full day of prioritizing her family. Eventually, the situation got so unhealthy that Amanda recalled the time when she had to make the decision to get her sister out of the household:

... I lost my sister as well. I rang my dad and told him that she needs to be out of here. She was living with us and then my dad took her away. He even said this is not good for her. The whole dynamic of my life changed.

Due to her situation, Amanda was forced to make decisions that a typical seventeen-year-old would not have to make. Instead of being able to put her focus on her studies and athletic career, she assumed the responsibilities of an adult. This unfortunately also caused her eating problems to be unresolved and increase in frequency.

Life Transitions

Amanda has played at various levels of competitive football throughout her career. Although she was fully immersed in the athletic community, Amanda described that she had no idea what a proper diet and healthy relationship to food looked like before she moved to America. Constituent sub-themes consisted of the team dynamic and an increased understanding.

Team Dynamic

Born and raised in the United Kingdom, Amanda moved to America to pursue a university football scholarship at the Division 1 level. Amanda explains that conversations regarding nutrition were nonexistent back home: “unless you were gonna study it at college or uni then you don't understand the importance of it, like here you get your five a day and that's basically it.”

In the United Kingdom emphasis was never placed on maintaining a proper diet. Amanda noted that she would just not eat before a game, and it would never phase her. Although it is unclear if proper education on nutrition would have deterred Amanda from developing an ED, she explained how when in America, being immersed in football and a new culture

reshaped her thinking: “I didn’t have the best nutrition growing up. If I had a better diet, I would have explored more foods. Moving to America I discovered so many foods that I loved.”

Although Amanda did not relate this question directly back to her diagnosis of Bulimia, she feels that proper guidance at a younger age would have educated her about the benefits of healthy eating habits. On the other hand, moving to America and placing an intense focus on her nutrition caused feelings of stress and frustration for her: “a team meal like everyone is just there scoffing down their pancakes like aw this is easy for them, but for you, you're sitting there like cutting all your food up into tiny pieces.”

The idea of being forced to sit down with the team after matches was daunting: “but then I came to America, and it was focused on where we are going out for a team meal like you have to eat before you go and that’s when I found it really difficult.” She described feeling isolated due to her inability to consume meals without feeling distressed. Even the thought of going out for a meal and being ‘forced to eat’ was stressful for her. In the UK, Amanda was never forced to sit down for structured meals with her teammates. Coming to America, this became a clearly uncomfortable adjustment.

Increased Understanding

If it was not for playing football in America, then Amanda believes that she would have never understood what makes a balanced diet: “that’s when I realised that this is such an important part of your diet and performance like so important.” Amanda reiterated that she wishes she had had access to the information she received in America at a younger age. She never saw a problem with skipping meals and was not fully aware of the significance or harmful effects of eating and then purging. Through conversations with the strength and conditioning coach on the football team, Amanda had a knowledgeable resource that stressed the importance of eating after playing:

I can recognise now when I am not eating enough and then I will meal prep, so I know it's in the fridge. I have to eat, and now there is no excuse to not eat after football or eat too much so I am sick.

The knowledge that Amanda obtained at a later age allowed her to learn positive eating habits and routines. She is aware that setting portions and preparing meals for herself makes her much less likely to engage in destructive behaviors. Football provided her with an opportunity to become more informed about her eating habits. Had Amanda not moved to America, it is possible that she would have been stuck continuing the same unhealthy eating habits.

Control Over Emotions

Amanda made the decision to prioritize her mental health, dreams, and footballing career by moving to America to pursue an athletic scholarship while working towards her bachelor’s degree. However, this move did not let Amanda escape feelings of guilt, worry, and frustration about her situation. Three key sub-themes emerged: football as an outlet, guilt, and performance factors.

Football as an Outlet

Amanda always knew that football was the way that she could release her emotions from all the hardships that she faced. Football played a vital role in her life and served as a means to relax and clear her head as illustrated by this statement:

Victoria: *...when you were playing football, did you think about your mom or your ED?*

Amanda: *...it felt like once I was on the pitch most of my worries went away. I just thought of it as my 90-minute break from the world*

Amanda identified strongly as an athlete. When she described her thoughts about football, it felt like the only time when she really felt comfortable and her true self. If she did not have football in her life Amanda stated that “I would be a wrong ‘en, my family has already said it, my dad said it, he said if you didn’t have football, I think you would just be a bad and very troubled kid”. At no time has Amanda overtrained as a means to fuel her ED; instead, being a footballer has guided her toward a healthy path, and moreover, it is the motivation for her to recover.

Performance Factors

Amanda described that she knew it was not healthy to skip meals or make herself sick because doing this would affect her performance. However, if Amanda performed poorly, then she was more likely to engage in ED behaviors after a match. She did not have a preconceived notion that losing weight would cause her to perform better. When asked to describe the relationship between food and performance on the field she responded with this answer: “So, if I wasn’t sick and I had fed myself I was like oh I am gonna be on top form tomorrow like it felt like a reward that I forced fed myself that much.”

Amanda understood athletic success to be correlated with nourishing her body properly. She realized that if she did not feed herself this would cause her to underperform. She was more resolute to fight ED thoughts and behaviors before a match in order to perform well. However, her motivation changed when she performed poorly:

Victoria: *Okay, if you were to have a poor performance on the field did this make you more likely to want to skip meals or binge and purge?*

Amanda: *Yes, definitely because you're frustrated like you're just angry with yourself. I would just go home and be so annoyed then like (teammate's name) would be like alright let's go to Chipotle. I was like nah I just do not want to eat I am so angry like.*

The intense emotions that Amanda felt after the game caused her to increase negative feelings towards food. It appears that Amanda thought that she did not deserve to eat because she did not perform well. Her emotions overpowered her and left her feeling repulsed by the idea of eating. These feelings were not exclusive to games but also training sessions.

Loss of Control

The stressful situations that Amanda faced were largely out of her control. She experienced guilt when she left her mom in the UK to come and pursue her soccer career. She was in a constant state of worry and distress because she was unable to check up on her mom and was left constantly worrying. Various stressors in Amanda’s life added to the emotional turmoil. She felt guilty before, during, and after meals, and these feelings greatly affected her desire to purge: “it was a bit of a regret thing, like oh you have eaten too much, I shouldn’t eat that much now I must get rid of it and be sick for eating that much.”

There is a disconnect in her cognitive functioning because she knows must eat in order to perform well but feels so guilty that she forces herself to purge. She uses the phrase ‘now I have to’, and in this sense, Amanda feels an obligation to her ED because believes that she must

get rid of what she has eaten. It is interesting to note that the motives behind Amanda's purging are not weight centred, as she stated that she was not bothered about her weight. The pressures she faced regarding her mom and her relationship with a new coach created discomfort around food:

...just make yourself sick and the pain will go. So, it was sort of like I had eaten too much of whatever. I was like I need to get rid of this out of my stomach... it was my out to get rid of it.

It is plausible to conclude that since she was unable to control the events around her, engaging in ED behaviors was her way of processing her emotions and taking control of her life.

Social Support Needs

Amanda discussed how the lack of a social support network negatively affected her experience. Lack of understanding, a poor-coach athlete relationship, and relatability emerged as the three key themes.

Lack of Understanding

Amanda found it difficult to disclose the fact that she was struggling with an eating disorder to her parents. Her parents also suffered from disordered eating. Instead of being able to confide in them, she expresses feelings of not wanting to burden them, especially her mom. Although she mentioned that her father suffers from disordered eating, it also appears that she feels her father would not care about her struggles. When asked why she does not feel comfortable sharing with her father, knowing that he might be able to relate to her, she explains: "and then there's my dad, he is just very old school and couldn't really care less. He will just say you're being a wimp and just try new foods sort of thing."

It is unclear how Amanda's father has handled his own struggles with disordered eating; however, this statement provided by her indicates that he does not understand the nature of mental health conditions. According to him, the solution to her problem is simple: just try something new. Unfortunately, there is not a simple and quick-fixed solution to recovering from an ED. Eating disorders manifest differently in every individual and what constitutes effective treatment varies based on several factors such as the personality of the sufferer seeking help and the individual's willingness to comply with treatment (Valdez & Smalls-Mantey, 2021). Amanda further provided insight into her thought process when it comes to not sharing: "Eh, I feel like it is just pointless sharing it with someone if they cannot understand and they can't relate to you."

This statement is an indication that Amanda assumed that her parents will not understand despite struggling with their food consumption issues. It is unknown whether her perception is accurate as she also explains that she has no interest in sharing her condition with her parents for the foreseeable future. However, as she suggested, the taboos and misunderstandings of eating disorders lead her to believe that it is easier to struggle in silence than to try and have people comprehend her condition.

Poor Coach-Athlete Relationship

Stressors that emerged from a poor relationship with her new football coach greatly impacted her ED experience. The challenges with this relationship led Amanda to feel as if she was being targeted by her coach and that no matter how hard she tried she would never make it

into the squad. This relationship was one of great importance to Amanda, but due to its toxic nature, Amanda felt increasingly isolated.

...I was ready to throw in the towel like I can't eat, or I eat then be sick like I can't do this and can't do that. I'm trying my best to get in the squad...it's awful like, the coach hates me, the coach takes the piss out of me. I think that's the hardest thing, like when you're in a different country and the coach can't even support you; you have a handful of friends. I was ready to throw in the towel, so I had to leave, that was the lowest I have ever been in my life, I was like I can't do it.

Amanda felt hopeless and ready to 'throw in the towel' in order to escape feeling targeted by her coach. With no one to turn to and confide in, Amanda felt at an all-time low. Although Amanda previously described feeling the need to properly nourish her body in order to perform well, the relationship with the coach created a negative relationship between her eating patterns and performance:

Victoria: *...the poor relationship, maybe that you had with her did it affect the eating habits in some way?*

Amanda: *... like I almost never wanted to play football again. Then obviously I just didn't care what I was eating, and I actually put some weight on, and I would just like binge eat and just didn't care what I was eating. I started drinking more and I was just like I don't care about football.*

It appeared that after continuously trying to impress the coach with no success, Amanda's frustrations cause her to lose that passionate love she has for the game. Had the coach been able to properly support or relate to Amanda she is certain that she would have remained in America saying that "If we had a proper relationship and we didn't get off on bad foot then I would still be there now, definitely." Had Amanda felt comfortable with her new coach she may have been able to disclose her ED to her just like she confided in her previous coach. Feeling like she was seen and heard influenced Amanda's ability to open up to her old coach, as captured by this quote: "She has time for me, so you appreciate it and open up more when someone is willing to give you that time of day."

Relatability

Given that Amanda has struggled to disclose her ED diagnosis to those closest to her, there was a perceived lack of social support. However, Amanda does acknowledge that she is able to find solace in friends who are also struggling with their own eating difficulties. She was able to confide in her best friend:

So, like my best friend, she goes through the same thing, she hates the texture of food in her mouth so we can relate to each other and then understand one another when we are going through these bad patches.

Earlier in the interview, Amanda acknowledged that she saw no purpose in sharing her struggles with individuals who would not understand her illness. However, Amanda sees great benefit in disclosing her experience to her best friend. It makes her feel validated because she has a close friend that can empathize with her. Amanda also noted that she found it difficult to

share her experiences with her close friends that did not share the same footballing dreams, so she decided that it was better to try and assimilate.

... they don't play football, they don't care about nutrition, So, yea I am just having fun with my friends just eating curly fries and crap in college. I felt like pressure to just join and along and look normal.

Amanda used the term 'look normal' and 'pressure' which implied that when being around this friend group she feels out of place and desperate to do anything so they are not aware of her struggles. This is in stark contrast to how Amanda felt when she is around friends that place an emphasis on football and nutrition even if they do not struggle with an ED:

... cares quite a lot about her nutrition. She is more about the reward of eating like on the weekends she won't continue her meal plan and we talk about that a lot and how just treating yourself occasionally is normal. You don't have to be so strict with yourself all the time, but also, we would talk about how if you just went through a binge weekend and how that wouldn't help during training.

Although this friend was not fully aware of the scope of Amanda's ED, Amanda felt supported because they share similar goals. This friend helped Amanda recognize that a healthy lifestyle is about balance and moderation and that it is not the end of the world if she wants to treat herself occasionally.

Discussion

The purpose of this study was to examine how sport influenced and mediated an athlete's experience with an ED. In relation to this extensive research question, more specific areas of inquiry were examined using IPA such as personal relationships in and out of the sport, the participant's perception of themselves, how sport exacerbated the symptoms of an ED, and how an ED affected competitions and training. We aimed to gain insight into how the ED manifested, what the experience of the athlete was, and any notable obstacles that the athlete had to face. The current study adds to the existing literature surrounding EDs in sports by analyzing and documenting the personal and subjective experiences of an elite athlete with an ED. Data analysis revealed four superordinate themes: family dysfunction, life transitions, control over emotion, and social support needs. Themes will be discussed and related back to the preexisting literature. Amanda's experiences as a top-level athlete with an eating disorder provide insight into the role of sports on EDs.

The findings from this qualitative research were atypical. Amanda's narrative was multi-faceted, complex, and filled with personal accounts which emphasized the effects of her illness on her life. Dysfunctional family relationships emerged as a significant stressor for our athlete. Similarly, Cerniglia et al. (2017) found that the family members of female adolescents with EDs are characterized by problematic family profiles. Amanda's situation at home greatly impacted her life and her eating behaviors. She believed that the problems and emotions she was facing regarding her mother's mental health were the reason her ED developed. However, football provided her comfort and relief through all the turmoil. In this respect, had it not been for football, Amanda's mental health and ED would have caused her greater distress. Amanda feels her true self when she is playing football, and she describes it as the only time that she ever gets a break from her reality.

Results indicated that life transitions played a role in changing Amanda's view surrounding her ED. This theme did not involve the aetiology of Amanda's ED, but rather it described how a lack of understanding of a proper diet and moving to America helped open her eyes to harmful habits. Amanda tries to seek positives from her negative experience which can be viewed as her attempt to regain coherence and maintain her current state of psychological well-being (Papathomas & Lavaelle, 2010). Unlike findings from a study conducted by Berge et al. (2011), moving to a new country and being immersed in a different culture did not relate to the onset of Amanda's ED. Without a football scholarship, Amanda would have remained stuck in the same environment that caused her mental anguish. The transition of moving to America enabled her to realize that skipping meals, bingeing, and purging was not a universal experience. Although she found it difficult to keep up with the eating habits of her new teammates, Amanda is grateful that she has had the opportunity to see food in a different light.

The emotions that Amanda felt played a large role in the intensity and frequency of her ED. The pressures that athletes face in sports have been cited as a possible risk factor for developing an ED (Currie, 2010; Kontele et al., 2022; Smolak et al; 2000; Sundgot-Borgen, 1994). This study would refute this claim based on Amanda's experience. Playing football was the only time when she felt that she had no pressure, and all her worries regarding her family and eating disorder vanished. The athlete did not express concerns over her weight, nor did she disclose that engaging in purging behaviors was an attempt to maintain her weight or improve her body image. This finding would support Sundgot-Borgen's (1993) claim that body image disturbances are not an absolute criterion in an athlete's ED symptomatology. Amanda was not preoccupied with the way she looked, rather she used bingeing, purging, and food restriction to escape, handle, and control the issues and emotions she was facing.

A significant finding that should be considered is that the severity of Amanda's ED behaviors would increase when she performed poorly. This discovery is consistent with Thompson and Sherman's (1993) study that indicated the intense competitiveness of athletes may influence an athlete's ED. Most of the research concerning performance and eating disorders has focused solely on describing that eating disorders were often a way for the athlete to lose weight and increase performance (Currie, 2010; Smolak et al; 2000; Sundgot-Borgen, 1994). Future research should aim to investigate if poor performance increases ED symptomatology in other athletes as well. When Amanda was satisfied with her performance, she was more inclined to not skip meals and stay consistent with her dietary needs. This is in stark contrast to her feelings when she did not play according to her standards.

Amanda perceived a lack of social support; however, she was satisfied by the limited support that she did receive. This finding is consistent with the Tiller et al. (1997) discovery that concluded eating disorder patients experienced deteriorated social networks. However, this research disagrees with Tiller and colleagues' additional findings that noted individuals with an eating disorder were largely unhappy with their received amount of social support. Amanda viewed the type of support she received to be beneficial as she felt that the individuals she told understood her. Amanda was indifferent about telling her family and friends about her condition due to preconceived notions that they could not relate to, care about, or comprehend what she was going through. Papathomas and Lavaelle (2010) noted that among their sample of athletes, disclosing their illness helped alleviate ED symptoms. Amanda's reluctance to disclose to her family has prevented her from discovering if she can feel relief after disclosing her illness.

Athletes have reported feeling misunderstood by practitioners, claiming that their unique experiences are not taken into consideration (Sherman & Thompson, 2001). Mental health practitioners should examine qualitative research as it is filled with personal perspectives that describe how sports can both positively and negatively affect eating disorders. In order to bridge the gap, Gardner and Moore (2006) suggest that knowledge of sports culture can increase understanding. Based on the atypical findings from this study, it is imperative that clinicians

understand how participating in sports creates a different experience for an athlete with an ED compared to an individual who does not compete in athletics.

Future qualitative research should aim to replicate this study in order to support or refute the current findings. Based on the findings from this study, it is clear that there is a need for more qualitative research to be conducted on athletes with ED. Future research should assess the experiences of multiple athletes to analyze the differences and similarities between athletes who have an ED. It would be beneficial for researchers to interview male athletes as well as female athletes to discover if competing in sports and having an ED effects genders differently. Interviewing the families, friends, coaches, and teammates of an athlete with an ED would serve to further understand and examine the athlete as a whole. Research should aim to phenomenologically study and compare the experiences of athletes and non-athletes and athletes who participate in weight-focused sports versus athletes who compete in non-weight-focused sports. Each athlete who struggles with an ED has been through a unique and personal experience. The small sample size used in this study may initially be seen as a weakness; however, it is a strength because it follows the idiographic commitment of IPA, which allows for the participant to share their story and have their voice heard (Smith et al., 2009).

This study must be seen in light of the limitations it may present. The framework of this research relies on the participant being honest and open with their responses. Due to the sensitive nature of this topic, it may be possible that the participant omitted information because she was unable, unwilling, or uncomfortable sharing the whole truth with the researcher. The participant was also tasked with trying to accurately recall events that previously occurred. Stillwell and Baumeister (1997) explain that it can be difficult for participants to accurately recall the specific details of past traumatic events. This occurred several times during the interview when the participant responded with “I’m not entirely sure” or “I think this is how it happened”. Additionally, due to the small sample size, these findings are not able to be generalized and causal conclusions are unable to be made. Had this criterion been met or a larger sample used, this study would have gone against the aims of qualitative research (Papathomas & Lavalley, 2006). Amanda has also not engaged in an intensive form of treatment which can be seen as a limitation due to a lack of medical guidance and treatment.

In conclusion, conducting this study in a qualitative and phenomenological manner has provided additional insight into how playing a sport affects an athlete’s ED experience. Documenting the powerful story that Amanda shared allows researchers a deeper and unique understanding of how sports can influence eating disorders. This study demonstrates that football played a major role in different aspects of her journey. Although the sport was not cited as a reason for this athlete developing an ED, being a footballer altered Amanda’s experience and served as a motivation for recovery. The themes emphasized that eating disorders are complex and misunderstood by researchers and practitioners. This research project hopes to have met its aim of gaining an idiographic understanding of the role that sport plays in an athlete’s eating disorder.

Acknowledgments

The completion of this study could not have been possible without the guidance and expertise of my supervisor Dr. Rob Morris. Thank you for always taking the time to address my questions, comments, and concerns.

A debt of gratitude is owed to my football coaches Nile, Tim, Becky and Murray. You three have been amazing in ensuring that my well-being was forefront. You have been a shoulder to cry on, a form of reassurance, and someone to laugh with during stressful moments. A special mention goes to Nile, whose words of wisdom and handwritten notes before every game added to my motivation to succeed.

To my best friends and family, thank you for always being there for me. You were all an amazing support system, and words cannot express how you guys bring joy, laughter, and love into my life.

Most importantly this dissertation is dedicated to my mom and dad. Without you guys none of this would be possible. Mom, thank you for spending thousands of hours with me over my academic career editing and listening to my assignments. You are my best friend. The strength and courage that you display have shown me I can conquer anything. Dad, you have always been my biggest supporter, and friend. Your hard work and sacrifice served as an inspiration for completing this project. Most importantly, you both have shown me unconditional love and are the best parents a girl can wish for.

References.

- Aboud, D., & Black, D. (1999, November 30). *Health Education Prevention for Eating Disorders among College Female Athletes*. American Journal of Health Behaviour, 24(3). Retrieved May 17, 2022, from <https://eric.ed.gov/?id=EJ607397>
- Alase, A. (2017). The interpretative phenomenological analysis (IPA): A guide to a good qualitative research approach. *International Journal of Education and Literacy Studies*, 5(2), 9-15. <https://doi.org/10.7575/aiac.ijels.v.5n.2p.9>
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders (5th ed.)*. <https://doi.org/10.1176/appi.books.9780890425596>
- Angen, M. J. (2000). Evaluating interpretive inquiry: Reviewing the validity debate and opening the dialogue. *Qualitative Health Research*, 10(3), 378–395. <https://doi.org/10.1177/104973200129118516>
- Anorexia nervosa*. National Eating Disorders Association. (2018, February 28). Retrieved March 27, 2023, from <https://www.nationaleatingdisorders.org/learn/by-eating-disorder/anorexia>
- Arnott, I., & Adeniyi, A. (2022, April). *Irritable bowel syndrome: Health information: BUPA UK*. Irritable bowel syndrome | Health Information | Bupa UK. Retrieved May 17, 2022, from <https://www.bupa.co.uk/health-information/digestive-gut%20health/irritable-bowel-syndrome>
- Arthur-Cameselle, J. N., & Quatromoni, P. A. (2013). Eating disorders in collegiate female athletes: Factors that assist recovery. *Eating Disorders*, 22(1), 50–61. <https://doi.org/10.1080/10640266.2014.857518>
- Bailey, A. (2022, April 6). *What is the DSM-5?* Verywell Health. Retrieved May 16, 2022, from <https://www.verywellhealth.com/an-overview-of-the-dsm-5-5197607>
- Beals, K. A., & Manore, M. M. (1994). The prevalence and consequences of subclinical eating disorders in female athletes. *International Journal of Sport Nutrition*, 4(2), 175–195. <https://doi.org/10.1123/ijnsn.4.2.175>
- Berge, J. M., Loth, K., Hanson, C., Croll-Lampert, J., & Neumark-Sztainer, D. (2011). Family life cycle transitions and the onset of eating disorders: A retrospective grounded theory approach. *Journal of Clinical Nursing*, 21(9-10), 1355–1363. <https://doi.org/10.1111/j.1365-2702.2011.03762.x>
- Berry, T. R., & Howe, B. L. (2000). Risk factors for disordered eating in female university athletes. *Journal of Sport Behavior*, 23(3), 207–218.
- Bickford, N. (2018, December 12). *Eating disorders in male athletes*. Run Fast. Eat Slow. Retrieved May 16, 2022, from <https://runfasteatslow.com/blogs/news/eating-disorders-in-male-athletes>
- Botha, D. (2009). Psychotherapeutic treatment for anorexia nervosa: Modernist, structural treatment approaches, and a post-structuralist perspective. *Counselling, Psychotherapy, and Health*, 5(1), 1-46.

- Bratland-Sanda, S., & Sundgot-Borgen, J. (2013). Eating disorders in athletes: Overview of prevalence, risk factors and recommendations for prevention and treatment. *European Journal of Sport Science*, 13(5), 499–508. <https://doi.org/10.1080/17461391.2012.740504>
- Brewer, B. W., Van Raalte, J. L., & Linder, D. E. (1993). Athletic identity: Hercules' muscle or Achilles heel? *International Journal of Sport Psychology*, 24(2), 237-254.
- Byrne, S., & McLean, N. (2002). Elite athletes: Effects of the pressure to be thin. *Journal of Science and Medicine in Sport*, 5(2), 80–94. [https://doi.org/10.1016/s1440-2440\(02\)80029-9](https://doi.org/10.1016/s1440-2440(02)80029-9)
- Brown, E. (2014, July 17). *Feeling the pressure*. The Hoya. Retrieved May 17, 2022, from <https://thehoya.com/feeling-the-pressure/>
- Cerniglia, L., Zoratto, F., Cimino, S., Laviola, G., Ammaniti, M., & Adriani, W. (2017). Internet addiction in adolescence: Neurobiological, psychosocial and clinical issues. *Neuroscience & Biobehavioral Reviews*, 76, 174–184. <https://doi.org/10.1016/j.neubiorev.2016.12.024>
- Currie, A. (2007). A psychiatric perspective on athletes with eating disorders. *Journal of Clinical Sport Psychology*, 1(4), 329–339. <https://doi.org/10.1123/jcsp.1.4.329>
- Currie, A. (2010). Sport and eating disorders - understanding and managing the risks. *Asian Journal of Sports Medicine*, 1(2). <https://doi.org/10.5812/asjms.34864>
- Code of ethics and conduct*. BPS. (2018, April 18). Retrieved May 16, 2022, from <https://www.bps.org.uk/news-and-policy/bps-code-ethics-and-conduct>
- Cowden, S., & Goldman, R. (2020, May 19). *Understanding the binge-purge cycle in bulimia*. *Verywell Mind*. Retrieved May 16, 2022, from <https://www.verywellmind.com/the-binge-purge-cycle-1138380>.
- de Bruin, A. P. K., Oudejans, R. R. D., & Bakker, F. C. (2007). Dieting and body image in aesthetic sports: A comparison of Dutch female gymnasts and non-aesthetic sport participants. *Psychology of Sport and Exercise*, 8(4), 507–520. <https://doi.org/10.1016/j.psychsport.2006.10.002>
- de Bruin, A. P., Oudejans, R. R., Bakker, F. C., & Woertman, L. (2011). Contextual body image and athletes' disordered eating: The contribution of athletic body image to disordered eating in high-performance women athletes. *European Eating Disorders Review*, 19(3), 201–215. <https://doi.org/10.1002/erv.1112>
- DiBartolo, P. M., & Shaffer, C. (2002). A comparison of female college athletes and nonathletes: Eating disorder symptomatology and psychological well-being. *Journal of Sport and Exercise Psychology*, 24(1), 33–41. <https://doi.org/10.1123/jsep.24.1.33>
- Dosil, J. (2008). Eating disorders in athletes. *Eating Disorders in Athletes*. <https://doi.org/10.1002/9780470725047>
- Eating disorders & athletes*. National Eating Disorders Association. (2018, April 27). Retrieved May 17, 2022, from <https://www.nationaleatingdisorders.org/eating-disorders-athletes>
- Fielding, N., & Fielding, J. L. (1986). *Linking data*. Sage.
- Firman, G. (2020, April 24). *Diagnostic criteria for bulimia nervosa (DSM-5)*. MedicalCRITERIA.com. Retrieved May 16, 2022, from <https://medicalcriteria.com/web/bulimia/>
- Fontana, A., & Frey, J. H. (2000). The interview: From structured questions to negotiated text. In N. K. Denzin, & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (2nd ed., pp. 645-672). Thousand Oaks, CA: Sage.
- Forney, K. J., Buchman-Schmitt, J. M., Keel, P. K., & Frank, G. K. W. (2016). The medical complications associated with purging. *International Journal of Eating Disorders*, 49(3), 249–259. <https://doi.org/10.1002/eat.22504>
- Gardner, F., & Moore, Z. (2006). *Clinical sport psychology*. Human Kinetics.

- Gapin, J. I., & Kearns, B. (2013). Assessing prevalence of eating disorders and eating disorder symptoms among lightweight and open weight collegiate rowers. *Journal of Clinical Sport Psychology*, 7(3), 198–214. <https://doi.org/10.1123/jcsp.7.3.198>
- Gapin, J. I., & Petruzzello, S. J. (2011). Athletic identity and disordered eating in obligatory and on-obligatory runners. *Journal of Sports Sciences*, 29(10), 1001–1010. <https://doi.org/10.1080/02640414.2011.571275>
- Greenleaf, C., Petrie, T., Reel, J., & Carter, J. (2007). Psychosocial risk factors of bulimic symptomatology among female athletes. *Journal of Clinical Sport Psychology*, 4(3), 177–190. <https://doi.org/10.1123/jcsp.4.3.177>
- Hausenblas, H. A., & Downs, D. S. (2001). Comparison of body image between athletes and Nonathletes: A meta-analytic review. *Journal of Applied Sport Psychology*, 13(3), 323–339. <https://doi.org/10.1080/104132001753144437>
- Heidegger, M. (1962). Being and time. (Trans. J. Macquarrie and E. Robinson). Harper & Row. (Original work published 1927).
- Husserl, E. (1970). Logical investigations. (Trans. J. Findlay). Humanities Press. (German original, 1900).
- Jacobi, F., Wittchen, H., Holting, C., Hofler, M., Pfister, H., Muller, N., & Lieb, R. (2004). Prevalence, co-morbidity and correlates of mental disorders in the general population: Results from the German Health Interview and Examination Survey (GHS). *Psychological Medicine*, 34(4), 597–611. <https://doi.org/10.1017/s0033291703001399>
- Johnson, C., Powers, P. S., & Dick, R. (1999). Athletes and eating disorders: The National Collegiate Athletic Association Study. *International Journal of Eating Disorders*, 26(2), 179–188.
- Kato, K., Jervas, S., & Culpepper, D. (2016, April 1). *Body image disturbances in NCAA Division I and III female athletes*. The Sport Journal. Retrieved May 16, 2022, from <https://thesportjournal.org/article/body-image-disturbances-in-ncaa-division-i-and-iii-female-athletes/>
- Keel, P. K., & Forney, K. J. (2013). Psychosocial risk factors for eating disorders. *International Journal of Eating Disorders*, 46(5), 433–439. <https://doi.org/10.1002/eat.22094>
- Knapp, J., Aerni, G., & Anderson, J. (2014). Eating disorders in female athletes. *Current Sports Medicine Reports*, 13(4), 214–218. <https://doi.org/10.1249/jsr.0000000000000074>
- Kontele, I., Vassilakou, T., & Donti, O. (2022). Weight pressures and eating disorder symptoms among adolescent female gymnasts of different performance levels in Greece. *Children*, 9(2), 254. <https://doi.org/10.3390/children9020254>
- Krane, V., Choi, P. Y., Baird, S. M., Aimar, C. M., & Kauer, K. J. (2004). Living the paradox: Female Athletes Negotiate Femininity and muscularity. *Sex Roles*, 50(5/6), 315–329. <https://doi.org/10.1023/b:sers.0000018888.48437.4f>
- Levine, M. P., & Smolak, L. (2013). Paradigm clash in the field of eating disorders: A critical examination of the BIOPSYCHIATRIC model from a sociocultural perspective. *Advances in Eating Disorders*, 2(2), 158–170. <https://doi.org/10.1080/21662630.2013.839202>
- Lincoln, Y. S. & Guba, E. G. (1985). *Naturalistic Inquiry*. Publications.
- Mabe, A. G., Forney, K. J., & Keel, P. K. (2014). Do you “like” my photo? Facebook use maintains eating disorder risk. *International Journal of Eating Disorders*, 47(5), 516–523. <https://doi.org/10.1002/eat.22254>
- Mancuso, S. G., Newton, J. R., Bosanac, P., Rossell, S. L., Nesci, J. B., & Castle, D. J. (2015). Classification of eating disorders: Comparison of relative prevalence rates using DSM-IV and DSM-5 criteria. *British Journal of Psychiatry*, 206(6), 519–520. <https://doi.org/10.1192/bjp.bp.113.143461>

- Morrow, S. L. (2005). Quality and trustworthiness in qualitative research in counselling psychology. *Journal of Counseling Psychology*, 52(2), 250–260. <https://doi.org/10.1037/0022-0167.52.2.250>
- Nunn, A. L. (2009, October). *Eating disorder and the experience of self: An Interpretative Phenomenological Analysis*. Retrieved May 16, 2022, from <https://uhra.herts.ac.uk/bitstream/handle/2299/4513/Amanda%20Nunn%20%20DClinPsy%20research%20thesis.pdf>
- Papathomas, A., & Lavalley, D. (2006). A life history analysis of a male athlete with an eating disorder. *Journal of Loss and Trauma*, 11(2), 143–179. <https://doi.org/10.1080/15325020500409192>
- Papathomas, A., & Lavalley, D. (2010). Athlete experiences of disordered eating in sport. *Qualitative Research in Sport and Exercise*, 2(3), 354–370. <https://doi.org/10.1080/19398441.2010.517042>
- Papathomas, A., & Lavalley, D. (2012). Narrative constructions of anorexia and abuse: An athlete's search for meaning in trauma. *Journal of Loss and Trauma*, 17(4), 293–318. <https://doi.org/10.1080/15325024.2011.616740>
- Papathomas, A., & Lavalley, D. (2014). Self-starvation and the performance narrative in Competitive Sport. *Psychology of Sport and Exercise*, 15(6), 688–695. <https://doi.org/10.1016/j.psychsport.2013.10.014>
- Penelo, E., Negrete, A., Portell, M., & Raich, R. M. (2013). Psychometric Properties of the eating disorder examination questionnaire (EDE-Q) and norms for rural and urban adolescent males and females in Mexico. *PLoS ONE*, 8(12). <https://doi.org/10.1371/journal.pone.0083245>
- Petrie, T. A. (1993). Coping skills, competitive trait anxiety, and playing states: Moderating effects an the life stress-injury relationship. *Journal of Sport and Exercise Psychology*, 15(3), 261–274. <https://doi.org/10.1123/jsep.15.3.261>
- Petrie, T. A., & Greenleaf, C. A. (2007). Eating disorders in sport: From theory to research to Intervention. *Handbook of Sport Psychology*, 352–378. <https://doi.org/10.1002/9781118270011.ch16>
- Pietkiewicz, I., & Smith, J. A. (2014). A practical guide to using interpretative phenomenological analysis in qualitative research psychology. *Czasopismo Psychologiczne Psychological Journal*, 20(1). <https://doi.org/10.14691/cppj.20.1.7>
- Pope, Z., Gao, Y., Bolter, N., & Pritchard, M. (2015). Validity and reliability of eating disorder assessments used with athletes: A review. *Journal of Sport and Health Science*, 4(3), 211–221. <https://doi.org/10.1016/j.jshs.2014.05.001>
- Rowe, S. (2021, April 27). *What's the DSM?* Psych Central. Retrieved May 17, 2022, from <https://psychcentral.com/lib/dsm-5>
- Sherman, R. T., & Thompson, R. A. (2001). Athletes and disordered eating: Four major issues for the professional psychologist. *Professional Psychology: Research and Practice*, 32(1), 27–33. <https://doi.org/10.1037/0735-7028.32.1.27>
- Smith, J. A. (1996). Beyond the divide between cognition and discourse: Using interpretative phenomenological analysis in health psychology. *Psychology & Health*, 11(2), 261–271. <https://doi.org/10.1080/08870449608400256>
- Smith, J. A., & Osborn, M. (2008). Interpretative phenomenological analysis. *Doing Social Psychology Research*, 229–254 <https://doi.org/10.1002/9780470776278.ch10>
- Smith, J. A., & Osborn, M. (2014). Interpretative phenomenological analysis as a useful methodology for research on the lived experience of pain. *British Journal of Pain*, 9(1), 41–42. <https://doi.org/10.1177/2049463714541642>
- Smith, J. A., Larkin, M., & Flowers, P. (2009). *Doing interpretative phenomenological analysis: A practical guide to method and application*. SAGE.

- Smolak, L., Murnen, S. K., & Ruble, A. E. (2000). Female athletes and eating problems: A meta-analysis. *International Journal of Eating Disorders*, 27(4), 371–380. [https://doi.org/10.1002/\(sici\)1098-108x\(200005\)27:4<371::aid-eat1>3.0.co;2-y](https://doi.org/10.1002/(sici)1098-108x(200005)27:4<371::aid-eat1>3.0.co;2-y)
- Stillwell, A. M., & Baumeister, R. F. (1997). The construction of victim and perpetrator memories: Accuracy and distortion in role-based accounts. *Personality and Social Psychology Bulletin*, 23(11), 1157–1172. <https://doi.org/10.1177/01461672972311004>
- Stoutjesdyk, D., & Jevne, R. (1993). Eating disorders among high-performance athletes. *Journal of Youth and Adolescence*, 22(3), 271–282. <https://doi.org/10.1007/bf01537792>
- Sundgot-Borgen, J. (1994). Risk and trigger factors for the development of eating disorders in female elite athletes. *Medicine & Science in Sports & Exercise*, 26(4). <https://doi.org/10.1249/00005768-199404000-00003>
- Sundgot-Borgen, J., & Torstveit, M. K. (2004). Prevalence of eating disorders in elite athletes is higher than in the general population. *Clinical Journal of Sport Medicine*, 14(1), 25–32. <https://doi.org/10.1097/00042752-200401000-00005>
- Thompson, J. K. (1987). Body size distortion in anorexia nervosa: Reanalysis and reconceptualization. *International Journal of Eating Disorders*, 6(3), 379–384.
- Thompson, R. A., & Sherman, R. T. (1993). *Helping athletes with eating disorders*. Human Kinetics Publishers.
- Tiller, J. M., Sloane, G., Schmidt, U., Troop, N., Power, M., & Treasure, J. L. (1997). Social support in patients with anorexia nervosa and bulimia nervosa. *International Journal of Eating Disorders*. [https://doi.org/10.1002/\(sici\)1098-108x\(199701\)21:1<31::aid-eat4>3.0.co;2-4](https://doi.org/10.1002/(sici)1098-108x(199701)21:1<31::aid-eat4>3.0.co;2-4)
- Torstveit, M. K., Rosenvinge, J. H., & Sundgot-Borgen, J. (2007). Prevalence of eating disorders and the predictive power of risk models in female elite athletes: A controlled study. *Scandinavian Journal of Medicine & Science in Sports*, 18(1), 108–118. <https://doi.org/10.1111/j.1600-0838.2007.00657.x>
- Turton, R., Chami, R., & Treasure, J. (2017). Emotional eating, binge eating and animal models of binge-type eating disorders. *Current Obesity Reports*, 6(2), 217–228. <https://doi.org/10.1007/s13679-017-0265-8>
- Valdez, R., & Smalls-Mantey, A. (2021, November 1). *Initiating and following through with eating disorder recovery*. Verywell Health. Retrieved May 17, 2022, from <https://www.verywellhealth.com/eating-disorder-recovery-5204819>
- Vo, M., Accurso, E. C., Goldschmidt, A. B., & Le Grange, D. (2016). The impact of DSM-5 on eating disorder diagnoses. *International Journal of Eating Disorders*, 50(5), 578–581. <https://doi.org/10.1002/eat.22628>
- Williamson, D. F., Pamuk, E., Thun, M., Flanders, D., Byers, T., & Heath, C. (1999). Prospective study of intentional weight loss and mortality in overweight white men aged 40-64 years. *American Journal of Epidemiology*, 149(6), 491–503. <https://doi.org/10.1093/oxfordjournals.aje.a009843>
- Yardley, L. (2000). Dilemmas in qualitative health research. *Psychology & Health*, 15(2), 215–228. <https://doi.org/10.1080/08870440008400302>
- Ziegler, P. J., Khoo, C. S., Sherr, B., Nelson, J. A., Larson, W. M., & Drewnowski, A. (1998). Body image and dieting behaviors among elite figure skaters. *International Journal of Eating Disorders*, 24(4), 421–427.

Notes on Contributor

Victoria Scarratt received a Master of Science degree, with Distinction, in the Psychology of Sport from the University of Stirling, Scotland. Victoria graduated Summa Cum Laude with a Bachelor of Science in Psychology from Saint Peter's University in New Jersey, USA. She is also a member of Psi Chi, The International Honor Society in Psychology. Her research interests include eating disorders, anxiety, and mental health issues in sports.

ORCID

Victoria Scarratt, <https://orcid.org/0000-0003-4100-5345>

Manuscript received June 18, 2022
Final revision received March 4, 2023
Accepted April 19, 2023