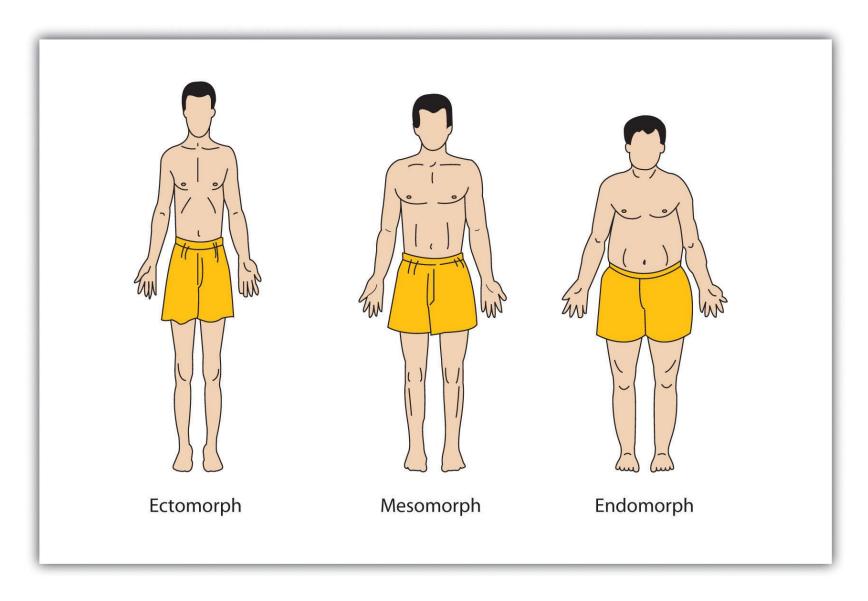
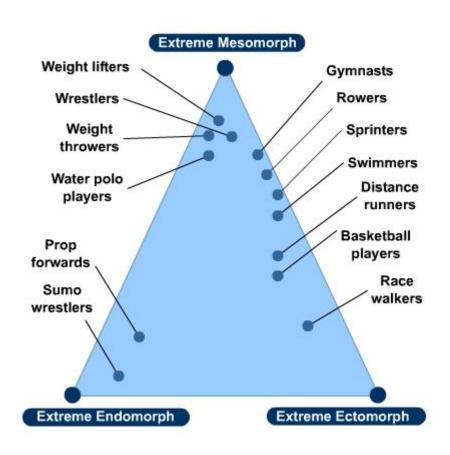
Voedsel en lichaam in de sport en in de samenleving

Jaap Seidell VU

Sheldon's body types



lichaamstypen



DIETING AND BODY IMAGE IN AESTHETIC BASED SPORTS





Link

Link

By Cassandra Muir

- High prevalence of negative body image and extreme diets in elite sports.
- · Athletes in aesthetic sports are at greater risk
 - Ballet
 - Dance
 - Gymnastics
 - Diving
 - · Synchronised swimming
- · Aesthetic athletes partake in extreme diets and pathogenic dieting
 - Self- induced vomiting
 - Laxative use
 - Fasting
 - · Diets pills

- · Karin de Bruin 'Dieting and Body image in aesthetic sports'
- Tested
 - · 17 elite gymnasts
 - · 51 non elite gymnasts
 - 85 controls
- Found aesthetic athletes recorded higher levels of distorted eating and frequent dieting and weight loss methods.
- Athletes believed coach placed weight related pressure on them.
- Aesthetic athletes and non-athletes both had high levels of body dissatisfaction.

- J. Brooks- Gunn 'The relation of eating problems and amenorrhea in ballet dancers'.
- Tested 55 professional ballerinas.
- Majority of ballerinas were anorexic and/ or on low caloric diets.
- Found 56% had delayed menarche (menstruation began at 14 or later).
- 19% had amenorrhea (no menstrual period for five or more months consecutively).

FEMALE ATHLETE TRIAD[7]

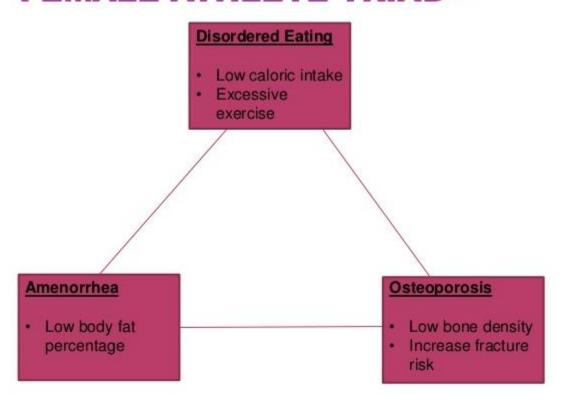






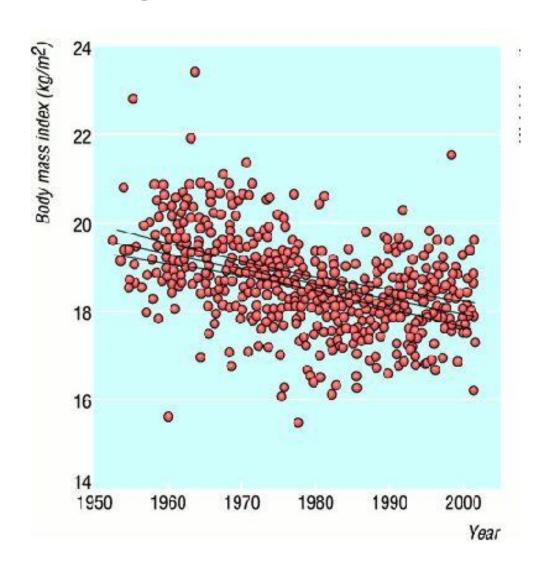




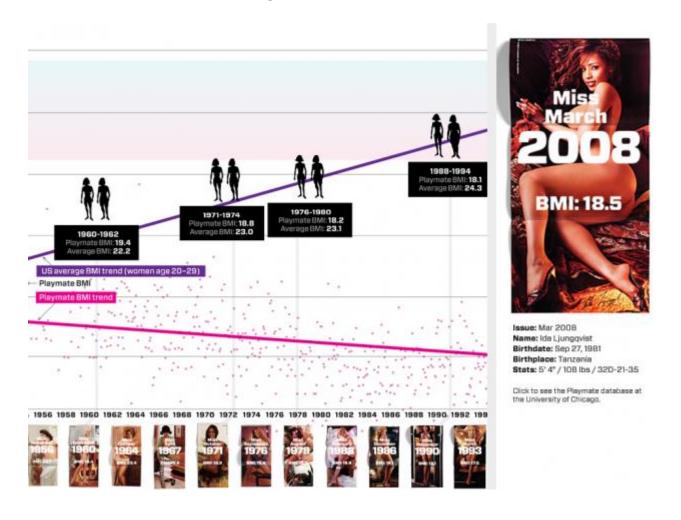
Table 1. Means (and Standard Deviations) of Amount of Disordered Eating Behaviors by Gender and Sport

Sport	Female Lean Sport	Female Non- Lean Sport	Male Lean Sport	Male Non-Lean Sport
Body Dissatisfaction	2.92 (1.00)	3.22 (.92)	1.99 (1.10)	1.44 (.69)
EAT-26	12.77 (12.97)	28.67 (22.17)	8.36 (8.13)	4.82 (4.68)
Self esteem	3.03 (.57)	2.60 (.96)	3.43 (.86)	3.55 (.42)

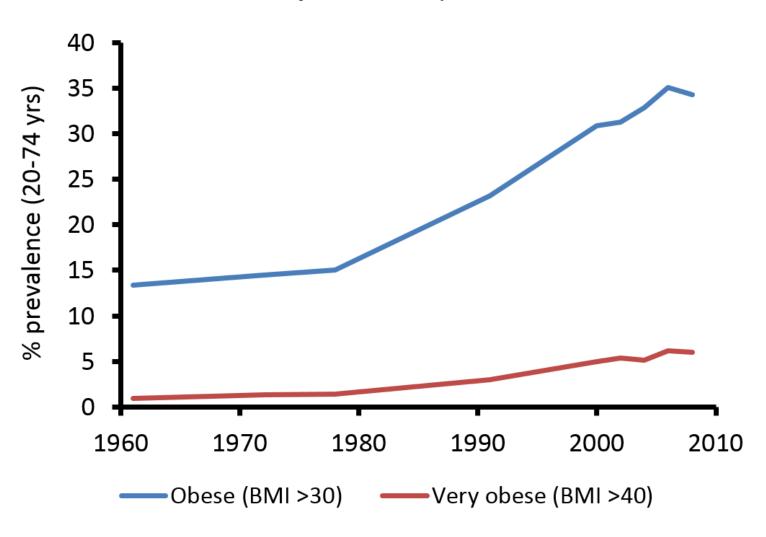
BMI van centerfolds door de tijd (NB BMI 18.5 is grens voor ondervoeding)



Steeds grotere discrepantie tussen werkelijke en ideale BMI



US Obesity Prevalence, 1960-2009









Anorexia

Krispy Kreme shop is the last place you'd expect to find an anorexic. But it's Hachiko's idea to meet at the branch near Tokyo's Shinjuku station. Donuts are hugely popular in Japan and although the place is packed, Hachiko is hard to miss. She's the skinniest person in the room – and also the most underdressed.

Despite being a sub-zero winter's day, she is wearing just a short dress, no tights and a pair of Hello Kitty snow boots. She would be strikingly pretty if it weren't for her colourless skin and brittle hair. Her teeth are yellow and decayed. Her wrists are half the width of a credit card. I'm aware of people staring at her emaciated legs. She tells me she wants the attention. She's letting the world see her for what she is: a woman struggling with anorexia nervosa.

'My body shows what I'm going through,' says Hachiko. Tdon't want to hide any more. In Japan, we don't talk openly about our problems. We always pretend nothing is wrong. Silence is a virtue. It's about time people faced up to what is really happening.'

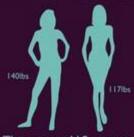
Hachiko, 25, is one of a growing number of women suffering with chronic anorexia - an illness virtually unheard of in Japan just 30 years ago. Today the country is facing an epidemic: the rate of anorexia and other eating disorders such as bulimia is increasing more rapidly than anywhere else in the world. Japanese women are consuming fewer calories than ever before - even though the country's diet is already naturally healthy and low in fat. The proportion of the population with a BMI under 18.5 - considered in Japan to be the lowest healthy weight - was 29 per cent in 2010. According to new statistics, eating disorders afflict one in 100 young Japanese women.

One of the country's biggest stars, the singer Cocco, is idolised even though she has openly admitted that she is suffering from anorexia. Meanwhile calorie-curbing products such as diet pills, slimming teas and laxatives, packaged in bright, candy-coloured boxes, line the shelves of pharmacies on every street corner and are often found near the store entrance. This obsession with staying slim is also making the country richer. According to Dr Hiroyuki Suematsu, a {continued}



PHOTOGRAPHS BY KAYO YAMAWAKI

MODELS



The average U.S. woman is 5'4" and weighs 140 pounds, whereas the average U.S. model is 5'11" and weighs 117 pounds.



Most runway models meet the Body Mass Index (BMI) physical criteria for anorexia.



Ten years ago, plus-size models averaged between size 12 and 18. The majority of plus-size models on agency boards today are between size 6 and 14.

PUBLICATIONS 69% of girls in one study said that magazine models influence their idea of the perfect body shape 47% of girls in 5th-12th grade felt magazine pictures influenced them to want to lose weight.

98%

OF AMERICAN WOMEN ARENOT AS THIN AS FASHION MODELS

Of American elementary school girls who read magazines, 69% say that the pictures influence their concept of the ideal body shape.

47 % say the pictures make them want to lose weight.



THE AVERAGE AMERICAN WOMAN IS 5'4' AND WEIGHS 165LBS.



THE AVERAGE MISS AMERICA WINNER IS 5'7" AND WEIGHS 121LBS.

BODY DISSATISFACTION AMONG GIRLS & WOMEN:

The best known contributor to the development of anorexia nervosa and bulimia nervosa. And, it starts early.

42%
OF 1ST-3RDGRADERS
want to be thinner



60%
OFTHOSEIN MIDDLE AGE
remain unsatisfied



70%
OF 18-30 YEAR OLDS
don't like their bodies



81% OF 10 YEAR OLDS are afraid of being fat

WEIGHT STIGMA INCREASES UNHEALTHY EATING BEHAVIORS



OF GIRLS USE UNHEALTHY WEIGHT CONTROL BEHAVIORS

such as skipping meals, fasting, smoking, vomiting & taking laxatives

12X

MORELIKELY TO BINGE EAT

if you diet frequently

25%

of pathological dieters
PROGRESS TO A
FULL-BLOWN
EATING DISORDER

Lijngedrag meisjes 12-18 jaar

Tabel 2 de lijngedragingen uitgesplitst naar BMI								
	BMI							
	Ondergewicht 20	normaal gewicht	overgewicht 27	Totaal 378				
Lijnt niet	40%	18.1%	0%	18%				
Lijnt gezond	20%	23.3%	16.7%	22%				
Lijnt ongezond	30%	41.7%	50%	42%				
Lijnt extreem	10%	16.9%	33.3%	18%				

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Eating Disorders in the Male Athlete

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Abstract

Eating disorders do occur in male athletes. They are less prominent than in female athletes, and therefore in danger of being missed. The high-risk sports fall into the same categories as with females: aesthetic sports, sports in which body fat is advantageous, such as cross-country and marathon running, and sports in which there is a need to 'make weight', including wrestling and horse racing.

Athletic involvement may foster the development of an eating disorder. Some male athletes, in their preoccupation with body image, will abuse anabolic steroids. While sports participation may contribute to the aetiology of an eating disorder, the converse is also true. Exercise may be used as therapy for some cases of eating disorder.

In order to adequately treat eating disorders in the male athlete, it is first essential to identify cases. Psychoeducation of athletes, their families, coaches and trainers is an important first step. Counselling an athlete to pursue a sport appropriate to his body type, or to leave his sport behind altogether (an unpopular recommendation from a coach's perspective) can be important to treatment. Treatment of co-morbid psychiatric conditions is essential. Treatment can be structured using a biopsychosocial approach, and all appropriate modalities of therapy, including individual, family and group, as well as psychopharmacotherapy, where appropriate, should be applied.

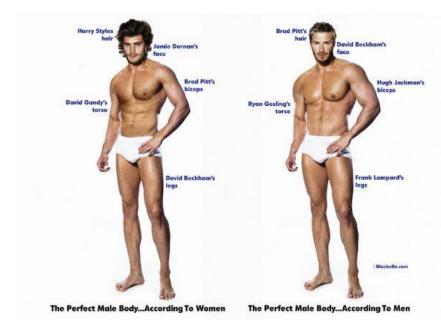
Eating disorders in male athletes may seem unlikely, given that eating disorders are far less prevalent in males than females. While anorexia nervosa occurs in <1% of females, reliable data are lacking on the prevalence in males. [11] Bulimia nervosa occurs in 1–3% of the general female population, and is five to ten times more frequent in females than in males. [21] Also, it is theorised that involvement in sports may in fact protect athletes from eating disorders; however, this does not appear to be true of all athletes.

It is also important to be cognizant of the therapeutic role that sports can play in the treatment of eating disorders, including the relatively newly described entity 'binge-eating disorder', and in the treatment of other psychiatric conditions, including anxiety and affective disorders.^[3] The protective effect in the athlete on the development of eating disorders in this population, if and when it does occur, may be afforded through an improved body image, enhanced psychological well-being, and perhaps a decreased inclination to diet.^[4] The genesis of many an eating disorder can be traced to a diet that goes awry. Increased physical activity may contribute to a healthier attitude towards food and eating, perhaps fostering the foodars-fuel motif.

1. Aetiology

Involvement in athletics may in fact perpetuate or even lead to the development of an eating disorder. Some studies suggest that athletes are actually at higher risk than non-athletes for the development of an eating disorder. [5] One reason may be the high stakes athletes face, whether it is the drive to win, or







Conclusies

- Uitblinken in sport maar ook in mode en entertainment vraagt vaak om extreme lichaamssamenstelling en proporties.
- Voor de meeste mensen zijn die niet haalbaar en slechts benaderbaar door middel van een extreme leefstijl.
- Een dergelijke extreme leefstijl is voor de meeste mensen riskant voor lichaam en geest.