Coaches focus groups results

Analytical Report on the Responses Provided by Male and Female Coaches During the Focus Group Discussions

The present discussion was conducted as part of a broader quanti-qualitative inquiry into the perceptions, experiences, and practices of coaches regarding athletes' eating behaviors, body image, and the potential onset of eating disorders. To facilitate an open and in-depth exploration of these themes, a series of focus group sessions were organized, involving both male and female coaches from a variety of sporting disciplines.

The discussion was structured around a semi-structured interview guide comprising fifteen key questions, some of which included sub-questions (see Annex n. 1 at the end of this document). The sessions were conducted at local sports clubs in the five countries participating in the project: Bulgaria, Greece, Hungary, Italy, and Spain. The initial part of the discussion aimed to gather brief demographic and professional background information, such as age, gender, type of sport coached, years of experience, weekly hours dedicated to coaching, the age group of athletes, and team size. These elements provided important context for interpreting the coaches' perspectives and responses.

Subsequent questions explored the participants' knowledge and recognition of eating disorders, their direct experiences with athletes displaying signs of disordered eating, and the actions taken in such cases. Particular attention was given to coaches' perceptions of the factors that promote healthy eating behaviors versus those that may contribute to the development of eating disorders.

Further questions addressed the perceived importance of body weight and appearance in relation to athletic performance, as well as the potential existence of gender differences in how these aspects are evaluated. The discussion also investigated whether coaches had witnessed or enacted different treatments toward athletes based on their weight or physical appearance, including practices such as weighing athletes, commenting on their bodies, or offering nutritional advice. Where such practices occurred, participants were asked to specify the nature of their advice and the knowledge or resources on which it was based.

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Finally, the focus group concluded with reflective questions concerning the potential influence of coaching behavior on the emergence of eating disorders, and the identification of tools or resources that coaches feel are necessary to enhance their competence in addressing weight- and nutrition-related issues with athletes in a safe and effective manner.

This structured approach enabled the collection of rich, nuanced data on how coaches perceive their role and responsibilities in supporting athletes' physical and psychological well-being within the broader context of sport and performance.

The following section presents the various responses in the order in which they emerged during the discussions, followed by a series of analytical elaborations focused on specific aspects.

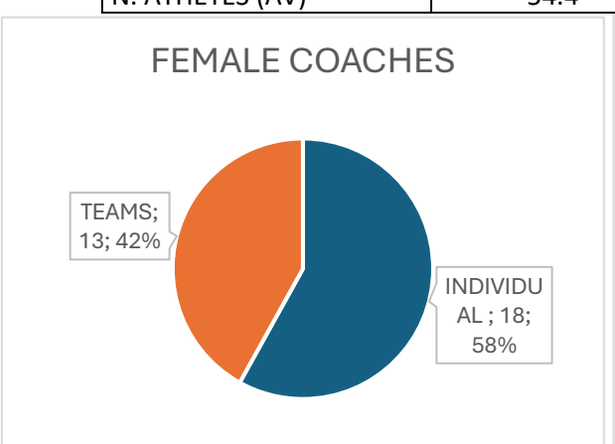
In particular, attention is given to the gender of the coaches (male or female) and to the type of sport they coach—distinguishing between team sports and individual sports. Within the latter category, further distinctions are made between aesthetic disciplines (especially rhythmic gymnastics), athletic disciplines (such as track and field, swimming, or rowing), and combat sports (including judo and wrestling).

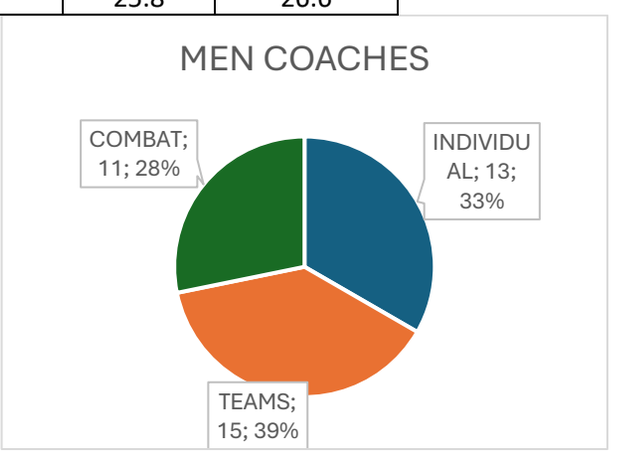
Coaches Distribution and Their Characteristics in general and by Gender

GENDER	TOT.	AGE - AVERAGE	YEARS OF EXPERIENCE - AVERAGE	TRAINING HOURS/WEEK - AVERAGE	GROUP AGE - AVERAGE	N. ATHLETES PRO CAPITA – AVERAGE
F	31	33	11.9	14.4	12.9	31.3
M	39	39.3	14.9	21	15.8	42.6
ALL	70	36.5	13.5	18	14.5	36.7

Composition of the Sample e Coaches by Type of Sports

	TEAMSPORTS	INDIVDUAL	COMBAT
AGE (AV)	35	37	38
FEMALE	13	18	0
MALE	15	13	11
YEARS OF EXPERIENCE (AV)	13.2	14.8	11.7
TRAINING H./WEEK (AV)	16.4	18	22.5
GROUP AGE (AV)	13.5	15.4	13
N. ATHETES (AV)	54.4	25.8	26.6





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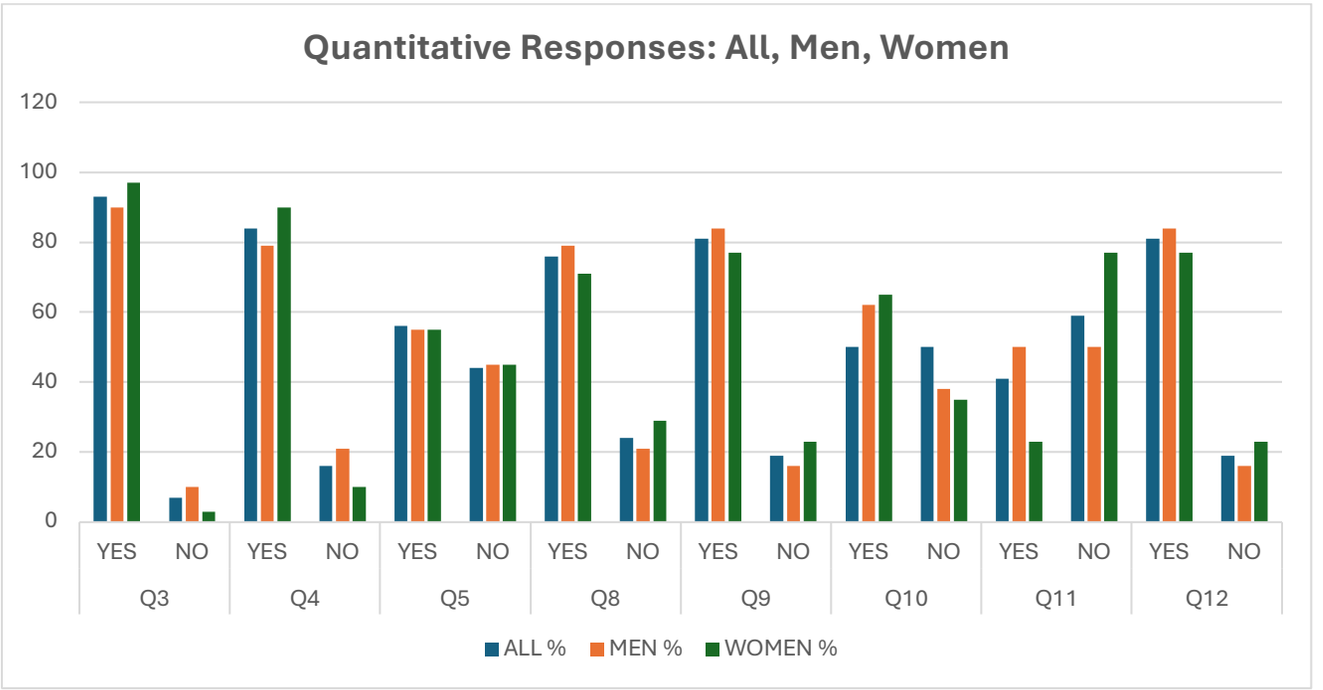
From the perspective of overall distribution, male and female coaches do not exhibit significant differences; however, at the individual level, male-coached sports tend to be characterized by strength-based competition (combat or athletic performances), whereas female-coached sports are associated with aesthetic control (rhythmic, acrobatic, and artistic gymnastics).

Summary Table of Quantitative Responses in Absolute and Percentage Values – All Coaches, Male Coaches, and Female Coaches

ALL	Q 3	%	Q4	%	Q5	%	Q8	%	Q9	%	Q10	%	Q11	%	Q12	%
YES	65	93	58	84	38	56	53	76	56	81	35	50	16	41	56	81
NO	5	7	11	16	30	44	17	24	13	19	35	50	23	59	13	19
MEN	Q3	%	Q4	%	Q5	%	Q8	%	Q9	%	Q10	%	Q11	%	Q12	%
YES	35	90	31	79	21	55	31	79	32	84	24	62	13	50	32	84
NO	4	10	8	21	17	45	8	21	6	16	15	38	13	50	6	16
WOMEN	Q3	%	Q4	%	Q5	%	Q8	%	Q9	%	Q10	%	Q11	%	Q12	%
YES	30	97	27	90	17	55	22	71	24	77	20	65	3	23	24	77
NO	1	3	3	10	14	45	9	29	7	23	11	35	10	77	7	23

Summary Table of Quantitative Responses in Absolute and Percentage Values by Type of Sport

TEAM	Q3	%	Q4	%	Q5	%	Q8	%	Q9	%	Q10	%	Q11	%	Q12	%
YES	25	89	20	71	14	50	20	71	19	70	14	50	5	26	23	85
NO	3	11	8	29	14	50	8	29	8	30	14	50	14	74	4	15
INDIVIDUAL	Q3	%	Q4	%	Q5	%	Q8	%	Q9	%	Q10	%	Q11	%	Q12	%
YES	29	94	28	93	18	60	22	73	26	87	11	37	1	10	23	74
NO	2	6	2	7	12	40	9	27	5	13	20	63	9	90	8	26
COMBAT	Q3	%	Q4	%	Q5	%	Q8	%	Q9	%	Q10	%	Q11	%	Q12	%
YES	11	100	10	91	6	55	11	100	11	100	10	91	10	100	10	91
NO	0	0	1	9	5	45	0	0	0	0	1	9	0	0	1	9



The graph above here shows that, aside from some “physiological” and evenly distributed gender differences (with the exception of questions 10 and 11), the overall trend is substantially aligned.

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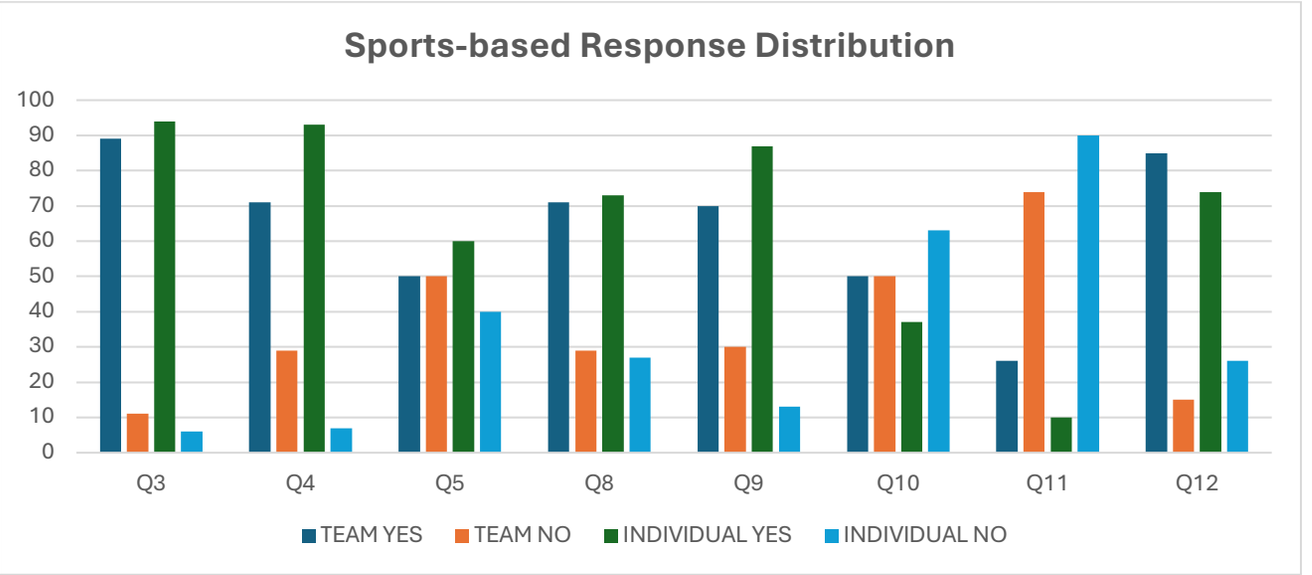
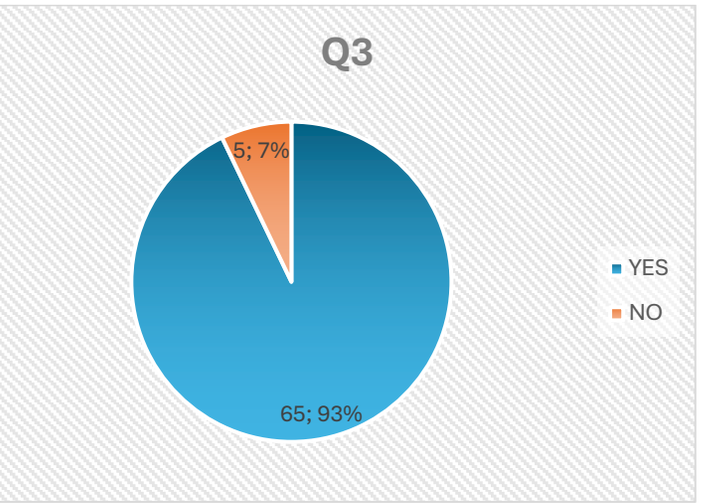


Even if only at first glance, it can be observed that when the responses are reorganized according to different types of sports, greater and more widespread differences emerge.

We will examine the results analytically, addressing one question at a time and focusing solely on the general data. Differences based on gender and type of sport will instead be considered during the qualitative analysis, which, due to its formal nature, allows for a clearer and more insightful interpretation.

3) Do you know what is meant by “eating disorder”?



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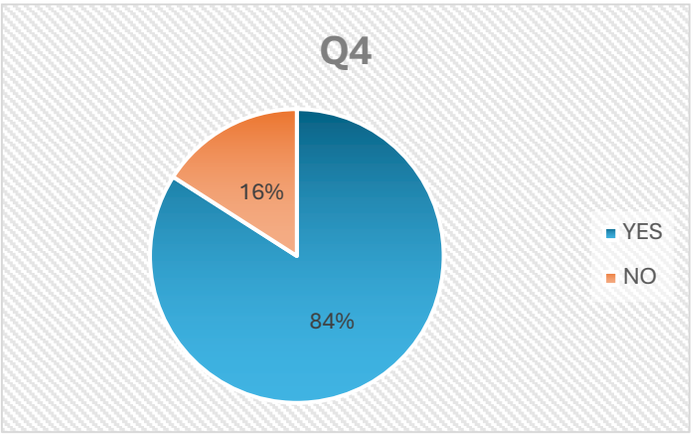
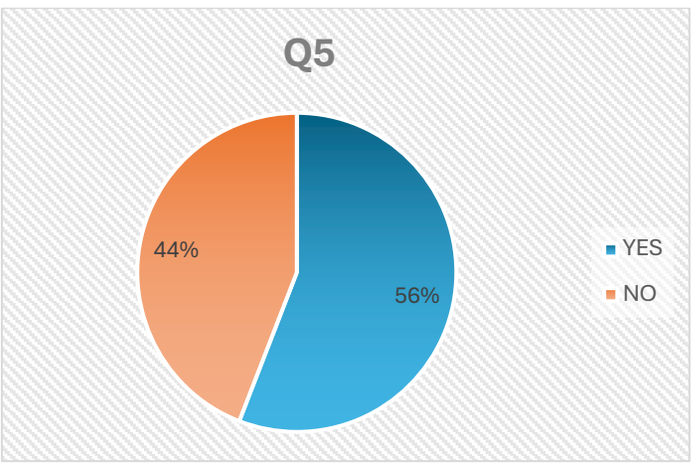
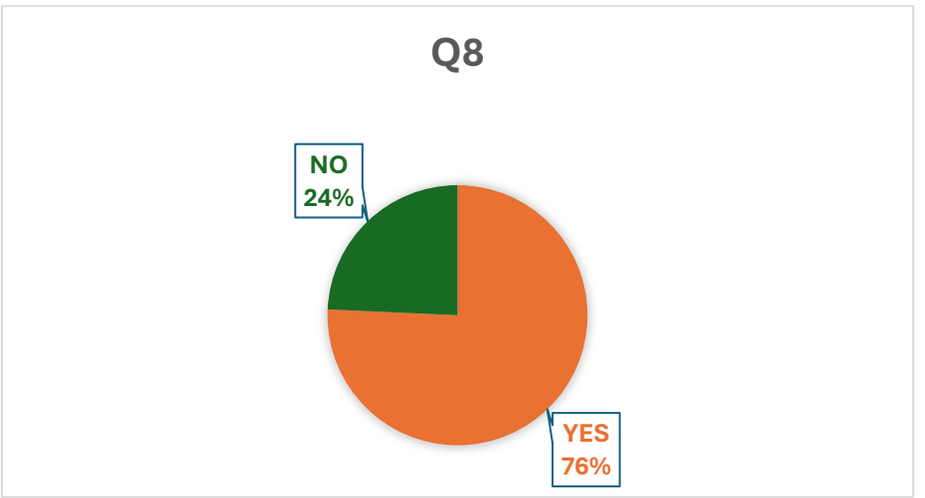
4) If so, could you recognize it?



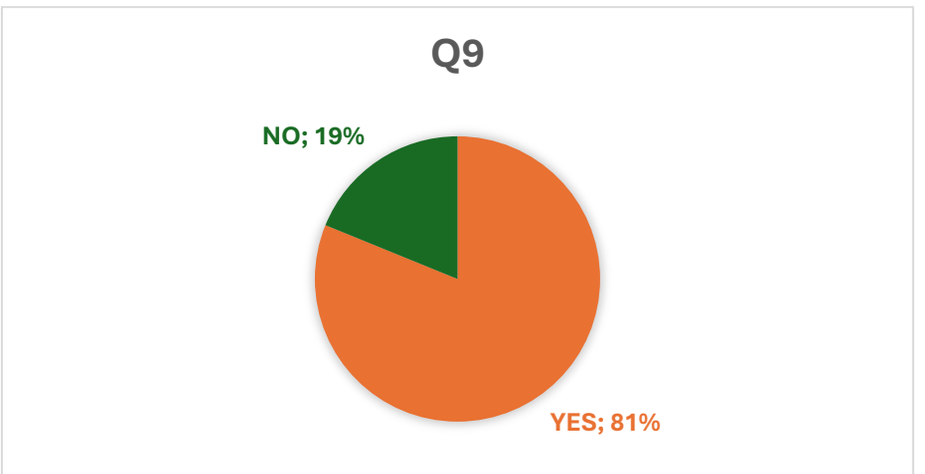
5) Have you ever had direct experience with athletes who show signs of eating disorders?



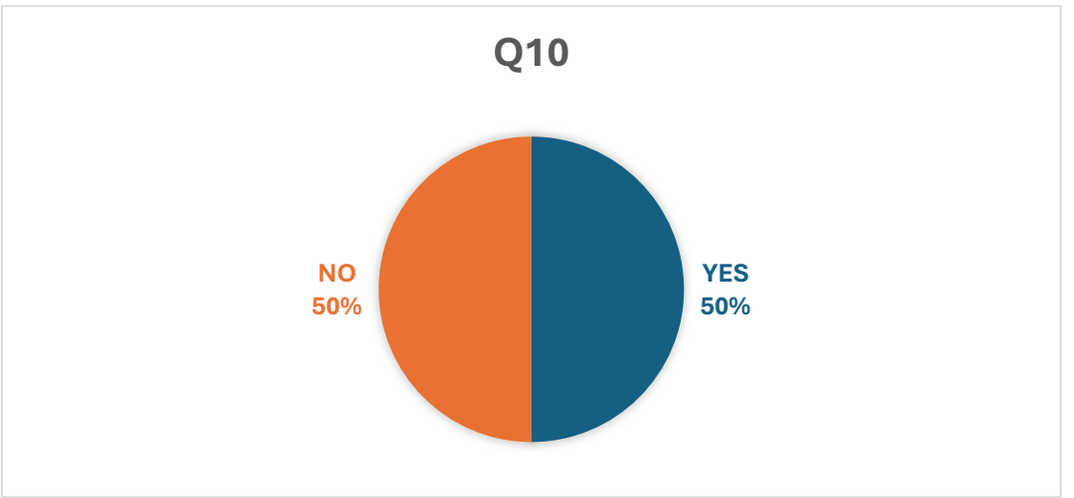
8) Are there gender differences in how weight and body shape are considered important for performance?



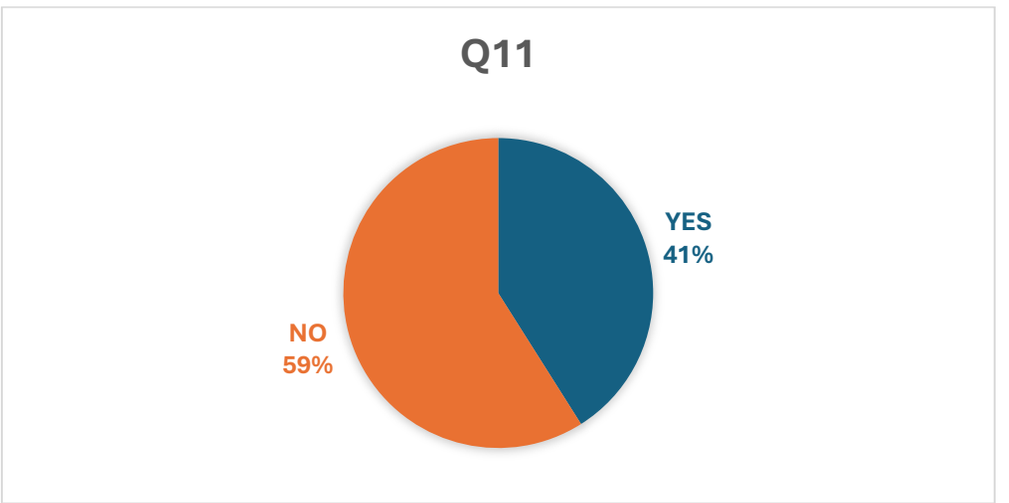
9) Have you ever seen situations where an athlete was treated differently because of their weight or physical appearance?



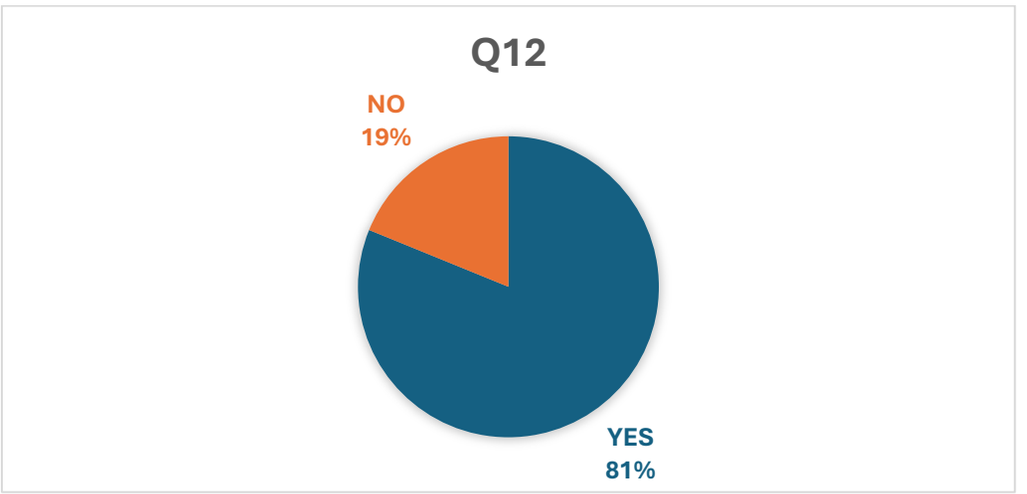
10) Do you ever weigh athletes?



11) If so, do you do it in the presence of others? Yes No



12) Have you ever given advice or comments about your athletes' weight, physical appearance or nutrition? Yes No



Therefore, after this brief and general overview, we move on to the presentation of the analysis developed through the grouping and reworking of the qualitative data.

QUALITATIVE REVIEW

 # 6 question: Coaches' Responses to Athletes

Many responses overlapped in content (e.g., "talked to the athlete and parents," "referred to a specialist"); therefore, I retained one representative formulation for each recurring idea. The thematic grouping presented below is based on qualitative data and ordered by perceived familiarity. What follows are the distinct and representative responses, grouped by type of intervention and arranged from the most to the least familiar or commonly mentioned.

A. Direct Communication with Athlete and Family (Most common)

These responses reflect first-line, empathetic, and practical engagement:

- I talked to the parents and the athlete and told them to consult a specialist.
- I tried to talk to the athlete and the parents about the situation, addressing the topic through the decline in performance.
- I spoke to the parents and to the athlete.
- I contacted the parents and spoke with the athlete about the importance of quality nutrition for sports performance. After agreeing, we included breaks in the training for regular small snacks and all the coaches worked on the athlete's mental state.
- First, I tried to observe the child. Subsequently, I talked with him about general things, which included access to food, family situation, situation at school and in the sports club. Next, I contacted his parents about a suspected eating disorder.
- I tried to establish a constructive relationship with the athlete about it, I spoke to a professional and I spoke with the family.

B. Referral to Specialists (Psychologists, Nutritionists, Doctors)

Second-level responses focused on external help after initial concern:

- I consulted with the athlete, offered support, and recommended professional help (nutritionist or psychologist).
- I talked to the athlete, the family and recommended going to the doctor. If there is a diagnosis of ED, be seen by an ED specialist.
- We discussed the issue with the athlete’s parents and consulted a doctor and a nutritionist.
- I contacted the athlete's parents so that they could get in touch with a doctor/nutritionist.
- I asked for help to my team manager and the team psychologist.
- I tried to explain the problem to him discreetly. And I recommended seeking professional help.

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C. Prevention and Education Strategies

These reflect broader or proactive measures to reduce risk:

- Started giving talks to all the players on the children's team on health education. In order to prevent and/or help detect. Following this talk, the girl came to us to explain that she had problems with food, we referred her to the club's sports psychologist and we are monitoring her to make sure she doesn't lose weight.
- At the concentrations everything is requested without gluten (relevant in cases like celiac disease).
- Definition of ideal performance by high educational guidance.

D. Observation and Discreet Monitoring

Approaches based on careful, empathetic observation:

- Would observe if there are physical or behavioral changes. He would not confront or comment on their body. Would talk privately with empathy. Would inform those in charge if it is a minor. Would encourage healthy habits. Suggest professional help.
- Tell the parents and constantly keep an eye on what they were doing.

E. Control and Behavior Management (Less common or ethically questionable)

Interventions that imposed structure or control:

- An athlete who was not losing weight was put on 24-hour control and eating according to the 5-step methodology and gave a clear result.
- Feeding with low-calorie foods.
- The athlete is placed under the supervision of the coach.
- Coach's tactics.

F. Personal Stories / Irregular Cases

Individual or reflective responses that didn't directly involve intervention:

- My athlete was secretly eating not according to the recommended diet and to hide his weight gain he would stir in his mouth to induce vomiting.
- Trying to help him value himself and accept himself as he is. People are not all the same, but it is a long process.
- There was nothing to be done. It was still in my childhood when I was a top athlete myself.
- Celiac, at the concentrations everything is requested without gluten.

Category	Representative Actions	Familiarity
A. Direct Communication with Athlete & Family	- Talked to athlete and parents and suggested specialist care - Addressed the issue through decline in performance - Built trust before involving family	Most common / first response

- Encouraged small regular snacks and worked on mental state with coaching team

- Observed child's context (home, school, club) and then contacted parents

- Established a constructive relationship and involved a professional and the family

B. Referral to Specialists	- Recommended help from a psychologist or nutritionist - Consulted with club doctor/nutritionist - Asked help from team psychologist or manager	Very common / second response

- Talked discreetly and encouraged professional help

F. Personal Stories / Reflections	- Athlete self-induced vomiting to hide eating - Coach reflected on personal athletic childhood - Tried to build athlete's self-acceptance

C. Prevention & Education Strategies	- Delivered health education talks to the whole team - Monitored a specific case after an athlete came forward	Moderate use / proactive

- Defined ideal performance through educational support
- Managed gluten-free meals for celiac athletes

- Maintained ongoing observation and parental contact

E. Control & Behavior Management	- Enforced 24-hour control with structured eating method - Used low-calorie meals - Athlete placed under coach supervision - "Coach's tactics" (vague)	Rare / potentially problematic

Category	**Representative Actions**
A - Direct Communication with Athlete & Family, Most common, first response which reflects first-line, empathetic, and practical engagement.	- Talked to athlete and parents and suggested specialist care - Addressed the issue through decline in performance - Built trust before involving family - Encouraged small regular snacks and worked on mental state with coaching team

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	- Observed child's context (home, school, club) and then contacted parents - Established a constructive relationship and involved a professional and the family
B - Referral to Specialists, Very common, second response focused on external help after initial concern.	- Recommended help from a psychologist or nutritionist - Consulted with club doctor/nutritionist - Asked help from team psychologist or manager - Talked discreetly and encouraged professional help
C - Prevention & Education Strategies. Moderate use, proactive measures to reduce risk.	- Delivered health education talks to the whole team - Monitored a specific case after an athlete came forward - Defined ideal performance through educational support - Managed gluten-free meals for celiac athletes
D - Observation & Discreet Monitoring, Less frequent but thoughtful. Approaches based on careful, empathetic observation.	- Observed physical/behavioral changes, avoided direct confrontation - Spoke with empathy, informed family if minor - Maintained ongoing observation and parental contact
E. Control & Behavior. Management Interventions that imposed structure or control; it is rare, and potentially problematic, though.	- Enforced 24-hour control with structured eating method - Used low-calorie meals - Athlete placed under coach supervision - 'Coach's tactics' (vague)

Key Differences Between Male and Female Coaches

Category	**Female Coaches**	**Male Coaches**	**Notable Differences**
A – Direct Communication with Athlete & Family	Frequent: direct and early involvement, with emphasis on relationship-building and mental support	Also common, but more structured tone (e.g., “establishing a constructive relationship”, “defining ideal performance”)	Women use a more empathetic, relational approach; men use a more structured or performance-based tone.

Category	Female Coaches	Male Coaches	Notable Differences
B – Referral to Specialists	Present: referral to psychologists or nutritionists, sometimes via team manager	Present: referrals often framed in more medical terms (doctor/nutritionist)	Men emphasize medical professionals (doctor/nutritionist), while women mention team-based psychological support more often.
C – Prevention & Education Strategies	NO Absent from female responses	Present: “definition of ideal performance”, gluten-free meal management (celiac athlete)	Only male coaches referred to educational or preventive strategies. This is a clear divergence.
D – Observation & Discreet Monitoring	One clear example: gradual observation before addressing the issue	No clear examples from male responses	Only females mentioned initial discreet observation before intervention — a more gradual, exploratory mode.
E – Control & Behavior-Based Strategies	None	None	No notable difference
F – Anecdotal/Personal Reflections	One response: personal memory as a young athlete	One response: encouraging athlete self-acceptance	Balanced: both genders offered occasional reflective, non-intervention stories

- Prevention (Category C) appears exclusively male in this data set.
- Observation & Monitoring (Category D) appears only in female responses.

Summary of Key Gender-Based Differences

- Female Coaches Tend to:

- Emphasize relational and emotional engagement.
- Work collaboratively with other coaches and the family.
- Use gradual observation (Category D) before taking action.
- Refer more often to psychological support.

- Male Coaches Tend to:
  - Use a more structured or educational tone ("define ideal performance", "constructive relationship").
  - Offer preventive or health-education strategies (Category C) — not seen in female responses.
  - Refer more to medical figures (doctor/nutritionist) over psychological ones.

Final Thoughts

- These patterns suggest differing cultural or educational orientations: female coaches show a preference for relational, empathetic engagement, while male coaches lean toward rational, educational, or structured approaches.

Finally, here's a brief comparative summary of responses grouped by sport type:

GYMNASTICS

- Action Taken:
  - Sought support from team psychologist and team manager.
  - Talked directly to the athlete and offered help.
- Tone: Personal and emotionally supportive.

INDIVIDUAL COMPETITION

- Action Taken: Involved athlete's family and consulted external professionals (doctor, nutritionist). Prioritized family communication especially for minors.

- Approach: Careful observation, empathetic private conversation, promotion of healthy habits.
- Example: Athlete with celiac disease—adapted team diet accordingly.

COMBAT DUEL (1 vs 1)

- Action Taken:
    - Focused on family engagement first, particularly due to age.
    - Emphasized non-confrontational communication.
    - Promoted psychological well-being and body acceptance.
- Style: Preventive, empathetic, and oriented toward long-term support.

TEAM SPORT

- Action Taken:
    - Developed preventive strategies, such as educational talks to the whole team.
    - Monitored behavior and involved club psychologist upon disclosure.
    - Investigated broader context (family, school, club) before contacting parents.
- Approach: Structured, multi-level intervention including follow-up monitoring.

Cross-Category Patterns & Insights

- Common First Steps: Observation, empathetic dialogue, and parental involvement—especially for minors.
- Support System: All groups sought professional (medical/psychological) help where possible.
- Unique Element in Team Sports: Preventive education sessions helped trigger self-disclosure and peer awareness.

- Gymnastics & Combat Sports: Strong emphasis on emotional support and helping athletes accept body diversity.

 # 7 question:

In your opinion, what are the factors that influence athletes' correct eating behaviors and which can instead contribute to the development of eating disorders?

Summary Table – Factors Influencing Eating Behaviors in Sport

Thematic Category	**Positive Influences on Eating Behavior**	**Negative Influences Leading to Eds**	**Approx. Frequency**
1. Parental Influence	Good eating habits in the family; parental support	Lack of family knowledge; high parental expectations	12
2. Peer Comparison & Social Media Pressure	Positive peer models; limited exposure to harmful media	Peer comparison; cyberbullying; chasing social media ideals	10
3. Coach Influence	Constructive guidance focused on health and performance	Pressure from coaches regarding weight and appearance	9
4. Education & Nutritional Knowledge	Nutritional education from coaches, schools, professionals; food literacy campaigns	Misinformation; extreme or overly rigid dietary rules	10

Thematic Category	Positive Influences on Eating Behavior	Negative Influences Leading to Eds	Approx. Frequency
5. Psychological Factors	Self-knowledge; body acceptance; emotional awareness	Anxiety, stress, obsession with control and appearance	9
6. Body Image & Aesthetic Demands	Focus on functionality over appearance; acceptance of diversity	Overemphasis on weight loss, idealized physiques, self-surveillance	8
7. Social & Team Environment	Supportive team dynamics; constructive communication	Bullying, toxic team culture, lack of support	6
8. Lifestyle Transitions & Living Conditions	Structured routines; support during transitions (e.g., moving out)	Living away from home, unstructured eating habits, difficulty adapting to body changes	4
9. Medical/Physiological Aspects	Balanced hydration; appropriate supplementation (e.g., electrolytes)	Dehydration, undernourishment, dangerous restrictions (e.g., cutting food/water before weigh-ins)	3
10. Professional Support	Access to dietitians, psychologists, multidisciplinary team	Lack of support network or delayed referral to experts	3

Major Differences Between Female and Male Coaches

- Female coaches tended to provide more holistic, emotionally aware, and socially contextualized answers. They often discussed family dynamics, social comparison, mental health, and coach-athlete communication as interconnected contributors to EDs.
- Male coaches tended to focus on practical factors like education, peer influence, and diet knowledge, with less discussion of emotional or social context. Their reflections were generally less detailed and less emotionally framed.

Factors influencing correct eating behavior vs. contributing to eating disorders based on Sport Category

Sport Type	Positive Influences	Risk Factors for Eating Disorders
GYMNASTIC	- Nutritional education and expert support (nutritionist, psychologist) - Supportive communication with coaches - Family habits and values - Athlete's personal motivation for performance and health - Self-acceptance and body awareness	- Pressure from coaches on body shape/weight - Aesthetic demands of the sport - Peer influence and comparison - Obsession with body image and weight control - Social media and unrealistic beauty ideals - Parental ignorance or unhealthy habits - Bullying or poor team dynamics
INDIVIDUAL COMPETITION	- Family support and healthy eating at home - Awareness of nutrition and health education - Understanding growth and development needs - Balanced autonomy in food choices	- High parental expectations - Pressure to link weight with performance - Inability to cope with bodily changes during adolescence - Peer comparison and social judgment - Bad role models and diet trends on social media - Lack of knowledge on managing independence (e.g. living away from home)
COMBAT SPORTS	- Nutritional education - Knowledge of supplements, hydration, and recovery practices	- Peer comparison - Extreme weight-cutting behaviors (e.g., dehydration, fasting) - Inappropriate weight management strategies for competition
TEAM SPORTS	- Nutritional education - Family and coach support - Balanced habits and understanding of a healthy diet - Knowledge of food's role in performance - Awareness of psychological and social factors	- Peer comparison and pressure to conform - Aesthetic expectations and body image issues - Parental pressure - Influence of social media and unrealistic ideals - Lack of accurate food knowledge - Cyberbullying, misinformation online - Obsessive food tracking and strict dieting - Psychological stress or frustration related to performance/appearance

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Here's a **short summary of the main differences** between the four sport categories in terms of factors influencing healthy eating and eating disorders:

Sport Type	**Main Characteristics**
Gymnastics	Most complex and multifactorial: strong focus on body aesthetics, high coach and peer pressure, social media impact, and family influence. Also shows greater awareness of mental health and need for professional support.
Individual Competition Sports	Emphasis on family habits and autonomy in food choices. Parental expectations and coping with growth/puberty are central. Social appearance and peer judgment are key risks. Less focus on coach influence.
Combat Sports	Focused on weight-cutting practices: dehydration, food restriction, and rapid recovery. Less variety in responses. More practical than psychological or aesthetic concerns. Peer comparison noted, but coach pressure is not central.
Team Sports	Highlights social dynamics: peer comparison, parental pressure, misinformation from social media. Mentions cyberbullying and obsession with diet tracking. Emphasizes the need for balanced education and supportive environments.

 # 13 question: Do you have ever given advice or comments about your athletes' weight, physical appearance or nutrition; just in case, what type and based on what knowledge?

Here’s a clean summary table, organized by theme and knowledge source:

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Category	Summary of Coaches' Answers	Knowledge Source / Basis
Experience-based advice	Many coaches gave advice based primarily on years of coaching experience and personal practice with athletes.	Personal coaching experience, practice
Formal education & training	Advice grounded in formal education: courses on biochemistry, physiology, sports medicine, nutrition, sports psychology.	University degrees, coach certifications, workshops
Collaboration with experts	Coaches work with nutritionists, exercise physiologists, or doctors to provide specialized nutritional advice.	Nutritionists, sports scientists, medical staff
General healthy eating guidelines	Recommendations focus on balanced diets, moderation, reducing sweets/oil, increasing fruits/vegetables, hydration.	Common nutritional knowledge, public health advice
Parent-focused advice	Dietary advice often given to parents, especially in youth sports, to support athletes' nutrition at home.	Observations, family involvement
Nutrition related to performance	Emphasis on nutrition as fuel, weight control for optimal performance, pre-competition nutrition strategies.	Sports nutrition principles, performance science
Individualized approach	Consideration of athlete individuality, moderation, and psychological factors (self-acceptance, body image).	Coaching experience, sports psychology
Reactive advice	Advice given mostly when athletes initiate conversation or exhibit issues; referral to specialists encouraged.	Ethical caution, referral to nutritionists

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Category	Summary of Coaches' Answers	Knowledge Source / Basis
Practical tips & reminders	Reminders about eating timing (e.g., before games), energy-providing snacks, hydration during competitions.	Experience, personal practice
Workshops and education sessions	Organization of nutrition workshops for athletes and parents, promoting healthy relationships with food and body image.	Professional training, educational programs

Summary Table – Gender-Based Coaches' Advice on Weight, Appearance, and Nutrition

Category	Female Coaches (♀)	Male Coaches (♂)
More emphasis on caution & ethics	Frequently emphasized not overstepping their limits, often referring athletes to experts	Less frequently mentioned caution; more direct advice on weight and training
Body image & psychology	Often included messages on self-acceptance and avoiding comparison	More likely to suggest "improving physique" or "getting stronger"
Parental engagement	High involvement: advice given through parents, especially for younger athletes	Rarely mentioned unless related to very young athletes
Workshop use	Often promoted nutrition workshops to support athletes' and families' food relationships	Not mentioned in male coach responses
Knowledge sources	Balanced between formal education, experience, and referral	Slightly more emphasis on personal experience and competition-specific performance knowledge

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Category	Female Coaches (♀)	Male Coaches (♂)
Trigger for giving advice	More reactive: often waited for athlete to raise the issue	More proactive, especially around competition or visible weight/performance concerns

Here is a structured comparative summary across the four sport categories:

Category	Yes/No Advice	Content of Advice	Source of Knowledge
Gymnastics	Yes – Frequently; advice about food as fuel, appearance-related goals, and general healthy eating.	Healthy eating, food as energy, aesthetic goals (e.g. rhythmic gymnastics), genetics, avoiding candy during training.	Personal experience, workshops, consultations with experts, advice to parents.
Individual Competition	Yes – Frequently; based on experience and formal training, often tied to performance or body image.	Diet changes, calorie tables, body monitoring during growth, psychological influences, personalized tips.	Experience, coaching certifications, university studies.
Combat Sports	Yes – Based on formal academic training (sports medicine, psychology, nutrition).	Structured nutritional strategies, body weight management, hydration/dehydration cycles, recovery protocols.	Formal academic background (biochemistry, physiology, psychology).

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Category	Yes/No Advice	Content of Advice	Source of Knowledge
Team Sports	Yes – Often; advice ranges from practical food tips to pre-competition nutrition and general guidance.	Pre-game nutrition, hydration, food variety, emotional well-being, energy balance, age-appropriate guidance, emphasis on moderation.	Mostly personal experience; sometimes collaboration with nutritionists or doctors.

Main differences between the four sport categories regarding coaches' advice on weight, appearance, and nutrition:

Gymnastics	High frequency of advice, often involving both athletes and their parents. Focus on aesthetic appearance and body shaping as part of the sport's competitive requirements. Advice emphasizes healthy and balanced nutrition, food as energy, and managing sweet/snack intake. Coaches often refer to external experts, workshops, or basic nutritional education but tend to avoid making deep personalized assessments unless necessary.

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Individual Competition Sports	Coaches frequently give advice, often tied to performance optimization and body management. Greater emphasis on growth, development, and psychological factors affecting nutrition and appearance. Advice is informed by personal experience and formal education (e.g., coaching courses, university). More likely to include tracking tools (like calorie tables) and structured nutritional goals.
Combat Sports	Advice is highly structured and often based on formal academic knowledge in sports science, medicine, and psychology. Focus on weight control, hydration, and recovery strategies due to the demands of weight-category-based competition. Coaches are more confident giving technical dietary guidance, including supplementation and performance-related adjustments.
Team Sports	Advice is more informal and varies widely, often tied to personal experience. Emphasis on practical tips (e.g., what to eat before a game), hydration, and general well-being. Less focus on aesthetics or weight control, more on moderation, self-care, and positive routines. Some coaches involve nutritionists or doctors, especially for higher-level or older athletes.

Key Distinctions

- Level of Formal Knowledge: Highest in combat sports; lowest in team sports.
- Focus on Aesthetics: Prominent in gymnastics, minimal in team sports.
- Parental Involvement: More common in gymnastics and individual sports.
- Holistic vs. Technical: Team sports promote balance and self-care, while combat sports adopt a more technical and physiological focus.

#14 question: What do you think are the behaviors of a coach that could contribute to the development of eating disorders among athletes?

Theme	Details / Examples
Excessive Pressure & Ambition	- Excessive ambition or pressure by coach can trigger eating disorders - Excessive focus on weight, appearance, athletic performance
Negative Comments & Criticism	- Negative comments about weight, body shape, or appearance - Mocking, humiliating, derogatory remarks - Public inappropriate comments
Lack of Knowledge & Professionalism	- Coaches lacking nutrition/mental health training - Giving nutritional advice without expertise - Ignoring medical/nutritionist advice
Weight Monitoring & Comparison	- Frequent weighing of athletes - Comparing athletes' bodies or weights - Linking weight to performance improperly
Ignoring Signs & Mental Health	- Not recognizing or addressing signs of poor nutrition or overtraining - Failure to support mental health or collaborate with specialists
Harsh Training & Stress	- Imposing harsh training regimes - Coach nervousness causing athlete stress - Creating a negative atmosphere
Improper Behavior & Communication	- Inappropriate or offensive remarks - Lack of direct, respectful communication - Using unhealthy metaphors or language
Risky Weight Loss Practices	- Encouraging extreme or sudden weight loss (e.g., fluid restriction, salt baths) - Unsupervised diet changes

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Theme	Details / Examples
Failure to Reinforce Positive Self-Esteem	- Not supporting athlete's self-esteem - Penalizing or punishing eating behaviors - Creating body image issues
Need for Education & Collaboration	- Importance of coach education on nutrition and psychology - Collaboration with doctors, nutritionists, psychologists
Examples of Specific Negative Behaviors	- Comments like "your ass is heavy" - Linking foods with moral value to shame - Pressuring athletes to meet physical ideals

Condensed Summary: Coach Behaviors Contributing to Eating Disorders

1. Excessive Pressure & Focus on Weight
   Pressuring athletes excessively about body weight, appearance, or athletic performance—especially linking weight directly to success—can trigger unhealthy attitudes and behaviors.
2. Negative & Humiliating Communication
   Using derogatory, mocking, or public comments about athletes' bodies or eating habits damages self-esteem and may encourage disordered eating.
3. Lack of Proper Knowledge & Professionalism
   Coaches giving nutritional advice without adequate training, ignoring expert guidance (nutritionists, doctors), or making decisions without consultation increase risk.
4. Unhealthy Monitoring Practices
   Frequent weighing, body comparisons, and discussing weight publicly without sensitivity create stress and promote negative body image.
5. Ignoring Mental Health & Warning Signs
   Failing to recognize or address signs of poor nutrition, overtraining, or emotional distress worsens potential disorders.
6. Harsh Training & Stressful Environment
   Imposing overly demanding training, combined with coach nervousness or negative atmosphere, contributes to athlete stress and vulnerability.

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7. Unsafe Weight Loss Methods
   Encouraging extreme or rapid weight loss (e.g., fluid restriction, salt baths) without supervision poses serious health risks.

8. Lack of Positive Reinforcement
   Not supporting athletes' self-esteem or penalizing them for eating behaviors undermines confidence and wellbeing.

9. Need for Coach Education & Expert Collaboration
   Coaches must receive proper training in nutrition and mental health and collaborate with medical professionals to promote safe, healthy practices.

Key Takeaway:
Coaches should foster respectful, knowledgeable, and supportive environments, avoid harmful comments or behaviors, and work with specialists to safeguard athletes' physical and psychological health.

Here's a clean summary table for Question 14 organized by theme and gender-based insights:

Category / Theme	**Gender-based Highlights**
Excessive Pressure & Focus on Weight	Female: Emphasis on weight, pressure to lose weight without supervision. Male: Awareness of nutrition as energy & performance support; multidisciplinary teams involved.
Negative & Humiliating Communication	Female: Negative comments, humiliation, arrogance, inappropriate public remarks. Male: Less emphasis on verbal abuse, more on education and psychological support.

Category / Theme	Gender-based Highlights
Lack of Proper Knowledge & Professionalism	Female: Highlighted arrogance, ignorance, unprofessional behavior. Male: Emphasized need for collaboration with nutritionists, psychologists, and use of scientific guidance.
Unhealthy Monitoring Practices	Not explicitly highlighted by gender but implied in negative communication and excessive focus on weight.
Ignoring Mental Health & Warning Signs	Male: Emphasized training to spot warning signs, psychological guidance, early detection. Female: Less explicit but related to ignoring progress and athlete feelings.
Harsh Training & Stressful Environment	Not explicitly mentioned by gender but linked with negative communication and pressure.
Unsafe Weight Loss Methods	Mostly mentioned implicitly within pressure to lose weight without supervision (female coaches).
Lack of Positive Reinforcement	Female: Specifically mentioned ignoring progress and focusing only on negative aspects.
Need for Coach Education & Expert Collaboration	Male: Strong emphasis on multidisciplinary teams, education, involving nutritionists and psychologists. Female: Desire for better communication skills and professional conduct.

Based on the general analysis, we will now compare and differentiate how coaches manage diet and eating disorders across the 4 categories of sports.

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Comparative Analysis by Sport Category

Aspect	Gymnastics	Individual Competition Sports	Combat Sports	Team Sports
Coach Ambition & Pressure	Very High: Aesthetic ideals lead coaches to push athletes toward extreme thinness. Pressure often starts at a young age.	Moderate to High: Emphasis on performance/efficiency, especially in sports like long-distance running. Less body-aesthetic focus than gymnastics.	High, but performance over aesthetics. Coach pressure often targets weight classes and "making weight" rather than thinness.	Low to Moderate: Team performance prioritized over individual physique. Less direct pressure from coaches on body shape.
Coach Knowledge & Training	Often lacking, especially regarding adolescent female development and energy needs.	Varies widely. Some better-trained coaches, but gaps remain—especially in endurance disciplines.	Often inadequate. Coaches may rely on traditional/misguided weight-cutting methods without medical grounding.	Generally better, though not specialized. Fewer extreme practices; knowledge gaps may still exist.
Listening to Medical/Nutritional Advice	Limited: Aesthetic sports often resist external input. Medical advice may be overridden by	Mixed. Some coaches integrate medical guidance, others act independently.	Often neglected: Known examples of ignoring nutritionists in favor of rapid weight loss techniques (e.g., US wrestling).	More compliant: More frequent collaboration with medical staff (team doctors, dietitians).

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Aspect	Gymnastics	Individual Competition Sports	Combat Sports	Team Sports
	performance goals.			
Weight Management Practices	Focused on restriction and low body fat, often unsafely. Athletes may skip meals or adopt extreme diets.	Can include under-fueling and long fasts, especially pre-race. Not always tied to visuals, but to perceived performance gains.	Includes extreme and rapid weight loss (dehydration, sauna, fasting). High physical risk.	Minimal emphasis on weight manipulation. Some players may diet, but usually within safe, monitored ranges.
Associated Risks	High risk of EDs, immune issues, menstrual dysfunction, depression.	Risk of Relative Energy Deficiency in Sport (RED-S), fatigue, mood issues.	High risk of cardiac events, dehydration, psychological distress due to weight swings.	Lower risk overall. Team-based monitoring and social support act as buffers.
Recovery Approaches	Often delayed; may rely on vitamins or short-term fixes rather than systemic change.	Varied: some recovery through nutrition consultation, others self-managed.	Some recovery via rehydration and vitamin intake, but long-term care is rare.	Recovery tends to be more structured: nutritionists, varied diet, medical support.

Key Takeaways

- Gymnastics shows the highest risk of disordered eating due to coach-driven aesthetics, early specialization, and minimal medical integration.
- Combat Sports pose high physical danger due to rapid weight loss, fluid manipulation, and neglect of long-term health—coaches often follow traditional practices and ignore medical advice.
- Individual Competition Sports have moderate risk, mostly through under-eating for performance rather than aesthetics, with uneven coach education.
- Team Sports are comparatively safer: coaches focus more on team performance, less pressure on appearance, and tend to be more open to collaboration with health professionals.

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#15 question: What tools or resources would you need to improve your work with athletes on the topic of weight and nutrition?

Tools & Resources Coaches Need to Address Weight & Nutrition

Coaches emphasized a strong need for specialized knowledge, professional collaboration, and educational resources to better support athletes regarding weight and nutrition.

Summary Table: Tools & Resources Needed by Coaches on Weight and Nutrition

Category	**Details / Examples**
Multidisciplinary Team Support	- Hiring/Collaboration with sports nutritionists, psychologists, exercise physiologists - Access to club nutritionist and medical specialists
Training & Education for Coaches	- Courses on sports nutrition and eating disorders prevention - Training on psychological aspects and communication with athletes and parents - Workshops on recognizing warning signs and managing issues - Updates on latest scientific research and specialized literature
Practical Tools & Materials	- Guides/booklets on nutrition basics, metabolism, and healthy eating - Protocols for early detection and intervention of eating problems - Apps or tools for monitoring nutrition and athlete health - Ergometric devices, weight scales, and body composition measurement tools

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Category	Details / Examples
Athlete & Parent Education	- Informative materials and meetings open to athletes and parents - Education on healthy eating, nutrition importance, and eating disorder awareness - Support for parents on managing nutrition at home
Communication & Intervention Protocols	- Clear guidelines on how to approach conversations about weight and nutrition - Advice on how to behave with athletes and parents in sensitive situations - Tools for addressing societal/psychological pressures (e.g., body image issues related to social media)
Time & Space for Interventions	- Dedicated time during training sessions for talks or educational workshops without reducing training time - Safe spaces within clubs for discussing nutrition and health issues
Increased Knowledge & Awareness	- Need for continual education for coaches, parents, and athletes on nutrition and mental health - Desire for more research especially tailored to specific sports or athlete groups (e.g., women's gymnastics)
Support for Handling Eating Disorders	- Specialized knowledge on how to support athletes with or at risk of eating disorders - Collaboration with experts for tailored interventions - Guidance on linking nutrition to performance without emphasizing aesthetics

Key Takeaway:

Coaches seek a combination of expert support, targeted training, practical tools, and clear communication protocols to responsibly address weight and nutrition with their athletes, while also educating athletes and families and fostering a healthy, informed sporting environment.

Gender Nuance:

Both and female coaches highlighted the importance of access to professionals—nutritionists, psychologists, and physiologists—to ensure expert guidance and safe practice.

- Female coaches more frequently stressed the psychological and communicative aspects, body image concerns, and tools for discussing social media's impact.
- Male coaches emphasized the technical and medical support side—access to experts and diagnostic tools—while also noting the coach's limits and the family's role.

Key Differences Across Sport Categories

Team Sports

- Most structured and systemic approach.
- Strong emphasis on club-level collaboration, educating families, and creating dedicated time/space for interventions.
- Nutrition framed as performance-enhancing and a shared responsibility.

Gymnastics

- Most complex needs: call for technical, psychological, and educational resources.
- Strong demand for training in eating disorder prevention, body image, and specific communication strategies.
- Sensitive awareness of aesthetic pressure and desire to reframe toward health.

Individual Sports

- Focused on identification, education, and individualized psychological support.
- Concerned with social media influence, early detection, and self-education.
- Communication and mental health are central concerns, though parental education is less emphasized than in gymnastics/team sports.

Combat Sports

- Most technically focused; less emphasis on emotional/educational frameworks.
- Needs are practical and action-oriented (diets, research, expert consults).
- Framing is mostly around weight management and performance, not psychological well-being.

Final Remarks

Each category reflects a different logic of care:

- Team Sports = Systemic care (institutional, family-based, holistic).
- Gymnastics = Preventive care (psychological + technical, with aesthetic tension).
- Individual Sports = Relational care (mental health and coach–athlete communication).
- Combat Sports = Tactical care (solve weight-related issues quickly and efficiently)

FINAL SUMMARY

Theme-By-Theme Verification & Possible Enhancements:

Theme	**State of the art**	**Possible Enhancements**
1. Excessive Pressure & Focus on Weight	Female coaches highlighted unmonitored weight pressure; males focused on nutrition-performance link.	You might note that combat sports in particular expressed concerns around performance-based pressure and unsafe practices.

Theme	State of the art	Possible Enhancements
2. Negative & Humiliating Communication	Female coaches emphasized this more than males.	Consider adding that public comparisons or sarcastic tones were especially harmful in aesthetic sports like gymnastics.
3. Lack of Proper Knowledge & Professionalism	Clear male–female contrast here.	You could add that male coaches often emphasized the *limits* of their competence, asking for external help more than females did.
4. Unhealthy Monitoring Practices	Implicitly confirmed. Often tied to other categories like humiliation or pressure.	Could be more explicitly linked to combat and gym sports where weighing is routine.
5. Ignoring Mental Health & Warning Signs	Especially from male coaches.	You might integrate that some team sport coaches admitted not knowing how to read early signs or respond.
6. Harsh Training & Stressful Environment	Mentioned indirectly.	Consider stating that stress from overly rigid routines or “no pain, no gain” cultures was more implicit than directly mentioned, especially in elite training contexts.
7. Unsafe Weight Loss Methods	Especially through the wrestling example.	You might associate this more explicitly with combat sports and aesthetic sports (e.g., gymnastics).
8. Lack of Positive Reinforcement	Female coaches especially mentioned this.	More frequent in environments where achievement is narrowly defined (e.g., elite gym/individual sports).
9. Coach Education & Expert Collaboration	Strongly confirmed by both genders, especially males.	Could briefly mention that team sports emphasized “shared responsibility” across families, clubs, and experts.

Key Distinction: Each Sport Reflects a Distinct “Logic of Care”

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Sport Type	Dominant Logic	Core Focus
Gymnastics	*Preventive Care*	Aesthetics, early specialization, psychological tension
Individual Sports	*Relational Care*	Athlete growth, self-image, communication
Combat Sports	*Tactical Care*	Weight control, physiological manipulation
Team Sports	*Systemic Care*	Social dynamics, education, and collaboration

Question 6: Coaches' Responses to Athletes Showing ED Signs

Most Common Patterns Across Sports:

- Direct Dialogue & Family Involvement (especially for minors)
- Referral to Psychologists/Nutritionists
- Empathetic Observation and Trust-Building

Distinct Sport Approaches:

- *Gymnastics*: Personal and emotionally supportive; strong team psychologist involvement.
- *Individual Sports*: Empathetic communication + educational support; tailored nutrition (e.g., celiac athletes).
- *Combat Sports*: Non-confrontational tone; emotional well-being and body acceptance.
- *Team Sports*: Prevention-first; structured team talks and follow-up monitoring.

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Question 7: Factors Influencing Eating Behavior

Sport Type	Influencing Factors & Risks
Gymnastics	Body image, coach/peer pressure, social media, strong parental influence
Individual	Puberty, family eating habits, peer judgment; less coach emphasis
Combat	Dehydration, cutting weight, peer comparison; minimal coach role
Team Sports	Social media misinformation, peer pressure, cyberbullying, need for clear education

Question 13: Advice on Nutrition & Appearance

Sport	Coach Advice Characteristics
Gymnastics	Frequent advice to athletes/parents; emphasis on body shaping and healthy habits
Individual	Advice linked to performance and puberty; structured monitoring
Combat	Academic/scientific knowledge; technical strategies (hydration, supplementation)
Team Sports	Informal, practical, team-centered advice; some collaboration with experts

Key Distinctions:

- Formal Knowledge: Highest in combat sports; lowest in team sports.
- Parental Involvement: Most visible in gymnastics and individual sports.

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- Focus on Aesthetics: Central in gymnastics; marginal in team sports.

Question 14: Harmful Coach Behaviors & ED Risks

Risk Level	Sport Type	Characteristics
Very High	Gymnastics	Emphasis on body aesthetics, early exposure, lack of medical input
High	Combat Sports	Risky weight-cutting, fluid/salt manipulation, traditional knowledge, disregard for health
Moderate	Individual Sports	Under-eating linked to performance; varied coach education
Lower Risk	Team Sports	Less appearance pressure, more support and openness to collaboration

Question 15: Tools & Resources Needed

Sport Type	Coaches' Expressed Needs
Gymnastics	Training on body image, ED prevention, and effective communication

Sport Type	Coaches' Expressed Needs
Individual	Psychological support tools, social media education, early detection training
Combat	Technical diet plans, expert access (dietitians, sports med), less focus on mental health
Team Sports	Structured family education, dedicated club spaces/times, integrated interventions

Conclusion: The Devil in the Detail

Though all coaches value empathy, trust, and professional input, the culture of each sport profoundly shapes the risks, advice, and support given:

- *Gymnastics* walks a fine line between support and pressure.
- *Combat sports* face urgent physiological risks with a tactical approach.
- *Individual sports* call for better relational and psychological scaffolding.
- *Team sports* lead in prevention, education, and systemic collaboration—but may lack technical precision.

Annex 1 – Focus Group Interview Guide

1) Can you briefly introduce yourself?

1.1) Age:

1.2) Gender:

2) Can you tell us about your experience as a coach?

2.1) Sport you coach:

2.2) Years of experience:

2.3) Hours per week:

2.4) Age group:

2.5) Number of athletes:

3) Do you know what is meant by “eating disorder”? Yes No

4) If so, could you recognize it? Yes No

5) Have you ever had direct experience with athletes who show signs of eating disorders? Yes No

6) If so, what did you do?

7) In your opinion, what are the factors that influence athletes' correct eating behaviors and which can instead contribute to the development of eating disorders?

8) Are there gender differences in how weight and body shape are considered important for performance? Yes No

9) Have you ever seen situations where an athlete was treated differently because of their weight or physical appearance? Yes No

10) Do you ever weigh athletes? Yes No

11) If so, do you do it in the presence of others? Yes No

12) Have you ever given advice or comments about your athletes' weight, physical appearance or nutrition? Yes No

13) If so, what type and based on what knowledge?

14) What do you think are the behaviors of a coach that could contribute to the development of eating disorders among athletes?

15) What tools or resources would you need to improve your work with athletes on the topic of weight and nutrition?

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