

EXTENDED ESSAY

Relationship between external pressures in aesthetic sports and athlete eating
disorder

To what extent does external pressure in aesthetic sports influence the development
of eating disorders among adolescent athletes?

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Introduction

Eating disorders (ED) have been a growing concern among adolescents, with 22% of children and adolescents worldwide showing symptoms of disordered eating (López-Gil et al.). Eating disorders are behavioural conditions attributed to disturbances in eating habits that often associate with distressed thoughts. Conditions associated with eating disorders often arise as a result of both psychological and environmental aspects, exposing a large portion of individuals to exhibiting symptoms of the disorder. The most common types of eating disorders include: Anorexia Nervosa (AN), Bulimia Nervosa (BN), Binge Eating Disorder (BED), Avoidant Restrictive Food Intake Disorder (ARFID), and Other Specified Feeding and Eating Disorder (OSFED) (Guarda). Most eating disorders involve when an individual is over-focused on body image, weight, and food intake or food habits. Symptoms of eating disorders often lead to health problems, especially related to digestion and nutritional health; it can also be linked to psychological disorders such as anxiety, depression, self-harm, and other negative behaviours (Mayo Clinic Staff).

Among different communities, eating disorders are a rising issue for athletes. Athletes are especially vulnerable to eating disorders due to the relationship between athletic performances and nutritional intake (Rittenhouse). This type of relationship is most prevalent in aesthetic sports. Aesthetic sports are sports that promote leanness and fitness for aesthetic purposes. These include: figure skating, gymnastics, dance, or cheerleading (Davison et al.). Such sports are pursued for the intent of performing in front of others, meaning attire for such athletes is often

revealing and tight on the body. This often places immense amounts of pressure among athletes to maintain a lean and thin body type – as a result of various factors that range from environmental to psychological. Environmental pressures include external pressures from peers, coaches, parents, etc. External pressures work to openly place athletes in a position of shame and self-guilt that leads to restrictive behaviours in eating habits – ultimately manifesting an eating disorder through unhealthy eating patterns. Meanwhile, psychological pressures can also arise from an athlete's individual motivation to have better performance and skills in their respective sport; additionally, other athletes in the same sport category can push an individual to make changes to eating behaviours to expand their skill levels to become 'better'.

Hence, the exposure athletes who are a part of aesthetic sports to external and internal pressure makes them vulnerable to factors that cause symptoms of eating disorders to arise. In this investigation, studies will focus on the external pressures in aesthetic sports in influencing the development of eating disorders in adolescent athletes. Adolescent athletes – ranging from 10-19 years old – are more susceptible to EDs relative to adult athletes due to psychological behaviours; adolescents often go through confusing stages in life, where one works to build an identity (Migle Baceviciene et al.). This topic is worthy of investigation due to the prevalence of EDs. EDs are often treated as a sensitive topic surrounded by high levels of shame and taboo to speak about (National Eating Disorders Collaboration). This can encourage one to keep prevailing symptoms to oneself, making it difficult to reach out for help. Thus, understanding the relationship between external factors and eating disorders in aesthetic sport athletes is valuable because it can help the sports industry, coaches, parents, and athletes understand the way in which various factors – especially external – can be a risk factor for the development of ED

(Francisco et al.). Additionally, inquiry into this topic can help athletic facilities, including coaches and those who support athletes' performances, be aware of how fleeting words such as comments on body weight or image can be a large influence on the development of ED, in addition to the way rate of ED development can be prevented or reduced by being cautious of comments regarding body image made towards athletes.

Investigation into the extent to which external pressures in aesthetic sports can influence eating disorders among adolescent athletes can be seen through studies by Francisco et al., Kontele et al., and Migle Baceviciene et al. showing a high degree of influence of external factors on ED development, Krentz and Warschburger (2022) and Walter et al. (2022) to show a higher influence of internalized factors that contribute.

External Pressure in Aesthetic Sports and Eating Disorders

The following studies demonstrate a higher influence of external pressures on the development of ED.

A study investigating the characteristics of dance and gymnastic environments that make these sports high-risk to developmental eating disorders is Francisco et al. (2012). The four focus group interviews that lasted around 60-90 minutes per group identified influencing factors based on athlete responses. The sample consisted of female and male ballet dancers from a Portuguese dance school (n=13) and gymnasts from a Portuguese gymnastic club (n=9) competing both nationally and internationally. Participants were asked: terms that come to mind when thinking about their sport, what an "ideal" body type looks like, the type of environment they are

surrounded by and its impacts, relationships with coaches, how they live through tryouts, and the way their parents deal with the sport they are a part of (Francisco et al.).

Interviews were analysed to identify reference keywords that would help categorize factors prevalent in the athletes' sports or life habits– allowing for distinct groupings of factors.

Three main factors among both ballet athletes and dancers were environmental influence, influence from the community, and parents . For dancers, most relevant to crucial risk factors to ED was pressure from teachers, attributed by having feelings that the teachers are inaccessible, biased, or hostile towards athletes . Another relevant category was the undervaluing of health, such as the encouragement of leanness to an unhealthy extent. The most frequently mentioned factor during this category was negative comments about body image and weight. Such comments embedded with a negative connotation seemed to evoke emotional distress and various weight controlling behaviours, becoming a risk factor for ED.

For gymnasts, the most frequently mentioned source was pressure for thinness and weight control from coaches. These factors were imposed upon athletes as a result of food restriction, constant monitoring of athletes' weights, and negative comments about eating habits, weight, and body image. Gymnasts also mentioned negative relationships with coaches, as they provoke emotional distress on eating habits and the control of eating (Francisco et al.). While peer pressure was seen as a risk factor for dancers, for gymnasts, this was seen as a protective factor as a result of low competitiveness, reducing the intensity of the pressure to be thin.

The results showed that relative to the amount of protective factors identified from the responses of athletes, risk factors were mentioned approximately two times more. Related to ED, the most significant factor that drives the athletes to develop symptoms was the pressure for thinness. For ballet students, this is derived as a result of the implicit rule within the community; meanwhile, for gymnasts, the pressure comes in explicit forms mostly from coaches, who frequently monitor the weight of athletes and comment on the leanness and body image of the athletes. Hence, the study demonstrates the need for social support to foster a positive environment where athletes feel valued, as the top factor for ED development was due to external pressures.

The use of focus group interviews, categorizing ballet students to their artistic levels, and gymnasts to artistic discipline, creates an inclusive environment where individuals can feel encouraged to speak about their experiences within their respective sport division. This allows researchers to gain insight into group synergy and dynamics that may not be present in individual interviews. Additionally, the use of a sample from both dance schools and gymnastic clubs allows for comparison of results from ballet students and gymnastics – increasing the credibility of the findings.

However, there were 22 students pulled from a dance school and gymnastics club located in Portugal. The limited variation of participants makes it difficult to generalize the findings to populations across other nations, or in different areas of sports that may not fall under the category of aesthetic sports. Additionally, the study utilizes a cross-sectional design, meaning that the interviews were conducted at a single point in time, being unable to observe changes in

behaviours or factors over time. Researchers may not be able to gain insight into changes in athlete behaviour in-season and off-season, challenging the ability to establish a clear causal relationship between the factors identified and the ED symptoms among athletes.

Another study suggesting a higher influence of external pressures on ED development in adolescent aesthetic sport athletes is Kontele et al.(2022), examining the relationship between weight pressures and ED symptoms in adolescent gymnasts. 147 competitive and 122 recreational female gymnasts in Greece of the age 11-17 were recruited by reaching out to respective coaches. Body weight and height were self-reported by participants, and BMI was calculated as body weight divided by height.

Three different scales were administered: the EAT-26 (shorter EAT) – a self-reported questionnaire, to assess and screen for eating disorder risks, where a score that exceeded 20 was considered as a high risk for eating disorders (Kontele et al.) – Weight Pressures in Sport–Females (WPS-F), and the Social Desirability Scale (SDS) to measure ED symptoms, pressures derived from sports environments, and influence of social desirability in response genuinity, respectively (Kontele et al.). Of the 269 gymnasts, a total of 33 (12.3%) scored higher than 20 on the EAT-26, with a higher number of competitive gymnasts with such scores than recreational. Further analysis of the findings demonstrated a positive correlation between total EAT-26 score and WPS-F score and a negative correlation between EAT-26 score and BMI (Kontele et al.). The significance of findings showing a difference in ED risk between competitive and recreational gymnasts, Kontele et al. demonstrates the way pressures to

maintain low body weight or lean body mass are given to gymnastics athletes as part of the nature of the community can be associated with a higher susceptibility to ED development.

Regarding the research question, this study supports the idea that weight pressures imposed by coaches, teachers, peers, and more can expose adolescent aesthetic sports athletes to ED symptoms and risks, implying that external pressures are responsible for the higher risk of ED primarily in adolescent gymnasts participating competitively, based on the study.

Much like Francisco et al., the use of a cross-sectional design opens way to bidirectional ambiguity, meaning that it is unclear whether pressure causes athletes to be at risk for ED, or if athletes with ED symptoms strongly perceive pressure and show more sensitivity when given weight pressures. Though the use of self-reported likert scales and questionnaires can lead to demand characteristics lacking genuine responses from participants, unlike Francisco et al., Kontele et al. used the SDS – a tool used to measure the influence of social desirability in self-reported questionnaires – to ensure those providing responses influenced by such effect are excluded from the analyses (n=45).

A similar study looking into the effects of externalized pressures in ED development and risk in aesthetic sports is Migle Baceviciene et al.(2023), comparing disordered eating (DE), body image, sociocultural, and coach-related pressure factors between athletes of different age groups and sports categories.

Approved by the Lithuanian Sports University Social Research Ethics Committee, the study utilized an online survey platform Survey Monkey to assess eating behaviours of athletes who have competed for at least two years in professional competitive sports environments (Migle Baceviciene et al.). A total of 1003 athletes of age 15 to 44 years (mean age= 18.8 ± 5.7 years in males and 19.0 ± 5.9 years in females), categorized into adolescent and adult athletes, where 56% were younger than 18, and 44% above the age of 18. Akin to Kontele et al., self-reported body weight and height were used to calculate BMI as body weight divided by height.

DE behaviours were measured through the Lithuanian version of Eating Disorder Examination Questionnaire 6 (EDE-Q 6), consisting of 26 questions with response options ranging from 0 (never) to 6 (always) – a higher cumulative score indicates more frequent DE behaviors and weight-related concerns (Migle Baceviciene et al.). Similar to the EAT-26 questionnaire used by Kontele et al. and Krentz and Warschburger, this questionnaire also provides quantitative data for analysis of participants' DE susceptibility, but is tailored to the cultural context of Lithuania in addition to more questions for a comprehensive analysis. To assess negative self body image perception (Migle Baceviciene et al.), two subscales – Overweight Preoccupation and Self-Classified Weight – derived from the Multidimensional Self-Relations Questionnaire Appearance Scales (MBSRQ-AS) were used. Meanwhile, positive body image was measured through the use of the Body Appreciation Scale 2 (BAS-2), reflecting the way an athlete perceives their own body image and their ability to resist body standards.

Additional tests – the Drive for Muscularity Scale (DMS) and the Sociocultural Attitudes towards Appearance Questionnaire 4 (SATAQ-4) – were used to measure athletes' attitudes towards body muscularity and sociocultural factors that contribute to the acceptance of prevailing body image ideals (Migle Baceviciene et al.). All tests, to fit the cultural background of participants, were in the Lithuanian version of each test.

The analyses of responses from participants showed that a greater number of adolescent female athletes showed DE risk behaviours compared to adult female athletes. The cross-sectional nature of the study makes it challenging to clearly identify causality; such results could be due to adolescents facing more weight-related pressures, leading to higher body image related concerns and DE behavior. Adolescent female athletes consequently showed a greater desire to attain stereotypical body types and felt higher pressure to comply to standards of coaches or surrounding adults. Coach-related and peer-related external pressures about appearance were positively correlated with DE symptoms – even after controlling for sociocultural factors and individual-related variables.

Linking to the research question, the findings of Migle Baceviciene et al. demonstrates how external pressures related to body image contribute to increasing ED risk in adolescent aesthetic, or weight-sensitive, athletes.

These three studies imply that ED development in adolescent aesthetic sports athletes, to a high extent, is influenced by or associated with external factors – specifically, pressure regarding body image or weight.

Alternative Explanations for ED Development in Aesthetic Sports

Aside from externalized pressures, the internal motivations of athletes to become better may also influence an athlete's eating habits. The following studies provide alternative viewpoints of the way internal factors can also have an effect on ED development.

A study looking into the internalized factors in adolescent aesthetic sport athletes is by Krentz and Warschburger(2011), aiming to investigate the potential factors of DE in aesthetic sport adolescent athletes.

The sample consisted of male and female German elite aesthetic sports athletes between the ages of 11 and 18 (n=96). Participants were asked to fill out a series of questionnaires after training. The study utilized a control group of German non-athletes (n=96), allowing researchers to compare the results of the athlete group and non-athlete group to identify significance in the presence of ED risk.

Similar to Kontele et al., the EAT-26 was administered to measure ED risk and symptoms with a higher value indicating higher risk to ED. To measure levels of body dissatisfaction (Krentz and Warschburger), the revised version of the Eating Disorder Inventory (EDI) and Contour Drawing Rating Scale (CDRS) was used. Finally, to assess perceived pressure among athletes and the desire to be leaner (Krentz and Warschburger), the German Questionnaire on Appearance-Related Social Pressure and the ATHLETE-Scale Drive for Thinness and Performance (Hinton and Kubas) was provided.

The results of the study showed a higher prevalence rate of ED among aesthetic sport athletes in comparison to the control group. Generally, though no significant difference among groups, strong body dissatisfaction was deemed a strong predictor of ED risk and development (Krentz and Warschburger). Within the sports-related factors identified, the desire an athlete has to be leaner for improved performance was most influential to ED behaviors and symptoms, with social pressure being the initiator (Krentz and Warschburger) of such internalized desires.

Like previous studies investigating eating behaviours and ED risk susceptibility, the EAT-26 and the other questionnaires administered provide standardized answers from numbered scales to phrases participants can choose from. Quantitative data helps determine whether athletes exhibit ED symptoms, allowing for other researchers to easily replicate the study's procedure in various sociocultural contexts. However, similar to Migle Baceviciene et al., focusing heavily on Lithuanian athletes, Krentz and Warschburger utilize a sample of German athletes. Though challenging to apply the findings to other nations, the study can be easily replicated in varying cultural contexts, opening potential for increasing the population validity and generalizability. Unlike Kontele et al., the study does not use the SDS to identify social desirability in self-reported responses. This opens the potential for participant bias, lowering the authenticity of responses regarding eating behavior.

Another study providing alternative factors influencing ED development in adolescent aesthetic sport athletes is Walter et al.(2022), investigating the DE symptoms associated with age, gender, and type of sport to identify risk factors for ED development in adolescent athletes.

The sample consisted of athletes of age 13-18 (n=439) categorized into high-risk (n=303) and low-risk (n=136) in regard to ED development, where high-risk athletes are categorized as aesthetic and weight-class sports. All athletes had experience with competing nationally on elite levels.

Like Migle Baceviciene et al., the study was approved by the university's ethics committee of where the study was being conducted. Participants completed the Eating Disorder Examination Questionnaire for children short form (ChEDE-Q8) to assess ED behaviour, the ATHLETE questionnaire, the Appearance-related Social Pressure Questionnaire (FASD) to measure social-related pressures, and the Volitional Components Questionnaire (VCQ) to identify internalized factors athletes perceive (Walter et al.). All tests were administered in the German version, as with Migle Baceviciene et al., who utilized Lithuanian versions of respective tests to control for any cultural differences in test questions and answer choices. To assess eating behaviour of athletes, the number of meals participants consumed a day and number of weight control methods used were summed up.

Of 5.5% of the total sample showing symptoms of DE, the prevalence rate of significant DE symptoms were most frequently observable among adolescent female athletes (9.6%). The prevalence rate of DE symptoms were found to be higher in high-risk, aesthetic sports (6.6%) compared to low-risk sports (2.6%). Analyzing factors based on responses from participants in the questionnaires, an athlete's internal association of weight loss and success in addition to perceived pressures on eating and body weight were shown to have the strongest influence on DE behaviour.

The findings of Walter et al. demonstrates that an athlete's mindset and internal perception of external pressures have a high impact on the eating behaviours and risk prevalence in, specifically, adolescent high-risk sport athletes. Concerning the research question, the study implies that despite the presence of social pressure, the way an athlete mentally perceives this and internalizes such has a larger influence on the development of DE.

These studies provide an alternative explanation, in a sense that internalized motivations and factors contribute – to a high extent – to the development of ED in adolescent aesthetic sport athletes, especially concerning one's desire to be lean or thin to fit into standards.

Conclusion

It is evident from the evidence provided that regardless of external or internal, adolescent aesthetic sport athletes display a higher vulnerability to ED risk – whether that be due to the nature of the sport, or the surrounding environment it is placed in. The studies supporting the research question demonstrate a range of factors that seem to contribute to either pressuring an athlete, or evoking an internal desire to be lean or thin, promoting unhealthy eating habits.

The studies conducted by Francisco et al., Kontele et al., and Migle Baceviciene et al. show a higher influence of external factors coming from coaches, parents, or peers and social pressure. Yet, evidence provided by Krentz and Warschburger and Walter et al. suggest alternative reasons behind the development of ED in athletes – internalized thoughts and

mindsets. Thereby, it is clear that it is difficult to attribute ED risk or development solely to either external or internal factors. Instead, exploration into the topic reveals a complex interplay of the two variables, where a combination of the two factors tend to play the largest role in ED development amongst the athletes (Krentz and Warschburger).

While this essay presents evidence of the influence of both external and internal factors on the development of ED in adolescent aesthetic sport athletes, the pieces of evidence do not equal in reliability and validity. Though all the studies focus on adolescent aesthetic sport athletes within the age range of 10-18 years old, the studies vary in sample size, making direct comparisons of results difficult. Likewise, measures used to assess ED risk and symptoms also vary. Additionally, the cross-sectional methodologies employed in the studies make it challenging to identify a causal relationship between the factors identified and the risk of developing ED. The studies used to demonstrate external or internal factors in the development of ED utilize self-reported methods with Kontele et al., Migle Baceviciene et al., Krentz and Warschburger, and Walter et al. using questionnaires and Francisco et al. using focus group interviews. With a lack of biological approaches to assessing ED risk aside from self-reported response analysis, self-reported responses may lead to social desirability bias evoking ingenuine responses from participants – especially with the taboo surrounding ED in the aesthetic sport industry (Francisco et al.).

Regardless of such discrepancies and shortcomings to methodologies, a consistent trend emerges: the conclusions of the studies suggest, as with the instance of Krentz and Warschburger, that externalized pressures – such as social pressures from coaches or parents – contribute to the

growing of internal desires for an athlete to alter eating behaviour by reinforcing restrictive eating behaviours. Based on this trend, it can be argued that since external pressures act as a catalyst for an athlete's internalization of ED-related behaviours, external pressures have an influence on ED development in adolescent aesthetic sport athletes to a higher extent compared to internal factors. This conclusion aligns with the sociocultural model of ED, which emphasizes that environmental demands – which, in other words, are external factors – are filtered into motivations and personal beliefs (Js et al.), leading to the desire to be lean to fit into standards.

By demonstrating that adolescent athletes are more susceptible to pressures, being more vulnerable to ED risk (Migle Baceviciene et al.), the findings of the studies show the practical need for early interventions in sports programs to help athletes maintain a healthy mind on body image and eating behaviours. One potential way to implement such interventions into sports programs is by educating coaches and parents of athletes to foster a community where concerns regarding eating patterns or body image is not treated with shame but rather embraced and is provided with support. This can include education sessions for the respective stakeholders influencing the lives of athletes, in addition to guidebooks for parents or coaches to refer to for creating a supportive environment for adolescent athletes. Another way is through the use of sports dietitians in sports teams. Dietitians help athletes make mindful decisions about the foods they chose to eat, and provide ways to maintain healthy diet lifestyles without taking any extreme pathways (BDA) – risking ED development.

For further exploration on the factors influencing ED development in adolescent aesthetic sport athletes, the following studies can improve on testability, identification of a causal

relationship, and cross-cultural validity. The studies used to support the research question are based on self-reports. The use of true experiments under controlled conditions would help identify a clearer causal relationship, as the current pieces of evidence suffer from bidirectional ambiguity, as mentioned with Kontele et al.. However, given that it is difficult to design a true experiment to assess ED risk, a longitudinal study consisting of qualitative observations on eating behavior or physical symptoms would more clearly demonstrate how perceived pressure transforms into internalized beliefs that trigger ED symptoms. The studies used in this essay utilize athletes from regions within Europe. A way to improve on cross-cultural validity – to assess whether the factors identified have a consistent effect across different cultures – would be to conduct the following procedures on athletes in different regions, such as Asia. Because different cultures have different norms for body image, there could be differences in the way adolescent athletes perceive external pressures and interpret them into internalized beliefs.

Works Cited

- BDA. "What Do Sports Dietitians Do?" *W*www.bda.uk.com, 2022,
www.bda.uk.com/specialist-groups-and-branches/sports-nutrition-specialist-group/what-do-sports-dietitians-do.html.
- Davison, Kirsten Krahnstoeve, et al. "Participation in Aesthetic Sports and Girls' Weight Concerns at Ages 5 and 7 Years." *The International Journal of Eating Disorders*, vol. 31, no. 3, Apr. 2002, pp. 312–17, <https://doi.org/10.1002/eat.10043>.
- Francisco, Rita, et al. "Aesthetic Sports as High-Risk Contexts for Eating Disorders — Young Elite Dancers and Gymnasts Perspectives." *The Spanish Journal of Psychology*, vol. 15, no. 1, Mar. 2012, pp. 265–74, https://doi.org/10.5209/rev_sjop.2012.v15.n1.37333.
- Guarda, Angela. "What Are Eating Disorders?" *American Psychiatric Association*, Feb. 2023, www.psychiatry.org/patients-families/eating-disorders/what-are-eating-disorders.
- Hinton, Pamela S., and Karen L. Kubas. "Psychosocial Correlates of Disordered Eating in Female Collegiate Athletes: Validation of the ATHLETE Questionnaire." *Journal of American College Health*, vol. 54, no. 3, Nov. 2005, pp. 149–56, <https://doi.org/10.3200/jach.54.3.149-156>. Accessed 29 Nov. 2019.
- Js, Vander Wal, et al. "The Sociocultural Model of Eating Disorder Development: Application to a Guatemalan Sample." *Eating Behaviors*, 1 Aug. 2008, pubmed.ncbi.nlm.nih.gov/18549986/.
- Kontele, Ioanna, et al. "Weight Pressures and Eating Disorder Symptoms among Adolescent Female Gymnasts of Different Performance Levels in Greece." *Children*, vol. 9, no. 2, Feb. 2022, p. 254, <https://doi.org/10.3390/children9020254>.

- Krentz, Eva M., and Petra Warschburger. "Sports-Related Correlates of Disordered Eating in Aesthetic Sports." *Psychology of Sport and Exercise*, vol. 12, no. 4, July 2011, pp. 375–82, <https://doi.org/10.1016/j.psychsport.2011.03.004>.
- López-Gil, José Francisco, et al. "Global Proportion of Disordered Eating in Children and Adolescents: A Systematic Review and Meta-Analysis." *JAMA Pediatrics*, vol. 177, no. 4, 2023, <https://doi.org/10.1001/jamapediatrics.2022.5848>.
- Mayo Clinic Staff. "Eating Disorders." *Mayo Clinic*, Mayo Foundation for Medical Education and Research, 28 Mar. 2023, www.mayoclinic.org/diseases-conditions/eating-disorders/symptoms-causes/syc-2035360 3.
- Migle Baceviciene, et al. "The Comparison of Disordered Eating, Body Image, Sociocultural and Coach-Related Pressures in Athletes across Age Groups and Groups of Different Weight Sensitivity in Sports." *Nutrients*, vol. 15, no. 12, Multidisciplinary Digital Publishing Institute, June 2023, pp. 2724–24, <https://doi.org/10.3390/nu15122724>.
- National Eating Disorders Collaboration. "Stigma and Eating Disorders." *Nedc.com.au*, 2024, nedc.com.au/eating-disorders/eating-disorders-explained/stigma.
- Rittenhouse, Margot. "Eating Disorders in Athletes." *Eating Disorder Hope*, Eating Disorder Hope, 16 Aug. 2021, www.eatingdisorderhope.com/risk-groups/eating-disorder-athletes.
- Walter, Nadja, et al. "Factors Associated with Disordered Eating and Eating Disorder Symptoms in Adolescent Elite Athletes." *Sports Psychiatry*, vol. 1, no. 2, Apr. 2022, pp. 47–56, <https://doi.org/10.1024/2674-0052/a000012>.

