The Invisible Athlete:

Disordered Eating in Midlife Women in Sport

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When you are a woman in sports, visibility is temporary. We are only recognized as athletes until we reach middle age, when we are celebrated for staying active but given little to no support or understanding of what it is like to train, fuel, perform, and age in a culture built for such extremes. When my eating disorder resurfaced in my mid-forties, the issue was not that I was good at hiding it. The real problem was that no one thought to look.

I was a teenage record-chasing swimmer pursuing college scholarships. I was a marathoner in my forties, seeking balance and health. Throughout both phases of my life, I realized how easy it is for me to hide exhaustion. How quickly striving for excellence can turn into a harmful cycle of restriction, fatigue, and denial. The only difference this time was that when I asked for help, my symptoms were attributed to age, not under-fueling.

The Dissonance of Healing

At the start of treatment, I thought that recovery meant relief. I believed that when I started to heal, things would get easier. I was wrong. It actually became more difficult.

During my darkest times with my eating disorder, both as a teenager and nearly thirty years later in my late thirties, there was this illusion of peace. I appeared happy, outgoing, and social. I thrived on compliments about my dedication to my "health." I gained more validation from race PRs that seemed to confirm that my commitment to my rigid eating plan was working. I had the energy to spend time with friends and family because I was fulfilling what the eating disorder demanded of me. The voice of the eating disorder was quiet, silent in its approval.

But recovery amplified that voice. Loud. It screamed with every meal, each rest day, every time I tried to live outside its parameters. The depression worsened. The isolation crept in. I pulled away from friends, family, and even from my own children. I realize now that the hardest part of healing is not the physical recovery. It is enduring that mental noise — those critical, chaotic voices — and not giving in to them. And more so, it required me to find a voice to advocate for myself, because, unlike when I was younger, there was no system in place to protect me.

Athletes are taught to push through pain, to endure because suffering signifies progress. We often confuse agony with achievement. That's not a mindset that encourages recovery. When your pain increases, it can feel like you are failing. But more often than not, it is the first real sign of healing.

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When Sport Becomes the Goal of Recovery

My early treatment focused on helping me get back into the pool. All my providers had the best of intentions, believing that sport was my lifeline. While that was partly true, recovery based solely on performance only reinforced the idea that my worth depended on how I performed. I knew how to "look" healthy enough to be cleared, but I did not know how to truly be well.

Decades later, as a clinician working with athletes, I see how easily we fall into this same cycle. We talk in terms of timeframes: when I am healthy enough to be cleared, when I can start thinking about racing, and when I need to be at peak shape for the team. We motivate recovery by referencing sport, but sometimes it is the very thing that prevents athletes from achieving health. Recovery is not about returning to the sport; it is about finding your true self.

When the Eating Disorder Returns in Midlife

I never thought my eating disorder would find me again in my forties. I was not chasing awards or the spotlight anymore; I just wanted stability, health, and the thrill of competition and pushing my body. I was a marathon runner, running seventy-mile weeks, tracking my protein in grams, working my body like a machine. It all felt intentional, mature, even somewhat admirable. But the patterns remained the same.

The signs were more subtle this time: low energy, irregular heart rate, erratic periods, thinning hair, lightheadedness, and abnormal bloodwork. But every time I mentioned it, I was told it was "just perimenopause." When I brought up my fatigue or heart palpitations, I received kind smiles and comments like "that is your age catching up with you." Yet, when my ferritin and hormone levels dropped significantly or my resting heart rate fell into the low thirties, no one asked about my diet, training volume, or history of disordered eating.

I was not invisible because I had concealed my symptoms. I was invisible because the system had stopped looking.

As I sat across from health professionals describing textbook symptoms of under-fueling—cold intolerance, GI issues, amenorrhea, low T3, and fatigue—doctors and dietitians focused on menopause, not my relationship with food. No one asked about training load. No one asked what I was eating. No one asked how I felt about food. And I was never screened or assessed for disordered eating, past or present.

For midlife female athletes, these blind spots are deadly. We are told to "listen to our bodies" and yet are dismissed when we do. We are encouraged to stay active for health and longevity yet are not treated like athletes who need the same level of curiosity, screening, and support as our younger counterparts. For women in midlife, these blind spots are especially disheartening.

I had struggled with an eating disorder as a young adult, and while I knew the signs to look for, I still think often about the women who do not. The women who slide into restriction or overtraining or obsession in the name of "healthy aging." We praise the fifty-year-old woman who is running ultramarathons, but we rarely question what it might cost.

The Healthcare Blind Spot

Sports medicine, dietetics, and mental health services have long since lost sight of the fact that athletic identity has no expiration date. Women in midlife are still competing, training, and grinding with the same intensity as decades before, only with more complicated needs. Hormonal shifts intersect with the culture of performance, but treatment methods stay mired in the past.

When a twenty-year-old elite athlete loses her period, we all react. When a forty-five-year-old runner does the same, it's considered "normal." When a young woman faints during practice, we check her iron, cortisol, and thyroid levels, as well as her calorie intake. When a woman in perimenopause faints, we simply prescribe calcium and a yoga video.

We have created a system that doesn't make space for conversation, for curiosity, or for the recognition that women in their thirties, forties, and fifties are still athletes—and that is how they should be treated.

A Letter to Those Who Work with Female Athletes

To coaches, clinicians, nutritionists, and physicians: please do not let age color your lens. Inquire about nutrition, energy, recovery, body image, and identity. Ask how hormonal shifts might impact training, and how the expectations of aging from society and our peers might intensify these disordered thoughts and behaviors.

Midlife athletes are not former athletes. We are here. We are still pounding pavement, straining in the weight room, and chasing the same finish lines, seeking the same validation we used to get from the stopwatch. We do it with little to no support or systems in place to help us or protect us.

I need you to see us, to understand that disordered eating does not magically disappear at a certain age. It does not. It hides in wellness culture, pretending to be clean eating and performance enhancement, and thrives when no one is paying attention.

In Closing

I no longer measure my worth by the size of my race singlet. But I would be lying if I said that identity is easy to shed. The eating disorder voice still whispers, some days louder than others. Quieting it is a daily practice: a choice to nourish, rest, and trust that my strength is no longer in depletion.

If there is one thing I would tell professionals, it is that midlife female athletes deserve the same level of curiosity, respect, and care as we give to young athletes. We do not stop being athletes when the medals stop coming. We simply need a different kind of attention—one rooted in understanding, not assumptions.

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