Anorexia in Elite Gymnasts

“I believe that a well-performed [gymnastics] routine should be done in total harmony and beauty and should impact the spectator as would a song, which the spectator would want to listen to over and over again” (‘They Said It’). But in the sport of gymnastics is it possible that having an effect on the audience is too strong of a priority? The startling number of elite female gymnasts that are turning to anorexia nervosa to become the embodiment of harmony and beauty—in hopes of performing harder and higher scored skills—points to the fact that it might be. While this disease is connected to internal factors distinct to each person suffering from it, in the realm of gymnastics, there are also a variety of external factors that influence the frequency of this disease. These factors include, but are not limited to, the training environment, the subjectivity of judges, and the view of female gymnasts by society and the media. This paper will argue that the prevalence of anorexia in the sport of gymnastics is caused foremost by external forces not internal forces.

Anorexia nervosa is classified by the U.S. National Library of Medicine as “an eating disorder that causes people to lose more weight than is considered healthy for their age and height” (“Anorexia Nervosa”). Anorexia is a psychological illness, and is often coupled with other such problems, including anxiety and depression (Cintado). Although the specific reasons that individuals turn to anorexia differ for each person, many experts blame society and the media’s unrealistic view of beauty, and the
pressure on people to achieve this idealized image. Despite the differing reasons for the cause of the illness, the general health concerns remain the same. Anorexia causes the individual to feel weak and lose an unhealthy amount of weight. Some of the more serious health implications include low blood pressure, osteoporosis, kidney and organ failure, and in severe cases death (Cintado). A study conducted in 2010 shows that 2.7% of all children age 13-18 suffer from a “severe” case of anorexia nervosa (“Eating Disorders Among Children”). Women are more at risk for developing anorexia than men. The numbers of athletes with eating disorders are much higher, ranging from 9% to 20%; in elite gymnasts, however, this number swells to include 28% of the athletes (“Gymnasts at Higher Risks”).

In 1994, Christy Henrich was twenty two years old, a member of the U.S. National Gymnastics team, and dying from organ failure associated with anorexia nervosa. She was forty seven pounds when she died. Unfortunately, although Christy Henrich’s case was extremely severe, elite gymnasts suffering from anorexia is not uncommon. Twenty eight percent of elite gymnasts admit to having an eating disorder at some point during their competitive career (“Gymnasts at Higher Risks”).

Some of these gymnasts erroneously believe that being smaller and lighter will make them more able to perform the skills they are doing, and cause them to look more graceful while doing these skills (Thompson and Sherman 330). However, gymnastics is a sport that relies on the strength of the athlete. Anorexia actually makes it more difficult for a gymnast to perform skills because she loses the muscle needed to complete it. Since gymnasts are involved in high risk acrobatic skills and movements, anorexia has more health implications for a gymnast than for an average person.
Gymnasts fall more than the average person, and because of the complications equated with anorexia, these falls result in a high number of broken bones and concussions. Anorexia is dangerous, but it is even more dangerous for a gymnast. This disease seems to be almost institutionalized in the sport of gymnastics-mostly because of the numerous external influences that pressure gymnasts to become anorexic.

The training environment is just one external factor that influences the high rates of anorexia in gymnasts. This environment can have many beneficial impacts, however it can also have negative impacts on gymnasts’ lives. One of these factors can be the insidious external pressure put on gymnasts by their coaches and teammates to stay thin. One trend that tends to appear on gymnastics teams is the small stature of almost all of the gymnasts. The 1992 U.S. National Team averaged a body weight of 88 pounds and a height of 4'9'', while the 2008 Chinese Olympic Team only averaged around 77 pounds and a height of 4'9'' (“Gymnasts at Higher Risks”). Usually, the teammates that you spend most of your time with become almost like a second-family; albeit a family that you need to compete against. Thompson and Sherman refer to a subculture that develops on teams that leads to a type of “body talk” where athletes talk about their body image and discuss other aspects of health (Thompson and Sherman 332). Unfortunately this “body talk” can be harmful as it creates external discourse about losing weight to be more successful or more attractive. In a teammate setting, gymnasts might turn to anorexia because they see one of their teammates being successful while engaging in anorexic behavior. This creates a notion that anorexia can lead to athletic success because that gymnast sees an example in which this is true. While this belief is false, there is “contagion effect” that occurs within the gymnastics
team subculture that tends to spread this eating disorder throughout the subculture (Thompson and Sherman 332).

While teammates are extremely influential in a gymnast’s life, coaches are even more so. However, just as coaches are integral in helping a gymnast succeed, they can also be a leading cause in gymnasts turning to anorexia. In an extreme story, one gymnast vividly remembers being punished by her coach for exceeding her assigned weight. Her coach abused her and her teammates verbally, withheld meals and confined them to a “fat room” (Cintado). This gymnast admitted to turning to anorexia in hopes of pleasing her coach and avoiding any further punishments for weight gain (Cintado). This blatant disregard for the implications of such actions is unusual. More common is that a coach will unwittingly say specific comments that tend to cause the gymnast to think of anorexia as a good option because they believe that their coach is hinting that it will make them a better competitor. These comments can be an offhanded comment, or could also be a suggestion to an athlete to watch their weight. One athlete tells of when her coach jokingly commented that she was “getting big” (Hellmich). While this probably was not meant to be derogatory, it could be misconstrued by the gymnast. Because gymnasts are deferential to their coaches and consider them to be the authority on gymnastics, many of these offhand comments can make impressionable athletes feel uncertain about their body which could influence their decision to turn to anorexia to keep a small stature.

Judging subjectivity is another external factor that causes gymnasts to turn to anorexia. Winners in gymnastics are not determined by technology. Instead they are chosen by fellow human beings; people with extensive training and knowledge about
the sport. That being said, human beings make mistakes, and in gymnastics, which has no slow-motion replay, those mistakes can ruin or fulfill an athlete’s dream. This chance for error forces gymnasts to strive for perfection in every aspect of their performance. It is well-known that gymnastics is an aesthetic sport; one that focuses on the beauty and grace of a gymnast’s routine. But, because it is an aesthetic sport, some feel that a judge can be swayed by the beauty of a gymnast rather than how well they execute the acrobatic skills. This topic tends to bring up the issue of judges’ subjectivity when scoring and how this can affect a gymnast’s health. Each judge judges individually, assigning scores based on his or her own personal beliefs. Cintado points out that the appearance of the gymnast actually impacts their score, as a judge is basing the score on appearance. Judges hold extreme power over gymnasts because they are the entity that is in charge of declaring winners. But because of this power, the athletes commonly take whatever they say to heart. Returning to the tragic story of Christy Henrich, the elite gymnast who died from organ failure associated with anorexia, her battle with anorexia started with an offhand comment from a judge. A judge at an international competition in 1989 told Henrich that unless she lost weight, she would never make the Olympic team. It was soon after this that she turned to anorexia in the hopes of being successful in this subjective sport (Cintado). A number of studies have been done on the subjectivity of judges and how the body type of the athlete affects their score. One high profile gymnast that is often referenced in these studies is Shawn Johnson, a gold medalist from the 2008 Beijing Olympic Games. Johnson’s body type is often described as stocky and athletic, in sharp contrast to the small and lithe gymnast (Meyer). Many reporters feel that this body type is scored harsher on the
artistic and dance part of routines because instead of grace being the paramount indicative word used to describe the athlete, it is instead force (Meyer). In response to comments about the scoring of Johnson, gold medalist Dominique Dawes stated that “internationally, there remains a stigma to that type of body type” (Meyer). Although Johnson won’t say that she feels that she is scored more harshly than other smaller gymnasts she will concede that, “I knew if I looked like her [Nastia Luikin], then some of the higher authorities would be happier” (Sarkar). These higher authorities are critical in furthering the contagious spread of anorexia because they are extremely powerful in a gymnast’s career. Without the support of these powerful people, such as governing bodies and judges, it can often feel as if the athlete is fighting an uphill battle for athletic success. It stands to reason then, that if gymnasts see smaller, thinner gymnasts scoring better that they would try to emulate that gymnast’s body type in order to receive a higher score from the judges. In a subjectively scored sport like gymnastics, the body type, and whether or not that body type looks graceful and pretty on an apparatus, causes some athletes to feel that their bodies are inadequate and they might turn to anorexia to achieve the “ideal” body type for gymnastics in hopes of receiving a higher score.

The external factors of the training environment and the judges’ subjectivity have created a stereotypical picture of what a gymnast should look like. This stereotype has been accepted by society so that anyone who does not fit into this group is considered an outlier and is ostracized for it. Gymnasts are portrayed by the entertainment industry as being small and thin. This portrayal is another external cause of anorexia in elite gymnasts. In recent TV series such as Make It or Break It and movies like Stick It, the
majority of the actors are small framed and fit the stereotypical gymnast’s image. This type-casting of gymnasts reveals to the audiences that it is unusual for gymnasts to be anything other than petite and thin. The typecasting just solidifies the idea in gymnasts’ minds that unless they look like gymnasts on the TV do, they will not be as successful or readily accepted by the audience and media. It’s plausible to reason that some gymnasts to anorexia to emulate this TV crafted idea of an athlete. When wider society expects to see thin gymnasts, it is more recognizable when a gymnast is larger than the norm rather than when she is smaller than the norm. Because the expected size of gymnasts is extremely small, it makes it harder to distinguish an athlete that is too thin because, by society’s standards, that is what they are supposed to look like. This expected thinness makes it easier for anorexia to go unnoticed because it more unusual to see a large gymnast than a small one. This norm also causes problems for larger gymnasts. If a larger gymnast lost a significant amount of weight, it would simply be looked at as her trying to become healthier and a better competitor when in fact it could be the gymnast succumbing to external societal pressure placed on her to be thin and turning to anorexia to accomplish that.

The media covers a gymnast’s career from the time they turn elite- around 10 or 12- to the time that they retire (Brown 6). This constant scrutiny just adds more external pressure on the gymnast to succeed. Numerous elite gymnasts note that the majority of the media coverage tends to be negative; the commentators are there to point out what they athlete has done poorly, or make comments on her appearance. The media stopped displaying the athlete’s weight onscreen in the mid-1990s, but gymnasts still feel that commentators are too free with their remarks about an athlete’s appearance
Statements such as “she’s gotten a little chunky” or “I bet she misses the days of being skinny” do nothing but make these young women more self-conscious and some turn to anorexia in hopes that by losing weight it will make the media refrain from making these type of comments (Brown 6). One elite gymnast remembers hearing negative comments about herself and states that when you’re “12-years-old…you start believing it” (Brown 7). Hearing these comments as a young child can severely damage that athlete’s self-esteem, because she might not know not to listen to all of the remarks made about them. Also detrimental to the athlete’s self-esteem is the ability of anyone to post hurtful things about them on the internet. One gymnast recalls reading a post by someone on the internet “comment[ing] on my weight… you can’t believe someone would say that without even knowing you” (Brown 6). These posters often have no personal connection to that gymnast, but are still capable of passing judgment on her. The added pressure from the media and internet puts strain on the athlete to maintain the perfect image and 28% of gymnasts turn to anorexia to help them keep it.

Despite the plethora of external factors that are evidenced as influencing the high levels of anorexia in elite gymnasts, some might argue that it is still ultimately caused by factors internal to the gymnast such as depression and anxiety. They feel this because anorexia is a psychological illness, and therefore they assume that the gymnast’s internal mental health is the leading cause of anorexia. They believe that it is an illness that strikes on an individual basis due to that individual’s specific circumstances, not that it has overarching factors that are embedded in the sport that affect the all the athletes that participate in gymnastics. However, while it might seem internal, but these internal factors can be traced back to the external factors. For example, most gymnasts
have an internal strive for perfection. But this internal drive is caused by the pressure put on the athlete by their coaches, judges, and society. The sport itself is a sport that deals with perfection. The coach is there to teach you how to be perfect and the judge’s duty is to tell you how you have failed to be perfect. Society is there to watch your attempt at perfection and feel disappointed when you don’t achieve it. These outside pressures create the internal stress that the athlete puts on herself to be perfect because she is trying to please all of the other factions in the sport. Depression is a common internal cause for anorexia. In gymnastics, however, this depression is often caused by poor performances and the reactions to this performance-as well as the competitiveness atmosphere created by the athlete’s fellow teammates (Thompson and Sherman 332). It is common that after a bad performance, the athlete’s coach will discuss with them what went badly and why they did not do well. This type of talk often demoralizes the athlete as it perpetuates the bad performance. Judges will often offer comments about the athlete’s routine that focuses on the weak parts of the routine. This causes the routine to linger in the athlete’s mind. Furthermore, although they are on the same team, gymnastics places emphasis on the individual long before it takes teams into consideration. A gymnast is always competing against their teammates. This makes it difficult to feel team camaraderie during a competition because the athlete knows that their teammates are always going to feel happier if there is one less person to beat, so if a gymnast has a bad routine it is hard to find their teammates’ sympathies sincere. Finally, the media often tears apart bad performances. The gymnast is then forced to listen as commentators tell her what she has done badly. Instead of offering encouragement to the gymnast, they critique her every movement. Because of these
external factors, it is virtually impossible to not feel discouraged after a poor
performance. So despite anorexia being a psychological illness that is often associated
with personal problems such as depression or anxiety, in the sport of gymnastics these
internal causes are overshadowed by the external influences.

“Smallness is actually beneficial for gymnasts in performing better” (Sands). The
stereotype of small gymnasts is perpetuated by external forces beyond the athlete’s
control. These forces, which include the training environment, the judging, and society
and the media, are a significant reason why many elite gymnasts battle with anorexia at
some point in their competitive career. The external forces that plague an elite gymnast
are much stronger than the internal factors that could cause a gymnast to be anorexic
because the internal forces are created and bolstered by the external forces. Until the
external factors are reduced anorexia nervosa will be rampant in the sport of
gymnastics.

Works Cited


Web. 29 Nov. 2013.


