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CHAPTER 2



Problems Facing the Athletic Female

Mary Lloyd Ireland

"Catch a rising star . . . catch it if you can." These lines from a children's song should encourage limitless but achievable goals for youngsters. As a child I was encouraged to play as hard and run as fast as I could. If I beat the boys, that was okay.

What problems do female athletes encounter? Lack of recognition and support are the most significant problems. This means less ink, less air time, less applause, less fame and adulation. At the professional level of competition, women receive much less money. The female athlete is continually faced with certain "lacks" at many levels. This includes lack of encouragement to compete, lack of family, peer, and financial support, lack of recognition by fans and journalists, and lack of social acceptance.

Gender Differences and Inequality in Sport

Yes, women put on their uniforms the same way men do. They shoot through the same hoops, wear the same track shoes, swim the same events, ski with the same gear, and generally play by the same rules. In my career as an athlete and in my subsequent training to become an orthopaedic surgeon specializing in sports medicine, I appreciate that there are unique differences in the genders. In addition to the physical differences, there are varying physiological and psychological approaches to competition. Due to these inherent differences, the perception is often that women are inferior to men. These perceivers can be the female athletes, supporters, medical personnel, fans, and reporters.

Should these differences in male and female athletes be emphasized or even discussed? Gender distinctions, although sometimes subtle, should not be demeaning to the female sex. Comments regarding differences in the sexes should not necessarily be labeled sexist accusations, insensitive comments, or discouraging remarks. Some women use these comments in a negative way and develop a permanent inferiority complex. It is unfortunate but true that in athletics women do not have the same potential for financial prosperity, security, and public fame. This is society's statement—and society's problem.

Violence in Sport

Crowds at athletic events seem to be fascinated with violence. The fights and hostility of the crowd parallel the contact of the sport. Crowd violence is often seen at events like boxing, soccer, and rugby. Making idols of men who act in violent ways is a problem inherent in our society. Early in my swimming career, an article described me as "fiercely competitive" (31). I feel that women can be as competitive as men but are not as excited, gratified, or fulfilled by violence as men.

Hollywood has a preoccupation with portraying women as gun-toting, man-killing predators, which does not do justice to the gender. The well-known film about female athletes, *Personal Best*, depicts the female athlete in a way that causes concern—doing more drugs, building bigger muscles, and having more relationships than men. This is not a true portrayal of the female athlete.

Gender does dictate competitive situations in certain sports. Females do not compete in football, boxing, or professional ice hockey. Males do not perform on the gymnastic apparatus of balance beam or uneven parallel bars. In female sports, violence is not the goal. Unfortunately, the sporting public pays great sums and expends great amounts of energy to attend "contact sports." The crowds become more enthusiastic and supportive when there are fights or injuries on the field. Fan violence in world soccer is an example of this. These fans like blood and fights. Is attendance less at female events because of the lack of violence? Are women the losers in this scenario? Perhaps in part, but certainly not due to any lack of competitive spirit! The price of public acclaim is public mayhem in some male sports. This is really society's problem. Competing with grace and finesse should be the challenge.

Personal Competition

The importance of competition is equal to both males and females. Fans, family, and the press should encourage an individual to compete regardless of gender. The "spirit for high achievement" is dependent on the individual rather than the sex.

I competed in five sports during high school—field hockey, basketball, track and field, softball, and swimming. At age 15, I was selected to represent the United States as a member in the Canadian-American dual swimming meet. When

a high school freshman, I set two records at the state's swimming championships. Swimming two events was the maximum permitted at each year's meet. I swam each of the eight events and held the state championship swimming records in all individual events. While a student at Memphis State University, I represented the United States at the World University Games in Moscow in 1973. I found great satisfaction in athletic competition, and the demands that participation placed on my time helped me develop organizational skills, which helped me achieve honors in academics and success in my chosen profession. During my swimming career, I trained hard and dedicated myself to fulfill my personal goals of improving my times, increasing my number of wins, or making national teams. I swam with the personal satisfaction that my set goals were being accomplished. The regimen I followed in athletics helped me set goals for my professional life.

Problems Facing the Athletic Female

Problems exist in three areas: support, competition, and illnesses and injury. When I graduated high school in 1970, there was little encouragement to continue competition in college. Then, in 1972, women's athletics changed with Title IX. The increase in the numbers of female teams and scholarships and other financial support caused vast changes. Both men and women were represented by a common association, the National Collegiate Athletic Association (NCAA), and equalization of the sexes in collegiate competition was possible. Title IX legislation enhanced equal support, equal representation, and equal opportunity to compete in every college athletics department in the NCAA.

Support

I was blessed with a family that was quite supportive of my athletic endeavors. I did not receive an athletic or academic scholarship. My family financed my college education and swimming events. I worked when I could to help. With more collegiate teams and scholarships available and with financial support from sport federations and the U.S. Olympic Committee, women can compete for a longer period of time. The suit doesn't have to be hung up prematurely; even comebacks are possible. As I continued swimming into college, I improved my times and was able to compete in the 1972 and 1976 U.S. Olympic swimming trials. I did not reach my goal of representing the U.S. at the Olympic level, but I tried and was fulfilled by doing my best. Family support, both emotional and financial, was vital to the success of my athletic career.

Competition

I competed in sports harder than anyone I knew. The typical attitude several decades ago labeled me a tomboy and not very feminine. That was okay with me, because I enjoyed and excelled in my athletic endeavors. Others might have changed direction. Beating boys in basketball, swimming, or running was not a

popular way to get a date in my adolescent years, but that really didn't bother me either. My attitude was that I should try my best and not worry about beating, or even intimidating, my opponent—whether male or female. I kept competing to my maximum. I approach life the way my father taught me: Tee off at the men's tee. Equal rules promote mutual respect and help the athletic female to gain strong support from men as well as women.

Illnesses and Injuries

Certain injuries and illnesses are unique to the sports in which females participate (2, 3, 6, 8, 9, 12, 17, 20). Physiologic profiles on female athletes provide important information (5, 11, 13, 22, 23, 25).

Other studies comparing injury patterns of males and females (6, 8, 9, 10, 16, 32, 33) suggest that, in general, injuries appear to be sport-specific rather than gender-specific. However, some data suggest that knee disorders involving the patellofemoral joint and anterior cruciate ligament are more common in female athletes (14, 15, 17). At the level of Olympic basketball, knee injuries are more frequent in females and require surgery more often (16). The reasons for the increased rate is under investigation, though no specific causes have yet been determined.

Menstrual and nutritional disorders are unique to and in epidemic proportions in athletic females. Menstrual irregularities contribute to injury (2, 4, 26, 27). Anorexia nervosa, bulimia, and inadequate nutrition are rampant among adolescent female athletes. Nutritional disorders and hormonal imbalances are known to be associated with a higher incidence of stress fractures, general malaise, and psychological disorders (4, 12, 15, 19, 20, 24, 30).

Young female athletes require special attention in several areas—psychological (7, 28, 30), nutritional (21), gynecological (26, 27), and orthopaedic (14, 15). Studies to date have made important contributions to our knowledge, but more research is needed. Special consideration of these conditions unique to the athletic female can only improve the level of diagnostic skills and the efficiency of treatment protocols.

Personal Injury History

I do not believe that women are more prone to injury than are men. I sustained several injuries—but not because I was female. I competed all out, and I got hurt. Running in leather-soled loafers in gym class, I broke my front tooth when I crashed face-first into a brick wall; I lost the tooth, but I beat the boy in the race! My mother was upset only because I hadn't put my arm out and broken that instead. She knew an arm was easy to set and quicker to correct permanently. Did she already have a hunch that her daughter would become an orthopaedist?

At age 15, determined to compete without pain, I underwent posterior spinal fusion for spondylolisthesis. My primary care physicians discouraged me from having surgery, saying I was at the end of my competitive career. But I was *not*

finished! Surgery and rehabilitation resulted in a painless back and strong legs. I continued swimming competitively at a national level for another 10 years. Who knows where the other path might have led me.

In all, I underwent three orthopaedic procedures: posterior spinal fusion, later reexploration for spondylolisthesis, and distal clavicle excision. I swam much better following my back fusion and rehabilitation. I underwent the distal clavicle resection for an injury sustained while high jumping into an unpadding pit that caused recurrent pain when swimming. Though the shoulder procedure decreased my pain, in retrospect, it may not have been the correct procedure.

These injuries and surgeries provided me with front-line experience. I can sympathize with and relate to injured athletes very well. And I learned, by personal experience, that males and female should be treated equally and with the same recovery goals by all in the medical profession, especially the orthopaedist.

Orthopaedics as a Career

My athletic experience helped me feel comfortable in orthopaedics, a male-dominated field. In my residency, I related well to my 15 peers, all male. I carried my own weight and expected no favors or concessions. The two female orthopaedic residents ahead of me, who did not share my approach, did not finish the program. I am now a member of a professional society for women orthopaedists, the Ruth Jackson Society, to support other women who desire to enter this male-dominated subspecialty.

After I completed my orthopaedic residency, I did two sports medicine fellowships, one in Boston with Dr. Lyle Micheli and another at the Hughston Clinic in Columbus, Georgia, with Dr. James Andrews. My strong relationship with Dr. Andrews and the University of Kentucky led me back to my present situation in my hometown, Lexington, Kentucky, where I was appointed team physician for the University of Kentucky.

The football coaches at Kentucky made me welcome and accepted me because of my ability to provide orthopaedic services. The team's transition to coverage by a female orthopaedist was easy, because the athletes and coaches were already being assisted by staff and student athletic trainers who were women.

But on my return to Lexington, an article appeared in the *Los Angeles Times* in the fall of 1985, with the headline, "Woman Doctor Makes Mark on Football Team" (18). Until then, I had been unaware that I was the only woman serving in this capacity. According to the reporter's research, there had been a woman physician on Kent State's football staff in the 1940s. Sue Hillman, one of the few female head trainers in a Division I college, said that to her knowledge I was the first female orthopaedist to take care of a football team.

Other articles and headlines appeared trumpeting the fact that I was the only female team physician for football at the Division I level. I was even pursued by Hollywood producers to star in a mini-series or a movie. My initial reaction was that this should not be newsworthy or unique. But I hoped the publicity would encourage other women to enter male-dominated fields.

I feel that my having been an athlete, although not a football player, helps me relate to athletes. This was confirmed when the *Lexington Herald-Leader* ran an article entitled "Cats Woman Doctor Wants to Mend Bodies, Not Break Any Barriers." I was quoted as saying that I didn't think of myself as a trailblazer; my job was providing orthopaedic care for the athletes. Mark Higgs, who now plays professional football with the Miami Dolphins, concurred, saying, "We don't classify her as a woman or a man, just like it doesn't matter if you're white or black. What matters is she knows what she's doing" (29).

When I became the first female head physician for the U.S. Olympic Sports Festival, held in Minneapolis in 1990, I was called one of the few people who knows what it is like to represent the United States both as a physician and as an athlete (1). I had participated in the breaststroke events in the 1972 and 1976 Olympic swimming trials, though I had not made either team. But recently, with persistence, I made the medical team for Barcelona 1992. At last, I went to the Olympics.

Acceptance as a Female Physician

Being a woman in the role of team physician is not a problem as long as it is not perceived by others as one. If a physician, either male or female, is confident and competent, he or she should be readily accepted by athletes, coaches, and other medical personnel. Athletes, male or female, need to feel comfortable when being treated in a training or medical-type room by either female or male orthopaedists. The *physician* must inspire confidence that he or she is well trained and that the illness or injury can be treated. As then-University of Kentucky football coach Jerry Claiborne stated, "Women are in everything now, industry, medicine, athletics. As long as they can do their job, it's okay" (29).

Viewing Obstacles as Challenges

In conclusion, I say "no problem" to this topic of "problems of the female athlete from the athletic perspective." Female athletes need to regard these lacks as low hurdles. As a female you may have to take a few more bounces, but the springboard effect makes you a better person, a better athlete, a better physician. In high school, my senior class motto was "In order to hit the mark, one must aim a little above it." I did not understand the full meaning then, but I did later. Robert Browning said it another way: "Ah, but a man's reach should exceed his grasp. . . ." *Everyone's* reach should exceed his *and* her grasp. Persistence and perseverance result in success and productivity.

The spirit of competition I learned in all sports enabled me to reach my adult successes as an orthopaedic surgeon and team physician. The "problems" of being a female in male-dominated pursuits became positive advancements in me as a person and now in my career. As Judy Garland sang, "When you wish upon a star, makes no difference who you are . . . your dreams come true."

Summary

1. The problems facing the female athlete are caused by lack of social acceptance and support from family, peers, fans, and the media.
2. Society should encourage all individuals to compete regardless of gender. Society presently supports male participation with money, fame, and adulation.
3. Injuries are sport-specific and not gender-specific. However, knee disorders involving the patellofemoral joint and anterior cruciate ligament are more common in females than males.
4. Illnesses relating to eating disorders are epidemic in the athletic female. Menstrual disorders are very common.
5. Male and female athletes should be treated equally and with the same recovery goals by the medical profession.

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CHAPTER 3



Psychological, Sociological, and Cultural Issues Concerning the Athletic Female

Diane L. Gill

Although my topic is psychological, sociological, and cultural issues, my training and work are in sport and exercise psychology, and I'll emphasize psychological issues. I do take a social psychological perspective and draw upon the work of feminist scholars who take a sociocultural perspective, but I cannot do justice to the important work of those scholars.

My role here is to remind us that we cannot understand the athletic female if we ignore *who* she is and *where* she is. That is, we must consider the individual woman in her sociocultural and historical context to understand the female athlete. I must also note here that I am interpreting "female athlete" liberally. *Female athlete* conjures up images of Olympic competitors and intercollegiate teams, and likewise, the research and discussions that focus on elite competitors. I hope to extend my discussion to diverse women participants and even to nonparticipants who could be participants.

Sport and exercise psychology does not provide conclusive answers to our many questions about gender. Sport and exercise psychology research on women is limited in many ways, and psychological factors by themselves cannot fully explain women's sport and exercise behavior. Sport and exercise behavior takes place within a social and historical context, and individual differences and psychological processes operate within this context. Also, each woman brings her unique biological as well as psychological makeup to any sport or exercise setting. These factors interact in complex ways to influence sport and exercise behavior. We