Sport and physical activity

Speaking about the rise of women in canoeing, Sharon Bojczenko, sprint race secretary for the Australian Canoeing Federation, said, "for so many years women were just seen as bag carriers; now they are getting results and are being accepted and recognized as top athletes, and this is giving them so much more confidence".

The spirit of the ancient Olympic Games is “kalos kagathos”, which is the ideal of health and physical strength, and a developed mind as well as a cultivated soul and spirit.

This paper will examine what we know about women who are in sport and their physical well-being. The body of research in the sociology of sport has indicated that playing sports can be an individually empowering experience for girls and women. In general, being an athlete - and being a talented, gifted elite athlete - changes the way women see themselves. It can make them feel more secure about themselves, feel physically healthier and stronger, more capable, and more in control of their lives as independent individuals. This is an important perspective which will be examined in the context of this paper, since women’s social lives have historically been defined as powerless, weak and dependent.

There are many myths about the effect of sport participation and the psychological and physical capabilities of girls and women in sport. These myths as we know have been utilized to justify disparate and unequal opportunities for girls and women in sports. The medical and sport science research communities have disproved these myths. It is unfortunate, however, that in too many parts of the world some of them still continue to be touted as truths:
- Participation in strenuous physical activity can lead to problems in childbearing.
- Women’s reproductive organs or breasts are subject to damage when they engage in sporting activity.
- The bone structure of women is more fragile than that of men, and therefore injuries are more likely.
- Women who engage in sport develop unattractive, bulging muscles.
- Women who are intense in their involvement with sport suffer menstrual problems.
- Women who engage in contact sports are aggressive and lose their femininity.

Gender differences and confidence as factors of well-being

Female athletes in particular tend to be inclined to have lower expectations when the tasks involved in a sport are viewed as masculine: when feedback is unclear, and when social comparison is thought to be high. When tasks are gender-neutral (i.e., seen as appropriate for either women or men) and social comparison is kept to a minimum, women do not demonstrate lower levels of self-confidence or physical well-being. When the feedback received is specific, performance improves as does self-confidence.

Role conflict as a factor affecting well-being

Psychologists have long been preoccupied with female athletes’ sex-role iden-
athletes (or their social and physical well-being), recent research suggests that female athletes exhibit little real role conflict.

Researchers continue to suspect that female athletes feel a sense of role conflict about participating in competitive sport, athletics and exercise. They believe that women are concerned by the effects of physical activity on their femininity. One would think that in today’s world of liberal attitudes, the social images, definitions, and expectations of athletes would not be in conflict with the conception of what is feminine. M. Allison (“Role conflict and the female athlete”, Journal of Applied Sport Psychology, 3 [1981] pp. 49-60) points out that the Victorian ideals of femininity such as submissiveness, grace, beauty, and passivity are thought to be in conflict with the ideal images of competitive sport (aggressiveness, strength, toughness, and achievement).

The sporting activities least favoured for women are those which call for the opponents to attempt to physically subdue each other through bodily contact. As a result, female athletes are in a no-win situation: if they are competitive and successful in sport and therefore demonstrate behaviour common to male athletes, their conduct is classified as unfeminine, and thus they risk role conflict and a loss of physical and mental well-being.

There is an abundance of research evidence which supports the premise that participating in sport competition on the one hand and ideas about femininity on the other hand are not compatible. Writing in Adolescence (23 [1988] pp. 252-64), Kane reported that being an athlete was the greatest source of status for high school males but the least valued role for high school females. Female athletes who participated in team sports had significantly less status with their peer groups (both female and male) than those who participated in individual sports such as golf and tennis, which are considered appropriate physical activity for girls and women.

**Challenging the notion of role conflict**

In a study which appeared in Research Quarterly (50 [1979] pp. 88-96), Sage and Loudermilk assess the role conflict
of female athletes, finding that only 20% of the sampled athletes perceived role conflict, and only 20% experienced role conflict to a great extent. These researchers theorized that college athletes are perhaps mature enough to feel competent in their roles as sportswomen and therefore do not experience role conflict. In order to test this explanation, Anthrop and Allison examined female high school athletes and found similar results. They found that only 11% felt that role conflict was a great problem. In other studies, the findings were the same.

It would appear that there is a desire to continue perpetuating the notion that if women are in sport, there must be a role conflict. This perspective suggests an unwillingness to give up the traditional images of the female athlete. In *The Sporting Woman*, Boutilier and San-Giovanni state that, “To ask if a woman can remain a woman and still play sports means that one has in mind a view of women and of sport that accepts the socially constructed definitions of these two realities as contradictory and conflicting” (p.117).

It is important to note that role conflict may not be the causal factor which exerts a negative impact on an athlete's performance; rather, the reason for poor performance may be due to other issues unrelated to social stereotypes about women in sport. Our efforts should not focus on the promotion of this premise, but instead should concentrate on the positive aspects of women’s physical well-being through sport and physical activity.

Well-being is a product of the positive contributions of sport and physical activity. It reflects a satisfaction about the experiences and conditions inherent to sport and physical activity. Therefore, it is appropriate to address those historical barriers which have had an impact on and inhibited the promotion and development of the physical well-being of women in sport, particularly at the Olympic level.

**Medical barriers to women’s physical well-being**

The early development of women’s sport took place during a period of intense debate about the wisdom and suitability of women’s physical activity. Those in support of women’s athletics argued that physical activity was necessary to fight against poor health. Medical professionals adhered to the widely-held Victorian principle that women were morally superior: the “natural” models of sexual and moral virtue. They believed that by straining their bodies, women would jeopardize their ability to bear children and therefore would fail in their moral duty to society (Enrenreich and English, *For her own good*). This principle was supported by the popular “vitalist” theory in physiology described by Lenskyj in *Out of bounds: Women, sport and sexuality*. Vitalism held that energy for the human organism was derived from a vital force that was limited, non-renewable, and which should be expended only in the service of the family, God or the country. Menarche, the menstrual cycle, pregnancy, lactation and menopause were events which placed a heavy strain on the body’s vital energy, and thus little surplus energy was left for physical activity. Further, it was believed that sport developed excessive
muscles in females and caused uterine displacement. Writing in the 1930 publication *Olympics for girls* (*Women and athletics*), Rogers reported on a Statement about the dangers of Olympic competition for women which asserted that, “the development of beauty and femininity among young women was necessary in order to attract the most worthy fathers for their children, provide the most healthful physiques for child-bearing and build the most maternal emotional and social behaviour patterns” (p. 77). It was in both the medical and physical education and sport communities that the debate continued regarding the health and well-being of women in sport.

The opinion that women’s physical activities should be determined by the medical community and other experts became embedded during the war. The negative attitudes of both professionals in the field and the medical society contributed to the slow development of women’s high-performance sport. Many medical professionals continued to claim that nature had provided the basic muscular development for women’s work and the muscles necessary for childbirth, and that if women got involved in sports this would constitute strenuous mental and physical activity harmful to them. The proclivity was instead to develop exercises designed to stretch the pelvic ligaments in order to deal with dysmenorrhea or other “female problems”. At the time, these exercises were often labelled “posture correction” exercises and most doctors recommended them, as opposed to sports or games.

At the Olympic level, the broad jump was discontinued because of alleged risk of displacement, and the shot-put was cast aside because it was considered excessively strenuous. In the Games of the IX Olympiad in Amsterdam in 1928, women competed in the 100-metre, 400-metre relay and 800-metre runs, the high jump and the discus. The 800-metre event was considered very physically strenuous for women: eleven competitors participated and several appeared to be close to fainting at the finish line. As a result, this race became the focal point for those who championed the exclusion of women from the Olympic Games. The opponents were successful in achieving restricted participation for women in the...
Olympic Games. After the 1928 Games, all women’s events over 200 metres were eliminated on the basis that they were too laborious. It was not until 1960 that women were once again able to compete in an Olympic Games race that was longer than 200 metres.

Among the progressive developments in the Olympic Games which have had a positive impact on the overall well-being of women in sport, were the addition of the marathon to the women’s programme in 1984, the inclusion of the 10,000-metre race in 1988, and the addition of women’s judo in 1992. Women’s softball was contested for the first time in the Games of the XXVI Olympiad, the Centennial Games, in 1996, and women’s ice hockey will be added to the programme of the XVIII Olympic Winter Games in Nagano in 1998. These changes in the Olympic sport offerings, along with the increase in the number of women participating in organized sports and recreational events such as weight-lifting and body building, cycling and long-distance running, all serve to disprove the fallacy that women are in general frail and weak. It should be noted that, with the exception of judo, women do not compete in combative sports.

In spite of the tremendous progress made by women in sport, particularly in North America, the fitness movement reflects the traditional practice of providing team sports for males, but primarily fitness activities for females. Women who preferred sporting activities were encouraged to subject themselves to a dress code which conformed to a “ladylike” demeanour. For women who were high-performance athletes, this attitude was a concern since the fundamental question of the day was: are female athletes attractive to men? Muscles, strength, strain, sweat and dirt were still seen as offensive and unfeminine by those in the media and other favoured “experts”.

This era in our history was referred to as the age of the “feminine mystique”, a time when Soviet women were the most successful in the Olympic Games but received unflattering remarks from the media because of their masculine appearance. Because these “unfeminine” women excelled in their performance, the Western media, physicians, and sport leaders renewed their interest in the biological and social definitions of femininity. The question of women’s sexual identity was continually raised, particularly with relation to successful athletes. If women were that good, was it possible that they might not really be women?

In the late 1970s, the medical establishment again expressed concern about women’s physical well-being and sport involvement in the activities of judo, karate and rugby. Because they suspected that women would experience discomfort or injury to the breasts, physicians found that there was a significant number of reports of women athletes found to be suffering from amenorrhea. Fortunately, the American College of Sports Medicine issued an opinion statement supporting full participation of women in distance events. I should recall here that it was the medical community of 1928 which was largely responsible for limiting women’s Olympic events to the 200-metre race.

The 1979 medical statement was in part responsible for the inclusion of a...
women’s marathon in the Games of the XXIII Olympiad in 1984 in Los Angeles. Although some sports for women in the Olympic Games communicate an image and message that women are indeed strong and powerful, women athletes are continually challenged by an emphasis on the traditionally feminine sports like figure skating and gymnastics. Synchronized swimming and rhythmic gymnastics are recent additions which date from the 1984 Olympic programme, while beach volleyball was added as an Olympic event in the 1996 Games. What is evident in these Olympic programme offerings is an emphasis on style and appearance.

The growing emphasis on “cosmetic fitness” and thinness among women continues to undermine the recent advances in women’s sport. The fitness movement has provided an important incentive for many women to become physically active. In several countries around the world, non-competitive fitness and health activities were the focus of government programmes and private enterprises in the 1980s and the early ’90s. For many women, participation in these physical activities has allowed them to develop strength, physical competence, and control over their bodies. For others, however, the sole purpose of physical activity has been to lose weight and to attract physical attention. The feminization of physical activity which has recently been embodied in the fitness movement has run counter to the progressive development of women’s sport and physical activity. This trend has affected physical activity and sport in two ways: a) many women have postponed participation in physical activity and sport until they were thin enough to look “right” and to wear the “right” clothes, and b) those who have participated have often combined their physical activities with pathogenic weight-control behaviour depriving their bodies of necessary nutrients.

One of the most critical issues for women in sport is what the American College of Sports Medicine calls the female triad, a name which refers to the interrelatedness of eating disorders, amenorrhea, and osteoporosis that may lead to health problems. According to Shona Bass, a researcher studying pre-pubescent gymnasts at the Victorian Institute of Sport in Australia, “exercise
for young girls through childhood is very important and may be the only chance to substantially increase their peak bone mass and reduce the risk of osteoporosis’ (The Australian, 24/7/96).

Bass found that the amount of calcium in the gymnasts’ skeletons was up to 30% higher than in other girls their age. Eating disorders are especially prevalent among athletes because it seems that competitive sport reinforces the characteristics that are often associated with them such as perfectionism, high achievement motivation, obsessive behaviour, control of physique, and attention to detail.

Abnormal eating patterns and related thought patterns such as body dissatisfaction, distorted body image, preoccupation with food and fear of becoming fat particularly affect the well-being of women in sport.

More and more women are using laxatives, diet pills, diuretics, self-induced vomiting, binges, and starvation diets in conjunction with their physical activity, and the probability of bodily harm has increased. For women, particularly in North America, the 1980s were a decade of exercise-induced asthma, anaemia, amenorrhea, stress fractures, anorexia, and bulimia.

Aerobic classes and videos often emphasize body image and physical well-being, but in reality they do very little to develop strength, endurance and fitness. Many of these programmes are explicitly sexualized, with young and attractive instructors dressed in suggestive clothing. Although these images often do not reflect reality, they can influence women’s self-perceptions and self-esteem.

One last point which I also believe is important is the notion of treating women's bodies like machines. Once again, the medical community and sport scientists seem more intent on the nature of the repair of the body when injuries occur in order to keep the body on the sporting production line, as opposed to focusing on making changes in those areas related to sport which may be creating the injury. Today’s athletic bodies are often trained and shaped by computerized machines and divided into fragmented parts that are sometimes discarded or replaced by artificial ones and thus, we are developing a computerized, pharmacological and medicalized female athletic body. Women must realize that sports and physical activity can be oppressive agents of our society, but they can also be liberators in the development of women’s well-being through sport and physical activity.

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