

The Adolescent and Competitive Athletics*

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Definition

To initiate any discussion of such a broad topic as will be here presented requires that a precise definition of terms be firmly established, to limit our scope within workable dimensions and to focus our attention on certain details within this defined area.

Accordingly, consideration must first be given to the precise definition of "adolescent," which, according to Dorland's Medical Dictionary, is that individual passing through the "period of adolescence," which, in turn, is defined as that period of life between the first appearance of secondary sexual characteristics and the cessation of somatic growth. From the above, it can be seen that adolescence, though clearly defined in medical terms, spans an infinitely variable interval of age-years within the overall human population. For example, the age of onset of secondary sexual changes is a well-recognized variable, from girl to girl, girl to boy, and from boy to boy. Similarly, the cessation of somatic growth is very difficult to define exactly; under this definition, adolescence would certainly include, in its upper scale, virtually all the athletes who come under my own purview as physician to Yale Varsity Football and surgeon to the entire Yale Intercollegiate Athletic Program. Yet the visible physical differences between an incoming freshman athlete and his senior counterpart, not only in height, weight, strength, muscularity, but even in facial maturity has always been striking and will always continue to be so. Furthermore, and rather interesting of itself, under this same definition virtually all college students are, in fact, adolescents, no matter how much college administrators, college faculty, New-Left politicians, and Jerry Rubin may desire to consider them mature adults!

Having thus defined, for better or for worse, the term "adolescent," we must also define "athletics," to create some order in our overall discussion, and to mark, thereby, the limits beyond which remarks made

herein cannot be assumed to apply. Surely, athletics, or athletic activity, cannot be considered to include hiking, camping, boating, going to football games, and other similar pursuits of sport-minded Americans. Nor can it be extended to include such activities as jogging, bicycling, playing a wild game of poker, or (despite the physical exertion and unquestionable neuromuscular coordination involved) go-go dancing. In truth, to properly define "competitive athletics" is quite difficult. The best definition we can devise is, "any and all organized activity requiring physical exertion, which activity is pursued according to certain competitive rules." Included therein would be all of our 18 intercollegiate sports at Yale, but not some of our club sports, such as sailing and tiddleywinks—yes, we do have a Yale Tiddleywinks Team! Common to all competitive athletics is the element of neuromuscular competition, according to certain agreed-upon rules of the game.

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This brings us to a direct confrontation with that concept, the subject and the core of bitter controversy in any discussion of athletics and the adolescent: competition, is it good, or is it bad? To attempt to answer this central issue in a few words is impossible, and with my commitment to the Yale Athletic Program, it is clear that I cannot claim an unbiased viewpoint. Nonetheless, careful consideration to this key question must be given, otherwise all further discussion becomes valueless in the face of a basic disagreement.

There are many psychiatrists, psychologists, and pediatricians who feel very strongly that competition has no place in the life of a growing child or adolescent. Many deplore the permanent psychological ill-effects of competition with one's peers. There can be no argument that the establishment of rigid physical norms and the encouragement of cut-throat sports competition can be and has been carried to grossly harmful extremes. However, it is our contention that in our competitive society, competition, per se, has been and always will be a prime requisite, unless one is willing to condone a total "dropping out." And

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it can hardly be denied that, in any children's play-group, leaders emerge, followers follow them, and a pecking order is very rapidly established. The irrational insistence by many that such does not occur appears, to me, to be a matter of wishful thinking. Every group of school children down to and into nursery school has its dominant members and its passive members. Although some authorities argue that this "fault," if you will, traces back to the parents and would not normally be present, such logic simply represents another example of the perpetual "shifting of blame" further and further backward in time, to a point where some educators are quite seriously recommending that all mothers start assiduously teaching their children from the time of birth, possibly to eliminate just those traits which these "authorities" persistently refuse to admit are, perish the word, innate. No matter the rationalization, the fact remains that competition, dominance, and aggressive behaviour are part and parcel of our human existence in every society throughout the world, and simply must be accepted as facts of life.

More specifically, observation of children at play reveals a competitive urge which can be easily seen, even in so simple a game as tag where running speed is paramount. Running speed was never my own particular forte, hence I myself was, ruinously by some standards, never very good at tag! In like manner, virtually all the accepted games played by children involve certain skills; the best exponent of these skills is rewarded, by-the-rules, be it jumping rope, throwing stones, or playing baseball. And, even at the grade-school level, this constant competitive urge emerges as compensatory activity in a number of clearly visible directions. For instance, a lack of physical coordination or stamina not infrequently coincides with a devoted interest in the arts, the accomplished playing of a musical instrument, excellence in didactic studies, ability to converse at length on an adult level, and/or a staggering summer reading list! Here can be seen the early division of competitive thrust, which is later reflected in the "brain" and the "jock," a distinction which is unquestionable and, moreover, well-accepted in all schools of higher learning. Some "jocks" manage to bridge the gap quite well, and are, indeed, as brilliant intellectually as some of their non-athletic competitors. Nonetheless, a critical observation of this compensatory differentiation will confirm a persistence of this dichotomy even into later life. In short, the successful competitive athlete, blessed by nature with certain neuromuscular skills and a specific, driving urge to win, finds himself progressively estranged from his contemporaries. Because of an innate physical inability to compete successfully in athletics, these contemporaries have turned to more intellectual pursuits and have inexorably drifted toward the harsh, unyielding position of the non-ath-

letic, yet cruelly articulate sports-haters. They view all "dumb jocks" and their accomplishments as beneath contempt, sneer at all interest in sports, while they revel in the Seven Arts and, in particular, their close acquaintance therewith in contrast to those same "dumb jocks." Yet, if this attitude is carefully scrutinized, is it not identical in terms of basic competition? Does not each aesthete, does not each "intellectual" strive just as avidly to be more knowing in his chosen field of endeavor than any of his contemporaries? Does it not eventually narrow down to a continuing competition, sociological, economical, intellectual, or athletic, but, by whatever name, common to all? Should not, then, competition be considered something to be properly channeled and encouraged, rather than scorned as the source of all evil? Those blessed with neuromuscular coordination and an urge to win should be encouraged to enter competitive athletics as defined below, while those talented in other directions should be, just as vigorously, urged to follow their own particular "star" without needless perjoratives.

Criteria for an Organized Adolescent Athletic Program

If we can be sufficiently persuaded by the above that competition is indeed inevitable, be the pursuit athletic or non-athletic, what then must we require of athletic competition? Aside from the philosophical discussion above, certain criteria must be met in any worthy athletic program for adolescents, not only to protect all participants from certain real dangers associated with any such program, but, at the same time, to assure a minimum of criticism from those segments of our society who are most anxious to prove all athletics and athletes to be useless.

First of all, whether one believes that competition is good or bad, competitive athletics must, if anything, be adequately organized to accomplish its goal. By adequate organization we mean establishment of fixed administrative rules over all such competition, rules that will assure reasonable equality among participants. This means that detailed codes must be promulgated that will assure that all participants will get a "fair shake," with specific sections governing the differences in physical maturity between adolescents of equal chronological age: division by weight-classes, for example, is quite applicable in some sports, though, unfortunately, useless in others. But, most important, all organization, scheduling, and administration must be carried through on an intelligent adult level, efficiently, fairly, and with constant attention to the well-being, both physical and psychological, of the participants themselves; not the parents, not the coach, not the sponsor paying for the uniforms! Though this last may seem obvious, many of the most blatant examples of abusive treatment of adolescent athletes

lies within just these particular areas. If the adults managing the program are seeking some sort of personal or political power, if the sponsors paying for the uniforms and equipment are expectant of success on the field as a reflection of the excellence of their product, if parents are allowed to interfere with the administration and selection of a team, if the coach is "using" his young participants as a means of increasing his own reputation and subsequent graduation into higher brackets of coaching—there can be little hope of a successful and truly balanced athletic program. This applies in Little League, age-group AAU, secondary schools and colleges; all have been and/or are equally guilty of one or another violation, if not all at one time!

If these administrative and management requirements are fulfilled completely, something which is far from true in any area of adolescent athletic activity of which I am aware, there still remains a number of other areas which must be equally well-controlled. Thus, careful overall adult supervision of all participants is a necessity at all times, since they are, by definition, adolescents. They cannot be expected to always use mature judgement, either before, during, or after a contest, or, as must always be considered, on the road to or from a distant contest. An adult with the wisdom of Solomon and patience of Job would be ideal in such a position of direct responsibility, but, lacking same, the closest approximation thereto must suffice. In any event, adult responsibility for the overall well-being and behaviour of any organized athletic squad cannot be avoided by specious philosophizing about the "Now" generation, the "generation gap," or the oft-heard "they're so much smarter and grown-up these days!"

Of equal importance, the officiating in all contests must be above reproach, not only to protect the participants directly from the physical dangers of any one sport, but furthermore, to instill an early and lasting respect for duly-appointed officials and playing the game, any game, "by the rules." Provision of cheap, incompetent officials in these early formative years can lead to a deplorable contempt for all authority, the wholesale adoption of "dirty play," and every other reprehensible aspect of much in "big-time" athletics that we cannot afford to ignore!

By the same token but even more important, the coach of any adolescent team must be one in every sense of the word, not just a "winner." To expect this of men who, quite frequently, give unpaid time voluntarily to carry out their duties, may seem unreasonable and is, indeed, almost hopelessly idealistic. Nonetheless, it is the coach, the father-figure, the moral leader of the team, who will have the most profound effect on the morals and ethics of every child with whom he is associated. If the coach is a "cheater," an "angle-shooter," a "wild man," these

traits cannot fail but "rub-off" on the adolescent participant. And beyond morals and ethics, techniques of the sport must be accurately and carefully coached, dangerous techniques must be eliminated from the start, and proper conditioning and regular work-outs must be inculcated into each participant as the very necessary "price" to be paid for the privilege of participating on an organized athletic team. Lastly, every coach should be acutely and constantly aware of the motivation and psychological make-up of each and every participant in his program—alert to early discouragement, prompt with words of encouragement and approval, and gentle with necessary reproof. Unfortunately, most such capable coaches soon gravitate to the college level, where it has been my privilege to call many of them friends. Yet, the need for such men is infinitely greater at those lower echelons, where every minute facet of coaching leaves a lasting imprint.

To complete this ideal picture, though certainly not to place the factor last in importance, medical care must be made available even at the earliest age-level. Such medical care must recognize the problems peculiar to each individual sport. More important, it must appreciate in the competitive athlete the *disastrous outcome* of blanket athletic disapproval; of scornful belittling of competitive athletics; of the all-too-common tendency to bar all further competition simply because detailed diagnosis and treatment is too much trouble; or, even worse, of overenthusiastic, "gung-ho" therapeutic compromise that can thrust that injured athlete back into the fray at the very real risk of life and/or limb! A good medical program, geared to the needs of the competitive athlete regardless of his age, is a must in any program, and, contrary to what is generally believed, coaches are the first to call for and cooperate with such medical help. It is only when medical help is, indeed, scornful and sneering in its delivery that coaches, with good reason, turn their backs on all doctors, to the ultimate detriment of all participants.

Finally, let it be understood that all the above remarks, recommendations, and criteria apply, in equal measure, to junior college, college, as well as to all lower athletic levels; violation of each and every tenet can be seen, in graphic counterpart, in "big-time" and professional athletics, again and always to the ultimate detriment of the helpless and trusting participants!

Organized Medical Care in Competitive Athletics

With the many requirements already outlined, it would appear that provision of medical care to an organized athletic program, be it in grade school, age-group AAU competition, big-time high school, or big-time college, must, of necessity, be equally organized. Disapproval of competition cannot be used as a phil-

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osophical reason to deny medical care, nor can disapproval of a specific sport justify half-hearted medical care. The fact remains that adolescent athletics does constitute an integral part of every area of society in this country, and the medical profession simply cannot turn its back thereto. Nor can medicine refuse to deliver efficient care, because of an outmoded insistence on private enterprise. The adamant position of some organized medical societies—that the care of secondary-school athletes must remain totally fragmented between all of many competing private-practitioners of varying competence, denying, at times by rule and edict, the right of any one doctor to organize and control the medical care provided—cannot be condoned. Organized athletic programs require that medical treatment be equally controlled and organized, to afford the most efficient, the most skilled, as well as the most sympathetic care to each and every injured participant. This is a simple fact and must, sooner or later, be accepted by the medical profession!

Whether this can be accomplished nationwide in the near future remains a moot question. But the fact remains that such organization, of necessity, has already taken place in most of the colleges that participate in organized athletic activity, which fact is further attested to within our own Athletic Medicine Section of the American College Health Association. This latter organization includes over 100 team physicians, who ply their trade within organized medical programs, each designed to fulfill the needs of the intercollegiate athlete on a nationwide scale. To the same measure, something must be developed on the secondary school level!

Once established, such a program can insist on a number of requirements which are pivotal. For example, thorough and complete physical examination and evaluation must be performed on each and every participant; examination that is (1) alert to the many pitfalls within organized athletics that must be guarded against, and (2) in the younger age-group lays emphasis on cardiopulmonary parameters *after exertion* to uncover hitherto unrecognized pathology that can, at worst, result in sudden death on the field! A definite differentiation must be made between contact and non-contact sports, with specific and inviolable prohibitions against contact sports for certain candidates with certain permanent disabilities. A boy with significant CNS disease or a history of multiple concussions, for example, must be barred from contact sports, as must a boy with a single kidney, for whatever reason, or a single eye, for whatever reason; in short, this is the *paired organ* concept.

Even with such differentiation established, certain additional criteria must be followed, insofar as physical disability in any particular sport is concerned. A cold, of little significance to a football player, is totally disabling to a long-distance runner or, equally, a long-

distance swimmer. A backache is of little significance to a soccer player, but is crippling to an oarsman. A sprained thumb is of no significance to a football lineman, but could be disastrous to an offensive center or quarterback! And infectious mononucleosis, our most frequent serious medical problem, presents an even more ominous pitfall to the unwary: the associated and frequently long-lasting splenomegaly must be anticipated and evaluated accurately, else ill-advised contact athletics may end in catastrophe!

Over and above such injuries and disabilities, which have been detailed in many available references and cannot be individually categorized here, there remain the specific problems encountered in growing adolescents. Certainly a prominent one is the throwing of "breaking pitches" by adolescents who have yet to reach bone-maturity; the effect on the medial humeral epicondyle of repeatedly throwing a "slider" can be disastrous in a 12-year-old. And, even more worrisome, the epiphyseal fracture, with its subsequent distortion of bone-growth and leg-length, must be considered a frightening, omnipresent risk!

In any event, treatment of all injuries must be as efficient and as accurate as possible, no matter what the age of the participant or the level of competition. Certainly, the fourth-string tackle of a junior-high-school football team deserves as prompt, efficient, and expert service as do the most highly paid mercenaries in the professional football leagues. This would seem to be an obvious requirement, yet it is more notable in its omission than not. It has been our sad experience over a 16 year period in Yale athletics to see more than a few incoming freshman with serious injuries incurred during secondary-school athletics, injuries neglected or missed entirely during secondary-school athletics, and injuries already rendered permanently disabling in secondary-school athletics. Such a situation is clearly intolerable, and must not be allowed to continue! Each young participant must be seen promptly and regularly thereafter; rehabilitated vigorously; and, if surgery is indicated, it should be as expertly performed as that available to a John Brodie or Joe Namath. To provide anything less is inexcusable!

Finally, any medical delivery-system geared to an organized athletic program must be constantly sensitive to the immense psychological damage which can be done by poor coaching, uncontrolled parental pressure and abuse, or, as occasionally happens, abuse by an irresponsible press. These are, indeed, adolescents; they are not, by any stretch of the imagination, mature individuals. The poise and self-reliance that successful competitors reveal on the field is an immensely satisfying sight to anyone close to athletics, and, if nothing else, is a tribute to the effect of competitive athletics on some individuals. However, the pressures with which the star athlete is called upon to cope

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are, at times, staggering, and it is little wonder that permanent personality damage can be inflicted thereby. We see less of this on the college level, the damage having already been done and the thus-wounded participant long-gone from the sport scene. Nonetheless, it behooves all of us engaged in the provision of medical care to athletes to recognize this constant factor. We must seek, at all times, to understand each individual participant, his motivations, his problems, his hang-ups, and his desires. The team doctor can at times interpose himself between a boy, crushed by failure and a sense of inferiority, and a furious coach, bent upon fierce reproof. Similarly, the team physician can encourage the not-atypical injured athlete, who is obviously "babying" himself; he can strive to help this boy face himself and his injury and correctly assess his own true motivation toward the sport. Occasionally this means providing a specific medical excuse to discontinue the sport without an objective reason, rather than forcing that boy to prove himself inadequate before his parents, girlfriend, and/or teammates. In equal measure, the team doctor can absorb the fury of a frustrated father, whose son has failed to measure up to the All-American and All-Pro future already carefully charted for him at birth. Such a problem is not uncommon, and can lead to some of the more frightening examples of alienation and "dropping out" that it has been my sad duty to observe. Individual effort by the team physician will sometimes soften the blow of such alienation and help to prevent that disastrous slide into an ever-waiting drug-culture; surely this is an effort worth making!

If anyone doubts the psychological impact of parental disapproval, he need only attend an average AAU age-group swimming meet. He can witness six and eight-year-olds berated mercilessly by furious parents (in full view and earshot of an onlooking and, worse, approving crowd of other parents) for having "missed the turn" or "blown the start," or simply "why didn't you swim faster?" An understanding physician can frequently readjust the balance, but, first of all, he must be willing to take the time to understand fully the needs and motivations of his athletes.

Summary

An attempt has been made to view the adolescent in organized athletics—sympathetically and understandingly. In doing so, an admittedly-biased vantage point has been selected—the better to evaluate the philosophical desirability of competition, as of itself, and, secondary thereto, the positive or negative value of organized competitive athletics. Since, philosophy or no, athletic programs have long been established in almost every conceivable sport and in almost every age group from grade-school onwards, a pattern of

organized medical care to cope with this established need has been advocated, much as it already exists in most colleges, large and small. Based on experience within one such organized medical program, certain recommendations and principles have been outlined, upon which framework any ideal program of medical care must be based. In short, the athlete, whether in early or late adolescence, deserves the best medical care we can provide—hopefully better, but certainly no worse than his adult counterpart in professional athletics receives. To so state does not make it so, but, in equal measure, requires that we, all of us, work ceaselessly toward that ideal goal!