Winning Isn't Everything … It's the Only Thing: A Critique of Teenaged Girls' Participation in Sports

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COMMENT

WINNING ISN'T EVERYTHING . . . IT'S THE ONLY THING: A CRITIQUE OF TEENAGED GIRLS' PARTICIPATION IN SPORTS

I. INTRODUCTION

Since the passage of Title IX in 1972, women's participation in amateur sport has increased dramatically in the United States. By 1994, it was estimated that at least one in three women in high school were involved in some school sanctioned sporting activity. At the University level, women's programs have experienced unprecedented growth in both interest and participation. Women's basketball hegemonies such as Tennessee, Connecticut, Stanford, and Purdue are able to pack stadiums with thousands of cheering fans while attracting a national television audience. The increasing trend of women's participation in athletics extends far beyond our national boarders. At the international level, for example, women have begun to make inroads into traditional “male sports” with the recent inclusion of Women’s Ice Hockey into the 1998 Winter Olympics.

Professionally, the creation of new women's sports leagues, such as the Women's National Basketball Association (WNBA) in 1995, and the growing popularity of existing organizations, such as the Women's Tennis Association (WTA), have changed the concept of sport for the woman athlete from a recreational activity to a viable career option. It would appear that finally, after decades of exclusion from the ranks of competition, women are being afforded, and more importantly taking advantage of, the opportunity to participate in sport.

“Winning isn't everything. It's the only thing.”
—Vince Lombardi

The evolution of women's sports from a fun-loving game to a high-money profession has resulted in radical changes for many of its participants. Young girls that show promise of becoming future sports super-

2. See Jessica E. Jay, Women’s Participation in Sports: Four Feminist Perspectives, 7 Tex. J. Women’s L. 1, 6 (citing Women’s Sports Found. Participation Statistics Packet (1997)).
stars are increasingly swept by parents and coaches from a childhood of bike rides and popsicles to rigorous all-day training schedules and restrictive diets. While these young girls may appear to reap the benefits of sport - physical fitness, fame, and fortune - they also sow the detriments of their hard labor - namely, ill-psychological and physical effects caused by the infliction of maltreatment and psychological abuse at the hands of their parents and coaches. One sport in which this disturbing dichotomy is most apparent is women's professional tennis.

Realizing that an increasing number of girls were entering the professional tennis ranks at astoundingly younger ages, the WTA implemented in 1995 regulations that precluded girls younger than fifteen from participating in any of its professional tournaments. The WTA also began regulating the number of tournaments in which teenage players could participate.

It is my contention that the 1995 WTA regulations, while valiant in spirit, are ineffective in protecting young girls from the dangers associated with competitive athletics. The WTA has failed to implement any restrictions on the number of hours of training the young superstars must undergo. Furthermore, the WTA's age and tournament restrictions should be heightened. Part II of this paper examines the problem of child maltreatment and psychological abuse of adolescent athletes. Part III addresses the psychological problems arising from the pressures exerted upon the teenaged athlete. Part IV examines the physical detriments associated with intense athletic training and participation by a female athlete. Part V discusses both the psychological and physical problems as manifested in women's professional tennis. And, part VI critiques current WTA regulations and proposes needed changes in order to ensure the health, safety and welfare of its participants.

II. CHILD MALTREATMENT AND PSYCHOLOGICAL ABUSE

Maltreatment, according to one author, is a societal label with an unclear definition. Child maltreatment occurs, according to the National Center on Child Abuse and Neglect, when: "through purposive acts or marked inattention to the child's basic needs, behavior of a parent/substitute or other adult caretaker [causes] foreseeable and avoidable injury

3. See 1998 WTA Tour Rules, at 24 (fourteen year olds are allowed to participate in four ITF Women's Circuit Tournaments).
4. See id.
or impairment to a child or materially [contributes] to unreasonable prolongation or worsening of an existing injury or impairment. 6 Parent-child relationships which tend to epitomize child maltreatment entail such behaviors as "overstimulating the child, failing to empathize with the child and ignoring his needs, using the child to fulfill the adult's needs, and imposing age inappropriate expectations on the child." 7

One form of child maltreatment is psychological abuse. Psychological abuse has been defined as a "concerted attack by an adult on a child's development of self and social competence, a pattern of psychically destructive behavior." 8 This psychological abuse potentially damages the development of a child's mental faculties and processes such as "intelligence, memory, recognition, perception, attention, imagination and moral development." 9 Further, this abuse hinders a child's development of "self-esteem, of social competence, of the capacity for intimacy, and for positive and healthy interpersonal relationships." 10 Psychological abuse is illustrated through such behavior as "domestic violence, desertion, unpredictability, lies, deception, and exploitation" to name a few. 11 It has also been recognized as, "rejecting; degrading; terrorizing; mis-socializing or corrupting; denying emotional responsiveness; and close confinement" of a child. 12 This type of abuse can be inflicted in a number of ways including, "body language, tone of voice, facial expressions, and words." 13

Psychological abuse can exist between a child/adolescent athlete and her parents. Parents give in to society's emphasis on winning and impose that standard on their child. Parents use their athletes for their own gratification and exploit them because of it. Often times they entrust their precious little girls to coaches who have the same objective and goals as the parents: gratification and exploitation in the name of winning. As a result, these athletes suffer psychological and physical ailments which have a debilitating effect on their lives.

8. See Garbarino, supra note 5.
9. Loue, supra note 6, at 483.
10. Garbarino, supra note 5.
11. Loue, supra note 6, at 483.
12. Id.
13. McMullen, supra note 7, at 508.
III. Psychological Problems

"Sport involvement is an exciting form of human expression; many people find sports a source of great fun, joy and self satisfaction and young athlete's values and beliefs are undoubtedly shaped by their experiences." 14 As well as shaping values and beliefs, athletic participation is seen as a way to develop character and self esteem. 15 "Sports builds character" is a slogan that became a powerful image of the supposed outcome of sport for children and adolescents. 16 However, when the fun is taken out of the game these positive attributes are lost. At this point psychological injury occurs and could be harmful to the adolescent athlete. 17

Sport is meant to be played for fun. According to a survey conducted by the American Sport Education Program (ASEP) "kids want to have fun and be with their friends." 18 In offering tips to parents, one authority suggests to "[m]ake sure the child is having fun. Never stress winning as the most important thing." 19 In another study which was conducted by the National Youth Sports Coaches Association, the number one reason given by children who drop out of sports is that "the sport is no longer fun." 20

Unfortunately, the desire for fun is replaced with the desire to win at all costs. Society is filled with "winning" slogans: "'Winning isn't everything, it's the only thing,' 'If you're not a winner, you're a loser,' 'Whatever it takes to win.'" 21 Parents and coaches also contribute a great deal to this attitude by pushing the athlete. "Young athletes struggle to win to please their parents [and coaches] not because of their personal ambition." 22 According to Jack J. Lesyk, a sport psychologist, some of the most common problems found in today's young athletes are, "perfection which causes anxiety. They [teen athletes] worry about mak-

ing their parents happy, and trying to balance life and school.”23 One such example of this balancing act is Olympic gold medalist Tara Lapinski, who lived with her mother, one thousand miles from her father, in order to train.24

In his article *How to be a Good Sports Parent* Gary Legwold suggests that “[a]s a parent, it is not easy to stay in the present with children. Too often sports parents start projecting that, wow, my daughter could be a great star someday.”25 Legwold terms this “projection” and, though it is a natural occurrence, it should be avoided for a number of reasons.26 “First, projection implies a dissatisfaction, that what the child is doing now is not good enough. Second, projections are often based on subjective and faulty comparisons. Third, projection is non productive - even counter productive - because it adds pressure. . . .”27

According to researchers, “the key is helping youngsters develop their own drive. If children have special talents, parents should encourage them to practice . . . but should also know when to back off.”28 Ronald Smith, a psychologist at the University of Washington, says that “[i]t’s very natural for parents to identify with their children and want them to do well . . . . The danger occurs when the parent begins to live through the child.”29 The parents use the child to gratify themselves and exploit their child’s talent to serve their own needs. As a result of this exploitation the child fails to lead a normal life and co-exist with others of her own age. Rather, her focus is on training and being the best that she can be, no matter what the cost. One manifestation of this danger is burnout which is often exhibited during adolescence.30 However, burnout caused in part during adolescence may also be evinced at later, though integral, stages of one’s life. For instance, figure skater, Rosalyn Sumners did not experience her burn out until the ripe old age of

26. See id.
27. Id.
29. Id.
twenty. Sumners, in explaining her depression the year after she won Olympic gold, said:

I’d been on the ice six hours a day since I was six years old. I turned pro after the Olympics, when I was twenty, and I began to wonder, When’s my time? When am I going to relax? When am I going to have a boyfriend and go to the movies? I was touring with a professional show, moving from one hotel to another, in bed at eight o’clock every night and getting up at four to train. I was burnt out, totally burnt out. I wanted to kill myself. I was making a lot of money but I had no life.32

Signs of sport burnout in adolescents include: “agitation, such as sleep disturbances, nausea, headaches and muscle tension . . . depression, such as lack of energy, sadness and loss of interest in competition.”33 When asked what causes the burnout of adolescent stars, “[s]ports psychologists say the single most important factor is the attitude of significant adults in a young athlete’s life.”34 According to Sean McCann, a psychologist with the United States Olympic Committee, such a demoralizing attitude is seen in a “child-centered” family.35 “In a child-centered family, the star athlete gets all the attention. Everything else — the parents’ marriage, siblings — is secondary.”36 Shane Murphy, a sports psychologist who has worked with Olympians, commented that “[h]e can’t even count how many athletes have come into [his] office and said, ‘Look, I’m doing it, but I hate it. My parents have invested $80,000, and they want me to do it for a few more years.’”37 The athlete, in turn, loathes the sport and resents her parents for pushing her.

It has been suggested that burnout can be avoided if parents eliminate the stress to win.38 The West Virginia University Extension service offers a number of suggestions by which parents can alleviate the stress related to sports burnout.

1. Take a positive approach. Praise your child for the positive aspects of . . . her performance. Children like to know they have met their parents expectations. 2. Focus on the game, not the score. Be sincere when you say winning isn’t everything. 3.?

32. Id.
33. Loss of Interest, supra note 30, at 2.
34. Kantrowitz, supra note 22.
35. See id.
36. Id.
37. Id.
38. See Loss of Interest, supra note 30, at 2.
cuss on your child's developing skills and not the end result. Your child maybe running faster and throwing more accurately though the team is losing. (4) Match your child to the sport. Self-motivated children are better suited to individual sports, such as running or swimming . . . . Take the time to try a few sports before getting involved competitively. (5) Have realistic expectations. Remember, we all can't be great athletes. (6) Choose a sport equal to your child's skill. (7) Provide a variety of sports. Providing your child with a sampling of sports activities will help round out . . . her physical, social and mental development.39

Often these teenage stars who are ripe for burnout have not been allowed to lead a normal childhood or adolescent existence. Their education and social lives are either non-existent or are far removed from a typical teenagers. In most instances "[t]heir teen years are one long training session save school - that is if they don't dropout or get a diploma through correspondence courses."40 When Nicole Bobek won the United States Figure Skating Championship at age seventeen she had been "privately tutored since the eighth grade because of her travel schedule."41 In 1991 Kim Zemeskal, who had taken up gymnastics at age six, dropped out of high school in order to train extensively for the Barcelona Olympics.42 Zemeskal did, however, resume her studies during training by taking correspondence courses.43

Even teenagers who have not yet reached that upper echelon are opting for non traditional education and family life. Such can be seen in junior tennis where "[b]urnout isn't uncommon among juniors forced to choose between traveling the circuit and attending a high school dance."44 In 1991 Stephanie Halsell, a sixth grader at the time, "dropped out . . . opting for home tutoring. Texas state law mandates more days in the classroom than Stephanie's training and tournament regimen would accommodate."45 Halsell, spent most or her time between 1991 and 1994 traveling, but, admits that at times she wishes she could attend a regular school.46

39. Id.
40. Sherman, supra note 31, at 238.
41. Debbie Becker, Bobek Carries Spirit to Elementary Students, USA TODAY, Apr. 12, 1995, at 2C.
43. See id.
44. Cindy Shmerler, Fun Gets Lost in Race for Results, USA TODAY, Aug. 17, 1994, at 8C.
45. Id.
46. See id.
The same negative phenomenon can be seen in gymnastics. Teenage and even pre-teenage gymnasts leave home "to pursue athletic careers they hope will earn them college scholarships, at the least. A loftier goal is a place on the national team and the opportunity to participate in events such as World Championships and the Olympics."\textsuperscript{47} Anne Dixon, a seventeen year old in 1991, left her home in Southern California in 1987 in order to train in Arizona.\textsuperscript{48} She did so in order "to be the best that she could be" because there was no gym in the area sufficient to her needs.\textsuperscript{49} Dixon’s father said that, “[t]here were some comments about sending her away so young.”\textsuperscript{50} However, he feels that “[i]f they have the capabilities, you have to give them the opportunity to try. And if you can’t train at that level locally, you have to look elsewhere.”\textsuperscript{51}

A recent case which illustrates the over zealousness of parents in an athlete’s life are the Moceanus. Dominique Moceanu emerged in the international spotlight at age ten,\textsuperscript{52} won Olympic gold at age fourteen,\textsuperscript{53} and at seventeen successfully sued her parents for her independence.\textsuperscript{54} Dominique charged her father with mismanagement of her estimated one million dollar trust fund.\textsuperscript{55} According to Dominique, her trust fund “is for all practical purposes, broke.”\textsuperscript{56} One of her former teammates is quoted as saying, “I know that her parents were tough on her, and I thought they had good intentions. But there’s a fine line between parents being supportive and being pushy. A lot of parents try to live through their kids.”\textsuperscript{57} One gymnastic insider said “[t]hat line becomes finer still . . . when a child becomes the family meal ticket — as happened with the Moceanus.”\textsuperscript{58} In 1996 Dimitru Moceanu left his job in order to manage his daughter’s career.\textsuperscript{59} He built a gym with some of her earnings and founded Moceanu Gymnastics, Inc., which is now experiencing financial troubles.\textsuperscript{60} Dominique’s former agent, Stan Feig,

\textsuperscript{48} Id.
\textsuperscript{49} Id.
\textsuperscript{50} Id.
\textsuperscript{51} Id.
\textsuperscript{54} Id.
\textsuperscript{55} Id.
\textsuperscript{57} Jodie Morse, *Vaulting into Discord*, Time Mag., Nov. 2, 1998, at 80, 80.
\textsuperscript{58} Pam Lambert et al., *Growing Pains*, People Mag., Nov. 9, 1998, at 53, 54.
\textsuperscript{59} Id.
\textsuperscript{60} See MacMullen, supra note 56, at 40.
has criticized Dimitru saying that Dimitru "'was going to build an empire off her.... I think Dominique realized that if she didn't get control of her life, she would not have a dime left to her name.'"\(^61\)

Dominique is also charging that "[she] never had a normal childhood... I would think: Don't you guys know anything besides gymnastics? Can't we go out for ice cream?"\(^62\) Dominique’s father had her “hanging by her hands from a clothesline at six months and tumbling in her first gymnastics class at age three.”\(^63\) According to the elder Moceanus, they moved the family, which includes a younger daughter, several times in order for Dominique to receive training and spent upwards of $200,000.00.\(^64\) As the war within the family continues to rage, Dominique has been declared a legal adult and is now in charge of her future.\(^65\) As for Dimutru, he is under investigation by the Houston police as to whether or not he had attempted to hire a hit man in order to harm Dominique’s coach Luminita Miscenco and friend Brian Huggins.\(^66\) As a result, Dimitru has been ordered by the court to cease contact with his daughter for one year, not to come within five hundred feet of her person, home, school and training facility, and barred from communicating with her in any way except in writing or through an attorney.\(^67\)

Often times parents abdicate many of their responsibilities to their child’s coach, and coaches become a contributory factor to the psychological problems that afflict teenage athletes. The coaches also may exploit the athlete for their own recognition. One author commented that, “[c]oaches are the autocratic center of the young athlete’s world... they set the standards of excellence and prescribe methods for attaining them.”\(^68\) This autocratic role is best evidenced by the popular phrase, “my way or the highway.”\(^69\) Further, for the young female athlete, a male coach can take on numerous other roles as well, including “surrogate father, a role model, a source of strength and inspiration. To a teenager or college-age athlete, he can be an attraction, a mystery, a crush.”\(^70\) According to Donna Lopiano, Executive Director of the Women’s Sports Foundation, “[t]he coach-athlete relationship is love-hate. He

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61. *Id.*
63. Morse, *supra* note 57, at 80.
64. See Lambert, *supra* note 58, at 54.
67. See *id.* at 101.
69. *Id.*
puts you through the extra pain, but there’s nothing the athlete wants more than his attention. The coach holds the athlete’s future in his hands.”

The studies conducted by the National Youth Sports Coaches Association indicate that abuse by the coach(es) is the second most common reason given by pre-adolescents for dropping out of sports. Recently, one town’s Recreation Department in New Jersey was forced to make changes to their policy after receiving allegations of abuse by its coaches which included “putting too much emphasis on winning, using profanity and smoking cigarettes in front of players, not allowing enough water breaks on hot days, and meting out harsh punishment for mistakes.”

Experts agree that this abuse is elicited in numerous ways: verbal, emotional, physical and sexual. “Verbal abuse includes name-calling or taunting, making insulting comments, or cursing at a child or an official.” Emotional abuse manifests itself by “setting unrealistic goals for a child or putting excessive pressure on . . . her.” Physical abuse, “ranges from denying a child water or rest, to physical contact, such as grabbing or slapping.” Often times coaches don’t realize this type of abuse is occurring. For instance, a coach, “may not physically hurt a child, but [he’s] damaging the child’s self-esteem.” And finally, “sexual abuse includes any form of sexual contact, physical or verbal, including harassment and sexual comments.”

This abuse arises because of the power given to the coach by the athlete as well as the athlete’s parents. Joy Coakley, a sociologist, attributes this power to “‘[o]ur sports system [which] is built on coaches controlling athlete’s lives to reach their performance goals . . . . Coaches don’t ever sit down with athletes and help them set limits on themselves and their training.’” Numerous sociologists theorized that coaches enjoy, even revel, in the power given to them. Bela Karolyi, the famous

71. Id.
72. See Smith, supra note 20, at 13.
74. See Smith, supra note 20, at 13.
75. Id.
76. Id.
77. Id.
78. See id.
79. Id.
80. Id.
81. Brennan, supra note 70, at D5.
82. See id.
women's gymnastics coach who has enjoyed the success of star pupils Mary Lou Retton and Moceanu was once quoted as saying: "The young ones are the greatest little suckers in the world. They will follow you no matter what." 83

Women's swimming is replete with instances of sexual abuse. Mary T. Meagher, who won three Olympic gold medals in 1984, reported that, while she was competing internationally at the age of sixteen, a much older male coach made sexual advances towards her. 84 One sociologist's research disclosed a "28 year-old [male] swimming coach who had a two year romantic relationship with an athlete that began when the swimmer was 12 and ended when she was 14." 85 These examples of such inappropriate conduct prompted the American Swimming Coaches Association, in 1993, to promulgate ethical rules and a code of conduct that prohibit any type of sexual contact between a coach and a swimmer. 86

IV. Physical Detriments

As a result of the maltreatment and psychological abuse inflicted on these athletes by their parents and coaches, the desire to win and to please is ingrained in a young athlete's psyche. Youthful athletes push themselves and their bodies to their physical limits, often causing significant bodily injury. The most significant damage to their bodies is a result of conflicting perceptions concerning their body image. These perceptions, or perhaps misconceptions, are once again fostered by society's, parents' and coaches' exploitation of the athlete. These authority figures coerce and persuade the young impressionable athlete in such a manner that the athlete will do anything to succeed including abusing her own body. This self-inflicted physical abuse by athletic females has been identified as the Female Athlete Triad (Triad). The Triad consists of three separate but interrelated disorders: disordered eating, amenorrhea and osteoporosis. 87 The Triad, "begins with disordered eating. Insufficient caloric intake leads to phase two; amenorrhea, the cessation of

83. Id.
84. See id.
85. Id.
86. See id.
the menstrual cycle . . . . Osteoporosis . . . begins to develop, even in women as young as twenty.\textsuperscript{88}

This phenomenon is not new to the world of women’s sports.\textsuperscript{89} However, it was not until the 1990’s that it became recognized.\textsuperscript{90} A year later it was given its nomenclature by the American College of Sports Medicine due to its increased presence among female athletes.\textsuperscript{91} Any female athlete, on a spectrum from recreational to professional, is susceptible to the Triad.\textsuperscript{92} Yet, it is female athletes in performance and endurance sports such as gymnastics, ballet, figure skating, and running, that are at the highest risk level.\textsuperscript{93}

Most experts seem to agree that certain characteristics of an athlete contribute to the Triad. Dr. Elizabeth Joy describes these characteristics as: “[t]ypically the young woman is a perfectionist with high goals—athletically, as well as in other areas of her life. Being very critical of herself and having very high expectations and fairly low self-esteem is a recurrent pattern.”\textsuperscript{94} Seemingly, these characteristics have been greatly influenced by the athlete’s desire to please her parents and coaches. Meanwhile, Steve Varechok, LCSW, stated that, “[m]ost of these patients are dedicated athletes. They are very motivated, are achievement oriented, avoid taking shortcuts, and have a strong work ethic. They are not complacent about success. They tend to ignore or minimize minor injuries.”\textsuperscript{95} And, Dr. Aurelia Nattiv described a typical patient in the following manner.

The typical patient is an adolescent or young adult who is driven to excel in her sport. She is obsessed with her appearance and with being thin, believing — either because her coach has told her so or because her own observations seem to tell her so — that performance is linked to leanness. She thinks the thinner she is, the better she will perform and the better she will look by doing so.

\textsuperscript{88} See Willow Older, \textit{Eat in the Name of Women’s Health}, \textit{Women’s Sports & Fitness}, May 1997, at 73, \textit{available in LEXIS}, Academic Network.
\textsuperscript{90} See id.
\textsuperscript{91} See Saunders, \textit{supra} note 87, at 193.
\textsuperscript{92} See Nattiv & Lynch, \textit{supra} note 87, at 62.
\textsuperscript{93} See id.
\textsuperscript{95} \textit{Id.}
She may begin by restricting food intake to lose weight and improve performance. Her basal metabolic rate may decrease. If she binges on foods she may gain weight, leading to a vicious cycle of binging, purging, and restricting her food intake. These behaviors are usually not discussed with others and are often denied.

The athlete then may develop amenorrhea, and may go for months, even years, without having a period. Decreased estrogen levels associated with her amenorrhea may lead to premature osteoporosis. Untreated she may end up in her twenties having the bone density of a woman in her fifties.

With her decreased bone density, she may be at a higher risk for stress fractures and other pathologic fractures. She may also have a multitude of medical and psychological problems associated with her disordered eating that can persist through her adult life if not treated early on.\(^9\)

Awareness is the key to detecting the Triad.\(^9\) In order to be aware of the symptoms and consequences of the Triad, doctors, trainers and coaches, as well as parents and athletes, need to be educated.\(^9\) Nobody in the athlete's life should be complacent about the three interrelated disorders, their symptoms and treatment.

### A. Disordered Eating

The term "eating disorder" which previously recognized only anorexia nervosa (anorexia) and bulimia nervosa (bulimia), has now been replaced by the term "disordered eating."\(^9\) Disordered eating is characterized more broadly and is defined as the "spectrum of abnormal eating behavior, with poor nutritional habits on one end, and anorexia and bulimia at the other."\(^1\) It includes "food restriction, fasting, use of diet pills and abuse of laxatives and diuretics."\(^2\)

In 1994 it was estimated that anywhere from 15% to 62% of female athletes were afflicted with disordered eating.\(^3\) However, according to Nancy Clark, a dietary consultant to athletes, the number hovers around

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97. See id.; see also Yurth, supra note 89.
98. See Nattiv & Lynch, supra note 87, at 62.
99. See Yurth, supra note 89.
100. Nattiv & Lynch, supra note 87, at 62.
102. See Yurth, supra note 89.
60% of all female athletes. It is difficult to ascertain an exact number or percentage of those suffering from disordered eating because many cases go unreported due to the feelings of humiliation and shame associated with it. According to one physician who specializes in eating disorders "[t]here are not many coaches, athletes, or parents aware of the grave dangers associated with eating disorders .... The disorder can not only take one's life, it has the power to destroy someone's sense of judgement, someone's sense of self-worth. The disorder debilitates the body as well as the mind."

Yet, disordered eating is still most closely associated with anorexia and bulimia. Anorexia is described as "self-induced starvation characterized by excessive weight loss, preoccupation with body weight, and an intense fear of becoming fat." The definition of anorexia given by the American Psychiatric Association includes the following:

- Intense fear of becoming obese, which does not diminish as weight loss progresses;
- Disturbances of body images, e.g., claiming to "feel fat" even when emaciated;
- Weight loss at least 25% of original body weight or, if under 18 years of age, weight loss of 25% of original body weight plus projected weight gain expected from growth charts;
- Refusal to maintain body weight above a minimal normal weight for age and height; and
- No known physical illness that would account for weight loss.

Physical signs of anorexia include emaciation; dry skin; lanugo-a thin layer of body hair, easily noticeable on their faces and arms; loss of scalp hair, and brittle nails. Also an anorexic will experience cold extremities and impaired temperature regulation, decreased heart size, bradycardia-"a decreased or slowed heart rate," hypotension-"an abnormally low arterial blood pressure which occurs after excessive fluid

104. See id.
105. Id.
108. See id. at 143.
losses and bleeding,' edema- "an atypical accumulation of fluid in the interstitial space leading to a swelling," and osteoporosis. Anorex- ics tend train longer and harder than others.

Bulimia, on the other hand, is best described as "fear of food." In its definition of bulimia, the American Psychiatric Association includes the following characteristics:

1. Recurrent episodes of binge eating (rapid consumption of a large amount of food in a discrete time period, usually less than two hours)
2. At least three of the following:
   - Consumption of highly caloric, easily ingested food during a binge
   - Inconspicuous eating during a binge
   - Termination of such eating episodes by abdominal pain, sleep, social interruption, or self-induced vomiting
   - Repeated attempts to lose weight by severely restrictive di- ets, self-induced vomiting, or use of cathartics or diuretics
   - Weight fluctuations greater than ten pounds due to alternate binges and fasts
3. Awareness that the eating pattern is abnormal and fear of not being able to stop eating voluntarily

The physical signs associated with bulimia include "[p]arotid swelling (chipmunk cheeks), erosion of tooth enamel or a large amount of dental work, and Russell's sign - finger and nail changes on the first and second digits of the dominant hand . . . ." Other bulimic indicators consist of using the restroom immediately after a meal in order to vomit; letting the water run in the sink to mask the vomiting sounds; and secretive behavior such as hiding laxatives.

Research indicates that young female athletes are more prone to disordered eating than the general population. Not only do these women have to contend with societal pressures but also the added pressures

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111. Id. at 213.
112. Id. at 305.
113. See Katz, supra note 109, at 254.
114. See Clark, supra note 107, at 143.
115. See id.
116. Id. (citation omitted).
117. Yurth, supra note 89.
118. See Clark, supra note 107, at 143.
119. See Saunders, supra note 87, at 195.
placed on them by parents and coaches to excel.\textsuperscript{120} Judges in performance sports such as figure skating and gymnastics have also had an adverse effect on these athletes due to the subjectivity involved in the scoring procedure.\textsuperscript{121} Generally, though, there are a number of factors that greatly influence the female athletes in such a manner that she is drawn to disordered eating as a way to succeed in her sport. These factors are rooted in the athlete’s culture, family and individual behaviors.\textsuperscript{122} Below is an outline of each influential factor and why it has this effect.

**Cultural Risk Factors**

1. Westernized and contemporary
   a. Equates thinness with both beauty and happiness
   b. Emphasizes attention to self and body
   c. Demands varied, and at times conflicting, roles of women
2. Capable of readily disseminating cultural values and styles through visual media (e.g., movies, television, magazines)

**Familial Risk Factors**

1. Achievement oriented
2. Intrusive, enmeshing, overprotective, rigid, unable to solve conflicts
3. Frugal with support, nurturance, encouragement
4. Overinvested in food, diet, weight, appearance, or physical fitness
5. Known to have members with a formal history of eating disorder or affective disorder

**Individual Risk Factors**

1. Female
2. Adolescent
3. Slightly overweight
4. Subject to feelings of ineffectiveness and low self-esteem
5. Subject to conflicts and doubts about sense of personal identity and autonomy
6. Subject to bodily perceptual disturbances (e.g., distorted body image, uncertain feelings of satiation after meals)
7. Subject to overgeneralization and other cognitive distortions
8. Subject to an obsessional style and conflicts about control\textsuperscript{123}

\textsuperscript{120} See id.
\textsuperscript{121} See Neil Amdur, When Thin Is In, Disaster Can Strike, N.Y. Times, Aug. 1, 1994, at C3.
\textsuperscript{122} See Katz, supra note 109, at 254.
\textsuperscript{123} Id. at 258.
Disordered eating has a range of results. On one end is the girl who flirts with the idea, but ultimately is swayed against it. The middle range consists of a single episode to a disorder. At the far end of the spectrum is death. Death from disordered eating is caused by: “cardiovascular collapse or cardiac arrest (particularly due to electrolyte imbalance from vomiting or cardiac toxicity from abuse of syrup of ipecac); overwhelming sepsis (due to compromised immune function secondary to starvation); extreme hypoglycemia; and suicide.”

Much, but not all, of the problem lies with coaches and the power and control they possess over their athletes. For example, two mothers of former high school gymnasts reported being asked by the girls’ coach to only feed them one meal a day when they were in grade school; advice which they ignored. One doctor suggested that this type of request to such young girls is made in order to “postpone the onset of their menstrual cycles in an effort to delay the development of secondary female characteristics, such as round hips and fuller breasts.” Louise Venna, a former competitive swimmer recalls her high school years as being dreadful due to her continuous dieting. Her coach, who made the swimmers weigh in every morning, repeatedly told her she was too fat. Due to his negative comments, Venna lost weight as well as her self-esteem, and could no longer perform at her previous level.

Personal stories like these are prevalent in all levels of competitive athletes. Tiffany Cohen, a former Olympic gold medalist, developed an eating disorder while swimming at the University of Texas and training with coach Richard Quick. Cohen, a self-proclaimed perfectionist

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124. See id. at 256.
125. See id.
126. See id.
127. Ipecac is a South American shrub, with roots used medicinally to induce vomiting. RIVERSIDE WEBSTER’S II DICTIoNARY 368 (1996).
128. Katz, supra note 109, at 256.
129. See Dennis Fiely, The Gymnasts Obsession, COLUMBUS DISPATCH, Aug. 15, 1994, at 1B.
130. See id.
131. Id.
133. See id.
134. See id.
claims that Quick "'knew that, and he knew who weight really affected. He played on that. He played on peoples' neuroses.'”136 Cohen recounts, to avoid being a member of the dreaded “fat club” many of her teammates “routinely fasted, induced vomiting, used laxatives and did extra workouts . . . .”137 Quick has acknowledged setting weight limits but counters “that's just one factor in the conditioning.”138 Quick has also stated that: "'I was aware of a few eating disorders on our team at the University of Texas. . . . We did everything in our power to get them the kind of help they needed to handle the problem.'”139

Parents also have the same persuasive effect as coaches. Moceanu, at her recent trial, testified that her father Dimitru "'had repeatedly struck her, including slapping her while she stood on a scale that showed she had gained weight.'”140 However, indications are that most of the criticism levied at parents is due to their ignorance of their daughter's problem with disordered eating. One gymnastics coach confronted the parents of a bulimic and found a refusal on their part to acknowledge the sickness.141 In 1993, Mike Jacke, President of USA Gymnastics, opined, in part to deflect criticism of his organization, that "'parents should be more vigilant.'”142 He stated: "'I can't imagine that a parent couldn't tell there was something wrong with their child if her normal body weight is 80 pounds and all of a sudden she's weighing 60. We aren't with them three meals a day.'”143 However, one USA Gymnastics board member has admitted that:

Our kids have gotten younger, and many leave home to train with an elite coach. So we're taking them out of their fundamental support system. Our window of competition is very small, and I think the kids, the coaches and the parents get caught up, knowing a career might be over at sixteen.144

The tragedies are even more horrific to understand. In 1982 while still a teenager, Mary Wazeter, a former nationally ranked distance runner, suffered from an eating disorder, and attempted suicide by jumping

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136. Nelson, supra note 135, at 7D.
137. Allen, supra note 135, at 2C.
138. Id.
139. Dodds, supra note 135, § 3, at 13.
141. See Fiely, supra note 129, at 1B.
143. Id.
144. Id.
As a result of her attempt, Wazeter, "suffered six broken ribs, two collapsed lungs, a fractured arm and shattered vertebrae that left her paralyzed from the neck down." Yet, it would seem that the most shocking case to date is that of Christy Henrich, a former United States national team gymnast. In 1994 Henrich died at the age of twenty-two from multiple organ failure, weighing sixty-one pounds, which ended her arduous battle with anorexia and bulimia. Several months before her death Henrich’s weight fell to forty-seven pounds down from a competition weight of ninety-five pounds.

By all accounts, Henrich blamed her eating problems on a judge who concluded that she was too fat and therefore would not make the 1988 Olympic team. In the end, Henrich missed making that team by 0.0188 points. Henrich’s coach, Al Fong, remembers noticing problems after the 1989 World Championships where Henrich placed fourth in the uneven parallel bars. By 1990 Henrich was forced into retirement by her health problems and her life spiraled out of control due to the disorder. After leaving gymnastics, Henrich spent the next three years in and out of hospitals in a vain attempt to control the disorder. According to one counselor who worked with Henrich, “Henrich was a typical eating disorder victim. Refusal to eat is a form of protest.” The counselor believed Henrich’s protest, “was over a lost childhood although no one can really say.” “‘Even though she chose gymnastics, this girl worked all the time when other kids were playing.’” Because of gymnastics, Henrich lost out on the opportunity of a normal life and instead was thrust into a world which revolved around training and competing, challenged to be the best that she could be. Henrich’s mother has admitted that her daughter was a perfectionist and
that "she was going to do it whatever it took, no matter what the price. She could endure the pain." Ultimately Henrich paid the price with her life.

B. Athletic Amenorrhea

The second part of the Triad is amenorrhea, which in the strictest sense, is the absence of menstrual periods. This absence can occur in a number of ways. The first way is delayed menarche. Menarche is the "onset of menstruation defined by the appearance of the first menstrual flow." Delayed menarche is also known as primary amenorrhea and can also be defined as "reaching the age of sixteen with out beginning regular menses." One study found athletes who began their training before menarche had menses at a mean age of fifteen years, while postmenarchally trained athletes had menarche at 12.8 years. It has been theorized that menarche is delayed by five months for every year of pre-menarchal training.

Second, is oligomenorrhea, which is defined as, "[a]n infrequent occurrence of menses." Third, is secondary amenorrhea which is the "cessation of menstruation after menarche has occurred." Often times it is difficult to differentiate between the two. One author noted that, "[a] woman who has not experienced menses for five months might be classified as oligomenorrhea in one study and amenorrhoeic in another study." Athletic amenorrhea is most closely associated with oligomenorrhea and secondary amenorrhea.

157. Amdur, supra note 121, at C3.
158. See Kent, supra note 110, at 23.
162. Menses is, "the blood and other material flowing from the genital tract of women during menstruation." Kent, supra note 110, at 274.
163. See Olson, supra note 159, at 214.
164. See Elizabeth A. Arendt, Osteoporosis in the Athletic Female: Amenorrhea and Amenorrheic Osteoporosis, in THE ATHLETIC FEMALE, supra note 107, at 41, 44.
165. Kent, supra note 110, at 306.
167. Kent, supra note 110, at 306.
168. See Carlberg, supra note 166, at 164.
Amenorrhea is often a symptom of another problem, especially disordered eating. However it can also be brought about by weight loss due to insufficient caloric intake coupled with intense training. It is suggested that 66% of all female athletes suffer from this ailment. According to research, "[a]thletic amenorrhea is a much more complex phenomenon than once thought, with weight loss, the presence or absence of body fat, and emotional and physical stress all playing a role."

Females who suffer from amenorrhea are much more vulnerable to premature osteoporosis. Multiple stress fractures are often an indicator of amenorrhea and/or disordered eating. Research has proven that the "incidence of stress fractures decreases when female athletes regain their menses as a result of decreased training and/or a two to three percent increase in weight." Amenorrhea can be reversed by decreasing one's training or weight gain. If, however, neither of those two are an option, an athlete may receive estrogen replacement therapy instead.

C. Osteoporosis

The third phase of the Triad is osteoporosis. Osteoporosis is defined as, "[a] group of diseases typified by the reduction in bone-mass due to bone resorption out pacing bone deposition. The bone becomes more porous, brittle, and inclined to fracture." Individuals who suffer from osteoporosis might also lose height, have vertebrae crushed and experience great pain. Osteoporosis is closely associated with older menopausal women, however as part of the Triad, it refers to "early bone loss

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169. See Roberts, supra note 161, at 40.
170. See Laura Yee, Triad Health Peril for Female Athlete, PLAIN DEALER (Cleveland), Nov. 15, 1994, at 4E.
171. See id.
172. Yurth, supra note 89.
173. See id.
174. A stress fracture is defined as "A microscopic break in a bone caused by repeated loading and unloading. The fracture occurs if the forces which are applied repetitively to a bone exceed the structural strength of the bone." KENT, supra note 110, at 427.
175. See Olson, supra note 159, at 219.
176. Id.
177. See id.
178. See id.
179. KENT, supra note 110, at 311.
180. See Carol L. Christensen, Basic Exercise Physiology: Myths & Realities, in WOMEN IN SPORT, supra note 106, at 119, 127.
Amenorrhea is a leading cause for the decreased bone density, yet "extreme thinness, low calcium intake and overloading the bone with extreme amounts of exercise" can also contribute.

Bone mass reaches 95% of its maximum density by the age of eighteen, and peaks around thirty to thirty-five years of age, therefore there is concern for the young amenorrheic female. According to studies, anywhere from 2% to 6% of bone mass could be lost in these individuals. Also, it is estimated that 25% of total bone mass could be lost as a result of the bones not forming correctly at such an integral growth period. Research suggests that "[a] young athlete in her twenties may end up with the bone mass of a sixty year old woman."

Two important factors which lead to the development of osteoporosis are the amount of total bone attained, and the amount of bone loss. One author states that the key is, "to acquire as much bone mass as possible in early life and reduce the bone loss in later life." Like amenorrhea, stress fractures are much more common amongst these women and are a good indicator that a problem exists. After suffering from three stress fractures, Anne Metner, a former cross country runner at Creighton University, is a prime example. At age twenty-three, doctors have described her bones to be that of an eighty year old woman with osteoporosis. Metner's bones are in this state because of her nine year ordeal with anorexia which has hospitalized her four times. She might never be able to run again because of the damage to her bones. Also because of the damage to her bones Metner is in constant fear of falling; afraid that her bones will break. Metner, however, does not

181. Yurth, supra note 89.
182. Everett L. Smith, Ph.D., Bone Concerns, in WOMEN & EXERCISE, supra note 109, at 79, 86.
183. See Yurth, supra note 89.
184. See id.
185. See id.
186. Id.
188. Id.
189. See Yurth, supra note 89, at 149.
190. See Colleen Kenney, Runner Going the Distance, OMAHA WORLD HERALD, Mar. 12, 1999, at 27.
191. See id.
192. See id.
193. See id.
194. See id.
blame the sport for the eating disorder, rather believes it was something from within, namely low self-esteem coupled with perfectionism, that drove her to be thin.\footnote{195}

V. A Case Study: Women's Professional Tennis

These psychological and physical problems associated with psychological abuse and maltreatment in adolescent athletes are evident in women's professional tennis. Women's professional tennis is a prime example in order to demonstrate that no sport is immune from the psychological and emotional pressures exerted upon its young players. In fact, one could say that tennis has played an important role in bringing these problems to the forefront. In the view of one author:

Tennis, in this country, is notorious for tempting the young with early success and potentially big paydays. It's about isolating them from family and friends, funneling them into nothing but practice, glorifying them as saviors of the sport before denigrating them when they can't string together sentences or somehow dare to be different.

And ultimately, far too often, tennis is about spitting out its young when the next prodigy comes along to steal the spotlight.\footnote{196}

Burnout is a common occurrence among young tennis sensations, yet a trio of these stars are notorious. First there was Tracy Austin who won the U.S. Open at sixteen; was rated number one at seventeen; and re-claimed the U.S. Open championship at eighteen.\footnote{197} Yet, by the age of twenty-two she no longer played professional tennis.\footnote{198} Andrea Jaeger followed suit. At fourteen years, eight months, Jaeger was the second youngest female to win a professional tennis tournament.\footnote{199} At one point she was ranked number three, but then two years later she fell completely from the WTA rankings.\footnote{200} Suffering from injuries and disillusionment, Jaeger left professional tennis in 1984 at the age of eight-

\footnote{195. See id.}
\footnote{196. Rachel Shuster, Parents' Dreams Shouldn't Replace Children's Games, USA TODAY, Aug. 17, 1994, at 8C.}
\footnote{197. See Jerry Cohen, So Says: Tracy Austin, L.A. TIMES, Nov. 10, 1985, (Magazine), at 20.}
\footnote{198. See id.}
\footnote{199. See Tom Powers, Andrea Jaeger Battles Back from Burnout, L.A. TIMES, Sept. 15, 1985, § 3, at 9.}
\footnote{200. See Darrell Fry, Despite History of Injuries, Jaeger Sure She Can Win Again, ST. PETERSBURG TIMES, Apr. 24, 1987, at 7C.}
At age twenty Jaeger attempted what would be the first of several comebacks. The most infamous case of burnout the world of tennis, if not of sports, has seen involves Jennifer Capriati. One perspective of Capriati states that, "[s]he went from America's darling to a troubled teenager, from tennis prodigy to posterchild for athletic burnout, from giggling makeup model to the sullen subject of police mug shots." Capriati turned professional at age thirteen, a month shy of her fourteenth birthday, and then went on to become the youngest player to win a match at storied Wimbledon, and also earned Olympic gold in 1992. After suffering frequent nightmares and thoughts of suicide which began to plague her in 1991, she needed a respite and left the professional tour in 1993. Capriati has said that, "'I really was not happy with myself, my tennis, my life, my parents, my coaches or my friends.'" What ensued was a separation from her parents, an arrest for shoplifting (however the charge was later dismissed), another arrest, though this time for possession of marijuana, allegations of drug use, and finally treatment in two drug rehabilitation clinics, all by the age of nineteen. Capriati has since tried numerous comebacks and is currently ranked number forty-three in the world.

Capriati not only suffered from burnout, but also from an overbearing father which some feel contributed to her fall from grace. Several commentators have noted that the elder Capriati had big plans for his daughter prior to her birth, and that by age three he already had her playing with a tennis racquet. Mr. Capriati was fanatical about his daughter's tennis and even threatened legal action against the WTA in order to allow Jennifer to turn pro at the age of thirteen. There are those who speculate his tenacity on the part of his daughter was fostered...
by his own tennis frustrations. Once again, a case of a parent seeking self gratification through his daughter.

One cannot forget the abuse Mary Pierce has endured at the hands of her father, Jim. Jim would attend Mary’s matches and verbally and emotionally abuse her. According to one of her opponents, “[e]ven when [Mary] was new on the circuit he was already well known.” One commentator has noted that Jim would yell such epithets as, “C’mon Mary, kill the bitch,’ as she prepared to serve.” Finally, at age eighteen Mary obtained a restraining order against her father.

There are also those women on the professional tennis tour who suffered the physical detriments associated with the maltreatment and psychological abuse inflicted on teen prodigies. Carling Bassett Seguso joined the professional ranks at fifteen, and, at her peak, was ranked number eight in the world and had acquired a modeling contract and endorsements. But in 1989, at twenty-one years old and with a 158 ranking, she quit. Her life as a tennis pro had taken its toll. Bassett Seguso has admitted to suffering from bulimia since 1983, almost immediately after turning pro. Yet, by 1992 Bassett Seguso claimed to have won her battle against the insidious disease and was living a healthy life.

Zina Garrison has also admitted to suffering from bulimia. The disorder began in 1983 following the death of her mother and at the suggestion of a relative as a way to keep herself thin. Garrison has remarked on bulimia that, “‘[y]ou can’t control it. You’re very depressed and you don’t know why you’re depressed. Your fingernails are very soft, your hair starts to fall out, your skin is bad.’” During her ordeal, Garrison attained a number four ranking in the world and earned more than three million dollars in prize money.

212. See id.
214. Blundy, supra note 209.
215. Id.
216. See Evert & Vega, supra note 213, at 4.
218. See id.
219. See id.
220. See id.
221. See Alison Muscatine, Bulimia Changes Garrison’s Number One Priority, WASH. POST, Aug. 17, 1992, at B3.
222. Id.
223. See id.
VI. THE DUTY OF THE GOVERNING BODIES TO REGULATE

Obviously, with such woeful problems affecting young impressionable athletes, reform needs to occur to halt the damaging effects. However, since society, parents, and coaches all play a significant role in the causation of the ailments associated with maltreatment and abuse, these athletes must turn elsewhere to seek a remedy. One author has suggested that this duty lies with the federal government via the commerce clause. It is her contention that "federal regulation is the most appropriate and effective solution to the problem, either through the provisions of the Fair Labor Standards Act or through an amendment to the Amateur Athletic Act." However, federal regulation would not curb the problem, rather it would force athletes to flee our borders and seek training in other less restrictive countries. Also, it would hamper American athletes when competing against foreign players. It should be the duty of each sport's governing body to come to the rescue of its own athletes.

Not only do the governing bodies have this moral duty to protect their athletes from the potential infliction of maltreatment and psychological abuse by their parents and coaches, they also have a legal duty to do so. According to Prosser & Keaton, Law on Torts, "duty is a question of whether the defendant is under any obligation for the benefit of the particular plaintiff; and if in negligence cases, the duty is always the same - to conform to the legal standards of reasonable conduct in the light of apparent risk." In other words, a duty is "an obligation, to which the law will give recognition and effect, to conform to a particular standard of conduct toward another."

This duty arises in instances where "the plaintiff is typically in some respect particularly vulnerable and dependent upon the defendant who, correspondingly, holds considerable power over the plaintiff's welfare." This relationship also tends to involve "some existing or potential economic advantage to the defendant." Accordingly, "[f]airness in such cases thus may require the defendant to use his power to help the plaintiff, based upon the plaintiff's expectation of protection, which itself

225. Id. at 1775.
227. Id.
228. Id.
229. Id. §56, at 374.
may be based upon the defendant’s expectation of financial gain.”

Thus, one could infer that the WTA possesses such a relationship with its players.

Further, courts have held public schools, school districts, Board of Educations, their employers and agents, as well as athletic councils, to have a duty of reasonable care toward their students based on the characteristic relationship between the two. This relationship is recognized due to the control and authority a school exerts over the minor student athlete. The Indiana court in *Beckett v. Clinton Prairie School District*, enunciated the applicable standard of care to be “the level of care of an ordinary prudent person under the same or similar circumstances.” However, New York, due to a player’s assumption of risk, has held that under circumstances where a student athlete is injured during competition or training, the aforementioned entities are required to “exercise only reasonable care to protect student athletes in sports competitions from injuries arising out of unassumed, concealed or unreasonably increased risks.”

This analysis of the existence of a “special relationship” has also been asserted in cases involving colleges and its student athletes. PropONENTS of extending this “special relationship” analysis to this arena rely on the unique relationship between the college and its recruited student athletes. This relationship has been characterized as mutually dependent, with the college exerting dominance over its subordinate student athletes. Courts in addressing the notion of “special relationships”

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230. *Id.*


233. 504 N.E.2d at 554. California has also applied the same standard of care to these situations. *See* Pirkel, 253 P.2d at 2.


237. *Id.*
concluded that a "special relationship" is characterized by a dependence on the part of one party or mutual dependence by both parties.238

In using these analyses, one could conclude that the WTA and its players share a special relationship because of their mutual dependence upon one another, with the WTA being the dominant party. The players depend on the WTA for participation in professional tournaments, rankings, and accruements associated therewith in order to make a living. Meanwhile the WTA depends on the players in order to derive economic revenues. Therefore, the WTA has both a moral and legal duty to protect its players from foreseeable harm. To satisfy their duty, the WTA and other similarly situated governing bodies need to implement rules and regulations which would insulate their athletes from the psychological and physical pressures endured by their young athletes.

In 1973 the WTA was established.239 Today, it is also known as the WTA Tour, Inc., and is "a not-for-profit corporation whose members are the players, the recognized Tour events (tournaments) worldwide, and the International Tennis Federation (ITF)."240 The WTA Tour, Inc. governs and administers the Tour which is "an award competition open to all women players," and is comprised of fifty five tournaments including the four Grand Slams and the Fed Cup.241

The WTA was established, according to Billie Jean King, one of its founders, because there was, "a need for the women of professional tennis to form a group, a union that would act to improve the conditions of their profession, that would speak out in the players' interests, and that would continue to carry the torch."242 However, the WTA has received much criticism for its treatment of young talented players. One former player has commented that the problems plaguing women's tennis can be traced back to the age issue.243 She continued by saying:

You don't find many fourteen year old men competing on the tour circuit. If they were physically capable of playing against twenty year olds I'm sure they would. But the women can and they are thrust into the limelight really young. Men are brought

238. Id. (citing University of Denver v. Whitlock, 744 P.2d 54 (Colo. 1987); Beach v. University of Utah, 726 P.2d 413 (Utah 1986).
242. Shelton, supra note 239, at 281.
243. See Blundy, supra note 209.
up to go out in the world and look after themselves, but a lot of
the girls have been very sheltered and they can’t cope.244
In response to these accusations, one tennis official would not accept age
as the sole reason, but suggested that often parental pressure and injury
contribute to the psychological and emotional states of its athletes.245 At
the behest of former players, and after suffering great backlash from the
Capriati debacle, the WTA realized it needed reform.246

In 1995 the WTA amended their age eligibility rules to bar anyone
younger than fifteen from participating in any main WTA professional
tournament, as well as the Grand Slams, and to regulate the number of
tournaments played after attaining that age.247 The WTA qualified the
rule somewhat in order to allow for players not yet fifteen but who had
already participated in WTA Tour Tournaments, to continue to do so.248
Notable young players such as Martina Hingis and Venus Williams, cur-
cently ranked number one and four in the world respectively, took ad-
vantage of this phase in rule.249

At the same time, the WTA also implemented player development
requirements for its members.250 These requirements apply to any
player, younger than eighteen, who has not participated in any WTA
Tour Tournament, or four ITF Tournaments with prize money greater
than $25,000.00 or was ranked with in the top two hundred prior to Janu-
ary 1, 1995.251 A player is not subject to these requirements after partic-
ipating in at least two WTA Tour Tournaments.252 These requirements
include participation in a WTA Tour professional orientation; the com-
pletion, by a parent of the player, of the parent handbook and a written
examination; meeting the minimum educational standards of her country
of legal residence; an annual physical examination; and if requested by
the WTA, her coaches and agent(s) must be registered with it.253

However, if the player under eighteen is ranked within the top one
hundred, further requirements must be met.254 These additional re-

244. Id.
245. See id.
246. See id.
248. See id. at 26.
249. WTA Tour 1999 - Rankings (visited Nov. 22, 1999) <http://www.wtatour.com/rank-
ings/index-rankings.php3>.
251. See id. at 29-36.
252. See id. at 29.
253. See id. at 29-31.
254. See id. at 31.
quirements, to the ones previously cited, include: the completion of a mentoring program; participation in any education programs offered on-site at tournaments; attending a session of advanced media training; and a parent must meet with a WTA representative. Failure to comply with any of requirements would subject a player to a fine of up to $25,000.00 and a ban from competing for six months in any WTA or ITF tournament.

Unfortunately, just when it seemed that the WTA was taking responsibility for its athletes, it chose to relax its rules. While the age eligibility rules still apply, beginning in 1999 players under eighteen years of age will be allowed to participate in more WTA Tour Tournaments per year as well as ITF Women's Circuit Tournaments. For example, a sixteen year old player, if she qualifies, may now compete in seventeen tournaments as opposed to eleven in 1998. Also a fourteen year old player may now compete in seven ITF Women's Circuit Tournaments, with no more than four having prize money greater than $10,000.00 in comparison to four tournaments in 1998.

One such player who will benefit from these changes is thirteenth ranked Anna Kournikova. Kournikova, who is seventeen, has been extremely critical of the age eligibility requirement. She has been quoted as saying: "If I could have a little more chance to play. . . . I have to get experience. I have to learn how to win and to lose. How can I learn? All I can do is practice." Despite Kournikova's complaints, her antics would indicate that age eligibility rules are still sorely needed. Kournikova, who left Moscow at age nine to train in Florida with Nick Bollettieri, has been denounced as a rebel. Bollettieri has even compared her to Dennis Rodman. It is estimated that Kournikova will earn anywhere from five million to fifteen million dollars in endorsement contracts before she reaches eighteen. Kournikova has been known to use her good looks as well as her body and her prima dona

255. See id.
256. See id.
257. See 1999 WTA Tour Rules, at 34.
258. See id.
259. See id.
262. See id. at 56.
263. See id.
264. See id. at 62.
temperament to grab attention.265 Rumors abound of a romantic relationship between her and a twenty-eight year old professional hockey player.266 This type of lifestyle led Martina Navratilova to conclude about young pampered athletes: “We’re going to see more and more of these athletes falling on their faces, falling off their pedestals.”267

However, the existence of an age eligibility restriction could have anti-trust implications for the WTA.268 Previously, there has been successful litigation against age restrictions for athletes.269 In Denver Rockets v. All-Pro Management, the court considered whether a National Basketball Association (NBA) rule which provided that “no person is eligible as a player or for the draft, under any circumstances, until four years after his original high school class graduated” violated section one of the Sherman Act.270 The court concluded that the “[a]pplication of the four-year college rule constitutes a ‘primary’ concerted refusal to deal wherein the actors at one level or a trade pattern (NBA) refuse to deal with an actor at another level (those ineligible under the NBA’s four-year college rule).”271 According to the court, three harms result from a primary boycott.

First, the victim of the boycott is injured by being excluded from the market he seeks to enter. Second, competition in the market in which the victim attempts to sell his services is injured. Third, by pooling their economic power, the individual members of the NBA, have in effect established their own private government.272

And in Linesman v. World Hockey Association (WHA), the court ruled that the “twenty year old” rule which prohibited those under twenty years of age from being drafted by a WHA team violated section one of the Sherman Act as an unreasonable restraint of trade.273 In order to succeed in a section one violation action a plaintiff must establish: “(1) an agreement (2)which unreasonably restrains trade and (3) has an effect on interstate commerce.”274 The Linesman court agreed that the “twenty year old” rule was also a “group boycott or a concerted effort to

265. See id. at 58.
266. See id. at 61.
267. Id. at 62.
270. 325 F. Supp. at 1060.
271. Id. at 1061.
272. Id.
273. 439 F. Supp. at 1315.
274. Id. at 1320.
So too, did the court find the rule constituted a primary boycott. In both instances, the age restrictions were found to be group boycotts and as such were per se illegal under section one of the Sherman Act.

Presently, the WTA's age eligibility rule has withstood pressure and a legal challenge by Mirjana Lucic. The latest threat to the WTA's age eligibility rule has come from Rick Viele who threatened legal action based on a restraint of trade. Viele wanted his fourteen year old daughter Monique to play the full schedule of professional tournaments. Viele insists money is not an issue and has gone as far as to propose a trust account for Monique until she reaches eighteen.

In response to the threatened legal action, the WTA once again succumbed to the pressure and amended its age eligibility rule. Accordingly, "14-year-old players will be permitted to receive one (1) Wild Card into the main draw or qualifying of any WTA Tour Tier I-IV or ITF Women's Circuit event." Previously, the rule permitted the three wild cards to be used only in ITF Women's Circuit events. The WTA did note "that the number of Wild Cards has NOT been increased for 14 or 15 year-old players. Nor has the number of tournaments been increased." But, by this amendment the WTA is now allowing fourteen year olds to participate in its tournaments, which it had previously not done.

The WTA's Chief Executive, Bart McGuire, has said the WTA is going to stand behind its rule. He further remarked that "it is a rule that we will absolutely defend if we have to. It is extraordinary how many parents there are who say the rule is a great concept but that we ought to

275. Id.
276. See id.
278. See L. Jon Wertheim, Wild Child, SPORTS ILLUSTRATED FOR WOMEN, Summer 1999, at 86, 86.
279. See Angela Buxton & John Goodbody, Tennis Prodigy Ready for Court, TIMES (London), May 6, 1999, at Sport.
281. See id.
282. WTA Tour Memorandum, Age Eligibility Rule, June 23, 1999.
283. See id.
284. Id.
285. See 1999 WTA TOUR RULES, at 34.
286. See Wertheim, supra note 278, at 86.
make an exception for their child."  However, the WTA is not doing a very good job of defending or standing by its age eligibility rule when it succumbs to the pressure and threats of legal action and amends its rule. At this rate the WTA will not have an age eligibility rule to either defend or stand by.

The WTA voluntarily implemented the age eligibility requirements. Yet, increasing the number of tournaments a player under eighteen may participate in and allowing fourteen year olds to play in one of its tournaments sends a mixed message. Rather the WTA should have amended its rules in order to further restrict its teenage players even more than it already had. Further, the WTA should place restrictions on the number of hours a teenage player may train. The limits can be set at variables depending on the age of the player, increase training the older one gets, much like tournament participation. Restricting training would help alleviate some of the psychological and physical problems that could arise for the teenaged tennis player.

Some critics might argue that these restrictions could hamper the player's ranking and ability to earn prize money. Yet, if these restrictions were introduced and kept in place for an extended period of time, the playing field would eventually be even for all players on the tour. No player would have entered any WTA tournament prior to reaching the age required, and all players would have participated in the same number of tournaments. Thus, each player would have abided by these regulations and would have been affected equally.

Also, the WTA should require its players to avail themselves of the services offered by its division of Sports Sciences and Medicine. Rather than offering "programs to the player that includes prevention, treatment, rehabilitation and accessibility to a world-wide referral network of top physicians, surgeons, therapists, nutritionists and fitness experts" they should make these programs mandatory. Mandatory attendance by players, coaches, and parents would help alert them and the WTA to any existing or potential health and psychological problems. Due to the unique nature of the game, the player is constantly surrounded by her parents and/or coach who not only contribute to these ailments but also instigate them. Therefore, mandatory attendance by all critical parties would further protect the player from the abuse or potential abuse by these individuals or at least alert the WTA to the problem.

287. Buxton & Goodbody, supra note 279, at Sport.
By having an age eligibility rule, restrictions on training, and mandatory attendance at health and nutrition programs the WTA would be ensuring the psychological and physical well-being of its teenaged players. Only in asserting itself over its players, will the WTA be able to recognize its original purpose to improve the conditions of their profession and to work for the players' interest.

VII. Conclusion

Twenty-five years ago, the hopes of athletes like Billie Jean King and the propounders of Title IX, were simple - that more young women should be afforded the opportunity to participate in competitive athletics. It was dreamed that professional sport would become a new vehicle of empowerment for young women. It was believed that participation in professional sport would result in improved physical fitness, a more developed character, and an increased self-esteem.

Today, the hopes of many women athletes have changed from the romanticized vision of sport of more than a quarter of a century ago. For many young women athletes, the attributes of physical fitness have been replaced by the dangers of burnout and the Female Athlete Triad. The benefits of a more developed character and improved self-esteem have been transposed into maltreatment and psychological abuse from coaches and parents.

Organizations such as the WTA should take up the gauntlet and protect their future superstars from the dangers of sport. New regulations limiting the number of hours per day teenage girls can train should be implemented. Existing regulations restricting the number of tournaments teenage girls can participate in should be strengthened. Mandatory attendance by players, coaches, and parents at health and nutritional programs should be required of all tour players. Only by protecting a young women’s physical and psychological well being can she truly reap the benefit of athletic participation.

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