

## Tracing a Medical Discourse. Women's Sports in Norway, Denmark, and Germany During the Interwar Years.

Sport can be depicted as a web in which numerous social struggles and discourses of international, national, and regional impact are intertwined. Bodies, virtues, athletic disciplines specific to nations and regions; all these things are constructed in the practices and discourses of sports. Besides the Olympic motto of "Faster, Higher, Stronger" and the ideology of equal individuals competing in a peaceful, international competition, other goals have been inscribed into sports, for example the production of healthy individuals, a strong population, nation or class. Moreover, in the cultural arena of sports, gender identities are presented, reproduced and constructed.

The Interwar Years are considered to be the breakthrough for women's sports in all three countries, with Norway somewhat lacking behind. The entry of women into the arena of institutionalised and competitive sports and their appropriation of new disciplines that were until then solely reserved for men, was accompanied by a broad social debate about the purpose of women's sports and the capabilities of the female body.

Competitive sports with its emphasis on individual and taylorised optimisation of movements and the risk of exhaustion and injuries were crucial in debates concerning women's sports. The idea of competition in general was conflicting with ideas propagating sport as a mass movement for the purpose of improving public health. Especially the holistically orientated gymnastic and *Turner* movement stressed the importance of sports as a preventive measure.

Backed with the scientific authority to speak about capabilities and limitations of the human body, medical doctors reacted to this new social phenomenon of competitive sports. They were not only participants in lively public debates; their role was even institutionalised in the sports movement. In negotiating which disciplines were considered to be healthy or unhealthy for the female body and in proclaiming orders and guidelines, medical doctors had an impact on the perception of women's bodies, influencing their actual shaping and the concept of femininity in general.

In my dissertation project I would like to compare the role medical doctors played in the sports movement and especially in the institutionalisation of women's sports in Norway, Denmark, and Germany. In addition I will analyse in depth the medical discourse on women's sports.

Guiding questions of my analysis are:

- How do physicians generate medical statements and argumentations regarding the capacity of the female body, and how do they produce guidelines regulating which disciplines are appropriate and inappropriate for women? Do they construct an ideal female body; is this body linked to reproductive functions, to the purpose of public health and a growing population? Or do they maybe stress individual capacities of every human body? Is it possible to find references to the active women's own experiences?
- How do the medical doctors develop statements claiming scientific truth? How do they construct and implement their medical authority? Which statements are listened and referred to, which are marginalized and remain neglected? Are there differences between medical doctors – according to nation, class, gender, or sport preference –, and is it possible to map several specific scientific communities or networks?

## **Sports Medicine in Scandinavia and Germany: Institutional bonds and exchanges of ideas**

In my masters thesis I show that physicians played a significant role in the debates on women's sports in Norway. (Bornholdt 2001) As members both of the women's committee and of the physician's committee, their role was institutionalized in the sports movement. They participated in the decision making process, regulating which disciplines should be considered appropriate for women. Additional concerns were the ever-changing regulations and requirements for a sports badge for women (*Idrettsmerke*). Norwegian physicians particularly referred to German and Danish research.

Moreover, some physicians were employed in special offices (*Legkontor*) both in the worker's sports organization (*Arbeidernes Idrettsforbund, AIF*) and in the *Landsforbund*. While performing this function they checked the physical condition of male and female athletes to determine whether they were suitable to participate in physical exercises and in competitions. Additionally, the physicians collected empirical data to be able to formulate medically sound statements about the state of the population's health in general and about the concrete impact different disciplines and exercises have on the physical condition of athletes. (For an overview about women's sports in Norway: Gerd von der Lippe 1997; Olstad 1987; Hodne 1995, and Strømman 1994; Goksøyr 1999)

The 1920s are described as being the time of a breakthrough in sports medicine in Germany. As part of the hygienic discourse, sports medicine became very ambitious and widespread. (Hoberman 1992) The majority of the empirical studies and various investigations were conducted in Germany. For this reason, German researchers have been a very important source of knowledge so that it is to be expected that an exchange of ideas took place between various physicians. There are indeed accounts of Norwegian physicians travelling to Germany to study the system of sports medicine. Moreover, the Danish, Finnish, Swedish, Norwegian, and German delegations at the International Congress for Female Physicians in Stockholm in 1934 decided to write a common paper defining themselves as belonging to the "Nordic countries." (As a Primary source: Lölhöffel 1934; Research Literature on Medical Science and Women's Sports in Germany: Pfister 1997, 2001, Czech 1994)

As far as Denmark and Norway is concerned, I assume that a more intense exchange was taking place. Inter-Scandinavian journals, both scientific and popular, discussed issues concerning sports, sports medicine and hygiene.

Relying on my own investigations, I assume that Danish and Norwegian physicians knew about each other's studies and about major research projects in Germany. Whether and to what degree German researchers refer to Danish and Norwegian investigations, however, has yet to be examined. At this time, I can only guess that most researchers had access to similar if not the same material. What makes this particularly interesting is the observation that using similar material does not necessarily result in similar conclusions. While examining the Norwegian discourse on women's sports, for example, I found variations in the way physicians presented scientific studies; some research was selected, other research was neglected, slight changes were added, and sometimes identical data was interpreted in different ways. Nevertheless, nearly all claims about the female body were presented as true and objective medical knowledge and backed up scientifically.

In the beginning of the 1930s a medical committee was established in Denmark to decide upon appropriate sports disciplines for women. This committee declared that, from a scientific point of view, it was impossible to make valid statements about women's sports, as the committee members could not find any prove that would allow them to forbid specific exercises to women. (For an overview of women's sports in Denmark and, to some extent, of the role played by medical science: Else Trangbæk 1998; 1999; Anne Lykke Poulsen and Ole Skjerk 1996, Tamsen 2002) At the same time, a medical committee in Norway, well equipped with Danish material, made definite and binding statements and gave detailed recommendations regarding women's sports. Both committees were speaking from a scientific perspective, reaching differing results.

What lead to these dissimilar results? Did the committee members have different experiences with women's sports, different research material, or other interpretations? Did the physicians have a different position within the sports movement?

### **Medical Knowledge: Public Health, Scientific disciplines and the body**

In my investigations, the medical concepts of hygiene and social medicine are of crucial importance. Hygienists do not only look at the sick body, they envisage the individuals in their social environment and proclaim preventive measures that reputedly are keeping the individual healthy. By proposing better housing, healthy food, gymnastics and exercising in sunlight and fresh air, they strive to influence the everyday life of the people.

At the end of the 19<sup>th</sup> century, microorganisms were discovered. From that time on illness was no longer considered fate, but instead known to be caused by bacteria. Coming from this perspective, it was perceived to be possible to plan and produce healthy individuals and a thriving population. It was the duty of everyone to take care of his and her health by following medical recommendations. Everyday life became regulated, rationalized, and normalized according to the concepts of hygiene. (Falkum 1981: 176; Sarasin 1998: 12; Schjønsby 1992: 47; Larsen 1992: 41; Sarasin 2001: 17-19, Stöckel/Walter. 11)

Moreover, during the 19<sup>th</sup> century science was ascribed the authority to solve social problems that had emerged as a result of the industrialization. Societal reforms were fortified by grounding them in scientific knowledge. Although social medicine more and more became an integral part of social policy, it was regarded as being apolitical. (Rosenbeck 1992: 38-42) It was Foucault – followed by several other researchers – who changes this picture of the physicians, describing them as the priests of the body (Foucault 1999: 49-50). Rosenbeck further adds to this picture by stressing that scientists focused especially on women and mothers:

Det var videnskaben og ikke religionen, der blev midlet til at forbedre befolkningens kvalitet, og mødrene blev målgruppen. Moderen og husmoderen kom til at spille en hovedrolle i bestræbelserne på at forbedre befolkningens kvalitet - sundere familier og sundere børn. Orden, renhed og renlighed blev nye dyder. I den moderne vestlige verden blev det videnskaben, der kom til at strukturere det daglige liv. (Rosenbeck 1992: 42)

During the course of several decades, medicine established a bipolarity of the normal and the pathological. (Foucault 1999: 52-53) Backed by statistical data and experiments performed in laboratories under controlled conditions, physicians gained authority and established themselves as the monopoly responsible for defining and treating the human body.

Experiments and empirical data do not equip physicians with objective truths per se. Foucault (Foucault 1999: 11) concludes that it is the gaze of the physician that produces truths about the

body. For example, a Norwegian physician depicts muscles that were shaped through swimming, a socially accepted athletic discipline for women, as “*bløte, fettrikere og eftergivelige*.” Muscles that are built up in all-male disciplines, such as shot-putting, however, are described as being “*harde og store*.” In this way, socially constructed concepts of femininity are transferred into the description of the anatomical qualities of muscles. (Bornholdt 2001: 72-73)

But not only the way the body is described and perceived changes in history; the bodies themselves change over time. Movements like walking and swimming, usually imagined as being natural movements, are acquired cultural techniques.

The perception and interpretation of the body is mediated through language and surrounding culture. (Jacobus and Keller 1990: 4; Söderström 1998: 168) If a physician is writing about women’s sports, distinctive medical concepts of body and gender are unconsciously mixed with traditions, ideologies, and cultural practices. In this way, cultural concepts become naturalized and consequently become ideology. (Rosenbeck 1992: 40) At the same time, the physician’s descriptions reflect, reproduce, intensify, modify, and construct these concepts.

It is not only a matter of interpreting scientific experiments and the resulting data, but also of interpreting how the culturally shaped looks and descriptions of the physicians affect the distinctive ways in which experiments are conducted and empirical data is collected. (Sarasin 1998: 18, 35)

Finally, it is important to conceptualize the body not as a natural “essence” beyond the signs of language. Following Butler it is my aim to reconstruct the historical context that produces the body as nature and thus I want to expose the naturalization of the body as an effect of power. (Butler 1993: 52)

### **Methodology: Critical Discourse Analysis**

Regarding methodology I would like to apply critical discourse analysis to the historical sciences. This interdisciplinary method combines different approaches in an innovative and beneficial way.

In my analysis I combine several approaches to discourse analysis, but I am especially relying on the work of Norman Fairclough and Ruth Wodak. These approaches (Fairclough 1992; Fairclough and Chouliaraki 1999) (Wodak 1990) combine linguistics with theoretical concepts from the social sciences, with a particular focus on Foucault.

Following Foucault, I intend to trace the conditions under which medical knowledge and expressions can be produced. (Foucault 1999: 17) Under which circumstances is it possible to establish a field of knowledge? Where and when is it possible to make statements that are considered as being true or false? On first inspection, it seems self-evident and natural to know what is possible to say. It is, however, important to realize that this is ensuing from what has been unsayable, of what has been excluded. (Mills 1997:12) Therefore another question is important: Why are some statements listened to and other voices remain neglected? (Foucault 1998: 35)

I will analyze the texts on the following three levels:

Text: I am going to focus on the way argumentations are constructed. I want to analyze how opinions, standpoints and perspectives are established in an implicit or explicit way. In which way are interpretations and assertions authorized? How does a medical expert for example create a legitimized position for him/her to speak about women’s bodies, women’s sports and formulate

proscriptions? On what kind of presuppositions about women and men do the actors build statements?

Discursive practice: By looking at discursive practice, the conditions under which a text is produced are questioned. Where has a text been published? It is important to be aware that a medical journal is a specific genre that is full of distinctive conventions. Furthermore I will pay attention to cross-references contained within the texts –*intertextuality*– and to the mix of genres within a text, that is, to their *interdiscursivity*. Following Foucault, *the commentary* is an important mechanism of exclusion. It is important to examine who is quoted, cited and referred to in other texts, because discourses that are referred to commonly have the epistemic status of being truthful and valuable. (Latour 1989:33) In addition, it is decisive to figure out how the scientific disciplines are organised and structured. Who has the authority and legitimacy to speak and what are the appropriate ways in which disciplines talk about the subject? Is it for example necessary to present statistics or empirical research results etc.? (Foucault 1981: 69-72)

Social practices: By examining social practices, Fairclough suggests looking at a broader context and asking whether there are any social events that could have been the incentive to write a specific text. Additionally, dominant power structures and ideologies within a society are of potential interest. (Fairclough 1992: 64) All textual and oral constructions of reality are carried out in concrete economic, cultural and political contexts. Thus the interaction of discourse and social reality has to be stressed, for discourses simultaneously reflect and construct reality. In discourses identities are built, social relationships are negotiated and established, and societal structures and processes are signified and constructed in specific ways.

## **Textcorpus**

In order to build a suitable corpus of texts, I would like to examine as many sources as possible: especially sources in which physicians' comments, observations, and remarks are to be expected as having a relation to the topic of women's sports. For my Masters Thesis I already studied all medical and hygienic academic and popular journals in Norway published between 1928-1940 (according to the Norsk Bokkatalog). I also looked at medical and hygienic textbooks and manuals published during this period, which allowed me to find contributions to the subject of sports in general and to women's sports in particular. I have also examined the sports organizations' publications, reports, and protocols dealing with women's sports to expose the role that medical argumentations played in the discussion and to show the role physicians played in the processes that lead to the sports organizations' decisions concerning the proper conduct of Norwegian women in sports. In addition, I examined several sources from the *Riksarkiv* and *Arbeiderbevegelsens Arkiv* that were dealing with women's sports in the *Landsforbund* and the *AIF*. I also examined a women's magazine and the women's pages of a students sports club journal. These journals are expressly directed at a female audience. For this reason I expected from them a potentially different perspective with regards to my discussion and also a different argumentation. I hope to be able to ground my future project analysis on the same range of sources.

## List of References

- Bornholdt, Kerstin. 2001. *Frauensport in Norwegen. Analysen zu einer medizinisch geführten Diskussion in den 1930er Jahren* (unpublished). Magisterarbeit, Nordeuropa-Institut, Humboldt-Universität zu Berlin.
- Butler, Judith. 1993. Kontingente Grundlagen. Der Feminismus und die Frage der "Postmoderne". In *Der Streit um Differenz. Feminismus und Postmoderne in der Gegenwart*, edited by Benhabib, Seyla / Butler, Judith / Cornell, Drucilla / Fraser, Nancy. Frankfurt am Main: Fischer. S. 31-58.
- Czech, Michaela. 1994. *Frauen und Sport im nationalsozialistischen Deutschland. Eine Untersuchung zur weiblichen Sportrealität in einem patriarchalen Herrschaftssystem*. Berlin: Tischler.
- Fairclough, Norman. 1992. *Discourse and Social Change*. Cambridge: Polity Press.
- Fairclough, Norman, and Lilie Chouliaraki. 1999. *Discourse in Late Modernity. Rethinking Critical Discourse Analysis*. Edinburgh: Edinburgh University Press.
- Falkum, Erik; Larsen, Øivind. 1981. *Helsomsorgens vilkår. Linjer i medisinsk sosialhistorie*. Oslo, Bergen, Tromsø: Universitetsforlaget.
- Foucault, Michel. 1981. *Archäologie des Wissens*. Frankfurt am Main: Suhrkamp (Original edition 1969).
- Foucault, Michel. 1998. *Die Ordnung des Diskurses*. Frankfurt am Main: Fischer Taschenbuch Verlag. (Original edition, 1972).
- Foucault, Michel. 1999. *Die Geburt der Klinik. Eine Archäologie des ärztlichen Blicks*. 5. Auflage ed. Frankfurt am Main: Fischer Taschenbuch Verlag. (Original edition, 1963).
- Goksøyr, Matti. 1999. *Public Health Between Sport and State. State Policy and Sports Ideology in Norway 1930-1960*. Paper read at 4. ISHPES Kongress in Lyon from 16.-22. 7 1997.
- Hoberman, John M. 1992. The Early Development of Sports Medicine in Germany. In *Sport and Exercise Science. Essays in the History of Sports Medicine*, edited by J. W. P. Beeryman, Roberta, J. Urbana / Chicago: University of Illinois Press.
- Hodne, Ørnulf. 1995. *Idrett og Fritid. En mellomkrigsstudie I norsk idrettskultur*. Oslo: Novus Forlag.
- Jacobus, M., and E. F. Keller. 1990. *Body Politics. Women and the Discourse of Science*. New York.
- Latour, Bruno. 1987. *Science in Action. How to Follow Engineers and Scientists Through Society*. Cambridge, MA: Harvard University Press.
- Larsen, Øivind / Brekke, Dag / Hagestad, Kristian / Høstmark, Arne T. / Vellar, Odd. D. 1992. *Samfunnsmedisin i Norge - teori og anvendelse*. Oslo: Universitetsforlaget.
- Lippe, Gerd von der. 1997. *Endring og motstand mot endring av feminiteter og maskuliniteter i idrett og kroppskultur i Norge 1890-1950 – med et sideblikk på Tyskland, Sverige og Danmark. En feministisk analyse av empirisk materiale.*, Doktorgradsarbeid levert ved Norges Idrettshøgskole Institutt for samfunnsvitenskapelige fag. (unpublished), Norges Idrettshøgskole, Oslo.
- Löhlhoffel, Edith von. 1934. Die Auswirkung der Körpererziehung auf Entwicklung, Bau und Tätigkeit des weiblichen Körpers nach den ärztlichen Erfahrungen der nordischen Länder. *Die Ärztin* 10:155-163.

- Lykke Poulsen, Anne, and Ole Skjerk. 1996. "Hvad vil Damerne egentlig?" *Kvindeidrætsdiskussionen i DIF 1932--34*. Speciale, Humanistisk Hovedfag i idræt, Københavns Universitetet, København.
- Mills, Sara. 1997. *Discourse*. Oslo: Routledge.
- Olstad, Finn. 1987. *Norsk Idretts Historie, Bd.1*. Oslo: Aschehoug.
- Pfister, Gertrud. 1997. Von Herzdilatationen, Nierenkrankheiten und Unterleibsbeschwerden – Der Sport im medizinischen Diskurs vor dem Ersten Weltkrieg. In *Sport als Wissenschaft. Jahrestagung der DVS-Sektion Sportgeschichte vom 19. bis 21.4.1996 im Schloß Rauischholzhausen*, edited by N. Gissel, J. K. Rühl and H. J. Teichler. Hamburg: Czwalina.
- Pfister, Gertrud. 2001. Breaking Bounds. Alice Profé, Radical and Emancipationist. *The International Journal of the History of Sport* 18 (1 Freeing the Female Body):98-118.
- Rabinbach, Anson. 2001. *Motor Mensch*. Wien: Turia & Kant.
- Rosenbeck, Bente. 1992. *Kroppens Politik. om køn, kultur og videnskab*. Kopenhagen: Museum Tusulanum Forlag.
- Sarasin, Philipp / Tanner, Jakob. 1998. *Physiologie und industrielle Gesellschaft. Studien zur Verwissenschaftlichung des Körpers im 19. und 20. Jahrhundert*. Frankfurt am Main: Suhrkamp.
- Sarasin, Philipp. 2001. *Reizbare Maschinen. Eine Geschichte des Körpers 1765-1914*. Frankfurt am Main: Suhrkamp.
- Sarasin, Philipp. 2003. *Geschichtswissenschaft und Diskursanalyse*. Frankfurt am Main: Suhrkamp.
- Schjønby, Hans Peter. 1992. Samfunnsmedisinen i Samfunnet – Noen Utviklingstrekk. In *Samfunnsmedisin i Norge – teori og anvendelse*, edited by Ø. B. Larsen, Dag / Hagestad, Kristian u.a. Oslo.
- Söderström, Suzanne. 1998. Kvinnokroppen i läkarnas klor: Om kropps- och fritidskultur i ett könsperspektiv. In *Talet om kroppen. En antologi om kropp, idrott og kön*, edited by B. N. Fagrell, Per. Stockholm: HLS Förlag.
- Strømman, Marie Herigstad. 1994. *Kjønn og organisert idrett I Norge ca. 1860-1970. Noen hovedlinjer*. Hovedoppgave, Historisk Institutt Universitetet I Bergen.
- Stöckel, Sigrid and Ulla Walter, 2002, *Prävention im 20. Jahrhundert. Hisotrische Grundlagen und aktuelle Entwicklungen in Deutschland*. Weinheim/München: Juventus.
- Tamsen, Helle. 2002. *Frigjørelsens omveje. En analyse af den medicinske diskurs omkring kvinder og idræt*, Insitutt dor Idræt, Københavns Universitetet, København.
- Trangbæk, Else. 1998. I med- og modvind. In *Kvindelig-Idrætsliv. Kvindeidræt i Danmark 1850 til 2000*, edited by A. Lykke Poulsen. København.
- Trangbæk, Else. 1999. "Purity of Heart and Strength of Will" The Role of Female Teachers in the Modern Sports Movement. In *Gender & Sport from European Perspectives*, edited by Else Trangbæk, Arnd Krüger. Kopenhagen.
- Wodak, Ruth, 1990, *Wir sind alle unschuldige Täter". Studien zum antisemitischen Diskurs im Nachkriegsösterreich*. Frankfurt am Main: Suhrkamp.