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Introduction to Health, Illness and Injury in Professional Wrestling: A Special Issue of Survive and Thrive

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Professional wrestling is an athletic performing art where the winners of the matches are prearranged. Wrestlers require skill and physical training: be very careful in telling a pro wrestler that what he or she does is "fake." Such a claim would be like telling Sir Ian McKellen that what he does is fake. In this special issue of *Survive and Thrive*, we will examine professional wrestling through the lens of narrative medicine, and we will look for lessons from professional wrestling (and the lives of professional wrestlers) that will inform narrative medicine and the health humanities.

What is Professional Wrestling?

Pro wrestling in the US traces its roots to regional circuits and carnivals and fairs in the urbanizing United States of the mid 19th century (Stone, 1971). In Illinois, Abraham Lincoln wrestled against other men in his youth and won a championship (Stone, 1971). Wrestling matches then were contests between two men trying to prove their strength and masculinity. Betting was widespread and wrestling was considered a sport with no predetermined outcome (Stone, 1971; Maguire, 2005; McBride & Bird, 2007). By the early 20th century, professional wrestling started to become a predetermined, entertainment activity because pro wrestlers wanted to avoid injury and because scripted matches proved to be more entertaining and profitable (Maguire, 2005). All pretense of wrestling as a sport was gone by the 1930s (Stone, 1971).

Today, wrestling has been called a form of theatre (Rinehart 1998, Craven and Moseley 1972). While each match appears to be a competition, the goal is not to win, but to perform. Theatricality is visible when wrestlers adopt a gimmick or character used to tell a story and to build drama and interest. Matches are staged between the audience favorite, known as a "babyface" or "face," and an antagonist (or "heel"). The rivalry is given an underlying plot: the wrestlers may be competing for love or avenging a wrong (or perceived wrong). Plots or storylines range from personal grudges to metaphorical conflicts (e.g. between anti-Americanism and patriotism). Longer story arcs result from multiple matches over time – long-standing feuds build interest in future matches. The goal is to create a reason for fans to come to the next show and see what happens next and become hooked.

This issue of *Survive and Thrive* opens the door to a conversation between (a) fans, scholars, and practitioners of professional wrestling and (b) practitioners, scholars, and survivors of health and medicine whose work is informed by the medical humanities. As a co-editor of this journal (founded by the late Rex Veeder, currently co-edited by Suzanne Black, Julia Brown, and Steve Katz) and as a founding member of the Professional Wrestling Studies Association, I am excited for this opportunity to create conversations across these communities. Both communities value possible contributions to knowledge from the passionate layperson (whether the fan or the survivor), from the practicing professional (whether the wrestler or the healthcare provider), and from the scholar.

Professional wrestling is of interest to readers of Survive and Thrive for three reasons:

- 1. Professional wrestling is a site for the *performance and representation of health, injury, illness, and aging.* Accounting for the WWE (World Wrestling Entertainment) alone, wrestling reaches into five million homes a week through broadcast television. That's five million families who learn about injury, illness, health, and aging from professional wrestling.
- Professional wrestlers are themselves injured, become ill, or age sometimes on screen, sometimes hidden from the audience. The *unique textures of a wrestler's experience of health, illness, injury and aging are worth examination*. The experience of professional wrestlers is worth examination for two reasons:
 - a. Professional wrestlers occupy a near-unique position among performers or athletes because they are hurt in nearly every performance. Wrestlers are unlike other athletes or dancers, who hope not to be hurt in the practice of their craft.
 Professional wrestlers intentionally place themselves in a position to be hurt as part of a successful performance. Their experience of injury and illness is unique among other performers.
 - b. Professional wrestlers are, by another metric, not unique at all. They are like far too many other Americans: they are underinsured, without access to adequate health care. A professional wrestler is a laborer who loses income if they allow their injury to keep them from working; that is a position far too common among all Americans.
 We are interested, then, in the stories professional wrestlers tell us about injury, aging, and illness in the ring. We are interested, too, in the stories of professional wrestlers as they

experience injury, aging, and illness.

In this issue, we present several pieces across this spectrum of interests. The first of the essays speaks directly to the fan experience of the work in the ring.

• In "Let's Talk Wrestling: Perspectives on Age, Injury, and Illness in Sports Entertainment," Nevena Martinovic, Jovana Martinovic, and Frank Tomcik explore the experiences of fans from three disciplinary perspectives: kinesiology, psychiatry, and theatre/performance studies.

Two of the essays speak to the performance of wrestling and the ways that such performance can be theorized.

- In "Blood as Currency in Professional Wrestling," Lisa S. Butler conducts a Hobbesian analysis of professional wrestling that uses the characteristics of the lexicon as outlined in *Leviathan* (1651) to understand *kayfabe* (a term of art in wrestling for its status as a fiction) as both a performance and community practice.
- In "Mick Foley's Mankind and the Performance of Mental Illness in Professional Wrestling," Danielle Johannesen asks what the performance of mental illness in one professional wrestler's body of work looks like – and what impacts that may have on the audience. Using the language of stigma, Johannesen reflects on the implications of stage presentation in professional wrestling for broader discussions of mental illness.

Finally, two contributions look at the work of professional wrestlers themselves.

- "Notes on the Pervasiveness of Injuries in Professional Wrestling in the Atlantic Canadian Circuit, as Seen from Ringside," by Fred Mason, traces select cases of injury of professional wrestlers on the Atlantic Canadian circuit to consider how frequently wrestlers are injured, and how injury affects their lives and careers.
- In "When was the last time that you heard of Ian McKellen blowing out his knee," Claire Warden brings us the results of the *Health and Wellbeing in Professional Wrestling* project (which conducted seventeen long-form interviews with wrestlers, medics, trainers, promoters and referees). This project, funded by the British Academy, works across the divides that separate artists, wrestlers, and scholars, and could be the most important and innovative research collaboration in this area today.

We close this issue with a "coda," excerpts from an interview with Terrance Griep. Griep wrestles professionally in the Twin Cities and has been celebrated as the first openly gay (inside and outside the ring) professional wrestler. Griep offers some insight into the distinctions between "hurt" and "injury" in professional wrestling that connects with the broader literature on the normalization of pain in professions – including, we think, healthcare professions.

We hope you enjoy this issue.

- We hope that readers interested in professional wrestling who discover this issue will reconsider whether the insights of narrative medicine may inform their work.
- We hope that readers who follow *Survive and Thrive* for insights into narrative medicine will consider whether the implications of professional wrestling as a case study can crack open their own work.

And we invite more essays picking up the threads begun here, as submissions to Survive and Thrive.