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**SPORTS-RELATED INJURY, RISK AND PAIN: THE EXPERIENCES OF  
ENGLISH FEMALE UNIVERSITY ATHLETES**

**BY**

**HANNAH CHARLESWORTH**

**A Doctoral Thesis submitted in partial fulfilment of the award of Doctor of  
Philosophy of Loughborough University**

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## ABSTRACT

While sport is often viewed as synonymous with health, increasing sociological evidence (Kotarba, 1983, 2004; Messner, 1990; Frey, 1991; Nixon, 1992, 1993a, 1993b; Young, 1993; Curry and Strauss, 1994; Young et al, 1994; Walk, 1997; Albert, 1999; Roderick et al, 2000; Roderick, 2004) indicates that participation on many sports can be linked with serious health risks. Studies, for example, have examined a variety of male sports environments in order to explore the sports-related pain and injury experiences of men. Sociological attention, in this respect, has often been given to dominant notions of masculinity and their role in shaping the use of male the male athlete's body, particularly when it is injured or in pain.

Although the experiences of the male athlete are well documented, the female athlete and her experiences of pain and injury have, so far, been relatively neglected. Moreover, most studies are based largely upon the analysis of quantitative data and have been conducted by male, North American sociologists on male, North American athletes. This study is, therefore, concerned with beginning to redress the current imbalance by examining the injury and pain experiences of female athletes at a well-known university in the UK. Data were gathered from women involved in a range of sports – tennis, rugby, track and field, soccer, field hockey, triathlon, swimming, show jumping, canoeing, lacrosse and volleyball – using survey, semi-structured interview and non-participant observation research. The research was aimed at exploring a range of issues, including the socially constructed nature of sports-related pain and injury and the role which established hegemonic power relations can have to play in the female athlete's experience of injury and pain in sport.

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# CHAPTER 1: INTRODUCTION

## 1.1 Introducing the Research Area

Contrary to taken-for-granted assumptions about sport being a healthy pursuit, involvement in sport can be extremely dangerous and athletes, regardless of the type of sport they play, or their level of ability, take risks with their bodies when they participate. As Waddington (2000) acknowledges, modern competitive sport is about intense training programmes and longer and harder competitive schedules. It is a cultural institution which glorifies winning at all costs and that may (at times) underplay “the traditional value associated with taking part” (Waddington, 2000: 414). As the current sociological literature suggests, however, there is an increasing willingness on behalf of those involved in sport to tolerate these risks in order to succeed and to train, play and compete regardless of injury or pain (Hughes and Coakley, 1991; Nixon, 1992, 1993a; Young, 1993, 1997; Curry and Strauss, 1994; Young et al, 1994; Young and White, 1995; Walk, 1997; Albert, 1999; Pike, 2000, 2003; Roderick and Waddington, 2000; Roderick, 2003). As outlined in the literature review section of this work, growing interest in the sociological significance of the body has arguably raised concerns about the social production of embodied experiences such as health and illness. In turn, there has been an emergent body of literature from within the sociology of sport aimed at understanding sports-related pain and injury experiences, and geared towards examining the apparent acceptance of pain as a routine aspect of participation.

Studies to date have attempted to explain the normalisation and rationalisation of risk, pain, and injury in sport in a number of ways. Some have focused on a deeply embedded ‘culture of risk’ (Nixon, 1992), or ‘sport ethic’ (Hughes and Coakley, 1991) which provides those who participate with an unwritten rule book, or set of guidelines for appropriate bodily behaviour. Within this specific culture, athletes are taught that

giving in to injury and fear of pain are unacceptable conduct and that they must be willing to make sacrifices and “to pay the price to stay involved in sport” (Hughes and Coakley, 199: 309). Other sociologists have focused on the structure of sports organisations and the impact which they can have on influencing attitudes toward risk and pain. Particularly significant in this respect are ‘sportsnets’ (Nixon, 1992) or the “webs of social interaction directly or indirectly linking members of a social network in an individual sport or sport-related environment” (Nixon, 2003: Forthcoming) which both intentionally and unintentionally encourage athletes to take risks with their bodies, hide pain, and ignore injuries.

Although a number of studies have viewed sports-related pain and injury experiences as an outcome of socialisation into a distinct and unique culture of sport, there has also been a body of literature highlighting the importance of gender socialisation processes. The bulk of this research has been carried out by male researchers and has drawn attention to the experiences of male North American and British athletes. Accepting pain and tolerating risk have been linked to dominant notions of masculinity (Messner, 1990, 1992; Young et al, 1994; Roderick and Waddington, 2000, Frey et al, 2003; Roderick, 2003) and to commonsense ideologies about appropriate and inappropriate uses of the male body. According to a number of sociologists, men learn from a very early age to be assertive, aggressive and forceful with their bodies and to be resilient, tough and both physically and mentally strong. Within a male-dominated cultural institution like sport, such lessons are relentlessly enforced. Male athletes are taught to subject their bodies to injury in order to protect their macho pride, and “in accordance with the assumed cultural expectations of their peer groups and hegemonic notions of manliness more broadly” (Young, 2000: 392) they learn to inflict pain on themselves and others. Moreover, these men realise that

failure to conform to the norms and values of the aforementioned sport ethic may result in their masculine identity being questioned, challenged, or 'spoiled' (Goffman, 1968).

## **1.2 Statement of the Research Problem**

The existing sociological literature on sport, injury and pain has been invaluable in helping us to understand the social dimensions to sports-related pain and injury experiences for men, and in doing so has provided some indication of how women involved in sport likewise understand, manage and respond to sports-related pain and injury. It is fair to conclude, however, that a much larger proportion of empirical research has been focused on the male athlete and male sports environments and until very recently, has been less concerned with directly exploring the experiences of female athletes like Nicky Barrett, a 37 year old horsewoman, who became British national dressage champion in 2002, defends her title this year (2003) despite having suffered two broken backs and four major operations ([equest.remus.com](http://equest.remus.com), 30 May, 2003). It has not focused directly on the experiences of female athletes like Olympic skier, Chemmy Alcott, who required surgery and the fusion of two of her vertebrae after an horrific skiing accident ([bbc.co.uk](http://bbc.co.uk), 10 Feb., 2002). Nor has it directly sought to explain how kayaker, Helen Barnes, once ranked number two in Britain, felt after enduring hepatitis A, serious internal bleeding and an operation to shorten her shoulder ligaments ([nswcanoe.org.au](http://nswcanoe.org.au), April 2003).

While research to date has undoubtedly neglected female experiences such as these, there has been a steady growth in studies concerned with examining women, sport and physicality (Duff and Hong, 1984; Rail, 1990, 1992; Miller and Penz, 1991; Halbert, 1997; Theberge, 1997; Young, 1997; Scraton et al, 1999; Cox and Thompson, 2000; Mennesson, 2000) and the sports-related pain and injury experiences of female athletes

(Nixon, 1994a, 1996, 2003; Young and White, 1995; Johns, 1998; Sherlock, 1998; Pike, 2000, 2004; Friis Thing, 2004). This literature has indicated that women are as likely as men to suffer injuries when they are involved in sport and, moreover, like male athletes, are prepared to accept these injuries as an inevitable part of participation. The data gathered so far, however, have illustrated the need to explore and explain the experiences of female athletes in much greater detail. The present study is, therefore, concerned with addressing the current gender bias evident in the sociological literature in this area, by investigating how women involved in sport experience injury, risk and pain.

### **1.3 Research Objectives**

The main purpose of the study was to gather rich data about an under-researched area, and to explore the meaning and significance of risk, pain and injury in the lives of a group of English female university athletes. Data were obtained from a range of campus sports -- including tennis, rugby, track and field, soccer, field hockey, triathlon, swimming, show jumping, canoeing, lacrosse and volleyball -- using a combination of research methods: surveys, semi-structured interviews and non-participant observation.

The dearth of literature on female sports environments has led to a predictable gap between our theoretical and sociological appreciation of the sports-related pain and injury experiences of male and female athletes. Sociological attention has been paid to how dominant notions of appropriate masculine behaviour encourage men to use their bodies in potentially harmful and injurious ways. While studies of male athletes shed some light on the ways in which women are likely to experience sports-related pain and injury, very little direct consideration has been given to the role played by masculine hegemony and male power in defining the injury, pain and illness experiences of female

athletes. A central aim of the present study, therefore, was to examine the sports-related pain and injury experiences of this group of female university athletes against our current sociological understanding of male sports environments. Since ideological assumptions about male bodies appear to have an impact on how men experience injury and pain in sport, attention was also paid to the role that 'commonsense' notions of sport, gender and femininity can have on the lives of women. The female athletes involved in the research were asked, for example, to reflect on the impact that being involved in sport, and more specifically being injured, had on their athletic and feminine 'selves'.

While exploring the gendered nature of sports-related pain and injury experiences was of obvious importance to this study, so too was accounting for the simultaneously physical, emotional and social nature of illness, pain and injury. Exploring how these female athletes felt while they were in pain was vital, for example, in assessing the contemporary relevance of Western biomedical approaches to health and illness which, as identified in the literature review section of the thesis, tend to advocate a rather disembodied approach to understanding such phenomena as entirely physiological experiences unworthy of sociological study (Williams and Bendelow, 1996). Particularly influential in pursuing this line of inquiry was the sociological literature on health and the body outlined in Chapter 2, which indicates that injury and illness experiences can have a fundamental impact on notions of identity and self (Freund, 1991; Nettleton, 1995; Kelly and Field, 1996; Thomas and Rintala, 1989; Charmaz, 1999; Murphy, 1999; Sparkes and Smith, 1999). Also under scrutiny in this chapter was the relationship between sport, pain and injury, and the widely documented notion that sport has an irrefutably positive impact on health. Fundamental to this

particular objective was an exploration of the rate, type and severity of injuries suffered by this group of female university athletes.

#### 1.4 Theoretical Considerations

Central to examining the experiences of women in any cultural domain is an awareness of the complexity which surrounds their lives. All women do not share the same conditions of living and, accordingly, their experiences of life and sport are rarely the same. Put simply, and addressing a concept to be discussed in greater detail in Chapter 4, their experiences are unlikely to be either uniform, homogeneous or static, but instead, as Young (1997) argues, contradictory and subject to dynamic change. This study, therefore, attempts to explain the diversity, ambiguity, and malleability of sports-related pain and injury experiences by theoretically contextualising them within a feminist cultural studies framework of analysis. Central to such an approach is Gramsci's concept of *hegemony*, addressed in Chapter 3, or the notion outlined by a number of cultural studies scholars (Williams, 1977; Knight, 1982; Hollands, 1984; Whitson, 1984; Hargreaves, 1982, 1989) that a given power balance is temporary and culture is a domain for ongoing struggle between dominant and resistant practices. The concept of hegemony was adopted, for example, to investigate the ways in which masculine ideas and practices become constructed as natural, inevitable and neutral. It helped to explain the role which ideology can play in the subordination of female athletes, and was used to explore contentions made on behalf of a number of feminist scholars (Duff and Hong, 1984; Miller and Penz, 1991; Miller, 1996; Halbert, 1997; Cox and Thompson, 2000; Mennesson, 2000) that women are often persuaded by commonsense assumptions about gender to use and present their bodies in certain ways when playing sport.

Reflecting on the importance of ideological and hegemonic power from a feminist cultural studies perspective also helped to shed light on the paradoxically liberating and constraining aspects of sport for women. Consideration was given to how painful injury experiences and discriminatory assumptions about athletic female bodies can be accompanied by feelings of personal and social empowerment (Blinde et al, 1993). The concept of hegemony, as a theoretical tool for exploring these female athlete's experiences of sports-related injury, was also used to address the classic sociological debate of human agency and social structure. Specific attention was paid, in this respect, to the determined and determining aspects of involvement in sport for women, identified by sociologists such as Jennifer Hargreaves (1989). The study, for example, focused on how sports-related pain and injury experiences were partly defined by culture, but were also the product of intentional human action by female participants. Of particular significance were the ways in which gendered hegemonic power relations lie heavily in favour of men but, at the same time, are subject to challenge in the form of the increasing physicality of female athletes.

### **1.5 Research Approach**

Since some sociological literature on this area so far has been based solely on the use of quantitative research methods, the present study utilised a variety of techniques -- namely surveys, interviews and observation -- to explore respondents' experiences. The choice of research methods was by no mean arbitrary, but was instead reflective of a number of the study's theoretical and methodological objectives. A multi-method or triangulation approach to carrying out the research was, for example, based largely on the assumption that a researcher should not be bound to one research technique alone, but should rather use a variety of methods appropriate to the nature of the research

question. It was also aimed at providing some invaluable in-depth, rich and descriptive details about these women's experiences, and at equipping the researcher with the appropriate tools for generating knowledge about the potentially complex, ambiguous and sometimes sensitive nature of sports-related pain and injury.

A largely qualitative style of research was implemented in the hope that reflecting the voices of the women involved in the study might provide a more adequate picture of their experiences. Moreover, it was geared towards fulfilling the guiding methodological principles of feminist cultural studies sociology (outlined in Chapter 4) by adopting a more reflexive, two-way research approach than may be found in more positivistic inquiries.

## **1.6 Structure of the Thesis**

In Chapter 2, the complex relationship between sport, injury and the body is examined against the backdrop of established sociological research. The chapter draws attention to the importance of viewing injury, pain and illness as embodied experiences (Williams and Bendelow, 1996), and in doing so, reviews the relevant research on the sociology of the body (Turner, 1984; Frank, 1991, 1992, 1995, 1996; Freund, 1991; Shilling, 1993; Lupton, 1995). It also contends that examining the sociological literature on health and illness experiences is an important prerequisite to exploring how injury and pain are experienced in the field of sport. Finally, an analysis of current sociological research on sports-related pain and injury experiences is given. Specific reference is made to how such experiences are shaped within a distinct culture of pain, how orientations toward injury can be affected by potentially critical significant others, and how dominant notions of masculinity are seen to lead to the normalisation and rationalisation of risk in sport. Perhaps most importantly, however, the chapter begins to



consider how sports-related pain and injury experiences have been linked to gender socialisation processes, but how the sociological literature on the topic of women, sport and injury experiences has, so far, been scarce. Ending the chapter on such a note helps to contextualise the present study on female athletes, injury, pain and sport and leads directly into a discussion of the theoretical approach adopted for the research.

Chapter 3 provides a detailed outline of the theoretical framework upon which this study is built, namely feminist cultural studies. It offers an overview of the origins of cultural studies research, considers its establishment as a valuable sociological perspective at the Centre for Contemporary Cultural Studies (CCCS) at the University of Birmingham in the 1970s, and accounts for the application of the theory to sport and gender relations in the 21<sup>st</sup> century. The previously identified Gramscian notion of hegemony and the Marxist cultural studies notion of ideological power are examined here in some detail. It is proposed that such concepts are directly relevant to the study of modern day sport, and more specifically to exploring the complex, dynamic and often contradictory nature of sports-related pain and injury for female athletes. An introduction to the study's conceptual underpinnings provides a basis for a discussion of methodological issues.

Having outlined the theoretical framework on which the research is based, Chapter 4 addresses the methodological structure of the study. Built into this chapter is a discussion of the research strategy being adopted, including the nature of the sample and sampling procedures to be used. The actual methods chosen to carry out the empirical research -- surveys, interviews and non-participant observation -- are also detailed here, along with a consideration of the role they have played so far in helping sociologists study human behaviour. Also integrated into this chapter is a justification for the style of research that was undertaken and an explanation of the procedures implemented for

analysing the data obtained. The chapter concludes by detailing some reflections on methodology.

Following an account of how the empirical work was conducted, three findings chapters (Chapters 5, 6 and 7) set out to offer a detailed exploration of the data gathered from the survey, interview and observation research. These chapters aim to deal with the study's main objectives and to contribute to the existing sociological literature by providing an in-depth qualitative examination of these women's lives.

The first of the three findings chapters addresses the previously identified assumption that sport is a healthy pursuit, by examining it in relation to the rate, type, extent, and severity of the sports-related injuries suffered by these female athletes. It also explores the social and emotional dimensions to sports-related pain and injury for these women in some detail. Of particular relevance here is the impact that injury can have on notions of identity and self, and the role that a specific culture of university sport has to play in the rationalisation of risk, injury and pain. Chapter 6 considers the range of internal and external factors which motivated these female athletes to accept risk and to tolerate pain. Included here, in this respect, is a discussion of the importance of significant others, or 'sportsnets' (Nixon, 1992), and the role of team commitment and group bonds. Chapter 7 deals with issues of gender as they were revealed in this present study. Specific attention was paid here to the link between hegemonic power relations and how these women experienced sports-related injury and pain.

The final chapter summarises by drawing together observations made in the overall thesis. It provides an overview of the research objectives and a reflection on the methodological procedures implemented. A discussion of the sociological significance of the data presented in the analysis chapters is also given. The chapter concludes by addressing the contributions and limitations of the study.

## 1.7 Summary

The principal aim of the present study is to explore an area of sociological interest that so far has received inadequate research attention. Given that, in comparison with male athletes, so little is known about how women experience injury and pain in sport, and since the literature on sports-related injury to date has been based largely upon an examination of quantitative data, this qualitative study into the sports-related pain and injury experiences of a group of female university athletes is considered both timely and appropriate. As outlined in Chapter 4, since the data gathered for the present study were drawn from a single institution, questions may be raised regarding its generalisability and reapplicability. Regardless of this, the research hopefully makes a number of modest contributions to the wider sociological literature on sports-related pain and injury experiences, but perhaps more specifically, to the study sports-related pain and injury in the lives of female athletes in the United Kingdom. Moreover, it is anticipated that this study will add to the body of sociological knowledge on gendered sports experiences and to our understanding of the contemporary nature of gendered power relations in sport, and possibly beyond.

## CHAPTER 2: LITERATURE REVIEW

### 2.1 Introduction: Sport, Health and Illness

The second chapter of this thesis considers the sociological literature pertinent to the present research into female athletes and their experiences of sports-related pain and injury. Included here is a review of the relevant literature on health, illness and the body, and an examination of current research into injury and pain in sport.

As existing data indicate, while “regular, rhythmic and moderate exercise can have a significant and beneficial impact on health” (Waddington, 2000: 31), involvement in sport can expose participants to “the risks of chronic pain, injury and perhaps even permanent disability” (Nixon, 1992: 127). Indeed, as White and Young (1999) reveal, in 1992 there were 556 incidents of sports injury in Canada that resulted in either death or long-term disability. Such data supported Young’s (1993) earlier claims that “professional sport is a violent and hazardous work-place, replete with its own unique forms of industrial disease” (p.373).

Owing to their physically demanding nature, many sports predispose athletes to the risk of injury, but the rate, type and extent of injuries suffered will often vary greatly. In contact sports such as rugby, field hockey, American football, soccer, and martial arts, injury rates are likely to be relatively high (Sports Council, 1991), and injuries are most frequently of an acute nature (Mueller et al, 1996). For example, a game like soccer often exposes players to the risk of injuries like sprains, pulled muscles and fractures to the lower limbs because, as Larson et al (1996) argue, it is a sport “in which players make hard cuts, sharp turns of a planted foot, and intense contact with the ball and other players” (p.387). Although the most common types of injuries in collision sports are sprains and strains, more serious and often catastrophic injuries (or those which result in

death or some kind of permanent paralysis) (Mueller et al, 1996) are not uncommon. For example, a study carried out by Smith (1991) identified the risk of musculoskeletal trauma, facial wounds, fractures and even permanent disability associated with playing ice hockey in Canada.

Similar hazards are associated with playing American football, a game which results in 50,000 non-professionals requiring knee surgery, and 24-30 fatalities annually in North America (Larson et al, 1996). Indeed, the risks attached to being involved in a sport like American football are emphasised by Mueller et al (1996) who estimate that between 1977 and 1992, 155 High School and College footballers in North America had incomplete recovery from spinal cord injuries, and that 378 direct or indirect fatalities occurred among High School and College footballers between 1970 and 1972. Such findings appear to be consistent with Young's (1993) claims that 'gridiron' football in Canada and the USA can be an extremely dangerous sport to play. Participants are often, for example, exposed to the risk of "arthritis, concussion, fracture and most catastrophically, blindness, paralysis and even death" (1993: 377).

Even though the relationship between physical contact and injury may be clear, it is not simply contact sports that are linked to such risks. Non-contact sports are often equally as demanding of their participants and can require those who participate in them to run the risk of injury by pushing their body to and above its physical limits. Within the context of injury and non-contact sport, Heil (1993), for example, has examined the incidence of injuries associated with sports like jogging and swimming. His study revealed that such activities are often not as 'healthy' as they are commonly assumed to be. He argues that joggers frequently run the risk of musculoskeletal damage and that spinal injuries often occur as a result of swimmers diving into unsafe waters.

While much less likely to result in catastrophic injuries, sports such as track and field athletics, gymnastics, and racquet sports have a high incidence of overuse injuries. Such injuries are often a result of over-training or faulty techniques and may include such injuries as stress fractures, tendonitis, and bursitis (Hogan Dean et al, 1981). Owing to the consistent pressure placed on their musculoskeletal system, athletes, for example, often suffer from calf and hamstring tears, pulled Achilles tendons, shin splints, stress fractures and tendonitis (Colson and Armour, 1986). Additionally, serious back pain is often a problem for track and field athletes and gymnasts, whose sports force them to perform movements that extend their backs beyond its natural range of movement. Moreover, while nearly all collision sports expose participants to eye injuries, temporary and permanent visual loss is also a risk with those involved in a number of non-contact sports such as golf, tennis, squash, and field hockey (Vinger, 1981).

Although the epidemiology of sports-related pain and injury has been of obvious interest to the sociologist of sport, a growing concern has developed with regards to understanding the lived, embodied experience of the injured athlete. In this respect, the vast majority of the literature to date has identified a distinctly blasé and nonchalant approach to sports-related injury (by coaches and athletes alike) and a remarkable acceptance of pain as part-and-parcel of the game. Despite the fact that optimal preparation for sporting encounters, the pursuit of individual excellence and the violent nature of many sports makes pain and injury an intrinsic primary concern for the committed athlete, athletes frequently disregard the importance and minimise the significance of injuries in their lives. Injuries are often a taken-for-granted aspect of participation and pain is frequently rationalised, normalised, tolerated and ignored (Nixon, 1992).

Sports-related pain and injury is clearly a complex phenomenon, but pain, injury and illness are by no means confined to the realms of sport and leisure. They are essentially embodied experiences which shape the lives of all human beings at some point. Therefore, in order to gain a more adequate understanding of sports-related injury, athletes' experiences should be examined in relation to wider experiences of health and ill-health. In this respect, a review of the sociology of the body, health and illness literature will provide a useful framework for developing principles underlying the phenomenon of sports-related pain and injury and the lived experience of the athlete.

## 2.2. Embodied Sociology

Throughout its establishment as an academic discipline, sociology has adopted a markedly *disembodied* approach to its subject matter. Preferring to focus on the mind as that which defines human beings and their actions, sociology has traditionally conceptualised the body as the 'rock bottom' unit of social analysis (Featherstone et al, 1991). The marginalisation of the body in classical sociology is often explained in relation to a number of wider societal changes. For example, since industrialisation and capitalism heightened concerns with examining society as a social system (Shilling, 1993), understanding the role of the body in human experience was less valuable than studying the collective workings of the society within which the individual was located.

Although bodily issues have traditionally had a low status in sociology, it would be inaccurate to suggest that they have been completely overlooked. Instead, there has been an 'absent presence' (Shilling, 1993) or 'submergence' (Turner, 1984) of the body in sociological thought. Sociology has more frequently examined aspects of human embodiment rather than dealing implicitly with the body. For example, while the body may not be the central focus in Goffman's (1968, 1969) discussion of self-presentation

and self-management, Elias' (1978, 1982, 1983) work on civilising processes, or Bourdieu's (1984) concern with physical capital, the body is nevertheless of significant importance in their work, if understated and rather more implicit than explicit.

### 2.2.1 Emergent Bodies

In the middle of the twentieth century, American sociologist Goffman (1968, 1969) exerted a considerable influence over contemporary sociological analyses of the body as a simultaneously biological and social phenomenon. He argues that the experience of one's own body is influenced by the cultural expectations of the society in which one lives. Individuals learn to manage and present their bodies and selves in accordance with a set of norms and conventions surrounding bodily usage. Body and self-management are extremely important since acceptance as a full member of a given society is ultimately dependent on observing bodily rules and codes. Indeed, 'inappropriate' presentation of the body may lead to an individual's identity being critically adjudicated or 'spoiled' by the reaction of others, a process which Goffman (1968) calls *stigmatisation*. While the participative role of the individual in the construction of her/his identity -- what sociologists call *agency* -- should not be overlooked, Goffman notes that cultural conventions and definitions surrounding appropriate bodily behaviour strongly influence the interpretation and presentation of the self. In this way, the body is not only a biological entity but also very much a social vehicle that is strongly shaped by its environment. It is inscribed into society.

Elsewhere, Elias (1978, 1982, 1983), who has produced an historical and developmental account of changing manners and personality structures in European societies since the Middle Ages, examines the social nature of the body. According to him, since the Middle Ages, certain societies have undergone a gradual civilising process



that has been characterised by the establishment of strict behavioural codes and growing restrictions placed on bodily functions and displays. In an acutely more civilised society the body is regulated, controlled and expected to follow a set of rules that constitute appropriate behaviour. For example, Elias (1978) notes how an expectation that outward manners should be increasingly refined was reflected in changing eating habits. During the Middle Ages, there were relatively few guidelines attached to behaviour at the table in European societies (with eating from a communal bowl using fingers being acceptable). However, by the sixteenth century the fork had made an appearance, and by the seventeenth century individuals no longer shared the plate from which they ate. Changing attitudes toward bodily expression were also apparent in demands placed on emotional management and the marked controlling of violent and aggressive bodily displays. Individuals were expected to internalise feelings and hide behaviour that might be considered distasteful or inappropriate.

Having examined the development of personality structures and social standards in European societies since the Middle Ages, Elias (1978) argues that changing moral codes surrounding body usage were in no way accidental. Instead, the ruling elite established them as a vehicle to create, justify and maintain social divisions and draw a more definite line of *social distinction* (Shilling, 1993). Elias' concern with the relationship between the body and social inequalities is maintained by Bourdieu (1984) who illustrates the central importance of the body in the formation of what he calls physical capital. The concept of social class and social location are, however, more central in Bourdieu's analysis of the body.

According to Bourdieu (1984), there is an inextricable link between an individual's position in society and how she/he experiences her/his body. Bodies constitute a form of physical capital, which can be exchanged for varying degrees of

social and cultural capital. However, the exchange value of physical capital is not equal between social classes and, in this respect, the bodies of working-class individuals tend to have far less social and cultural worth. Moreover, the ruling elite legitimates social divisions and reproduce class-based notions by defining which physical capital is most valuable and by justifying the bodies of dominant groups as the height of class, taste and distinction (Shilling, 1993). While working-class individuals may believe that they choose how to present their bodies, this choice only exists within a range of options presented to them by the dominant classes. In this respect, the body can be seen as a *culturally inscribed* or *intextuated* entity which bears the mark of its social class and is structured by social relationships.

### **2.2.2 Body Matters**

While, as previously discussed, the body has experienced a somewhat ethereal existence within classical sociology, more recently its status has begun to change. Increasing academic interest in bodily issues has been paralleled by the rise of the acknowledgment of the body in popular culture and by the growing number of people concerned with the appearance of their body (Shilling, 1993). Although literature on the body remains at the margins of mainstream sociology, greater attention to body issues has been provided by a number of by-now high profile sociologists (Turner, 1984; Frank, 1991, 1992, 1995, 1996; Freund, 1991; Shilling, 1993; Lupton, 1995).

For example, Turner's (1984) analysis of the body as a socially constructed entity has been central in ensuring that the body is a more respectable object of sociological study. Turner argues that bodies are constructed with regard to some cultural ideal; they are socially formed and defined and their structure and development are products of the culture which surrounds them. Moreover, bodies are restrained and regulated and must

adhere to societal definitions of 'correct' and 'appropriate' behaviour. The body, in Turner's analysis, is an object of social forces that is always mediated by culture. It is not owned by the individual but, instead, is the property of the wider society. Elsewhere, Shilling's (1993) work has helped to reinstate the notion of the body as a topic for discussion in sociology.

Shilling (1993) agrees with Turner that all bodies are to a degree socially constructed, but argues that the body is as much shaped by the individual as it is by society. Bodies are culturally inscribed but, in contemporary society, are "more frequently treated as a social phenomenon to be shaped, decorated and trained as an expression of an individual's identity" (p.200). Bodies are increasingly malleable and individuals are increasingly responsible for the construction, reconstruction and modification of their own bodies. In this way, the body is a 'project' or an unfinished biological or social phenomenon that is in a constant process of *'becoming'* (Shilling, 1993).

Frank (1991, 1992, 1995, 1996) has also made important theoretical contributions to the rapidly growing area of the sociology of the body by examining the relationship between the body, society and human action. Frank attempts to avoid the determinism evident within earlier 'social constructionist' (Shilling, 1993) accounts of the body by arguing that while bodies are moulded by social systems and cultural codes, they are also self-defined. The body, in this analysis, has a very definite capacity for voluntary action and is by no means, as Turner's earlier work suggests, solely defined by social structure. Indeed, styles of bodily usage emerge as individuals respond to what Frank (1991) terms 'action problems'. The body must answer four questions "as it takes action in relationship to some object" (p.51). These questions are related to control, desire, other-relatedness and self-relatedness. As the body attempts to resolve these

'action problems', certain styles of bodily expression emerge. Frank (1991) outlines four types of body: the disciplined body, the mirroring body, the dominating body, and the communicative body.

The disciplined body is predictable, subordinate and isolated. It is disassociated from itself and is unable to give or receive affection. The disciplined body views itself as lacking desire and uses regimentation in order to allay its fears. For example, ill bodies can become disciplined bodies. They lack desire since they cease to love themselves and are regimented by routine and compliance to medical discourses (Frank, 1995). Moreover, most ill people become self-enclosed and disassociated from their body and from society. While predictability is the core feature of the disciplined body, "for the mirroring body the medium is consumption" and assimilation (Shilling, 1993: 95). The mirroring body consumes to be desirable and upon seeing an object "it immediately aligns itself in some fit with that object; its desire is to make the object part of its image of itself" (Frank, 1991: 62). The ill person's attempts to recreate an image of a healthier body may lead their body to become a mirroring body. Since the mirroring body seeks predictability of appearance it typically fears disfiguring illness. For example, Frank (1995) notes that a common reaction in cancer patients to chemotherapy "is for fears of immediate side-effects, particularly hair loss, to be more of a topic than fears of the treatment not working" (p.45).

The dominating body is a project of frustration, a body characterised by violence and incapable of anything other than force. It is a disassociated and contingent body that is an object of anxiety and fear since it is "perpetually threatened by new situations and the unknown" (Shilling, 1993: 97). While ill bodies can be disciplined and mirroring they can also be dominating. Although there is a reluctance to talk of ill people being dominating or forceful, serious illness and disease can arouse anger and rage in the

sufferer, which is most often directed towards others. The final body type for Frank -- the communicative body -- is involved in a process of creating itself. It is less alienated than the other types of body, and unlike the disciplined and mirroring body, it produces desire. In sum, the communicative body has a "capacity for recognition which is enhanced through the sharing of narratives which are fully embodied" (Frank, 1991: 89). Ill bodies are communicative bodies in that they often use narrative (or stories) to cope with their suffering. Communicating to others the reality of their illness can enable the sufferer to "personify his [her] illness and to 'own it', rather than allow it to be the anonymous disease that medicine depicts" (Frank, 1995: 50).

Embodiment is, then, according to Frank (1992), anything but a neutral constant in life and, instead, can reflect the respective social, physical, emotional conditions of the body. Bodies in illness are, therefore, experienced differently than healthy bodies, but are perhaps even more likely to be shaped by their environment. For such reasons, the sociology of health and illness is concerned with developing a critical awareness of the social production of health, with understanding how ill people experience their bodies, and with challenging dominant models of health, medicine and healing.

### **2.3 The Sociology of Health and Illness: A Critique of Dominant Health Discourses**

The sociological study of health and illness has emerged largely as a reaction to many popular ideas about health. Sociological approaches are generally in conflict with predominant paradigms of Western medicine, which assume that illness is a totally physiological and biological experience. Dominant paradigms of Western medicine are, as the argument runs, individualistic, scientific and reductionist models of health (Singh Bolaria and Dickinson, 1988) which usually locate the cause of disease in individual lifestyle and behaviour. Moreover, they are mechanistic views, which fail to examine the

human being as a whole person and, instead, prefer to describe the body as a machine which can "like any other mechanical system be broken down into different parts for repair" (Singh Bolaria and Dickinson, 1988: 2).

In conflict with the biological and individual orientation of predominant medical paradigms, sociology has been concerned with examining the social production and experience of health. While dominant individualistic and reductionist models of health and illness tend to obscure the social nature of disease by locating its cause in individual lifestyle behaviour (or by blaming the victim for her/his ill health), sociological approaches emphasise how complex the relationship between social environment, health and sickness can be (McNamee and Parry, 1989). Although many experiences of illness are influenced by social and environmental factors, medical practices tend to focus instead upon individual manifestations and divorce pain and illness experiences from their broader societal context (Mechanic, 1999). In this way, medical models of thought are found wanting since they diminish "the experiential meanings and the cultural capacities that enable us to understand and confront the social and emotional dimensions of our health and illness experiences" (Crawford, 1984: 65). Furthermore, while medical discourses seek to explain the physiological dimensions of illness in great detail their 'institutional appropriation' of the body can be alienating since it "denies the voice of the person who is the lived body" (Frank, 1996: 62).

#### **2.4 Socially Defined Health and Illness Experiences**

While dominant medical discourses in Western societies rarely acknowledge the social dimensions of health and illness (Crawford, 1984), sociology argues that human bodies, including their ideas and perceptions about health and illness, are profoundly influenced by social structures and cultural practices. The individual's private world of

pain, injury and illness will, in many instances, interact with the social and cultural world because “social groups and the cultures they share can shape members’ bodies” (Freund, 1991: 4). Being sick or ill is, according to Parsons (1951), a socially as well as a biologically altered state, and what constitutes illness and how illness is experienced in a particular culture will be determined by the prevailing value system. In this way, from a sociological point of view, experiences of being ill *must* be examined in relation to wider societal contexts.

Zborowski’s (1952) classic study of cultural components in responses to pain is particularly useful in illustrating how reactions to pain and experiences of illness can be socially constructed. Using data from his detailed comparison of four ethno-cultural groups in New York, Zborowski concluded that “members of different cultures may react differently toward different pain experiences” (p.257) because each culture provides its members with specific norms that teach them how to react to pain and respond to illness. Elsewhere, Freund (1991) has argued that since bodies are social bodies, their experiences of health and illness are very much a product of their social and cultural context. He illustrates this by analysing the behaviour of the Kuranko tribe in Sierra Leone. According to Freund, members of this society will endure painful tattooing and circumcision rituals since being able to control feelings and withhold emotions is positively rewarded and symbolises the ability, normally of boys, to assume an adult (male) role.

Interviews with 60 adults in Chicago have similarly led Crawford (1984) to argue that the body in health is constrained and transformed by culture. Health, according to Crawford, is not only viewed as a physical matter but as a social and emotional experience. Experiences of health are shaped and defined by dominant cultural discourses which operate to establish, re-establish and confirm a set of common societal

values. This is evident, according to him, in contemporary Western notions of health and illness that strongly reflect Western values of self-denial, self-control and willpower. Such understandings of health appear to be widespread and are also identified by Lupton (1995), who examines the power of discourse in influencing people's experience of health and ill-health.

According to Lupton (1995), official health discourses promote self-management and deliberate action as the key to a healthy body and lifestyle. Health is often, therefore, conceptualised as a goal which can be achieved through "restraint, perseverance and the commitment of time and energy" (p.138) as well as strict bodily routines such as intense dieting and fitness regimes. The idea that ill health can be avoided by changes in lifestyle is misleading since it distracts us from the more fundamental causes of illness and may "lead us away from examining society and toward greater self blame" (McNamee and Parry, 1989: 3). While Lupton (1995) argues that people often "use health promotion discourses to make sense of theirs or other people's illness" (p.139), she is also clear to emphasise that there is often resistance to established health ideologies. Although common orthodoxies may influence widespread understandings of health, the victim-blaming implications of these discourses may be disregarded since "people are never completely socialised into shared meanings, due partly to the continuing consciousness of their own bodily processes" (p.134).

Elsewhere, Turner (1984) and Frank (1991, 1992, 1995, 1996) have examined the complex mutual relationship between the body, culture, health and illness. Turner, for example, writing specifically on the social nature of disease, argues that it is impossible to talk of disease as an entirely biological phenomenon since it is subject to cultural processes and to some extent culturally-defined and experienced. Health and illness are not experienced in a vacuum but instead take place within a specific social



context. Health and illness experiences are likely, for example, to differ both among cultures and within them and in terms of 'social stratifiers' such as race, class, age and gender. Working-class families, for instance, have been found to have generally poorer health than middle-class and upper-class families, while blacks and ethnic minority groups, it is argued, have less material and human resources for ensuring healthy lifestyles than whites (Graham, 1984). Another major determinant in an individual's experience of health and ill-health is gender. Indeed, gender, according to Verbrugge (1999), who bases his findings on national level data for the USA, is in fact, the second most important factor in rates and experiences of illness after age.

#### **2.4.1 Gendered Health and Illness Experiences**

As Frank (1991) notes, illness experiences are by no means arbitrary but instead can reflect the political principles of gender domination. Women, for example, often experience ill-health in a very different way to men since their bodies have throughout history been "dominated and appropriated more often and more completely than men's" (Frank, 1991:95). Indeed, the bulk of the sociological literature concerned with gender, health and illness suggests that when conducting a comparative analysis of men and women's experiences of health and ill-health a number of quite significant differences are apparent. For example, as Verbrugge (1999) notes, while men's mortality rates are approximately 70% higher than those of females, women generally have higher rates of non-fatal and physical and mental illness. They also have a higher incidence of both short-term and long-term disability. Moreover, they use the National Health Service more, and visit their GP's more regularly than men (Graham, 1984). When taking into account such differences, it becomes apparent that it is simply not adequate to subsume women's experiences under those of men. Experiences of health and ill-health are likely

to be gendered experiences which are impacted by the social context within which an individual lives out her/his life.

Women's experiences of health and ill-health are likely, for example, to be shaped in a patriarchal, male-dominated society by a set of socially and culturally ascribed roles and expectations. Such roles and expectations often support the dominant gender order by bolstering male power and privilege and disempowering women. Arguably, the most influential of these roles in terms of moulding health and illness experiences is that of child-rearer or primary care-giver in the family. As Graham (1984) notes, the welfare of the family has throughout history been placed in the hands of the female household member. Her duties in this respect have been to "cook, clean and child mind ... the housekeeper whose job it is to ensure that the family stays both healthy and solvent" (p.6). By ensuring that women have, more often than not, been occupied by unpaid domestic chores, men have been able to secure their status as provider and to guarantee women's economic dependence upon them. Additionally, expectations of the female as primary care-giver often, according to Anderson and Blue (1991), mean that women's lives are full of responsibilities which are laborious, stress-producing, and which make them more vulnerable to chronic ill-health and mental instability.

Not only do socially ascribed roles and expectations make women more likely than men to suffer from a number of health-related problems, but they are also likely to have an impact on how their illness is experienced. Anderson and Blue (1991), for example, argue that the social circumstances of women (most specifically their role within the family) have a huge influence on how they experience chronic illness. Based upon data derived from interviews with 15 Anglo-American and 15 Chinese women, they suggest that illness experiences are strongly shaped by political and economic factors. Many women, like May, for example, a 39 year old Cantonese speaking woman,

often find it hard to combine their sick role and housewife role. Anderson and Blue note how May “found it hard to manage her diabetes, take care of her child, and do the housework” (p.108). Owing to such role conflicts and contradictions women may often find themselves in a situation which leads them to neglect the management of their illness in favour of providing care for others. In this way, for many women, chronic illness, which can have a huge impact on every aspect of a sufferer’s life, becomes an even more problematic experience. In addition to the pressure placed on women by their housewife/care-giver role, in contemporary society they frequently occupy an important position within the family as a wage earner. Women are often employed as an army of reserve labour and occupy domestic jobs which entail long, unsociable hours and are poorly paid. In this way, the everyday stresses of childcare are, for many women, increasingly coupled with financial anxieties and pressure that can only have a detrimental impact on both their physical and mental well-being.

Although traditional gender roles undoubtedly have a huge impact upon women’s experiences of health and illness, equally important in this respect are socially constructed stereotypes. Women’s bodies, for example, have throughout history been viewed as weak and fragile, and their minds seen as unbalanced, emotional, and irrational. Such stereotypes, according to academics such as Goldsmit (1994), can shape women’s experiences of health. Indeed, Goldsmit argues that diagnostic errors and inappropriate treatment are often the outcome of the internalisation of socially constructed stereotypes by doctors. Women are often, for example, seen to exaggerate their symptoms and to be complaining and demanding. Women’s illnesses are more likely than those of men to be seen as psychosomatic since many “physicians respond to the current stereotype that regards the female as typically hypochondrial” (Goldsmit, 1994: 10). Additionally, the health care and medical profession, which according to

scholars like Wilkinson and Kitzinger (1994), has an overwhelmingly male power base, subscribes to traditional gender stereotypes in viewing women as passive victims. Women, in this way, are denied the power to play an active role in their own experience of ill-health and become "powerless in men's hands" (p.129).

In summary, it seems necessary to understand that while there are a number of obvious similarities in the ways that men and women experience health and ill-health, there are also a number of important differences. Women will in many instances have substantially different experiences to men since they generally possess less ideological, political, cultural and economic power than their male counterparts as they negotiate experiences of health and 'healthlessness'. Their experiences of health and illness are lived within an overwhelmingly patriarchal society in which the balances of power are more often than not tipped in favour of men. As the dominant sex, men have the ability to shape their own experiences as well as those of women, and are likely to do so in ways that benefit themselves. Owing to a number of socially constructed ideals surrounding appropriate female roles and a set of historically embedded gender stereotypes, women are likely to have higher rates of most illnesses and more negative experiences when in ill-health. Illness experiences are not experienced in isolation but, instead, are shaped by complex networks of social and power. Women, for example, often experience ill-health in a very different way to men since their bodies have throughout history been "dominated and appropriated more often and more completely than men's" (Frank, 1991: 95).

While definitions of health and experiences of illness vary within and among cultures, illness is invariably accompanied by social/personal disruption, fear and anxiety. In addition to studying the cultural dimensions of health and illness experiences, therefore, the sociology of health has examined, in great detail, the embodied nature of

illness and its mental and emotional realities (Trigg, 1970; Frank, 1991, 1992, 1995, 1996; Freund, 1991; Lupton, 1995; Nettleton, 1995; Williams and Bendelow, 1996; Charmaz, 1999).

## **2.5 The Suffering Body: Identity, Self and Illness**

As previously discussed, the dominance of rationality and the rather disembodied approach to the patient inherent in Western medical thought has led to the relative neglect of the body in understanding health and ill-health (Williams and Bendelow, 1996). More recently, however, sociology has raised explicit concerns about the centrality of the body in health and illness (Nettleton, 1995). Consequently, while many popular ideas about health have viewed health and illness as biological phenomena, the sociological focus has turned to how being ill, disabled or in pain can affect one's own lived experience of one's body and force new relationships between the body and self.

Illness not only causes physical discomfort but also has a fundamental impact upon how we experience and define our bodies in terms of self and identity (Freund, 1991; Nettleton, 1995; Kelly and Field, 1996; Charmaz, 1999; Murphy, 1999). Identity is often threatened when an individual begins to objectify herself as someone in pain, others define or label the person as sick, and when the body has to be acknowledged as limiting or interfering with usual physical and social activities. Previously cherished bodies and selves often become diminished and modified in the context of disability (Murphy, 1999) and are often looked upon as "failed machines or deadly oppressors" (Charmaz, 1999: 95).

As Frank (1992) argues, when ill, the body becomes an unreliable entity which is experienced as contingent (subject to forces that can no longer be controlled) rather than predictable. Since ill persons' bodies "no longer let them predict" (p.476), the sufferer's

relationship with her own body often changes dramatically. Ill people are likely to make comparisons between their old and new (less healthy) body and will often have "trouble continuing to be bodies, particularly continuing to be the same sorts of bodies that they have been" (Frank, 1995: 28). Moreover, while an ill person's relationship with her own body may be affected by its unpredictable and unreliable nature, it may also face continual threats to its identity from external sources. Attempts to present a relatively normal self will be challenged and the sufferer's 'healthy' identity may be 'spoiled' (Goffman, 1968) as others stigmatise the ill person as in some way unusual or abnormal.

While illness is often considered to be an essentially physical experience, it seems important when dealing with "fundamental aspects of human embodiment" (Williams and Bendelow, 1996: 27) like disease, illness, pain and suffering to acknowledge that they are "lived, embodied, physical and emotional experiences" (Williams and Bendelow, 1996: 38). Indeed, the acquisition of a "new, total and undesirable identity" (Murphy, 1999: 65), loss of self and disturbance to taken-for-granted routines are likely to produce a range of emotional responses. The diminished control of bodily functions experienced by many ill people may, for example, cause shame, guilt and embarrassment, while anxiety and fear may be experienced as "chronically ill people overcome losses, resolve feelings and make discoveries of the self" (Charmaz, 1999: 72).

My own personal experiences of health and illness perhaps draw me to a more nuanced understanding of the social, cultural, and emotional dimensions of ill-health. Therefore, this current section on health and illness issues will conclude by exploring my own experiences of Crohn's Disease. Moreover, it is concerned with providing some theoretical, and sociological justifications for including the author's own voice in academic writing.

## 2.6 Autoethnographic Writing

The margins of acceptability surrounding academic research and writing have, of late, become much less clearly defined (Frank, 1996). In particular, cultural studies and feminist theorists have begun to challenge conventional ways of conducting social science research and have started to “consider that writing in different ways offers the possibilities of new insights” (Bruce, 1998: 7). Academics influenced by approaches such as cultural studies are increasingly “experimenting with new forms of writing that violate the prescribed conventions and transgress the boundaries of traditional social sciences genre” (Bruce, 1998: 3).

While previously it has been considered inappropriate for authors to include their own voice in their writing, this challenge has afforded a number of sociologists the opportunity to be ‘self-reflexive’ in their studies and to interpret the experiences of others by reflecting on their own lives. This has included lives struck by illness. Frank (1991), for example, uses what he calls ‘narrative reconstruction’ to widen his audience’s understanding of the social construction of the body. He describes his own experiences of a heart attack and testicular cancer in his book At The Will of the Body. Frank argues that “the beginning of theorizing about the body ... lies in our own embodiment as theorists” (1996: 57) and that the author’s own body and experience of that body should be used as an academic resource. Additionally, Sparkes (2000) writes in what he terms a ‘self-reflexive’ or ‘autoethnographical’ way about his own experiences of sports-related injury, loss of body, and self. He suggests that reflecting upon his/her own experiences presents the social scientist with a new way of discovering and investigating social issues. As Richardson (2000) argues, for example, having an intimate knowledge of the issues she/he is investigating offers the researcher “multiple ways of thinking about a topic, reaching diverse audiences” (p.5) and the opportunity to

nurture her/his understanding of the area being studied. Moreover, self-reflexivity can, according to Richardson, “bring to consciousness some of the complex, political, and ideological agendas hidden in our writing” (p.7). Rather than being critical of the involved and subjective nature of ethnographic writing, authors such as Denison and Rinehart (2000) have, on the contrary, argued that only the narrative form truly has “the power to help us explore what it really is to be human” (p.1).

Although a number of academics might argue that ‘autoethnography’ is little more than ‘self-indulgent storytelling’ (Sparkes, 2000), it is, as we have seen, viewed by a growing body of sociologists (C. Wright Mills, 1959; Frank, 1996; Bruce, 1998; Sparkes, 2000) as the key to more informed research. Biographical writing, as Richardson (1994) argues, may “allow the fieldworker to ... make a point without tedious documentation, relive the experience and say what might be unsayable in other circumstances” (p.521). Life experience, as the seminal American sociologist C. Wright Mills (1959) argues, can deepen sociological understanding and can be “a source of original intellectual work” (p.217). Life and work do not necessarily, therefore, need to be divorced but can actually be used to complement one another.

In the light of these arguments and the greater tolerance (perhaps even demand) for biographical writing, the current thesis will include a section on my own experiences of chronic illness (namely Crohn’s Disease). By merging the subjective biographical with the sociocultural in such a way, both the author and the reader might arrive at an “extended sociological understanding” (Sparkes, 2000: 21) of sports-related pain, injury and illness issues. Sociologically speaking, amalgamating the study of injured or ill bodies with my own embodied experiences of illness will enrich the study by illuminating the key issues and central concerns of the research. Moreover, it is in keeping with the methodological views of many contemporary cultural studies theorists.



My experiences of chronic illness began in December of 1998 when, after experiencing chronic abdominal pain, diarrhoea, and extreme fatigue for several months, I was diagnosed with Crohn's Disease. Whereas previously I had given very little regard to my body, only in illness did I truly realise its full importance. While many Crohn's sufferers often have their symptoms controlled by a range of drugs (including steroids and immunosuppressants), I was unfortunately either intolerant of, or unresponsive to, traditional medication. Within a few months of being diagnosed with the illness my health had deteriorated quite rapidly. I experienced severe bouts of diarrhoea, inflammation in my limbs and spine, crops of painful mouth ulcers, nausea, swollen glands, extremely high temperatures and erythema nodosum (red swellings on the legs). Short periods of good health alternated with episodes of these symptoms which invariably lasted for weeks or months.

While at first the physical traumas which Crohn's Disease inflicted upon my body had the most impact on my life, it is, on reflection, their mental and emotional realities which have been life-altering. For me, Crohn's Disease has been much more than a biomedical phenomenon or an experience I could account for in terms of its physical manifestations. Coming to terms with having a chronic illness (which cannot be completely or permanently cured by either medication or surgery) has meant adapting to a myriad of changes in my body, and subsequently the feelings I have about my self and my somewhat altered identity.

In the space of only six months I felt that my identity had been changed from that of a healthy, outgoing, and active 19 year old, to one of an increasingly withdrawn and ill individual. The illness made me view my body very differently from how I had seen it before. I felt that it was slowly letting me down, was preventing me from carrying out my normal everyday routines, and was unpredictable and unreliable. My body and self

were no longer as one, but in some way divided or worked as oppositional forces. In illness, my body, as Frank (1996) suggests is often the case, became a *disciplined* body. It was regimented by medical routine (medication, doctors and consultants, appointments, and a strict diet) and alienated from itself and the rest of society. Needless to say the new identity, which I felt had been forced upon me, was neither desired nor appreciated. Indeed, as Foucault (1977) suggests, in many contexts, including illness, the body is subject to various kinds of disciplinary power, which have an impact on how it is experienced. Throughout history bodies, he argues, have been shaped by “heavy ponderous, meticulous and constant disciplinary regimes in [institutions like] schools and hospitals” (Shilling, 1993: 78). My body, in this respect, and as Foucault claims is often the case, was monitored, placed under surveillance and routinised.

Additionally, and again often more difficult to contend with than the physical aspects of Crohn’s Disease, were its overwhelmingly real emotional dimensions. Having a chronic illness filled me with feelings of anxiety and fear (at the unpredictability of my bodily functions and uncertainty about my future), guilt (associated with letting down others, including family and friends, and not being able to meet work demands) and frustration (at no longer being able to be the person I was before, or do the things I had done previously). My fears also centred on the possibilities of surgery (an ileostomy or removal of the large intestine) and the subsequent colostomy (an artificial opening on the abdomen to which intestinal contents are diverted) which this could result in. In a Goffmanian (1968) sense, my strongest concerns were for my outward appearance which I felt would be spoiled or damaged by the negative reactions of others, and for my feminine identity which I felt would be compromised by such an operation. Moreover, the illness undoubtedly affected the relationship I had with several important people in my life (notably, significant others such as my parents, my boyfriend, etc.). Often I

would shut out those who were close to me, either because I felt that they could not really understand what I was experiencing, or more often because I felt guilty about the distress which my illness caused them.

Because Crohn's Disease and the symptoms which accompany it were such a pervasive feature of my life for several years, I found that I developed a number of strategies to cope with them. As with many sufferers of chronic illness (Charmaz, 1999), the disease taught me to manage my body and myself in certain ways. I learned, for example, that by joking about the illness I could minimise the significance of something, which at times, I felt, was colonising my body and taking over my life. Moreover, keeping a sense of humour while ill also lessened the embarrassment I often felt was associated with a bowel disease, and during a really bad 'flare up' simply helped me to cope on a day-to-day basis. Additionally, I found that hiding certain symptoms allowed me to avoid unwanted attention or concern from others (especially my family). In some ways, denying that the symptoms were affecting me somehow made them a little less disruptive.

While ill bodies often become withdrawn and self enclosed, however, ill people can also use narrative to triumph over their illness. As Frank (1996) argues, living and reliving one's own experiences through narrative can offer those who are ill the opportunity to discover 'alternative' ways of being ill. In addition, it can have a certain 'healing power' and often affords the sufferer the "capacity to reflect on a body that is too immediate in its imagined and real sensations, and too dangerous in what those sensations might mean" (Frank, 1996: 57). More recently, mine has become a communicative body which desires to tell its story and be understood by others. Perhaps more importantly, however, through narrative reconstruction it attempts to understand itself.

It is hoped that including my own experiences of chronic illness and its physical, social, and emotional realities will enable both the researcher and the reader to develop a deep and more rounded understanding of the pain and injury experiences of female athletes. Knowing something of the impact which chronic illness can have upon everyday routines, relationships and self-identity will, for example, be invaluable in analysing the profound effect which injury can have in shaping the lives of these athletes. It is argued, therefore, that rather than distorting or skewing research findings, the author's own biography and life history will, in this case, be a useful academic resource.

In sum, the body is both a biological and social entity. It is a real and lived experience which exists between birth and death (Frank, 1996). While people have a degree of control over their bodies, in illness, and many other contexts, bodies are experienced as contingent or subject to uncontrollable social forces and influences. In this way, ill people often act in accordance with the culturally established norms which define appropriate illness behaviour. Understanding how illness can be socially as well as physiologically experienced and how illness and disease can impact upon self and identity is particularly relevant to developing principles underlying sports-related pain and injury experiences.

## **2.7 Sport and Embodied Pain**

Athletes' bodies acquire new meanings when they are injured and, as with chronic illness and disability, injury is likely to force new relationships between the athlete's body and self. Bodies may, for example, become disassociated from 'selves' as individuals objectify or 'depersonalise' injured body parts (Young et al, 1994). Furthermore, the injured body is likely to be conceptualised as unreliable or in some way

alien, and athletes may often feel out of place in their new but less efficient bodies (Thomas and Rintala, 1989). As Sparkes and Smith (1999) argue, for example, athletes who suffer spinal cord injuries have their sense of "body-self unity" (p.81) severely disrupted. Sparkes and Smith explain that following such an injury "the body becomes dis-harmonious from the self and inescapably embodied. It is now experienced as an oppositional force" (p.81). Athletes that they interviewed often, for example, made comparisons between their previously "supremely fit and muscular" (p.82) body and the "broken body" (p.82) they were left with after injuries occurred.

Since athletic identity is dependent on "a healthy body; not just the fit body ... but the ideal and optimal body that is capable of pressing to the limits of human performance" (Thomas and Rintala, 1989:4) the athlete's body becomes, when injured, a 'problematic' body. Athletic identities are placed in jeopardy when injury threatens optimal performance and when "certain highly esteemed qualities, including strength, vitality and youthfulness" (Kotarba, 1983: 161) are diminished. Feeling that their embodied identity is judged defective or incapacitated by injury may also encourage feelings of guilt, shame, frustration anger and disappointment (Snyder, 1990).

The idea that "pain is never [only] a matter of nerves or neuro-transmitters but taps into our emotional, psychological and cultural experience" (Williams and Bendelow, 1996: 38) is well supported within the context of sport. Experiences of sports-related pain and injury extend well beyond the physical and biological to evoke a range of emotional responses which are often both anticipatory in preparation for performance and strongly linked to the fear of pain and injury which may be felt during and after the performance (Snyder, 1990). Despite experiencing these emotions, athletes may be pressured into hiding pain and concealing injuries by potentially critical audiences (Young et al, 1994). Injured bodies are thus unable to communicate the

reality of their experience with others and must often suffer in silence. Athletes will often hide emotional responses because those “who demonstrate pain or remove themselves from competition because of injury run the risk of being stigmatised” as having the ‘wrong attitude’ (Roderick et al, 2000: 67).

## **2.8 Socially Constructed Pain in Sport**

As with the suffering or ‘sick body’ (Freund, 1991), the athlete’s body is not “simply a closed container that has been invaded by germs or traumatic blows, but is also open and connected to the world that surrounds it” (Freund, 1991: 4). The athlete’s experience of injury is, therefore, likely to be simultaneously social and physical. Responses to pain may be socially constructed (Frey, 1991: 137) and definitions of appropriate bodily conduct in sport may be shaped by the dominant codes surrounding risky behaviour and activity. In this respect, the sociological literature has argued that participation in sport is often shaped by “an assumption of risk” (Frey, 1991: 142) or ‘culture of risk’ (Nixon, 1992) doctrine. Athletes may be encouraged, by this culture, to take extraordinary risks with their bodies and expose them to very serious injury and perhaps even permanent disability (Nixon, 1992).

Nixon (1992, 1993a, 1993b, 1994a, 1994b, 1996), for example, has played a pioneering role in developing a more adequate sociological understanding of issues pertaining to sports-related pain and injury. His extensive research has begun to illustrate that injured bodies can be moulded by their social, cultural and environmental surroundings. After obtaining data from interviews with American college athletes and analysing the content of sports magazines, Nixon (1992) argues that a unique sporting culture is at least partly responsible for the current attitude toward pain and injury in sport. This culture is a deeply embedded “culture of risk” (p.129) which may encourage

athletes to take risks with their bodies, normalise pain, and run the risk of both minor and major injury. Athletes are willing to accept these risks, because significant individuals within their lives who are often a part of their 'sportsnet' (or network of athletic social relationships) construct these experiences. Many athletes, therefore, view "injuries as part and parcel of the game" and believe that "you can't let a little pain get in the way of playing [sport]" (p.129). In this way, bodies are often abused and "exposed to the risks of chronic pain, injury and perhaps even permanent disability" (p.127).

Elsewhere, Hughes and Coakley (1991) have similarly argued that a set of established codes, which surround appropriate usage of the body in sport are likely to shape the athlete's experience of pain and injury. According to Hughes and Coakley, many elite athletes take excessive risks with their bodies and risk harming themselves when they overconform to the norms of a 'sport ethic'. Such an ethic encourages athletes to adopt a 'no pain, no gain' approach to their involvement in sport and, in addition, teaches them that they should make sacrifices for their sport and accept no limits in the pursuit of athletic excellence. The instrumental use of bodies within the context of sport may, according to Hughes and Coakley, be "grounded in an uncritical acceptance of and commitment to what [athletes] have been told by important people in their lives ever since they began to take part in competitive programs" (p.308).

While athletes may believe that they make informed decisions about the use of their own bodies, their behaviour is most likely to be influenced by sports subcultures which place dedication, sacrifice and achievement over and above the athlete's health and well-being. On this matter, Hughes and Coakley's work deserves to be quoted in some detail. They note:

that many sport activities pose inherent risks of injury, but voluntarily accepting the possibility of injury is a sign of courage and dedication among athletes ... The idea is that athletes never back down from

challenges in the form of either physical risk or pressure, and that standing up to challenges involves moral courage (Hughes and Coakley, 1991: 309).

Athletes often do not give in to pressure or fear of pain because they have been socialised into a culture which links such behaviour with both courage and dedication.

Again, within the context of college sport in the USA, Curry and Strauss (1994) argue that social conditions can have a fundamental impact upon the experience of an injured body. Injuries are often normalised and very serious cases of pain are treated as uneventful since "those who demonstrate the least amount of reaction to pain and injury are then glorified or promoted as good examples" (p.197). Curry and Strauss conducted photo-elicitation interviews with groups of athletes and non-athletes and note that when showing slides of sports injuries to:

groups of people with varying opinions and experiences with sport injury ... reactions to the images have revealed quite different interests, biases, and familiarity with the normalisation process. For example, ... non-athletes reacted with disbelief at the biased attitudes toward injury that were depicted. The athletes in the class were quick to confirm the validity of these attitudes and nonchalantly discussed their own injuries (Curry and Strauss, 1994: 196).

Curry and Strauss conclude that athletes often continue to participate in sport while injured and, moreover, view their participation as 'healthy' even after major operations or periods of hospitalisation. However, they argue that while athletes may view their actions as conscious and independent, it is more likely that their behaviour is governed by a set of values established to benefit the team rather than the individual.

Young et al's (1994) Canadian-based work has similarly led them to argue that orientations toward injured bodies in sport reflect a 'work hard, play harder', 'no pain, no gain' culture. In this way, sport at times mirrors a "macho work culture" that is characterised by "high levels of cultural tolerance of danger...routinely doling out and incurring injury [and] doing violence to the bodies of co-workers" (Young, 1993: 379).



Since many athletes suffer pain on a daily basis, they may often devise a number of bodily techniques or coping mechanisms. They may hide pain (or suppress its physical and emotional prescriptions on the body), disrespect pain (or treat it with irreverence and indignation) and depersonalise pain (by referring to body damage in impersonal and ‘techno-rational’ terms) (Young et al 1994). Young and White (1995) argue that these:

strategies represent cornerstone principles of the dominant masculinist model of sport, and are adopted for a number of reasons: to show courage and character; to consolidate membership and kudos in the group; to avoid being benched; and, to help make sense of compromised health in a lifestyle that demands and reveres fitness (p.53).

The health of many athletes is compromised within professional sport cultures that rationalise violence and injury in dominant ideology and place profit ahead of employee safety (Young, 1993). As Young notes, “athletic injury results from the nature of forceful sports work itself but also ... from its organisation (ownership, management) and supervision (coaching) in a venal occupational culture designed to produce profit” (p.377). However, while exploitation and deception accompany many sports-related pain and injury experiences, athletes are by no means cultural dupes. They are instead “consenting human agents” (p.383) involved in intricate relationships characterised by both tolerance and consent, and exploitation and victimisation.

Elsewhere, Roderick et al (2000) have also shown that culturally defined expectations surround responses to injuries in sport. They argue that, within the context of professional football in England, players are encouraged “from a relatively young age to normalise pain and accept playing with pain and injury” (p.74) as part-and-parcel of the game. Interviews carried out with current and former players, physiotherapists and club doctors focused upon experiences of injury and attitudes toward pain, injury and disability. Their data indicated that a set of both self-imposed and externally-imposed constraints may lead athletes to tolerate pain and play while injured. These constraints

are an integral aspect of a 'culture of playing hurt' (Roderick et al, 2000), which rewards athletes who ignore pain and stigmatises those who show their emotions. As they argue:

Playing with pain or when injured, is a central aspect of the culture of professional football. Young players quickly learn that one of the characteristics which football club managers look for in a player is that he should have what, in professional football, is regarded as a 'good attitude'. One way in which players can demonstrate to their manager that they have such an attitude is by being prepared to play with pain or when injured (p.71).

Roderick et al conclude that the pain and injury experiences of professional footballers are best understood within a framework which focuses upon the shared culture of these athletes and the networks of social relations of which they are members. It is within these networks or 'figurations' of interdependent human beings that the unrelenting pressure on players to continue playing through injury and the shared meanings about pain can be firmly located.

In this respect, parallels can be drawn with the pain and injury experiences of professional football players in England (Roderick et al, 2000) and the social world of the serious recreational and racing road-rider in the USA (Albert, 1999). According to Albert, many serious and recreational cyclists have a taken-for-granted attitude towards their bodies and a distinct disregard for the risk of injury associated with their sport. This behaviour is shaped by a competitive cycling culture which warrants pain as part of the terrain of riding and constructs injury as an everyday element of the sport. The cyclists Albert interviewed appeared to be unconcerned with the dangers associated with placing their bodies at risk and instead were more concerned with 'scrubbing wounds' and 'taking painkillers' in order to get back on the road.

To summarise, many athletes make individual sacrifices for their game, take risks with their bodies and normalise injuries (Hughes and Coakley, 1991). Their behaviour may be a product of socialisation into a unique sport culture and a result of the dominant

codes and values embedded within this culture. While the norms of a 'sport ethic' (Hughes and Coakley, 1991) or a 'culture of risk' (Nixon, 1992) can often shape sports-related pain and injury experiences, the range of factors which influence an athlete's behaviour are likely to be far more complex. Internal pressures, such as the pursuit of individual excellence and the desire to be part of a team are, for example, often accompanied by a range of externally motivating factors. Sports-related pain and injury experiences are, in this respect, likely to be a product of both *agency* (the individual's capacity to make choices and shape their own lives) and *structure* (the power which society, its ideologies, norms and values has to mould people's lives for them). Among the dominant structural factors influencing athletes are pressures from 'sportsnets' (Nixon, 1992) and powerful significant others within these 'sportsnets' (Nixon, 1992; Roderick et al, 2000). While the range of internal and external pressures examined here are likely to apply, at least in part, where the sports-related pain and injury experiences of women are concerned, the aforementioned literature relates solely to men. In this respect, it reflects the current gender-bias in sociological research and provides further justification for the present work on the sports-related pain and injury experiences of female university athletes.

## **2.9 Sport, Injury and Pain: An 'Other'-Related Experience**

Since pain is a social and cultural experience which must be dealt with in the context of interactions and relationships with other human beings (Freund, 1991), significant others can have a potentially powerful impact on how an athlete experiences pain and injury. Their actions and behaviours can, for example, be shaped by coaches and sports administrators but also by athletic peer groups, spectators and sports commentators.

Nixon (1992), for example, argues that coaches, trainers and sports administrators can sometimes play a vicarious or even conspiratorial role in influencing how athletes feel about playing while they are hurt. The coach, according to Nixon, has a very powerful position in this respect since she/he is usually a "central figure in the athletic subcultures and social networks of athletes, and as central figures they may influence athletes' choices about taking risks with their bodies" (Nixon, 1994: 80). Athletes do not always freely choose to tolerate pain but may be subtly persuaded into rationalising its existence as part of the game by a biased network of social support (Nixon, 1992: 129). This support is constituted by messages from influential network members who have a vested interest in teaching athletes that they ought to push themselves to their physical limits. Athletes may often hide injuries because they learn from their own experiences and those of others that complaining about them can lead to stigma or even ostracism.

Relationships with athletic peers, coaches and other members of sport organisations can also, according to Roderick et al (2000), have a major impact upon how professional footballers experience injury and respond to pain. They argue that within a 'culture of playing hurt' in football, players may be coerced into tolerating pain and encouraged to disregard injury by coaches and others who believe that injured players are "of little use to the club" (p.72). Moreover, they "would rather train than be injured" (p.74) because injured members of the team are often stigmatised, ridiculed, inconvenienced, and made to feel worthless. As Young et al (1994) remarked about ice hockey players in Canada, "you don't make the club sitting in the tub."

Elsewhere, Curry and Strauss (1994) have argued that a variety of social conditions may persuade athletes to accept major operations and lengthy periods of hospitalisation as a 'worthwhile' price to pay for their continued participation in sport.

Coaches and management often place team success over athlete welfare and put players' bodies at risk by glorifying a blasé attitude towards injury. Therefore, athletes often "don't think anything of going through this (pain) for their sport" (Curry and Strauss, 1994: p.206) and are willing to expose their bodies to injury and the risk of disability.

As Walk (1997) has argued, then, athletes are socialised into a culture that treats pain as a relatively normal, worthwhile and productive experience. A process of 'repair and return' and 'conveyor belt-like' practices often influence those involved in sports to return to training long before their injuries have healed. Athletes are encouraged to play while hurt by a group of individuals that support a very specific attitude towards pain. Furthermore, injury is an accepted element of participation in sport since influential members of athletic fraternities (coaches, peers and sports administrators) reinforce an ideology that encourages athletes to take excessive health risks.

Since interaction with others can play a significant role in shaping human conduct and behaviour, it is not surprising that athletes' orientations toward pain and injury may be a product of complex social relationships. An individual athlete's response to pain, injury and illness can, in this respect, be partly understood in terms of an interweaving of socialisation and learning processes. The athlete is taught by interaction with significant others the most appropriate way to behave when injured or in pain. In this way, her/his response is not pre-conditioned, but is more likely to be a reflection of the cultural context in which it is experienced. Pain and injury are, in this connection, 'other'-related.

## **2.10 The Gendered Nature of Sports-Related Pain**

Among the range of social and cultural factors which may shape sports-related pain and injury experiences are notions of masculinity and femininity. Indeed, a number

of sociologists have begun to place constructions of gender-appropriate behaviour at the core of their discussions about sports-related pain and injury. While earlier work has focused almost entirely upon relationships between the social construction of masculine identities and male experiences, more recently some accounts have begun to address how females may experience sports-related pain and injury.

### **2.10.1 Masculinity and Sports-Related Pain and Injury**

What it is to be a man or, more specifically, what it is to be a male athlete, can have a fundamental impact upon how pain and injury are experienced within the context of sport. Dominant ideologies surrounding appropriate use of the male body may, for example, encourage men to accept the risks associated with participating in a number of traditionally male exclusive sports (Messner, 1992). Sport is a context within which playing whilst hurt is linked, among other things, to macho pride and image. Players who are not willing to play through pain will often be ridiculed, taunted, and have their masculine identity challenged. If injured athletes wish to avoid being stigmatised or negatively stereotyped (Roderick et al, 2000), they must learn to tolerate injuries and conceal pain. Moreover, since many sports have been used throughout history to undermine the increasing power of women in society (Messner, 1990) and to reinforce the dominance of the male, increasing pressure is arguably placed upon men to use their 'bodies as weapons' in a range of violent, contact sports (Messner, 1992).

Young et al (1994), for example, drawing largely upon data derived from in-depth interviews with current and former male athletes in Canada, argue that the risks associated with violent sport often go unquestioned by many male athletes. Men who play sport are often socialised into a sports culture in which risking injury "is at least as highly valued as the demonstration of pure skill" (p.183) and in which ignoring pain is

constructed as appropriate male behaviour. Male athletes may hide injuries and deny that they are in pain since their masculinity will be called into question if they fail to do so. They are taught that injury is a seriously "unwelcome" (p.184) element of their sport and that tolerating pain is a behaviour which may lead to positive rewards. Since 'real men' are required to play sport in an "intensely confrontational manner" (p.176), male athletes often adopt the norms of a "violent and hazardous world of professional sport, replete with its own forms of industrial disease" (p.184). Such claims are confirmed by Frey et al (2004) who claim that the tolerance of risk and pain in rodeo subcultures is based, at least to an extent, on a "cowboy mystique" or an "aura that some claim simply reflects a celebration of masculine patriarchy and feminine subordination" (forthcoming).

A gender dimension is also prominent in the injury-related work of Messner (1992). Messner has drawn similar conclusions to Young et al (1994) from his interviews with ex-professional American football players. According to Messner, dominant ideologies surrounding appropriate masculine behaviour have a role to play in encouraging male athletes to view their bodies instrumentally or as weapons for exacting violence upon other players. Athletes comply with a 'pain principle' (or will use their body as a weapon to punish other bodies) because non-compliance may lead to their masculine identity being questioned. However, broader social processes are at work, Messner argues, for decisions to participate in violent sports are also strongly linked to masculine hegemony (or the ideological domination and appropriation of the female body by males).

Many men are involved in aggressive contact sports because they have become increasingly important "as a primary masculinity validating experience" (Messner, 1990: 204). They have provided men with "a psychological separation from the perceived

'feminisation' of society, while also providing dramatic symbolic 'proof' of the natural superiority of men over women" (p.204). Modern sport has developed throughout the nineteenth and twentieth centuries "as a response to the crisis of masculinity and potential feminisation of man" and in this way "sport today plays a key role in constructing and stabilising a male dominated system" (Hanson and Krauss, 1999: 95). Since sport has developed as a sphere in which men have traditionally asserted "physical prowess over women" (Walk, 1997: 27), accepting and tolerating pain has come to be regarded as essential behaviour for many male athletes. Moreover, "sports activities ... tend to emphasise competition, winning and aggression ... and young men who enter sport are unlikely to be able to resist these dominant ideologies" (Hanson and Krauss, 1999: 96).

To summarise, research within a variety of male sports subcultures has begun to highlight that a series of overt and covert pressures may influence male athletes to play with pain or while they are injured. At the heart of these influences are a series of complex social relationships and a set of historically embedded notions about the nature of masculinity.

### **2.10.2 The Female Experience of Pain and Injury**

While existing sociological accounts of pain and injury in male sports environments with male athletes have widened our understanding of how men experience sports-related pain, injury and illness, a major portion of the existing literature has contributed less to our knowledge of the female athlete's experience. Although empirical research on women's experiences of sports-related pain and injury remains limited, a number of sociologists (Young and White, 1995; Nixon, 1994a, 1996, 2004; Rail, 1990, 1992; Halbert, 1997; Therberge, 1997; Johns, 1998; Sherlock, 1998;



Pike, 2000, 2004; Friss Thing, 2004) have, more recently, begun to examine how the female athlete may experience injury and pain. This research into female sports environments is both timely and necessary since more women are currently participating in a greater variety of sports and in larger numbers than any other period in history (Cox and Thompson, 1999; Dunning, 1999; Hanson and Krauss, 1999). The twentieth century has witnessed both an increasing number of girls and women participating in more vigorous forms of sport and physical exercise (Hargreaves, 1994) and the gradual permeation of women into male-dominated sports such as association football and rugby (Cox and Thompson, 1999). However, such changes are not necessarily either personally or socially empowering for these female athletes (Young, 1997). Aspects of a physically dangerous male sports culture may, for example, become an overwhelming characteristic of female sports environments (Pike, 2000, 2004) if participants adopt the patriarchal values which are at the core of male sporting institutions (Messner and Sabo, 1990). As female athletes embrace a masculine model of sport, they may take excessive risks with their bodies and expose them to the risk of pain, injury and illness. Indeed, in more recent studies, several sociologists (Young and White, 1995; Johns, 1998; Pike, 2000, 2004) have illustrated that in a number of sporting contexts women are as willing as men to accept 'no pain, no gain' as their governing philosophy.

Pike (2000, 2004), for example, provides an invaluable insight into the female experience of sports-related pain and injury. Having carried out research into amateur rowing subcultures in Great Britain she argues that female amateur rowers are members of a culture which “may not be as healthy as some of the biomedical literature might suggest” (p.160). Not unlike male athletes, these rowers appear to normalise their illness experience as part-and-parcel of the sport. For example, when asked, 65% of these

female athletes replied that they continue to train once they receive an injury, while 75% of the respondents agreed that athletes should adopt a 'no pain, no gain' mentality.

Although female athletes are no less likely to follow compulsive training regimes (Johns, 1998), or accept the risks associated with sport, they are arguably more likely to damage their bodies by practising extreme weight control techniques and severe dieting regimes (Chapman, 1997). A review of the existing literature indicates that females competing in a wide range of sports often have abnormal eating attitudes and behaviours. According to Johns (2004), weight management can include "a range of aberrant eating habits such as fasting, 'crash' dieting, purging, use of diuretics, diet pills and fluid restriction" (forthcoming). Such practices can become compulsive for many female athletes who are encouraged to believe that weight control is a necessary part of training and that carrying excess weight will impair performance (Chapman, 1997). While the immediate benefits of intense dieting may include a reduction in body fat stores, an increase in speed, strength and endurance (Chapman, 1997) and a "perfectly contoured body with highly defined musculature" (Johns, 1998: 49), the long-term health risk associated with such practices is severe.

By drawing parallels between the over-training experiences of female triathletes in Great Britain and the sports-related pain and injury experiences of males 'addicted' to distance running, Sherlock, (1998), for example, has illustrated the potential health risks for athletes who become obsessive about dieting and controlling weight. She argues that these female athletes often exclude eating or rationalise a low-fat diet to reduce body fat and excess weight and in doing so expose themselves to the risk of exceedingly premature bone density. Elsewhere, Roussel and Griffet's (2000) French study notes the heavy costs linked with participating in bodybuilding. Serious female bodybuilders, according to them, usually have strictly disciplined lifestyles and diet obsessively. They

"are subjected to intensive training constraints time and time again" (p.136), are expected to comply with weight control regimes, and must accept periods of prolonged physical suffering if they wish to be successful at their sport.

While intrinsic motivations such as the pursuit of individual excellence and sporting prowess will often influence a female athlete's decision to take risks with her body, a number of additional pressures may also encourage her to train harder. A great deal of existing sociological literature has, for example, indicated that a 'no pain, no gain' ethic may be an overwhelming characteristic of female sports subcultures (Young and White, 1995; Pike, 2000, 2004). As with a culture of risk (Nixon, 1992) found to be evident in many male sports environments, an obsessive preoccupation with reducing body fat among many female athletes can be at least partly attributed to "subcultures whose taken for granted competitiveness does not challenge such compulsive behaviours" (Sherlock, 1998). In sports such as lightweight rowing (Chapman, 1997), bodybuilding (Roussel and Griffet, 2000), and competitive triathlon (Sherlock, 1998) the social context of the activity often pressures athletes to train harder and be more dedicated (Sherlock, 1998). Individuals such as teammates, coaches and sports administrators are often involved in producing and maintaining a culture that encourages female athletes to "exceed the limits and achieve the goals" (Roussel and Griffet, 2000: 136) by turning to food restriction practices and excessive training. It is important to note, as Johns (2004) contends, that such behaviour is not exclusive to female sports environments, but is also practised by male athletes who are involved in "sports where body mass is a critical factor" (forthcoming).

Drawing largely upon data gained from interviews with members of a women's lightweight rowing team, Chapman (1997), for example, notes that athletic peers often teach new athletes "the principles of restricting fats and emphasising carbohydrates"

(p.212). Weight management and dieting practices become normalised by female athletes as everyday sporting practice. Food restriction and additional workouts are practised in order to achieve optimum performance, show dedication and commitment, and enhance bodily appearance. Within the relentlessly competitive environment of the running club, female athletes are influenced by a number of external sources, including coaches, fitness magazines and television to pursue dangerous training regimes and dieting practices.

To summarise, the developing body of sociological literature on women, sport and injury indicates that female athletes are often willing to make sacrifices for their sport, accept no limits in the pursuit of athletic possibilities and take excessive risks with their bodies (Hughes and Coakley, 1991). Acceptance of prolonged physical suffering, a nonchalant and blasé attitude toward injury and illness, are characteristic features of some women's involvement in competitive sports. Undoubtedly, however, further research into the sports-related pain and injury experiences of female athletes is required in order to clarify these early indications.

## **2.11 Summary**

Pain, injury and illness experiences are simultaneously physical, emotional and social experiences. They can cause anxiety and fear for the sufferer and force new relationships between the body and self. The body is central to understanding these experiences since injured and ill bodies are often viewed as unreliable and unpredictable, can disrupt everyday routines, and are often damaging to the sufferer's sense of self-esteem and self-identity. While illness is an intensely personal experience, there are many ways in which private worlds of pain interact with the social and cultural world. Societal norms and values, and cultural expectations surrounding acceptable and

appropriate uses of the body will for example, shape the individual's experience of both health and illness.

Within the context of sport, pain and injury are similarly embodied, physical, emotional and social experiences. Injury can have an impact upon how the athlete feels about her body and is likely to force a new, less stable, relationship between her body and her self. Moreover, pain and injury can place athletic identity in question and lead to feelings of shame, guilt and anger. Pain is, for the athlete, as it is for the wider population, both a personal and social experience. The values deeply embedded within many sports often teach those who participate to ignore pain and take risks with their bodies. Concomitantly, since sports have traditionally operated as gendered preserves, sports-related pain and injury experiences can also be heavily gendered, and may often reflect culturally-defined norms surrounding appropriate uses of the male and female body in a patriarchal society.

## CHAPTER 3: THEORETICAL FRAMEWORK

### 3.1 Cultural Studies

Having reviewed and considered the substantive sociological literature pertinent to this study, it appears that feminist cultural studies may be of particular relevance to studying the sports-related risk, pain, injury and illness experiences of female athletes. Indeed, the central theoretical 'tools' of this approach (most specifically, the concept of hegemony) may help to produce a less deterministic analysis of sports-related pain and injury than is offered by existing sociological approaches, and begin to account for the so-far neglected experiences of female athletes. Before discussing a feminist cultural studies approach to sport and leisure issues, a detailed analysis of Cultural Studies, its origins and application to sport will be offered.

Cultural Studies is a framework which emerged primarily in Britain in the 1950s and has been described as an "amalgam of multiple theoretical and methodological approaches including different kinds of culturalisms, structuralisms and postmodernisms" (Harris, 1989: 335). The field of Cultural Studies was institutionalised in 1964 with the foundation of the Centre for Contemporary Cultural Studies (CCCS) at the University of Birmingham. However, since then it has grown greatly in terms of its intellectual reach and scope and "what was once a specific British intellectual movement has been widely appropriated by academics in diverse areas of the humanities and social sciences in both Canada and the US" (Andrews and Loy, 1993: 255), as well as in other countries such as Australia, New Zealand and France. In the early years, scholars at the CCCS were predominantly concerned with aspects of traditional working-class culture in Britain. Most influential in this respect is the work of Marxist scholars Richard Hoggart (1957), Raymond Williams (1958), and E.P. Thompson (1963). These and other writers

began to challenge dominant conceptions of culture and examine the active marginalisation of various forms of indigenous popular culture and their replacement by a rapidly emergent consumer culture.

With its continuing emphasis on the impact of economic infrastructure on social relations and the distribution of power, Cultural Studies is essentially Marxist in orientation. However, much cultural studies work constitutes a development and rethinking of traditional Marxist approaches to society, and as such is widely viewed as a form of Neo-Marxism. Cultural Studies broadens economic concerns to include cultural and ideological considerations. Moreover, it attempts to depart from the structural dichotomies evident in classic Marxist theorising. For example, prior to the emergence of cultural studies, orthodox Marxist thinkers had concentrated almost entirely on unequal and inequitable labour relations, and the purposive subordination of the lower social strata by the ruling economic elite (Brohm, 1978). Cultural Studies developed precisely to avoid such economically deterministic and reductionist thought, and explicitly rejected the idea that power is a mere reflection of the economic base of society. Instead, ruling class domination was seen to be dependent on subtle ideological leadership or “willed and conscious deception” on behalf of the governing classes (Gramsci, 1995: 395), which was exercised through everyday cultural practices and institutions, such as sport (Hargreaves and McDonald, 2000). Central to the ideas of many Cultural Studies theorists, in this respect, is Antonio Gramsci's notion of *hegemony*. Hegemony is often described as a “form of control which is persuasive, rather than coercive, and which depends upon the production and maintenance of values and beliefs that support established social relations and structures of power” (Hargreaves, 1989: 133). Italian Marxist, Gramsci, originally used the concept of hegemony as a tool for critically examining the process by which a social group or class is able to establish

its ideas and practices as 'commonsense' or for the "material organisation intended to maintain, defend and develop" the "ideological front" (Gramsci, 1995: 155) of a ruling social group. Hegemony theory attempts to move away from the false dualisms of human freedom vs. constraint, individual vs. society, and structure vs. agency that have burdened sociological theory. It does so by acknowledging that while human beings face structural constraints upon their lives, they are by no means duped by dominant ideologies. The relationship between individual and society proposed is both determined and determining, or a product of both social relations and structures of power and conscious thought and action (Hargreaves, 1989). According to Andrews and Loy (1993), for example, the human agent is able to create the world in which she/he lives since she/he is "not structurally positioned within an ideological field; rather the agent actively produces meanings of social experience from which [they] ... are able to explore, reproduce and contest" (p.266) existing structures of power.

Gramsci's concept of hegemony also looks beyond static definitions of power toward ongoing, fluid and processual conceptions of dominance. While hegemonic power implies "a fairly complete system of ideological dominance" (Theberge and Birrell, 1994: 327), it is never total or uncontested but "has continually to be renewed, recreated, defended and modified. It is also continually resisted, limited, altered and challenged" (Williams, 1977: 112). Dominant groups and structures need to be flexible if their hegemonic impact is to be maintained and if they are to absorb potentially contradictory ideologies and cultures (Whitson, 1984). As Hargreaves (1982) argues:

Hegemony is never guaranteed to a class, it must work hard for it: by making genuine concessions to other classes and groups; by accommodating imaginatively and positively to opposing pressures; by forming alliances with potential enemies; by being able to foresee and preempt alternatives to its hegemony; and by assessing accurately what combination of coercion and persuasion to use (p.115).



Indeed, while there is usually a dominant cultural form, it is likely to be challenged by emergent and residual cultures. As Hargreaves (1986) notes, for example, in Victorian Britain the nature of sport and its dominant form was constantly in flux. In the early stages of industrial capitalism the dominant classes were able to use their economic privilege to "reconstruct popular sports and pastimes" (p.205) and to firmly establish a 'rational recreation' movement. However, by the mid-Victorian era sport and leisure activities began to be transformed in the public schools of England and Wales by an emergent 'games ethos.' While the overriding aim of the dominant groups during this period was to ensure the "repression of 'disorderly', 'disreputable' forms of popular sport" (Hargreaves, 1986: 206), these efforts were met by resistance. For example, traditional, working-class activities sometimes continued to be played in rural areas, and in this way constituted a challenge to the dominant order by a residual culture.

Cultural Studies simultaneously acknowledges that ruling social groups attempt to maintain their authority by using ideology to construct their power as natural, inevitable and neutral, but that dominant group leadership is never complete but subject to contestation. In this way, it has emerged as a "continuously evolving, anti-materialistic, anti-essentialist, anti-reductionist strategy for analysing conjuncturally specific relationships between culture and power" (Andrews and Loy, 1993: 270). Cultural studies provides the means for understanding the liberating and constraining aspects of popular culture and in this respect may "provide some provocative frames of reference for understanding the multi-dimensional nature of sport in society" (Hollands, 1984: 66).

### **3.2 Sport: Ideological Domination and Cultural Struggle**

As previously mentioned, Cultural Studies emerged largely in reaction to, and as a result of, dissatisfaction with traditionally rigid or 'crude' Marxist theorising about the nature of social order. Although the analysis of sport from a Cultural Studies perspective is clearly located in the Marxist tradition, it is, in the same way, highly critical of many aspects of its roots (Rojek, 1995).

Cultural studies has, for example, accused orthodox Marxist accounts of modern sport of being economically determinist, historically materialist and uni-dimensional. From a cultural studies perspective, these accounts view sport, often inaccurately, as a simple ideological reflection of a society's dominant economic mode of production. Sport in capitalist society is a vehicle for maintaining ruling class ideology (through which the masses learn labour requirements and are prepared for the workplace) and legitimising class domination (or reinforcing and perpetuating class divisions and inequalities). Moreover, since the mode of production in capitalist society is seen to be based on exploitation and alienated labour, a form of sport is produced which is a reflection of these inequalities. Sport, in this way, is a 'prison of measured time' (Brohm, 1978), which, despite being portrayed as politically and culturally neutral, supports the class rule of the bourgeoisie. It values discipline, obedience and hard work and is exploitative and oppressive. Rigauer (1981), for example, argues that within the context of professional sport the athlete is little more than an alienated worker. Her/his athletic performance is manipulated and her/his body becomes a commodity to be bought and sold by the economically more powerful (owners, managers, sponsors, etc.). Athletes lack control over the product of their own labour and are often exploited for entertainment purposes. The result of this process is a dehumanised and alienated worker who no longer recognises her/himself in her or his own activity (Beamish, 1982) and

who works within an environment which teaches her/him to value extrinsic rewards over intrinsic satisfactions.

Although cultural studies acknowledges that sport is, indeed, an arena in which the political, cultural and economic elite use their power to define societal norms and values, it also sees sport as an aspect of culture embodying struggle and contestation. While earlier Marxist approaches to sport and leisure tend to contain “no sense in which people might consciously value sports as meaningful and beneficial aspects of their lives” (Hargreaves, 1982: 43), cultural studies views sport as potentially constraining and restrictive, but also potentially liberating and empowering.

Sport is simultaneously a social practice structured by the society in which it exists and a contested ideological terrain. It is a site of popular struggle in which the dominant group's hegemony is continually challenged (Donnelly, 1988). While sport is an instrument through which a hegemonic class or group can establish and maintain its version of ‘reality,’ counter attacks upon hegemonic practices are likely (Whitson, 1986). Whitson (1986), for example, argues that sport in North America may simultaneously help to establish and challenge capitalist ideologies and the dominant social order. Professional sport often encourages hard work, discipline and competition, which serve the interests of the ruling elite and can prepare those who participate to accept the norms of the workplace. However, counter-hegemonic practices, such as some recreational sports (which emphasise creativity, freedom and enjoyment) may, according to Whitson, constitute a challenge to the values of professional sport and the broader logic of capitalist culture.

The development of sport in the nineteenth century also provides a clear example of how sport can be a terrain of ideological and cultural struggle. While, in this period, sport was often characterised by middle-class authority, it was also heavily marked by

cultural struggles over the form that activities should take. For example, the 'rational recreation' and Muscular Christianity movements of the period were, arguably, established by the ruling economic elite to serve the interests of a capitalist, consumer culture (Andrews and Loy, 1993). Many popular working-class cultures gave way to new, more disciplined, rational, and rule-regulated activities that facilitated economic production and ensured a docile and obedient industrial workforce (Whitson, 1984). According to figurationist Dunning (1999), for example, folk football was subject to a process of cultural marginalisation in the nineteenth century. While in its original form, the game was rough, violent and unorganised, it was elaborated and refined in the public schools of England and Wales. Football gradually became a tool for developing leadership, courage and physical and moral strength in young boys and eventually a commercialised, professionalised, profit-making industry.

According to Donnelly (1988), who gives a central role to Gramsci's hegemony theory, sport is not static but is part of a process of "cultural production, reproduction and transformation" (p.69). Donnelly argues that sport plays an important role in ensuring the continued power of the economic and cultural elite, but that resistance often tempers efforts made by these groups to define acceptable bodily behaviour in sport. The ideologies and practices of ruling classes and groups (i.e., white, middle-class, able-bodied men) can and have been resisted in three major ways: through self-conscious political protest (i.e., boycotting and demonstrating at international sports festivals); opposition to colonial rule (or the revival of old cultural ways and sports forms); and cultural resistance (the development of counter-cultures such as surfing, frisbee and extreme sports).

Indeed, a number of sociologists (Horne, 1988; Klein, 1991; Bairner, 1996; Cronin, 1999) concerned with globalisation and global sports processes have begun to

argue that sport and culture are *contested terrains*. In his study of Dominican baseball, Klein (1991), for example, argues that globalisation is a process in which a greater interdependence between the local and global culture is apparent but in which sport culture is a site of struggle and contestation. He notes that the dominant global sports culture has had a huge impact upon the game of baseball in the Republic. Despite the erosion of specific cultural hallmarks of Dominican baseball by forces like Americanisation, resistance has, however, been apparent. Dominicans devised strategies which indicated that they were acutely aware of global forces and much more than passive recipients of a global sport culture. Klein concludes that both dominant forces of globalisation and local resistance to global power shape global sport.

Elsewhere, Bairner (1996) and Cronin (1999) argue that sport has been a site of popular and political struggle in Ireland. Resentment to British rule, on behalf of certain sections of the Irish population, for example, prompted the founding of the GAA (Gaelic Athletic Association) in 1884. Its purpose was to restore traditional Gaelic sport forms and to create a distinctly separate Gaelic identity.

From a cultural studies perspective, sport, on the one hand, is an important vehicle for the production and maintenance of ruling class ideology. It is a cultural sphere that bolsters the existing social order by constructing the norms and values of the economic and cultural elite as 'natural'. On the other hand, it is an institution which affords subordinate classes the opportunity to resist and challenge the established balance of power in society. It is a cultural battleground or an ideological terrain characterised by domination, negotiation and resistance. While sport is clearly an arena for social-class conflict, it is also a site for gender struggles over the production and maintenance of masculine hegemony.

### 3.3 Gender Wars: Masculine Hegemony and Feminist Challenges

Feminist cultural studies emerged out of dissatisfaction among a number of feminist scholars with the generally gender-blind approach to early cultural studies work at the CCCS. Although previous accounts of sport tended to focus solely on class hegemony, the Women's Studies Group established at the Centre in the 1980s began to combine class with gender concerns. More specifically, members of the group sought to analyse how gender relations can be reproduced by, but also resisted and altered through, sport. While earlier liberal, radical, and Marxist-feminist approaches to studying sport often focus on 'distributional' and 'numerical' issues (Whitson, 1990), such as unequal access, opportunities and facilities, feminist cultural studies tends to place a greater importance on "the values and behavioural norms it [sport] promotes and ultimately naturalises" (Whitson, 1990: 20). Feminist cultural studies concerns also lie with the acclaim given to male "ways of being which help to confirm patterns of male privilege and female subordination" (Whitson, 1990: 20). More recently, feminist approaches have argued that the body as "the material core of sporting activity ... and a major site of social struggles" (Hargreaves, 1987: 141), should be a more central element in a cultural studies approach to understanding sport and leisure.

As with established cultural studies work, feminist cultural studies views culture as a contested terrain, and a site of both domination and resistance. Women are responsible for defining their own bodies and lives but at the same time have their bodies and lives shaped for them by a set of powerful norms and values. They are neither passive recipients of oppressive ideologies nor entirely free from social constraints. In this way, a number of feminist scholars have argued that the concept of hegemony allows us to understand both male and female experiences of sport more fully. In applying hegemony theory to male leadership in sport we can see that sport is indeed a

male preserve. However, male hegemony in sport, as in all other realms of life, is never complete or total, but is characterised by constant struggles to define appropriate uses of the male and female body, including when it is disabled, injured or in pain.

### **3.3.1 Male Power, Privilege and Domination**

As with other strands of feminist thought (such as liberal, radical, Marxist feminism), feminist cultural studies is concerned with the patriarchal nature of contemporary sport. Those writing from a feminist cultural studies perspective argue that sport has developed as a male-dominated institution which serves in a number of ways to consolidate male privilege and reinforce masculine ideologies. As Bryson (1990: 181) argues, men "who have control over virtually all sport, including women's sport, have far better access to facilities and reap infinitely greater economic rewards from their involvement directly in sport and in the infrastructure that surrounds sport." There is very little gender equity for women in terms of participation opportunities, major inequities in the realms of facilities and equipment, and a serious under-representation of women in positions of organisational power (Theberge, 1991). Theberge wrote this about Canadian sport, but this is also true of sport and gender opportunities in many countries, such as the U.K.

Feminist sociologists of sport argue that sport is a "fundamentally sexist institution that is male-dominated and masculine in orientation" (Theberge, 1991: 124). In contemporary sport, ideologies of 'natural' gender difference are both maintained and enhanced and sexual stereotypes are naturalised. According to a number of feminists, the media are perhaps "the most visible and influential site for the promotion of sexual difference in sport" (Hall, 1996: 41). As Halbert and Latimer (1994) argue, for example:

the media have helped to perpetuate male domination by (a) excluding women completely from coverage, (b) having very little coverage of

female athletes (which distorts the public image of the percentage of women interested and participating in sports), (c) covering only those events such as figure skating and tennis that reinforce stereotypical feminine images of female athletes, and (d) minimising women athletes' achievements through sports commentaries (p.299).

Indeed, according to Halbert and Latimer, sports commentators have a significant role to play in minimising women's sporting abilities and achievements. These authors examined commentary which accompanied the 1992 televised tennis match between Martina Navratilova and Jimmy Connors, and in their analysis found that the commentator's language often reflected traditional gender biases and reconfirmed gender divisions.

Elsewhere, Duncan's (1990) study of the 1984 Los Angeles Olympics provides a good example of the representation and misrepresentation of female athletes by the media. She argues that while photos of female athletes may appear legitimate, objective and 'truthful', they are open to the interpretations of the photographer and editor, loaded with ideology, and typically shaped in the interests of hegemonic groups. Sport is a male-dominated institution and sport photography is an "ideological terrain of struggle" (p.40) which emphasizes the 'otherness' of women, constructs the way we think about female and male athletes, and serves patriarchal interests.

Similarly, Daddario (1994), who examined the media's portrayal of female athletes at the 1992 Winter Olympics, argues that the "sports media reinforces a masculine sports hegemony through strategies of marginalization" (p.275). According to Daddario, the media are constructed according to a sexist ideology, naturalise biological differences between women and men, and sexually objectify female athletes. They achieve this through several "hegemonic strategies" (p.286) which include "applying sexist descriptors, engaging in compensatory rhetoric, and holding adult athletes to an adolescent ideal" (p.286). Moreover, "where women's performances do challenge the



myths of male superiority ... these performances are largely ignored. Where recognition is given, the mode of celebration is often a thinly veiled celebration of women as a sex object" (Bryson, 1990: 176).

While ideologies and myths have undoubtedly shaped appropriate female bodily behaviour in sport and while the media may serve to marginalise and trivialise female athletes, a number of feminist cultural studies scholars have also noted the role of sexual stereotypes and images in the construction of the male sporting body. Both male and female bodies are socially produced and culturally regulated by a set of norms that define appropriate masculine and feminine behaviour. While female bodies have been historically constructed as "more docile, malleable and impressionable" (Cole, 1993: 87), to be a male in Western culture means being "tough, physical, athletic, fearless, powerful, competitive, aggressive, superior, ruthless, logical, shrewd, conquering, financially successful, unemotional, uncomplaining and correct" (Robinson, 1995: 137). Men are often, therefore, encouraged to use their bodies in forceful, physical and aggressive ways. Sport is an arena in which men may be expected to use physical force and toughness to establish and maintain hegemony and naturalise their superiority over women. It is a proving ground for masculinity that glorifies using the body in "forceful, space occupying, even dominating ways" (Whitson, 1990: 23).

In the same way that sport shapes the female body, it presents us with naturalised, commonsense images of the male body and in this way can be a damaging experience for male athletes who do not wish to, or cannot conform to, conventional notions of masculinity and culturally constructed norms surrounding acceptable uses of their body. The dominant image of a strong, powerful, muscular and skilful body may, for example, become problematic for the sufferer of chronic illness. As Charmaz (1994) notes:

Traditional assumptions of male identity, including an active emphasis on personal power and autonomy, and bravery in the face of danger form a two-edged sword for men in chronic illness. On the one hand, these assumptions encourage men to take risks, to be active ... on the other hand, these assumptions narrow the range of credible behaviours for those who subscribe to them (p.283).

Furthermore, these images may be problematic for the injured male athlete, whose masculine identity is likely to be intimately linked to his athletic identity. After speaking to four men who suffered SCI (spinal cord injury) through playing rugby, Sparkes and Smith (1999), for example, argue that following such injuries many men feel that their "masculine sense of self has been lost" (p.82). Masculinities are 'shattered' because these athletes no longer "class themselves as the dominant masculine male" (p.82) and can no longer express their physical or aggressive masculinity.

As Dworkin and Wachs (1998) argue, sport may also privilege heterosexual male behaviour and discriminate against "subordinate sexualities, specifically those of women, minorities and working class and gay men" (p.14). Moreover, they argue that sport can enhance gender inequalities and differences since it values hegemonic masculinity "which is defined, hierarchically, in relation to what is feminine and to subordinate masculinities" (p.1). In this respect, White and Gillett (1994), argue that the media have a role to play in trivialising both female bodies and 'alternative' masculine bodies. When analysing the context of the bodybuilding magazine Flex, for example, they found that the muscular, toned and powerful body is often constructed as the ideal male form. They argue that the emphasis placed on the "muscular body as a cultural ideal offers conservative resistance to progressive change and alternative masculinities by valorizing a dominance-based notion of masculinity" (p.18). Moreover, sports like bodybuilding can be harmful to both male and female participants since they are potentially detrimental to health, "reinforce the importance placed on [a certain kind of]

maleness in capitalist patriarchy, and help to reproduce a gender ideology that emphasises the naturalness of gender differences" (p.36).

As this section illustrates, sport is a patriarchal institution which often reinforces a range of discriminatory gender ideologies. Such ideologies have traditionally served to ensure the subordinate role of women in sport and to guarantee the maintenance of male domination and power. They are also likely, in this respect, to have an important impact upon how female athletes use their body within the context of sport, and how they understand and manage their body when it is injured or in pain.

### **3.3.2 Counter-Hegemony: Sporting Females Strike Back**

Throughout history, women's involvement in sport has been largely confined to aesthetically pleasing and graceful activities. However, recently there has been a significant growth in the number of female athletes participating in sports which both require and celebrate physical toughness. Moreover, this gradual permeation of a number of previously male-dominated sports and male sporting 'types' is being paralleled by a marked change in the use and presentation of many female athletes' bodies. Rather than conforming to popular definitions of femininity, which tend, as indicated, to portray the female body as weak and fragile, women are beginning to construct their bodies in a number of counter-hegemonic ways. Increasingly toned, fit and sometimes muscular female bodies represent a re-definition of traditional ideologies surrounding femininity, and may indicate a blurring and destabilising of established gendered power relations. However, while the growing physicality of women in sport may signify a shift in conventional gender roles and boundaries, much of sport remains a patriarchal institution, entrenched with a set of masculine values and ideologies that systematically devalue women's bodies.

Sport has historically been an institution within which the role and status of the female athlete and her body has strongly reflected the subordinate position of women in society more generally. At a point in time when male power and authority were arguably under threat by emergent waves of feminism, sport developed as a male-dominated homosocial cultural sphere which helped to bolster a dwindling patriarchy (Theberge, 1989). At best, women could expect to play a servicing role within sport (as they did within the family), and at worst were totally excluded. Successfully denying women access to what was becoming an increasingly popular and important element of culture rested largely on promoting a number of ideologies and myths about the female body. Alongside empirically unsupported medical discourses and a number of conventional wisdoms, sport became a site for the perpetuation of a 'myth of female frailty' (Theberge, 1989). Such a myth promoted the idea that women's bodies were weak and feeble objects, unsuited to the demands of physically challenging sport and exercise. Additionally, a powerful "ideology of domesticity" (Hargreaves, 1989: 139) which presented women "predominantly in their roles as mother and housewife, frequently in the context of the home, or as essentially feminine ... and as sexually attractive to men" (Hargreaves, 1989: 139) naturalised their subordinate position. Appropriate uses of the female body in sport have, therefore, been constructed around a Victorian ideology which portrayed the female athlete as "weak, inferior, and at the mercy of her hormones" (Hall, 1996: 41). Moreover, such an ideology helped to support as commonsense the natural superiority of the male body. In supporting such heavily gendered body ideologies, sport arguably became a mechanism for recreating and widening a set of gender relations in which the balance of power lay heavily in favour of men.

Over a substantial period of time there has, however, been a gradual acceptance of female athleticism and the stronghold of power exercised by men in sport has

arguably weakened. Encouraged in the 1900s by groups of female physical educators who established a number of institutions for women's sport, and also aided by government legislation such as Title IX (in the US), women have begun to challenge the deeply entrenched gendered ideologies that have shaped their bodies, and are increasingly starting to subvert earlier ideological assumptions about the physical capacities and limitations of the female body.

Most recently, this challenge, and the shift in the balance of contemporary gendered power relations it signifies, is marked by an increase in the number of women participating in sports almost completely dominated by men and historically deemed inappropriate and unacceptable for women. There has been a substantial growth, for example, in women's football (Cox and Thompson, 2000), rugby and ice hockey (Theberge, 1997), while more and more women appear to be getting involved in sports like bodybuilding (Duff and Hong, 1984; Miller and Penz, 1991) and boxing (Halbert, 1997; Mennesson, 2000). Women who participate in and enjoy sports that require them to use their bodies in forceful, aggressive and sometimes even violent ways pose a threat to culturally conditioned gender norms that have constructed the female body as a passive object. Indeed, a number of sociological investigations indicate that while men have traditionally used sport to enhance their own power by appropriating or 'colonising' (Miller and Penz, 1991) the female body, women have begun to adopt sport as a means of cultural resistance to the hegemonic gender order and to take control and ownership of their own bodies.

Writing from a figurational perspective, Dunning (1999), for example, notes the changing power relations between men and women in sport. He argues that in the past men occupied sport and developed it as a male cultural sphere. Although sport continues to be a predominantly male preserve, there have been shifts in the balance of power

between men and women, which have broadened acceptable uses of the female athlete's body. According to Dunning, current strides being made by a number of women in 'categorically unacceptable' male sports can be located in a civilising transformation in wider society. Civilising processes have increased patriarchal power by creating an image of ideal masculine and feminine roles. Such roles began to tie more men to their family role and subjected them to increasing female influence. Perhaps more importantly, however, civilising processes have led to constraints being placed on violent and aggressive behaviour and, therefore, required men to relinquish one of their principal power 'advantages' over women.

Elsewhere, and from a more feminist cultural studies point of view, Messner (1988) also accounts for the shifts in ideological hegemony of male-domination in sport. He argues that while sport emerged as an arena to support and maintain a "challenged and faltering ideology of male superiority in the 20<sup>th</sup> century" (p.197), male-domination has been simultaneously challenged by counter-hegemonic forces. Struggles began in earnest in the 19<sup>th</sup> century with wider feminist movements that began to challenge entrenched assumptions concerning femininity and the female body. Moreover, changes in family and work roles brought about by the expansion of industrial capitalism undermined traditional forms of male-domination. In response, male-orientated cultural spheres (which excluded women and enhanced gender stereotypes), including new sport and leisure institutions began to emerge. While such institutions placed numerous constraints upon women's opportunities, a wave of athletic feminism "which blossomed in the 1920's" (p.200) provided an initial challenge to "men's creation of sport as an uncontested arena of ideological legitimation for male-dominance" (p.201).

Theberge (1997) also notes that women involved in ice hockey, a 'flag' carrier of masculinity (or sport that celebrates male values such as physical toughness), are

beginning to challenge gendered ideologies about appropriate bodily behaviour for women. Interviews with female ice hockey players led Theberge to conclude that the enjoyment they clearly derived from the aggressive nature of the game, and from challenging their physical capabilities represented a threat to popular notions about women, sport, muscularity and physicality. Similarly, discussions with a number of female bodybuilders in Canadian gyms led Miller and Penz (1991) to explore the ways in which these women 'subverted' established ideologies that strongly linked femininity with qualities such as 'passivism' and 'nurturance'. According to Miller and Penz, a number of discourses, including medicine and the arts, have traditionally operated as mechanisms of social control, constructing "ideological packages of womanly qualities" (p.150) that have helped to legitimise women's exclusion from a number of important cultural spheres, including paid work, politics and sport. However, they argue that while "women have either been ghettoised in sports forms that emphasise the virtues of suppleness and grace" (p.159), by being involved in a sport like bodybuilding they "appear to have eschewed both exclusion and passive accommodation" (p.159). Moreover, in developing toned and muscular physiques they built confidence in their bodies and empowered themselves both personally and socially. In this respect, these female bodybuilders are a reminder that dominant cultural meanings are continually subject to re-negotiation and that prevailing distributions of gendered power are continually in flux.

Based upon participant non-participant observation and in-depth interviews with 12 female boxers and their coaches, Mennesson (2000) similarly examines the threat to male hegemony posed by women involved in traditionally male exclusive sports. By being strong and aggressive, female boxers, according to Mennesson, display a 'transgressive' form of femininity that challenges hegemonic representations of the

female body. The boxers in this study rejected what Mennesson terms “a Barbie Doll model of hyper-femininity” (p.29) and instead “valued efficacy and aggression over-aesthetics” (p.27). Moreover, they contradicted common assumptions regarding female attitudes toward risk by valuing the importance of “getting in there” and “finishing the fight as quickly as possible” (p.29) and by showing “no fear at incurring blows and enjoying using their fists” (p.27).

The rejection of traditional norms surrounding gender roles and the redefinition of conventional notions of femininity in and through sport also forms the focus of Duff and Hong’s (1984) research into self-images of female bodybuilders. Their analysis of 205 surveys led them to conclude that these women constitute a challenge to established myths about passive, weak and fragile female bodies. In particular, these athletes represent a ‘new concept’ of femininity, which celebrates muscular development.

While sport has traditionally been an institution that has helped to support male hegemony, emergent images of strong and powerful female athletes indicate that it can also be a site of resistance to the prevailing set of gendered power relations. By gradually impinging on previously male-dominated sports and using and presenting their bodies in much more forceful and powerful ways, female athletes have arguably begun to challenge established notions about the female body and its limitations. Although men have often almost totally ideologically controlled women’s bodies, strides are being taken by many women to regain ownership of their own bodies and lives through sport. Despite the fact that male power is subject to contest and negotiation, however, sport arguably remains a largely patriarchal institution deeply entrenched with masculine values and ideologies. While female athletes involved in physically demanding sports exhibit the capacity for being an active agent in their experience of social reality, their lives and their sport are likely to be structured by the existing form of gendered



hegemonic power relations. The plight of the female athlete for acceptance of her athleticism is unlikely to be unproblematic, but instead will be tempered by barriers and hostility and characterised by struggle, contest, and negotiation.

For female athletes who challenge conventional norms about femininity this is particularly likely to be the case. Those who pose a threat to male hegemony and ideological power will often face discrimination, exploitation, and stigmatisation. For example, women who are seriously involved in sport often have their femininity questioned if they fail to conform to or question ideologies about appropriate uses of the female body. These athletes are quite often labelled as lesbians or branded as deviant. While the 'myth of female frailty' (Theberge, 1997) has more recently lost some of its credence, it has arguably been replaced by equally critical notions about the sexuality of female athletes.

As Young's (1997) research with 60 female athletes in Canada demonstrates, women athletes involved in physically demanding sports are often forced to defend their sexuality and femininity. According to Young, the women he interviewed (who were involved in a number of sports including rugby, rock climbing, wrestling, ice hockey, and martial arts) encountered a range of 'homophobic reactions' and spoke of being labelled with terms such as 'butch' and 'unfeminine'. Such findings are consistent with Cox and Thompson's (2000) study of female soccer players. Data generated from observing and interviewing 16 members of a premier division soccer team in Auckland, New Zealand, led them to conclude that sport is a strongly heterosexual institution that often portrays physically strong female athletes as deviant. For these female soccer players, for example, having a muscular body often led to observers questioning their sexual identity and to them being "constructed as 'different' from other women through the heterosexual mechanisms of tomboyism and female appropriateness in sport" (p.12).

Similar discriminatory ideologies and notions about their sexuality are often, according to Duff and Hong (1984), faced by women bodybuilders. Despite challenging gendered ideas about female bodies, these women were concerned that being too 'muscly' would compromise their femininity in the eyes of others and make them look 'manly.' Moreover, their views on the female form, which they believed should be "graceful with femininely shaped muscles instead of bulging muscles" (p.378) indicates the continued influence of traditional gender roles. Additionally, Halbert (1997) argues that professional female boxers regularly encounter challenges to their femininity and are confronted by a number of negative labels and stereotypes because of the challenge they present to this male-dominated sport. While the boxers she interviewed most commonly encountered the label of 'lesbian', other stereotypes included 'overweight', 'different and strange', 'manly and butch', 'ugly' and 'foxy'. Being discriminated against in such a way often worked as a form of 'social control' meaning that these women would avoid training when male boxers were in the gym, or in a number of cases meant that they would not join a boxing gym at all. According to a number of sociologists, the homophobic climate of sport and the 'lesbian label' applied to some female athletes arguably works in a similar way to the 'myth of female frailty' -- to disempower women in sport. Indeed, there seems to be a great deal of evidence to suggest that while sport can certainly be a source of liberation and empowerment for women, it can also be a site for their continued subordination.

Undoubtedly, the negative sanctioning of fit, strong, and powerful women may discourage some female athletes from participating in sports that have traditionally been the sole domain of men. However, questioning the sexuality of these women helps to bolster male power and privilege in another very important way -- by encouraging conformity to a set of values and ideas about the female body and its use. Challenges to

the existing gender order are often compromised by attempts on behalf of female athletes to remain 'feminine' and attractive. Efforts to avoid having their feminine identity spoiled may lead some women to enter into a 'negotiated compromise' (Miller, 1996) whereby they combine counter-hegemonic behaviour (such as building muscles and being aggressive) with attempts to display feminine qualities (Young, 1997).

Mennesson (2000) notes that this can also be the case for female boxers. While their muscular bodies and involvement in a sport almost completely dominated by male athletes represents a threat to male hegemony in sport, the way they use and present their bodies reflects entrenched assumptions about femininity. Despite exhibiting a number of traits traditionally held to be essentially masculine, nearly all the boxers interviewed for the purpose of her study were keen to emphasise their femininity and to be identified as a woman. For them, this involved dressing and behaving in ways they viewed to be acceptable for a woman (for example, being sexy and styling their hair in 'feminine' ways). While nearly all of these females viewed themselves as 'liberated' by boxing, and believed that they were involved in generating alternative visions of women in sport, according to Mennesson, they quite often "continued to meet the classical standards of femininity" (p.22). In these ways, it should be emphasised that understanding the hegemonic nature of sport also entails understanding the contradictions and paradoxes in sport.

Although "women prize-fighters fundamentally reject a uni-dimensional and dichotomized conceptualisation of the social construction of femininity by challenging the most basic beliefs about women, as well as their role in society" (p.32), according to Halbert (1997), conflict is equally as likely to be a central characteristic of the female boxer's experience of sport. On one hand, her athletic role requires her to develop a degree of body tone and muscle and to use her body in forceful and aggressive ways. On

the other hand, however, socially constructed gender roles demand that these women behave in traditionally feminine ways. Divided by this conflict, many women, according to Halbert, enter into a process of 'public appearance management'. Typically, these female boxers attempted to manage their appearance by wearing feminine clothes and emphasising their feminine characteristics to minimise the discrimination and stigmatisation often levelled at them.

New and alternative uses of the female body in and through sport are undoubtedly leading many to begin questioning a number of ideologies that have helped to marginalise and exclude women from sport. Counter-hegemonic images of strong and powerful female athletes have begun to challenge taken-for-granted notions that women are weak, passive objects. Involvement in a range of traditionally male-dominated sports is, for an increasing number of women, becoming an empowering and liberating experience. Sport is thus a cultural institution which may give men the opportunity to establish their authority and power over women. However, it is also characterised by counter-hegemonic attacks on the dominant patriarchal order. Emergent images of female athletes have, for example, begun to challenge dominant images, and more women are participating in rigorous and physically challenging sports that have previously been dominated by males. The constant struggle to define legitimate and appropriate uses of the female body in sport has arguably led to increased participation rates, expanding acceptance of female athleticism, better opportunities for female athletes, and greater access to training and coaching facilities (Messner, 1988).

The plight of the female athlete to gain entry and acceptance into what remains a largely male-dominated cultural sphere is, however, marked heavily by conflict, negotiation, contradiction and compromise. Their infiltration of a number of traditionally masculine sports reminds us that power relations are perhaps best conceived of not as

static phenomena (or in terms of groups that own power and those who are completely without it) but instead as dynamic and constantly in process. Counter-hegemonic images of strong female athletes indicate that power rarely lies solely with any one dominant social group but will often be fought for and struggled over. The barriers faced by many women in sport, however, illustrate that regardless of the fact that dominant factions (in this case men) will often need to relinquish a certain amount of their power to subordinate and emergent groups (i.e., in this context women), ultimately such groups are usually in possession of the cultural and economic capital to make decisions and establish ideologies which help to legitimise and bolster their own influence and authority.

### **3.4 Summary: Hegemonic Forces and Sports-Related Pain and Injury Experiences**

In Cultural Studies terms, sports-related pain and injury are likely to be simultaneously determined and determining experiences. That is to say, both male and female athletes may have their bodily behaviour shaped for them by dominant group ideology; at the same time, however, they also have the capacity to define how to use their own bodies. As previously discussed, for example, sport often supports the class rule of the bourgeoisie by promoting values associated with discipline, obedience and hard work. Within such a climate, elite athletes (both male and female) may be exploited for their labour and encouraged to place their bodily welfare in jeopardy by training and playing while injured. Bodies may become “performance-producing machines” constrained by “obedience to strict rules, efficiency, and record times” (Brohm, 1978: 41). In this way, pain and injury can be alienating experiences, in which the body is organised, trained and rationalised. The athlete becomes a “producer of performances

and records ... he [she] is totally governed by his [her] trainer ... whose sole aim is to increase the productivity of his [her] athletes" (Brohm, 1978: 105).

On the other hand, as Brohm (1978) also argues, "bourgeois ideology is only effective in so far as it is internalised by the masses and is experienced as false consciousness" (p.114). From a cultural studies perspective, athletes are not passive and uncritical consumers of the dominant culture, but are more likely to play an active and critical role in their own sports-related pain and injury experiences. While significant others (such as parents, coaches, trainers, sports administrators and athletic peer groups) may influence an athlete's orientation toward how she/he uses her/his body, it is likely that the athlete will have a marked influence over her/his own bodily behaviour.

From a feminist cultural studies perspective, sports-related pain and injury experiences may also be heavily gendered. As White et al (1995) argue, the patriarchal norms and values attached to sport can have a detrimental impact on both women and men's health: "The gendered arrangements of sport and leisure" (p.170) alongside "the preoccupation with bodily extremes ... and ... the struggle for profit and performance" can, for example, predispose female athletes to eating disorders and lead them to suffer from the health risks associated with such disorders. Dominant forces of hegemonic masculinity are likely to impact upon the sports-related pain and injury experiences of many female athletes. However, by participating in potentially violent and aggressive 'male' sports (like rugby, football and boxing), women simultaneously shape their own experiences and exact a counter-attack on male hegemony by constructing 'alternative' images of femininity.

The male athlete's experience may often be influenced by forceful notions of masculinity in which "body mass, physical endurance, risk taking, and various forms of body discipline including pain denial" (White et al, 1995: 172) are seen to be appropriate

male behaviour. However, for men and women, sports-related pain and injury experiences are more likely to be both socially and individually constructed. As in Frank's (1991, 1992, 1995, 1996) and Shilling's (1993) analyses of human action, the body has a definite capacity for voluntary action and is by no means solely determined by dominant hegemonic forces. Instead, the body is very much a 'project' which is shaped by culture as well as an expression of individual identity (Shilling, 1993).

It is in this sense that feminist cultural studies may offer an important lens through which to examine the gendered pain and injury experiences of male and female athletes. It is a perspective which may help us to understand that sports-related pain and injury experiences are shaped by social forces, but at the same time are likely to be characterised by struggle and negotiation, complexity and contradiction. Additionally feminist cultural studies is a conceptual tool which may shed light on the female athlete's experience as one which both helps to reproduce existing balances of power and challenge established patriarchal structures. Moreover, approaching sport-related pain and injury related issues from a feminist cultural studies perspective might heighten awareness with regard to the risks associated with participation in sport for both male and female athletes.

## CHAPTER 4: RESEARCH DESIGN

### 4.1 Studying Injury and Pain in Sport: Methodologically Pertinent Approaches

The following chapter provides a detailed outline of the research strategy adopted for this study of English female university athletes and their experiences of sports-related pain and injury. Included here is a discussion of the research problem, the actual fieldwork procedures used for the investigation, and a range of methodological issues that arose during the course of the research.

The study investigated the sports-related pain and injury experiences of a sample of female athletes at a UK university. The female athletes' experience of pain and injury provided the focus of this research for a number of reasons. While there has been a growth in examining male sports environments and the pain and injury experiences of male athletes (Kotarba, 1983; Smith, 1991; Messner, 1992; Young, 1993; Curry and Strauss, 1994; Nixon, 1994a, 1994b, 1996; Young et al., 1994; Young and White, 1995, Roderick et al, 2000, Frey et al 2004; Roderick 2004), women's experiences have been relatively neglected. Concerns with this imbalance have undoubtedly been raised by a number of sociologists interested in how women involved in sport understand and respond to injury and pain. Research on female sports environments remains, however, at a 'ground clearing' level. Moreover, many studies of pain and injury in sport have been based largely upon the analysis of quantitative data and have been conducted by male scientists in North America on male, North American athletes.

Thus, the current work was concerned with exploring the previously neglected experiences of those female athletes who are (as some early data suggest) arguably as likely to be involved with physical risk-taking in sport as their male counterparts (Nixon, 1994a; Young and White, 1994). Given that sport has justifiably been seen as a 'male preserve' (Messner, 1992; Hargreaves, 1994; Dunning, 1999), it is not surprising that



most existing studies of sports, pain and injury have been carried out by male researchers on male sports environments. The research was considered both timely and appropriate in that it offered the potential for a female researcher to explore a woman's perspective on pain and injury in sport and allowed a woman to document women's accounts of their lives, as expressed using their own frames of reference (Oakley, 1981).

#### **4.2 Procedure Implemented in this Study**

As previously outlined, the research investigated the sports-related pain and injury experiences of a sample of elite/varsity level female athletes at Loughborough University. Data were collected from a range of sports -- tennis, rugby, track and field, soccer, field hockey, triathlon, swimming, show jumping, canoeing, lacrosse and volleyball -- using surveys, semi-structured interviews, and non-participant observation. The decision to examine these particular sports was by no means arbitrary but based upon some very specific considerations. They were chosen initially as they embody a number of sport 'types' and because, consequently, their characteristics differ in a number of principal ways. More specifically, they represent team (soccer, rugby, field hockey, volleyball, lacrosse) and individual sports (track and field, tennis, triathlon, swimming, show jumping, canoeing), contact (soccer, rugby) and non-contact sports (tennis, field hockey, volleyball), sports which have been traditionally male-defined and male-dominated (soccer, rugby), as well as a number of sports that have been 'marginal' to the mainstream of dominant sport structures (triathlon, show jumping, volleyball, canoeing).

As such, it was anticipated that experiences of pain and injury within these widely ranging sports would vary widely. As identified in the section on epidemiology of sports-related pain and injury in Chapter 2, for example, owing to the repetitive nature

of their sport, tennis and track and field athletes often encounter a range of over-use injuries which may result in chronic pain (Harries et al, 1998). Due to the non-contact nature of their sport, they are, however, less likely than rugby players to sustain catastrophic or life threatening injuries (Adams et al, 1987). In contact sports, such as rugby, collision with other participants is often the most common cause of injury (Sports Council, 1991) and can lead to spine trauma "severe enough to cause either death or complete quadriplegia" (Harries et al, 1998: 878). Injuries can be accidental (as a result of a collapsed scrum, for example), but are often related to aggressive and dangerous play (Harries et al, 1998).

It was felt that casting the net widely, methodologically speaking, would be vital when attempting to understand the pain and injury experiences of female athletes and would help to provide a sense of how diverse and varied their experiences can be. As Young (1997) argues, "early evidence suggests that [there is] no homogeneous experience or set of values on the part of women athletes, no fixed or monolithic 'femininity', and that variation and contradiction are common" (p.298). Women's experiences are not only often very different from their male counterparts but are also likely to be unique in their own right, differing from one female to another both between and among sports. Of course, such assertions need to be clarified in the light of future in-depth studies of female athletes and in relation to further sociological evidence. As Halbert (1997) argues, however, while women are now more seriously involved in both traditionally masculine sports, and sports that have been considered more appropriate for female involvement, in comparison with male athletes, very little is known about women's pain and injury experiences in either of these domains. Moreover, sociological evidence (Young and White, 1995; Halbert, 1997; Theberge, 1997; Young, 1997; Friss Thing, 2004; Pike, 2000, 2004) suggests that there is a greater need than ever to

understand the gendered experiences of female athletes in a range of sports, since they are often increasingly willing to place their bodies at risk in a variety of sports contexts.

As Shaffir and Stebbins (1991) argue, particularly in the early stages, fieldwork is “fraught regularly with feelings of uncertainty and anxiety” (p.2) as it involves the researcher “getting acquainted with an essentially foreign way of life” (p.4). Initially, the social scientist may find “he [she] proceeds very slowly, making use of all his [her] sensory impressions and intuitions. He [she] walks very slowly and attempts to learn as quickly as possible” (Powdermaker, 1968: 419). The difficulties associated with gaining access to many research settings are often overcome by establishing contact with the group’s formal ‘gatekeeper’ (Burgess, 1991). These individuals usually “hold a pivotal position in the hierarchy of the institution being studied” and “exercise control over physical access” (Burgess, 1991: 47). In the same way that ‘gatekeepers’ can grant access to research settings they can, however, just as “quickly become an obstacle for the researcher to overcome” (Berg, 1998: 131). For instance, Berg (1989) found that his investigations into cigarette smoking and alcohol use in schools halted when a school principal voiced concerns over the suitability of the study.

Where the permission of an official ‘gatekeeper’ is not necessary, however, the researcher, as Van Maanen (1991) argues, might find it extremely helpful to secure the “assistance of a few reasonably knowledgeable and reliable” individuals (p.35). These contacts, who play the role of ‘guides’ or ‘informants’ (Berg, 1998), are generally members of the group being studied; and while they are less likely than ‘gatekeepers’ to control access to a setting, they will possess information about the group required by the researcher. Their native status, and in-depth knowledge is often an invaluable source for the social scientist who faces the task of “getting acquainted with an essentially foreign way of life” (Shaffir and Stebbins, 1991: 4). Burgess (1991), for example, notes that his

research into educational settings involved a process of “building relationships with teachers to gain access to groups individuals, and in turn, information” (p.42). Similarly, Van Maanens’ study of police agencies and their role and function in society in the 1960s, required him to “move in the flow of events that characterise the work and social situations of those studied” (Van Maanen, 1991: 35). According to Van Maanen, this process was only made possible by the relationships he forged with a network of ‘guides’ or ‘patrolmen’ in the very early stages of his research.

For these reasons, networks of preliminary key contacts were established in the early stages of this study into female sports environments. More often than not, these contacts were female athletes who belonged to the team or club being studied, and were chosen for their knowledge of the group and its members. While, in some cases, more official ‘gatekeepers’ (such as coaches or trainers) were approached for their advice on the most appropriate subjects for the research, the researcher relied heavily on informal contacts that were conceived of as ‘guides’ or ‘informants’ (Berg, 1998). Contacts were established with a ‘guide’ or ‘informant’ from each proposed research setting. These guides/informants were either already known to the researcher or had been introduced to her by colleagues or friends.

Each ‘guide’ or ‘informant’ was spoken to by the researcher either in person or on the telephone in order for her to briefly explain the nature of the research. As Berg (1998) argues, however, “researchers should remember that when they explain their presence in the field to locals, it is not a good idea to elaborate on the technical details of the study” (p.143). Therefore, every effort was made not to baffle the ‘informant’ with sociological jargon. Each ‘guide’ was simply told that the research was concerned with exploring the sports-related pain and injury experiences of female athletes at the university. They were asked about their own experiences of injury, and where

appropriate, if in principal they would be willing to participate. At this point, it was also impressed upon the 'informant' that they should feel under no obligation to take part, and that they may terminate their involvement in the study at any point. Moreover, in order to make the research slightly more appealing, they were told that the study would take up very little of their time but would simply involve answering a short survey, and possibly an informal interview (lasting for no longer than 45 minutes – 1 hour). Additionally, it was considered important to make sure the 'guide' understood that any information given to researcher either by them, or by other subjects, would be held in the strictest confidence. However, they were informed that since the finished thesis would be a public document they might be recognised through the events which they described (please see Consent Form – Appendix 3).

To summarise, the key role of each 'guide' or 'informant' was to introduce the researcher to their teammates, provide information about the 'best' subjects for her to approach, and/or help her to gain access to the contact details of appropriate subjects. In order to get a sense of which athletes the researcher might be interested in talking to, it was explained that potential subjects need not have had exceptional injuries but should have had injury-related disruptions to their participation in sport.

While it was hoped that establishing contacts with a number of 'guides' or 'informants' may aid the researcher greatly in the preliminary stages of access and data collection, she (I) acknowledged the fact that "securing access [from these individuals] is a delicate and never ending task" (Van Maanen, 1991: 35). In order to combat potential difficulties, I 'snowballed' informants, and used "people whom the original guide introduced" (Berg, 1998: 132) as an additional point of contact and source of information. In this respect, it was felt that "the larger the ethnographer's network of

reliable guides and informants, the greater their access and ability to gain further co-operation” (Berg, 1998: 132) would be.

The choice of largely qualitative research methods (namely semi-structured interviews and observation) for this study into the sports-related pain and injury experiences of female athletes was informed by a feminist cultural studies approach to social research. Such a perspective, as noted previously, is concerned primarily with accounting for the complexity, diversity and ambiguity which studies to date suggest is characteristic of many women’s lives. While it may be difficult to identify particular methods as ‘feminist’ approaches, feminist cultural studies scholars often adhere to a set of common principles which appear to guide their choice of research tools.

Valuable knowledge, for example, is not seen to be derived from research methods, which generate ‘hard’, quantifiable data. Such methods alone are, according to many feminist scholars “context stripping, unconscious of bias, which rely on sexist gender stereotypes and are not suited for research on how women (and men) in today’s society come into being” (Hollands, 1984: 69). Sociology, for feminist thinkers, should be about “giving the subjective situation of women greater visibility, not only in sociology but more importantly in society”, a goal which, it is argued, is impossible to achieve by simply gathering quantifiable data. Research, should not, in this respect, be aimed at explanation, prediction, and the control of variables” (Hollands, 1984: 69) but instead at explanation, detail, description and understanding.

For these reasons feminist scholars often prefer to conduct research into social life by using a number of tools aimed at eliciting rich and detailed qualitative data about women and their experiences of social reality. Appropriate methods for understanding the lives of women may, in this respect, include in-depth interviews, and observation research. Such methods are often viewed as more appropriate than quantitative methods

largely because they allow women to relate their experiences to the researcher using their own words. This, according to sociologists with feminist orientations, is a critical element of social research for a number of reasons. Firstly, according to Hall (1987), for example, taking the 'standpoint' of women is more likely to elicit a genuine picture of their lives. Women, she argues, as the oppressed group will "have no interest in appearances passing for reality and so can really show how things are" (Hall, 1987: 86). Moreover, as Harding (1987) argues, a truly rounded and complete understanding of a woman's experience in any social realm is not achievable without "listening carefully to how women informants think about their lives" (Harding, 1987: 2). Indeed, Ann Oakley (1981) advocates such an approach to carrying out social investigations in her study of women and childbirth. Her intensely personal research involved in-depth interviews and nine months participant observation with pregnant women. Such methods, according to Oakley, allowed her to understand more fully the 'subjective' experiences of these women and made possible "the articulated and recorded commentary of women on the very personal business of being female in a patriarchal capitalist society" (Oakley, 1981: 49).

As social scientists we should, it is often argued, employ research techniques which "generate problematics from the perspectives of women's experiences," work from the premise that "it is women who should be able to reveal for the first time what women's experiences are," and understand that "only a partial and distorted understanding of the world around us can be produced in a culture which systematically silences and devalues the voices of women" (Harding, 1987: 7).

In adopting research methods which allow women to speak for themselves about their own experiences, feminist cultural studies scholars have begun to challenge a number of traditional ideas about the 'best' ways to carry out social research. Most

importantly perhaps, by replacing structured interviews and hard survey data with more reflexive and unstructured methods, they have begun to question the notion that scientific knowledge-seeking should be about value freedom, value neutrality, and objectivity (Harding, 1987). According to sociologists like Harding (1987), for example, “a reliable picture of women’s worlds and of social relations between the sexes often requires alternative approaches to enquiry that challenge traditional research habits” (Harding, 1987: 184).

Positivistic inquiries into social life advocate a detached and objective approach on behalf of the researcher. As Kenyon and Loy (1969) argue, the role of the researcher should be to take a step back from her/his subject of research, she/he “should be neither a spreader of gospel nor an evangelist for exercise. [Her]/his function is not to shape attitudes and values but rather to describe and explain them” (Kenyon and Loy, 1969: 38). Other sociologists, including feminist sociologists, on the other hand, advocate a much more involved stance for the researcher. As with William F. Whyte’s (1955) classic Streetcorner Society and Erving Goffman’s (1969) seminal study The Presentation of Self in Everyday Life, which have become exemplars of how nuanced and intimate research can be carried out into aspects of human life, the researcher should not, it is argued, from a feminist perspective, need to separate themselves rigidly from their subjects, but instead ought to adopt “collaborative and participatory techniques where there is a dialectic between researcher and researched” (Hall, 1987: 92). Moreover, the researcher should not be ‘positionless’ (Smith, 1989) or “an invisible voice of authority” (Harding, 1987: 9) but should be a ‘witness’ (Smith, 1989) or appear “as a real historical individual with concrete, specific desires and interests” (Harding, 1987: 9). As Oakley (1981) argues, feminist scholars firmly believe that there is no intimacy without reciprocity and that, therefore, the “mythology of the researcher and



researched as objective instruments of data production should be replaced by the notion that personal involvement is less dangerous than bias – it is the condition under which people come to know each other and to admit others into their lives” (Oakley, 1980: 58).

With regards to the issues of value neutrality in social research, feminist cultural studies scholars often hold a very specific set of epistemological assumptions. Rather than seeing objectivity as crucial, they argue that it is neither fully achievable nor necessary. According to Hargreaves and McDonald (2000), feminist cultural studies scholars generally believe that it is “possible to carry out worthwhile and ‘scientifically’ sound research without the spurious pretence of objectivity” (p.56). Value neutrality, it is argued, is difficult, if not impossible to achieve, since as social scientists we cannot avoid bringing our own ideals and values to our research. As Brunskell (1998) suggests, for example, “no researcher practises outside his or her system of values and no social science method can ensure knowledge is produced independently of values” (p.4). In many ways, we are better to acknowledge that our research may be influenced by such things as our own personal biographies and histories.

It was anticipated that the use of qualitative, reflexive research methods such as semi-structured interviews and observation in this study of female athletes and sports-related pain and injury would allow women involved in a range of sports the chance to talk in their own words about their own experiences. I aimed, in choosing such methods, to develop a fully rounded and comprehensive understanding of these women’s sporting lives. Moreover, my research was conducted from the premise that it is not necessary for the researcher to be detached from her/his subject, rather, that involvement in a research relationship can produce invaluable rich, descriptive qualitative data.

### 4.2.1 Surveys

Initially, data were gathered using a survey instrument that was designed to detail the basic landscape of the research and identify central issues. A 39-item survey was distributed to approximately 100 athletes and 68 surveys were completed (see Appendix 1). Since 'random' sampling techniques were not considered appropriate or practical for this study, the principal sampling method used was 'convenience' sampling (Fowler, 1993), a procedure named as such because it involves selecting subjects that are readily accessible to the researcher (Adler and Clark, 1999). As the research progressed, however, use was also made of the 'snowball' sampling strategy (Fowler, 1993). This involved using some members of the group under study to identify other members (Adler and Clark, 1999).

The 39 survey questions were based upon key themes found in the existing sociological literature on sports-related pain and injury and were arranged into seven sections: introductory questions; experiences of sports-related pain and injury; sport, health, the body, and identity; responses to sports-related pain and injury; the role of significant others; recovering from injury; and attitudes to sport, pain and injury.

Since, as Hughes and Coakley (1991) argue, many athletes accept no limits in the pursuit of athletic excellence, a number of introductory items related to involvement in sport were concerned with exploring how long these athletes had been participating in their sport(s), and to what level and intensity. Following this, questions about the athlete's experience(s) of sports-related pain and injury were directed towards helping the researcher to glean information on the type, severity and frequency of injuries that they had suffered. Additionally, a category of questions entitled 'sport, health, the body, and identity' was geared towards developing a preliminary understanding of how these female athletes felt about their body both when it is healthy and when it is injured.

Moreover, these particular items were designed to probe their wider feelings surrounding being a female involved in sport.

Since the vast majority of the sociology of health and illness literature identified in Chapter 2 argues that it is not adequate to view pain, injury or illness as entirely physical phenomena, a number of questions were also concerned with exploring the emotional dimensions of these athletes' sports-related pain and injury experiences. These items asked the respondents to reflect on how they felt when they were injured, if their injury had an emotional impact on their lives, and how they coped while injured or in pain. Since existing research has illustrated that significant others (such as coaches, team mates and sports administrators) can impact upon the athlete's experience of pain (Nixon, 1994a; Young and White, 1995; Walk, 1997), the survey also addressed a number of issues pertaining to the role of others in these female athletes' experience of sports-related pain and injury. These questions examined how pain and injury are, in this respect, not just physical but also fundamentally social experiences. Finally, a number of items were directed toward recovery from sports-related injury and also at these respondents' attitudes about sport, pain and injury. These questions were particularly important since the survey and interview sample included both athletes who had returned to their sport, and those who, because of injury, had been unable to. As Coakley and Donnelly (1999) argue, athletes do not always recover from injury and are sometimes forced to terminate their involvement in sport because of it. Their experiences need to be understood since such a process of transition from participant to non-participant is often a very traumatic one. Being forced to disassociate from one's sport in this way can be particularly problematic, as Young and White (1995) suggest, when an individual's identity is so closely intertwined with being an athlete. Indeed, as they argue, athletes are

often so desperate to avoid terminating their sports careers that, even when faced with extreme pain and very serious injury, retirement is considered a final resort.

In the interests of identifying unforeseen problems in the administration of the questionnaire, and to illustrate the need for modifying its design, the survey was 'piloted' using a sub-sample of athletes before it reached the full sample stage. The survey was pre-tested on approximately 10% of the projected final sample. Respondents were chosen on the grounds that they were either familiar with the subject matter, or because they were persons among the type being studied (i.e., female athletes). They were asked to cast a critical eye over the document and to comment, for example, on such matters as: the overall style and format of the survey; its length; the suitability and clarity of the questions being asked; the ordering of the questions; and the consent form attached to the survey. Feedback from the piloting of the survey instrument was then taken into consideration and changes to the document were made accordingly. Given the nature of the sampling procedure being used, claims as to the generalisability of the survey data cannot confidently be made. In this respect, the study is less concerned with representativeness and more with the humanistic/naturalistic enterprise of understanding a range of in-depth accounts and experiences.

While sometimes considered the least time consuming of research methods, the survey stage of this research into the pain and injury experience of female athletes was by no means unproblematic -- in the end, it was a much more lengthy process than initially anticipated. Problems were encountered both in the distribution and collection phases of the research as subjects sometimes declined to participate in the first place or were often unreliable in terms of returning the completed survey.

As previously mentioned, initially, questionnaires were distributed through a network of key contacts that had been established in the months prior to the design of the

survey instrument. These contacts had helped to identify a number of key respondents and had in many instances taken questionnaires to give to these individuals. However, on several occasions this method proved to be unproductive, since often the 'informants' or 'gatekeepers' either forgot to give out the surveys or failed to collect them from the subjects once they had been filled in. Indeed, when key contacts were left to give out surveys they were very rarely, if ever, returned. This became very frustrating and it was clear that a change of strategy was needed. Instead of relying so heavily on 'informants' and 'gatekeepers', therefore, the researcher made contact with each subject herself and surveys were given personally by her to each individual. While this was often a time-consuming process, it yielded a far better return rate.

Subjects were usually telephoned by the researcher who explained the nature of the research to each individual. If they agreed to participate, then an arrangement was made for the survey to be delivered by the researcher to the respondent or for them to collect it (again, however, on a number of occasions subjects failed to collect surveys, so wherever possible, surveys were delivered in person). Subjects would then be given approximately one week and were then contacted again to see if they had completed the survey. If the survey had been completed, arrangements were made for it to be returned by the respondent or collected by the researcher (which again appeared to be the most effective method).

Additionally, on a number of occasions, the researcher attended training practices, gaining the permission of the coach/captain to explain the research to the group/team, give out surveys, and take down contact numbers. While, at times, this was quite a daunting experience, it was an efficient and less time-consuming way of distributing and collecting the surveys. It was not, however, possible in a number of

cases since at the time of carrying out the survey research some teams were not training or playing matches.

#### 4.2.2 Interviews

Based upon the assumption that "subjects explain decisions and ... experiences ... in ways not elicited with traditional survey methods" (Walk, 1997: 29), the initial survey research was supplemented by semi-structured interviews. Following the preliminary analysis of the survey data, a set of interview questions was developed. The flexible nature of a semi-structured interview approach, however, meant that the schedule could be modified for each athlete and their specific injury experiences. Questions were based upon themes that emerged from the survey and once again were also drawn from the existing sociological literature on sports-related pain and injury summarised in Chapter 2. The interview schedule included a number of introductory questions which, for example, asked the subject to reflect on how long they had been involved in sport, and who had introduced them to sport; these questions were designed essentially to set the respondent at ease. Additionally, a number of questions similar to those on the survey explored particularly interesting areas in more qualitative depth, and a number of questions began to examine new areas of concern that had arisen from answers to the survey items. The survey, for example, indicated that these athletes may have experienced a degree of conflict between their role as an athlete and their status as 'female'/'woman'. They were, therefore, encouraged to reflect carefully on the impact which injury may have had upon their athletic and feminine identity. Furthermore, while much feminist research views sport as a tool for the oppression of women in society more generally, initial survey data painted a much more complex picture in which sport played *both* a liberating and constraining part in their lives. For this reason, a number of

questions were geared towards asking this group of female athletes to consider whether the dominant attitude to pain and injury in their sport was/is socially empowering or personally limiting.

After time had been spent designing the interview schedule, a great deal of consideration was given to the most appropriate athletes to approach for interviewing. A smaller sample was drawn from the initial sample, 28 women were chosen and 27 were finally interviewed. These athletes were identified according to their survey responses and subsequently their perceived appropriateness to the research. More specifically, they were selected because they represented more seriously injured athletes who had either had to take substantial periods of time out of their sport due to injury, or had, in several cases, been forced to retire. Once a decision about the 'best' subjects to interview had been made, these women were contacted and, where agreeable, a time for an interview was arranged. On each occasion the respondent was reminded before the interview commenced of the nature of the research and their role within it. It was explained to them that the research was concerned with examining the pain and injury experiences of female athletes and that during the interview, therefore, they would be asked to talk in detail about their experiences of pain and injury in sport.

Additionally, they were invited once again to sign a consent form (Appendix 3), which gave them details about the purpose of the study, their role within the study, their rights, and the researcher's responsibilities. It reminded them that the anonymity of sources would be protected by the use of pseudonyms but that, since the researcher knew the identity of the subjects, and because it might be possible for readers to identify respondents from descriptions and quotes, full anonymity could not be guaranteed. Furthermore, a checklist guide of ethical principles for conducting sociological

investigations with human subjects was completed, checked by the researcher's supervisor, and submitted to the Head of Department for approval.

Following the previously identified notion that there is "no intimacy without reciprocity" (Oakley, 1981: 49), or that establishing a good rapport with an interviewee will lead to more fruitful data, respondents who agreed to participate in the research were asked to choose a location that was comfortable and convenient. Interviews, therefore, took place in a range of settings including the participant's home, the researcher's home/office, and the subject's place of work. The researcher attempted to make the interviewees feel as relaxed as possible before, during, and after the interview in order to elicit the most honest and reliable data and encourage these women to discuss what were often quite sensitive issues. In general, interviews lasted between 45 and 90 minutes and, with respondent permission (which was given on every occasion), were tape-recorded. Conversations were then transcribed verbatim as soon as possible after the interviews concluded.

As a result of the problems experienced in the survey stage of the research with approaching respondents through key contacts, a conscious decision was made to make contact with each subject personally to ask for their assistance with interviews. Again, this appeared to be the most productive method resulting in only one athlete being unwilling to participate due to time constraints. Two interviews were, however, conducted over the phone due to students being away from the university at the time of the research in between academic semesters. Most of the women interviewed for the purpose of the study showed a genuine interest in the area and time was spent, on several occasions, after the interview discussing sports-related pain and injury issues with these women. Moreover, in several instances athletes commented on how therapeutic it was to talk to somebody about their injuries.



### 4.2.3 Observation

While the principal method of data collection was semi-structured interviewing, observation, a critical element of any fieldwork study, was a procedure employed to supplement and verify survey and interview data. The unsystematic, non-participant observation of training sessions and competitions/matches was carried out in a range of sports on campus. Details of matches and training sessions were obtained often from key contacts developed in the early stages of the research and from athletes who had been interviewed for the study. In this respect, many of the problems surrounding entrée into research settings were largely avoided. No formal permission was sought since by this point in the research a number of those being observed were already aware of its nature. These athletes either knew the researcher or had been involved in the study already. In this way, the observation carried out was of an overt nature.

Among other things, observation focused on reactions to pain and the language associated with injury experiences by all involved in the sport setting. While the researcher did not involve herself in the subject's activities, she watched and listened carefully for actions that either confirmed or raised a question mark over prior data, and for behaviour which indicated anything new about how these female athletes might experience pain and injury in sport. For example, she observed how teammates, coaches and trainers treated injured athletes and noted, for instance, how those who made little fuss or played on despite injuries were often praised. Moreover, the reactions of players who were forced to sit out of training or matches due to injury were also monitored. The researcher remained aware throughout that her presence in the field might have an influence upon the actions and behaviour of those she was observing and so attempted, therefore, to minimise the impact that she had on the research environment. This, as Berg (1998) recommends, involved attempting to blend into the research setting as much

as possible by dressing in a similar fashion to those being observed. According to Berg, 'looking the part' may help to reduce potential bias and negative reactive effects caused by the presence of the researcher in the field and, as Gurney (1991) argues, may minimise problems associated with "getting in and establishing rapport" (p.54). Being a female researcher of a similar age and ethnic and cultural background to those being observed was also of obvious benefit in this respect. After each period of observation the researcher withdrew from the research setting in an attempt to consolidate what she had observed. Extensive field notes recorded events, actions, and behaviours relevant to the study and were made on each occasion. In this respect, it is important to note that "the practice of field research does not guarantee the objectivity of the research" (Johnson, 1975: 24) but that the purpose of the research plays a large role in determining the data gathered from observation research.

While a good rapport was nearly always established with the respondents during interviews, and a trust was often developed that allowed the researcher to enter the research setting with relative ease, on the whole close relationships with those observed were not developed. Consequently, problems with leaving the field were not encountered. Every effort was made to ensure that the notes taken throughout this phase of the research were as thorough as possible and included the date/time at which the observations took place and details about the setting and its inhabitants. As Berg (1998) notes, the "detailed reproduction of every nuance of behaviour, conversation, and event during a field excursion is impossible" (Berg, 1998: 150). However, the researcher aimed to make the re-creation of events as accurate as possible by jotting down key words and phrases as they were observed, and by writing up notes in full immediately on leaving the field.

### 4.3 Data Analysis Procedure

The analysis of data gathered from surveying, interviewing and observing these female athletes was based largely on a grounded theory model which, as outlined by Strauss (1987), is “a style of doing qualitative analysis that includes a number of distinct features, such as theoretical sampling, and certain methodological guidelines, such as the making of constant comparisons and the use of a coding paradigm to ensure conceptual development and density” (p.5). The analytical processes of *induction* (the development of insights and tentative questions based on prior knowledge or personal experience), *deduction* (generating concepts from data), and *verification* (testing and qualifying original data and prior knowledge with new data), identified as central aspects of this approach were incorporated throughout. Additionally, as with the initial choice of methods for the research, the procedures adopted for data analysis reflected a feminist cultural studies concern (identified earlier in this chapter) with generating knowledge that is based on the notion of intimate exploration, description and understanding.

Analysis began initially with a careful examination of the early survey data. A number of preliminary lines of inquiry were generated from these early data, as were some insights into how these female athletes experienced sports-related pain and injury. These questions and insights were largely inductive, in that they were based principally on prior knowledge of the area gained through examining the existing sociological literature on injury and pain in sport and through my own personal experience of illness. As previously examined, personal experience and biography are regarded throughout this study as important tools for developing sensitivity to and broadening understandings of sports-related pain and injury issues. Reading the data alongside personal experience and prior sociological awareness, for example, indicated that, among other things, it

would be important to address whether or not injury experiences were entirely physical or had simultaneously emotional dimensions and implications.

Previous studies had indicated that emotional reactions such as guilt, frustration, anxiety and anger are not uncommon among injured athletes. The data here were read, therefore, in order to gain an insight into how these women actually felt while they were injured and in pain. The data were analysed for evidence of emotional responses to injury, questions about what circumstances might prompt these responses were generated, and provisional answers to these kinds of questions began to develop. Other areas such as the fostering of a 'no pain, no gain ethic' (examined in previous studies on male athletes) and possible motivations for playing while hurt or injured were also investigated in this first stage of analysis.

As time progressed, and a closer, more thoughtful analysis of the data ensued, a number of categories, themes, and potential lines of inquiry began to emerge. These lines of inquiry guided the construction of the interview schedule and the subsequent analysis of the interview data. At this point, and on the basis of beginning to answer provisional questions about interview responses, a set of codes for conceptualising the data were generated. For example, the emotional dimensions of injury anticipated to be of interest in the preliminary stages of analysis were confirmed to be significant. A category/code entitled 'emotional dimensions' of injury and pain was, therefore, created. NUDIST, a computer-assisted qualitative data analysis software package (CAQDAS), was then used to divide the text into segments and to apply previously formulated codes to 'incidents' within the data. These incidents were indicators of particular categories/sub-categories of events or actions. For example, the code 'training with pain' was applied to examples within the transcript where an athlete had described an occasion in which she had continued to participate in her sport regardless of being injured or in pain. Another code

used was 'significant others'; this was applied to all incidents within the data where an athlete's decision about an injury was influenced by another individual. Sub-categories of this code, therefore, were related to the identity of the influential 'other', i.e., coach, trainer, athletic peer, or parent. At a later stage in the analysis process, the package also allowed for the retrieval of specific data according to its assigned code. In this respect, the NUDIST software package was invaluable in terms of saving time when coding data and making the analysis procedure more rigorous and precise. As Fielding (2002) notes, "a major benefit of qualitative software is that it obliges researchers to be clearer about their reasoning, and enables the analytic process to be more transparent and therefore accountable" (p.168). This more systematic process of formulating codes, applying them to the data, and elaborating on initial insights constituted a largely deductive phase of the data analysis procedure. It helped to establish preliminary links between emergent concepts and began to generate answers to questions posed in the earlier stages of analysis.

In the interests of verifying and clarifying the preliminary analysis of data and the deductions that had been made, a return to collecting data ensued. Remaining interviews were directed by the analysis work carried out on previous interview transcripts and also fieldwork observations. In addition to allowing for the confirmation or contradiction of prior theory and knowledge about female athletes and their experiences of pain and injury in sport, this process allowed for particularly interesting avenues of investigation that had been previously neglected to be explored in more detail. Gathering new data, for example, clarified earlier 'hunches' (and also previous research in this respect) that female athletes are often as willing as their male counterparts to assume risk and tolerate injuries. Moreover, it qualified the need to explore the gendered nature of medical advice and treatment in more detail. In the same

way, returning to previous data and exploring more recent transcripts identified some areas as less important than originally anticipated.

Additional data, which were gathered from observation research helped in this verification phase of the research process. Field notes which, as previously noted, were completed after each observation session, were analysed for identified trends and themes and were once again coded using NUDIST. Analysing the observation data in this way encouraged an even more careful consideration of the parallels, consistencies, and differences within the data and, as such, arguably generated a more reliable and thoughtful set of findings.

In sum, the process of analysis in the present study was based on exploring the data in the light of prior knowledge and by the means of constant comparisons. Findings were based on the subsequent codification of a set of 'conceptual indicators' (Strauss, 1987) which were continually refined to produce a theoretical and sociological insight into the sports-related pain and injury experiences of this group of female university athletes.

#### **4.4 Reflections on Methodology**

On the whole, the decision to use a variety of research methods (surveys, semi-structured interviews, and non-participant observation) was justified by the quality and breadth of the data elicited. Some may question the use of a survey strategy for exploring the intricate and often sensitive nature of an issue such as the sports-related pain and injury. However, the hard data produced by the survey instrument in this instance provided an invaluable basis for generating preliminary ideas and concepts about what is, after all, a largely under-researched sociological issue. In this respect, it fulfilled one of the project's aims -- to contribute some valuable background knowledge to the

growing sociological literature on women, sport, and injury. Piloting the survey ensured that any problems with the clarity of questions were minimised, and issues related to an initially poor return rate of the questionnaire were overcome by changing the strategy employed for its collection.

Of course, the limited depth of the data produced by such a method would have been insufficient in producing a fully rounded, developed account of how these female athletes experienced sports-related pain and injury. This 'quantitative' technique generated useful data about such things as the sorts of injuries these women had suffered from, how frequently they were in pain, and what kind of treatment their injuries had required. However, it could not fully account for how they felt while they were injured, what strategies they employed for dealing with pain, how responses to pain could be socially constructed, or begin to explore the role that gender or being a woman involved in sport has to play in experiences of sports-related pain and injury.

The rich, descriptive data produced by both talking to these female athletes in a semi-structured interview situation and observing them at training and while playing and competing was more than enough to compensate for the relative inability of the survey to explore areas of their lives in a more complex way. In the first instance, interviews addressed the previously highlighted concerns of a number of feminist cultural studies sociologists in that they allowed these women the opportunity to convey to the researcher their own experiences in their own words. Moreover, they gave the interviewer the opportunity to follow up emergent themes, trends, and lines of enquiry in more qualitative depth.

The use of observation as a research tool afforded the researcher the opportunity to witness shared meanings and messages surrounding injury and pain in sport first-hand. Additionally, as noted in the discussion of analysis procedures, observation of

events over a period of time allowed for the clarification, verification, or rejection of earlier knowledge and theories. It also provided data on topics that the researcher had previously neglected to explore and issues that respondents may not have thought important to mention. In this way, observation, in addition to survey and interview research, proved to be an invaluable source of knowledge and helped to produce “fundamental data for building a more abstract understanding of the basic properties of human existence” (Johnson, 1975: 21). Future research in this area could benefit, additionally, from discussion or focus group interviewing. Such a method might elicit further qualitative data about the social nature of sports-related pain and injury and the shared meanings surrounding these experiences.

#### **4.5 Summary**

To summarise, the research design in the current study was built around the existing sociological literature on sports-related pain and injury. The research aimed to provide in-depth data about the sense that women athletes at university level and beyond make of pain, injury and illness in sport. As most injury studies to date are based upon quantitative research procedures and have dealt primarily with the accounts of men (Young, 1997), the study was considered both timely and appropriate. Three conventional research strategies -- surveys, interviews, and non-participant observation - - were used to draw data from a ‘convenience’ sample (Fowler, 1993) of athletes involved in a range of sports (tennis, rugby, track and field, soccer, field hockey, triathlon, swimming, show jumping, canoeing, lacrosse and volleyball) at a well-known university in the UK. Using a breadth of methods was considered appropriate for the study since it was hoped that this would help to elicit a more holistic view of this under-researched area and may help the researcher to interpret the wide range of experiences



that would likely be encountered. Furthermore, in this respect, the design of the research was influenced by the premise that “a good researcher [or good research] is not confined methodologically by being limited to a single strategy” (Morse, 1994: 223).

As the current research was carried out at a single institution, among a relatively small sample of athletes, obvious questions as to the generalisability of the data may arise. The research is not intended to be fully representative of women’s pain and injury experiences per se since, as Oakley (1981) suggests, there is no ‘one’ woman or woman’s experience (Oakley, 1981). Instead, it is concerned with complementing existing research in the area and contributing new knowledge on sports-related pain and injury in the lives of elite female athletes involved in a range of English campus sports.

## **CHAPTER 5: INJURY STAGES AND DIMENSIONS**

### **5.1 Introduction**

The aim of the following three findings chapters is to contribute to a sociological understanding of women's experiences of sports-related pain and injury by exploring aspects of how a group of female university athletes experienced injury and pain within the context of their sport.

This, the first of the three chapters, sets out to provide an overview of how these women understood, responded to and dealt with pain. Its purpose is to highlight a number of stages in the injury process, including the initial onset of injury (getting injured), actually being injured (living with injury), recovering and returning, or withdrawing from sport due to an injury. Moreover, its intention is to emphasise that each of these stages is not only fraught with physical pain, but also with negative social and emotional experiences. Chapter 5 begins by examining the types of injury experienced by the respondents and how often they suffered with injury and pain as a result of participating in their sport. Additionally, it addresses the most common causes of sports-related pain and injury among the group. Following an exploration of the rate, type and frequency of injury is an analysis of the experience of living with injury. The chapter concludes by reflecting on a number of social and emotional dimensions to returning to, withdrawing or retiring from sport.

### **5.2 Getting Injured**

This chapter begins by offering an examination of the processes involved in getting injured. It aims to provide some important background data concerning the nature, extent and frequency of the injuries and pain suffered by these female athletes, and offers an explanation of the origins of injury and pain among the group. Such a

discussion is considered vital as it establishes the context for the subsequent analysis of how these athletes 'lived' with and through injury and pain.

### **5.2.1 Women Athletes: Nature, Extent and Frequency of Injury**

Regardless of the type of sport they play, whether individual or team, contact or non-contact, the athletes involved in this study are representative of a group of women who have at some time in their sporting career experienced one (and often more) 'serious' sports injuries. These athletes talked of suffering from a range of 'minor' injuries including cuts and bruises, broken fingers, sprained ankles, and shin splints, to a variety of more serious injuries such as a dislocated kneecap, a dislocated ankle, a broken cheekbone and broken eye socket, a broken hand, a broken arm, and several torn, snapped, and stretched anterior cruciate ligaments. Participants in the study often noted, for example, that having an injury was an extremely regular occurrence and experiencing pain was something which happened on a day-to-day basis.

The ever-present potential for pain and injury in these athletes' lives was summed up by Gillian, a gymnast, who simply explained, "if you stopped training for every niggle or bit of pain you had you'd just never train." Additionally, Jo, a shot putter, noted how "there's hardly a training session when something doesn't hurt" and how it was common for her to be in some kind of pain as a result of her involvement in sport. Jo was not the only athlete to experience injury and pain on such a regular basis. Liz, a rugby player, also described how many injuries she had suffered, and reflected on how "you get pain all the time" and that when playing rugby, "you automatically end up with bruises and stuff." Carol spoke of a comparable situation in her sport, water polo. She explained that "things like black eyes are commonplace" and that each game resulted in "some kind of injury."

The data here also support Waddington's (2000) claim that "injury risks vary markedly from one sport to another" (p.30). Certainly, the female athletes in this sample who took part in contact sports were far more likely than those who participated in non-contact sports to sustain acute injuries. A female rugby player involved in the research, for example, explained how she had experienced a catalogue of serious injuries including torn anterior cruciate ligaments in her left and right knees, a broken nose, and a broken hand. In general, however, my findings confirm "the close association between physical injury and risk" and that "even relatively rhythmic and non-contact activities may be associated with substantial injury risks" (Waddington, 2000: 30). Athletes who participated in non-contact sports (such as track and field athletics, tennis and gymnastics) were no less likely to suffer with sports-related injury and pain, but were simply more susceptible to different injuries, often over-use injuries such as sprains and strains.

With only a few exceptions, whenever possible these female athletes would play through or train with what they considered to be 'minor' injuries. However, most of them had at some point experienced an injury which had been 'major' enough to prevent them from training or competing for a substantial period of time. The duration of time taken out of sport owing to injury ranged between two weeks and two and a half years, and on a number of occasions had required the athlete to stop training, playing or competing altogether. Over 50% of the women had required surgery for their injuries. Clare, a soccer player, who was forced to retire from the game due to knee injuries, described, for example, a series of very painful operations she had had to repair the damage. She explained how this had involved the surgeon "cutting my leg open just under my knee, making two holes and taking a bit of my hamstring and putting it

through to make a new ligament.” For Clare, the pain was “so intense” that she had been forced to use the drug morphine for almost a week after the operation.

In general, most athletes assessed the extent or severity of their injury on the basis of the amount of time which it had required them to ‘take out’ (Roderick, 2004) from their sport. Indeed, as Roderick (2004) argues, many athletes’ fears about injury centre mainly around how long the injury will prevent them from participating and the subsequent loss of athletic opportunity or decreased fitness which this may imply. Certainly, accounts of injury among this group of women were nearly always followed by a reflection on “lost time.” Jenny, a track and field athlete, thought about her experiences of injury in such a way. In an interview lasting for over 90 minutes, she talked, for example, of being “out for six months” with a dislocated ankle, “out for a couple of months” with torn ankle ligaments, and then “out for a good year” with shin splints. Additionally, Marie, a sprinter, spoke about her injuries in relation to how quickly she had recovered:

When I was about 15, I tore my left hamstring during a sprint training session. I was told it was a bit of cramp at first, but it wasn’t. Because I didn’t have access to very good physios I didn’t know what to do. It took me quite a long time to come back from that. It just kept going all the time. It was basically a year of on, off, get a bit better, get a bit worse before I was back sprinting again. Then a couple of years later I tore my right hamstring here at \_\_\_\_\_ in a competition. I got really good treatment straight away and I was back a lot quicker than the time before.

Most frequently, injuries that did not prevent training or competition were considered “insignificant” and disregarded, while those that required a rest and recovery period were viewed much more seriously. Jane, a javelin thrower, and Natasha, a triathlete, reflected in their survey responses, on what they considered to be their most serious injuries. Jane explained that her shoulder injury was the “worst” because it prevented her from “training and competing for what I would consider a very long period of time.” Natasha similarly equated the seriousness of her injury with not being

able to “compete properly for two and a half years.” Similarly, Kelly and Helen, both female rugby players, talked of what they considered to be non-serious or “insignificant” injuries. Kelly explained that “something like broken fingers doesn’t really count,” while Helen noted that cuts and bruises that do not prevent participation “might not look very pretty” but they cannot really be considered as injuries.

In sum, it appears that the sports-related pain and injury experiences of this particular group of female athletes may call into question a number of previously identified ideological assumptions about the beneficial impact which sport has on health. Along with a number of prior sociological investigations (Hughes and Coakley, 1991; Nixon, 1992, 1993a, 1994a; Young, 1993; Curry and Strauss, 1994; Young et al, 1994; Young and White, 1995; Pike, 2000, 2004; Roderick 2004), the data gathered here indicate that injury and pain can be routine features of participating in many sports, not only for male athletes, but for female athletes too. In this respect, it seems that participation, not only in professional sport, but also at university level, can sometimes have a detrimental impact on the physical well-being of an athlete. Further investigations into the experiences of university athletes are undoubtedly required, however, in order to substantiate such claims further.

### **5.2.2 Causes of Injury**

While examining the nature, extent and frequency of injury and pain is of obvious importance in developing a more fully rounded and adequate understanding of these women’s experiences, so, too, is a knowledge of how these injuries occurred. Indeed, a discussion of the origins of their injuries provides a useful preliminary insight into injury behaviours and attitudes (to be discussed subsequently). Moreover, it begins to address the overarching sociological purpose of this study by exploring the

importance of *social context* in shaping an individual's experience of injury and pain. What follows, then, is a discussion of the most frequently cited causes of injury and pain among this group of female university athletes.

## **I. Over-Use**

More than half of the athletes involved in the research explained in their answers to survey and interview questions that a majority of their injuries were a result of over-use or over-training. On average, they talked of training five or six days a week, sometimes twice a day, and for up to 25 hours a week. Depending on the type of sport being played, this training included weights, sprinting, plyometrics, circuits, endurance, resistance, and skills sessions. Most of these women followed intense training regimes that allowed little time for recovery from injury and that placed significant stresses on their bodies. This almost obsessive pre-occupation with training to extremes and a willingness to test physical capacities provides a striking parallel with earlier sociological investigations (Nixon, 1993a; Young, 1993; Young et al, 1994; Roderick et al, 2000) into the ways in which male athletes use their bodies in competitive sporting environments. Carol, for example, a retired swimmer, described her demanding training programme and the impact that it had on her health and well-being. She explained when answering the survey questions that, at the age of ten or eleven, she was training nine times a week. A follow-up interview with Carol was even more revealing in this respect, since it allowed her to reflect in greater detail on how these "heavy sessions left you lethargic all the time and feeling as though you hadn't slept or rested." In the same way, Georgina, a shot putter, explained how her broken wrist may have occurred because she had "pushed it too hard and kept going and going." Emily, a female soccer player who suffered a snapped anterior cruciate ligament which forced her to retire from the game,

spoke of how the injury may have been caused partly by the intensity of her training programme:

I'd been training about 30 hours a week, fitness training and things. I was just training really hard because I'd had such a bad season initially. I think I maybe just trained a bit too hard and it caused the injury.

Lupton's (1995) ideas about the relationship between dominant discourses and health appear to be particularly applicable to these female athletes' experiences of sports-related injury and pain. Her suggestion that established medical ideologies view health as something that can be attained through determination, hard work and 'strict bodily routines' appears to be paralleled in the subculture of university sport by a notion that success and achievement are best achieved through intense training regimes and bodily practices. Ironically, such intense training programmes are often, as the data here show, likely to be detrimental to athletes' health and well-being.

## **II. Physical Contact**

While a significant proportion of injuries suffered by these athletes arose as a result of extremely tough training programmes, an equally high number were caused by the physically demanding nature of the sport being played. This was particularly the case in contact sports such as rugby and soccer where injuries were often a consequence of the routine character of the sport -- challenges, tackles and collisions. Liz, for example, who at the time of interviewing had still not recovered from her injury following surgery, explained how her torn anterior cruciate ligament had been the result of a rugby tackle:

I was running with a ball and someone tackled me, not hard, but I twisted awkwardly when she tackled me. I've watched the video so many times and you can't see anything. This girl is running towards me and I go to tackle her and bring her back on myself. I just seem to let go and then start nursing my knee. The funny thing is [that] when you watch a game



all the huge knocks you take and you don't even notice and then this, she runs in, I fall over and that's it, out for a year.

Similarly, a tackle in a game of rugby had led to a fractured and dislocated knee cap for Kelly:

I played my first game for \_\_\_\_\_ in a new position and I was really enjoying it. I was playing quite well and then, just before half time, I got quite a severe tackle on my knee. I'll never know if it was because it wasn't quite ready from that previous injury, but I dislocated and fractured my kneecap. Basically, I was lying on the floor with my knee bent and my kneecap was on the wrong side of my knee. It was really painful, probably the most painful thing I've ever experienced.

A collision in a soccer match also resulted in very serious ligament damage for Samantha, who has subsequently undergone a number of painful operations and is now no longer able to participate in any kind of competitive sport. Samantha explained how the injury had occurred when she "went up for a ball from a goal kick" and "got taken out mid-air."

Sociologically speaking, an analysis of the origins of injury and pain among this particular group of female university athletes may indicate something about the wider terrain of contemporary gender relationships. Based upon prior sociological investigations (Duff and Hong, 1984; Rail, 1990, 1992; Miller and Penz, 1991; Halbert, 1997; Theberge, 1997; Mennesson, 2000), and upon the data gathered for this study, it appears, as argued previously, that male hegemonic power in sport may be facing increasing resistance. Indeed, by using their bodies in physical and forceful ways, the behaviour of these female athletes constitutes a clear encroachment into stereotypical (and constraining) notions about acceptable uses of the female body. Moreover, as argued by Miller and Penz (1991), Theberge (1997) and Mennesson (2000), the actions and attitudes of female athletes may be understood to be symbolic of a degree of cultural struggle and a desire on behalf of these women to take control of their previously appropriated bodies under patriarchal sport conditions. However, it must also be

considered that these actions and attitudes may also signify the incorporation of the female athlete into a potentially violent, aggressive and harmful 'masculine' model of sport; an incorporation which could help to reinforce deeply entrenched hegemonic values and ideologies.

### **III. Training Techniques**

In addition to over-use and physical contact, poor training methods were also identified by these female athletes as a major cause of injury. Training without 'warming up' before hand, or 'cooling down' afterwards and 'bad technique' were viewed as central sources of a range of both short-term and long-term injuries. Emma, a javelin thrower, noted how she had "done stupid things like broken fingers through doing something wrong," while Jane explained that the shoulder injury which kept her from competing to her usual standard for over two years was the outcome of "throwing a javelin very badly." When asked what most often caused her pain, Jane acknowledged the role of poor practice:

A majority of the time it's bad technique with the javelin. If you just catch something wrong, especially shoulders and things, then it can hurt. Everything has to be through the right line and biomechanically correct, otherwise I do catch it and it will nip.

For Jodie, a discus thrower, "regular sprains and strains" were a product of "trying to throw farther than I could" and being "unaware of how to throw properly and avoid injuries." Jodie also experienced "severe neural pain" as a result of a trapped sciatic nerve which was caused, in her words, by "adopting the incorrect technique when I was lifting weights." In a similar way to Jodie, Ruth noted that, as a teenager, she had suffered with a stress fracture in her foot caused again, as her physio suggested, by "poor practice." Ruth explained that "the injury seemed to get better when I changed my technique." Ruth's words, and those of a number of other women involved in the study,

indicated that female university athletes may enjoy only restricted access to a number of important services or sources of support. Indeed, conversations with these women began to suggest that, along with the insufficient medical advice and scarce financial help (to be discussed in Chapters 6 and 7), they may also be subject to inadequate guidance in terms of training and preparation for their sport. This clearly raises larger and more significant questions regarding the political economy of women's sport and sports resources.

In sum, as is evident simply from an analysis and discussion of the rate, type, extent and frequency of injuries and pain among this group of female athletes, sports-related injury and pain experiences are, from the very outset, much more than solely physical experiences. Instead, women's bodies and bodily experiences are likely to be culturally *inscribed* or *intextuated* (Turner, 1984; Shilling, 1993) and will be at least partly an outcome of the largely male-dominated, 'masculinist' (Young, 1993) culture that surrounds them. Moreover, from a feminist cultural studies stance, they are likely to be bound up in a complex network of gendered social relationships and will likely, as these female athletes' experiences demonstrate, be heavily influenced by societal expectations concerning appropriate and acceptable uses of the female body.

So far, this findings chapter has begun to answer some vital questions about the prevalence of injury among the women involved in this study (including why, how much, and how often?). It has not, however, begun to adequately address issues of *understanding* and *meaning* which lie at the heart of qualitative investigations into social behaviour. Such questions are arguably best addressed within a discussion of the social and emotional impact of coping with injury and pain on a day-to-day basis. What follows is an in-depth analysis of how this group of female university athletes lived with and through injury.

### **5.3 Bodily Pain, Social Networks and Injury Emotions: A Case for the Contextual Basis of Injury**

Having listened to these female athletes reflect on sports-related pain and injury, it is clear that their experiences are both multi-causal and multi-dimensional. While, as noted, there are obvious physical side effects to injury, focusing entirely on the biological aspects of these injuries would lead us to a superficial and limited understanding of the implications of pain and injury. As highlighted, the data indicate that above all else for these athletes, injury experiences are physically painful experiences, but to a great extent they are also socially defined, shaped by culture, and are associated with clear emotional realities.

The physical pain resulting from these athletes' injuries was often quite extreme as Kelly, a rugby player, and Clare, a soccer player, both noted. For example, Clare explained that the pain caused by snapping two ligaments in her knee was the worst thing she had ever experienced, while Kelly similarly described the pain she had suffered as a result of her sports-related injury as "the worst pain ever." For a majority of these women, however, the physiological and biological ramifications of their injuries were often secondary, in terms of importance, to its social and emotional implications. The way in which these athletes reflected on their injuries emphasised that injuries are collective experiences which are influenced by a very specific social environment. While, as previously examined, their experiences are likely to be shaped by a set of gendered hegemonic power relations embedded in sport, it also seems apparent that equally important is the specific nature and culture of university sport. Moving away to university, often from a very secure family setting, can be extremely daunting for first year students (who are normally no more than 18 years old). However, those involved in sport often find themselves quickly integrated into a club, team, or training group with whom they then spend a great deal of their campus time. Athletes who play sport on

campus generally live and work, as well as train, play, compete and socialise with their athletic peer groups. Interest and contact outside of their sporting networks is, therefore, often narrow and limited. While these athletic communities are often important sources of friendship and social support, the bonds created in these groups are extremely hard to maintain while an athlete is injured and particularly when that injury requires a substantial period of time away from sport and thus away from the developing social support network. Physical pain, for these reasons is quite often accompanied by feelings of anxiety, loneliness, isolation, and depression. It is in this respect that the social and emotional aspects of injury can become pronounced within the unique culture of university campus sport, especially for neophyte athletes.

The powerful relationship between social environment and how pain and injury are experienced by these female athletes was highlighted in Jane's words. She reflected on how she felt "detached" from her closely bonded training group while injured and described the range of emotional responses that this provoked. In her interview, Jane explained that she felt "useless," "left out" and as though she "no longer belonged." Feeling as though she was no longer a part of the training group she had been a member of for almost five years had a similar impact on the way that Belinda, a sprinter, experienced her injury. Belinda noted how difficult it was to be removed from the environment in which she ordinarily spent so much time. Not unlike a number of other athletes involved in the research, she explained that when injured and unable to train, she felt "lonely," "isolated" and "depressed."

According to Duquin (2000), the feelings of loss often exhibited by an athlete can be particularly intense when injury restricts normal life routines in some way, makes the athlete feel like a burden on others, forces them to experience varying degrees of social isolation, and discredits their sense of self and self-worth. All such problems were a

reality in the current study for Gillian who, despite eventually being able to return to her sport, faced two lengthy periods away from playing rugby. She described how she felt “guilty” for having to rely on others, “lonely” because she was isolated from her team, and “disappointed” at the perceived loss of her athletic status.

While being detached from their club, team or training group certainly seemed to cause a great deal of emotional upheaval for most of these female athletes, so, too, did the impact which injury had on their self-identity and status as an athlete. As with illness more generally, injury can fundamentally change the relationship an individual has with her body. Being an athlete was a primary source of identity for many of these women, most of whom had been involved in sport for so long that it almost entirely defined who and what they are. The majority of these women talked, for example, of playing some kind of sport since early childhood. Gemma, a soccer player noted how she had been involved in sport since a very early age and had “started to kick a ball about as soon as I could walk.” For many of these athletes sport was also a confidence-giver and a source of status. Emma, a national standard javelin thrower, talked of the positive impact that being a successful athlete had been on her feelings of self-worth:

I think that knowing that you are one of the best in the world is quite nice. One of the reasons you do sport is because there is quite a lot of prestige which comes with it and quite a lot of opportunities that you’d never get otherwise. It does give you confidence being so good at something.

Similarly, Lyndsay noted how being involved in volleyball had a beneficial impact on her life. She explained that “being selected as someone with potential and talent” made her feel “quite special” and that playing for her country had increased her self-confidence. Jo, a shot putter who had also competed for her country, reflected in a similar way on the contribution sport had made to her life and the way she felt about

herself. She explained that sport had made her a more determined person and had given her the confidence to achieve both sporting *and* non-sporting goals.

As the data here show, for some women, involvement in sport, especially at the elite level, can be liberating, emancipatory and fulfilling (Young and White, 1995). However, participating in sport to a high standard and maintaining an athletic identity is also dependent on a fit, fully operational and healthy body, and thus is hard, if not impossible, for the athlete to retain while injured. Once again, drawing upon the sociology of health and illness literature may be useful when analysing the sports-related pain and injury experiences of this sample of women. According to Radley (1994), for example, 'negative self-sentiment' can occur in the chronically ill when illness prevents the individual from performing taken-for-granted activities. In the sporting context, injury can be problematic in similar ways for athletes. Not unlike the chronically ill patient, when injured, an athlete may have her identity, confidence, and self-esteem shaken. Mel, for example, noted how being unable to play netball because of a knee injury jeopardised her confidence and made her question her identity. Similarly, Belinda explained that having to take time out of her sport had challenged her own previously held assumptions about who she was as a person:

I suppose you feel detached from that part of your identity, like I'm an athlete and if you aren't doing athletics then you question who you are I suppose.

Belinda's words also underlined that athletes' identities are fragile and often "very narrowly and precariously defined" (Duquin, 2000: 481). While many of these women questioned their own identity and status, some found their athletic status challenged by others. Identities were 'spoiled' (Goffman, 1968) or 'discredited' (Radley, 1994) and self-perceptions of being a healthy athlete were replaced by the unwelcome stigmata of *injured athlete*. Paula, a triathlete, for example, noted how she was often referred to as

“the one that’s injured” and how she “sort of got this stigma attached to [her]” when a foot injury forced her to take two and a half years out of her sport. Importantly, all of these sorts of introspective experiences have also been reported by Young et al (1994) in their study of how male athletes play through pain.

Talking with these athletes also indicated that problems with identity are not uniform but may vary according to injury type. Having a non-visible injury, for example, can cause a range of difficulties for athletes in terms of identity, status and role. While athletes with discernible injuries are confronted with the risk of having their identity spoiled by the verdicts of others, those whose injuries are not observable face the dilemma of choosing an appropriate role. As with the chronically ill who must decide on whether to choose a sick role and be labelled ‘ill’, or hide its effects and risk making their illness worse (Radley, 1994), the injured athlete must find the correct balance in her ‘injury role’. As noted in Chapter 2, my own experiences of illness heightened my awareness of such issues. As a sufferer of a non-visible chronic illness, Crohn’s Disease, I was forced to make decisions about the role or status I should adopt. I would frequently choose to try to ignore my illness in a desperate attempt to bring a sense of normality to my life and in order to avoid being stigmatised or pitied. Sooner or later, however, I learned that my illness was a true force to contend with and was not to be hidden or ignored. Nevertheless, I found this decision-making process extremely difficult. Such predicaments were faced in the present study by Jane who suffered with a very painful, yet (also) non-observable, shoulder injury. She explained how the reactions of others to her injury made it very difficult to adopt the role of an ‘injured athlete’ and to actually make sense of the injury:

For a long time I was going to the physio and they would say do this rehab exercise, do that rehab exercise and you’ll be fine, you shouldn’t be feeling any pain, etc. Then I’d go to training with high hopes of having a good session and after the first throw it would be hurting. I think even my



coach thought I was lying. It was as though nobody believed that I was actually in pain and that I couldn't do it, so I carried on in the hope it would be ok. Four physios down the line and someone tells me what I've actually done [i.e., that it was muscle and nerve damage]. I just felt as though it was the first person who actually understood how I felt. That was September, 2001, about five months after I'd injured myself. Finally someone seemed to understand. From then on, I was able to properly deal with it.

As Jane's experiences invite us to consider, dilemmas confronting the athlete can include whether to expose their injury and be labelled a 'quitter', or to play through it and be seen as irresponsible. Once again, Young et al (1994) report on precisely the same conundrum where Canadian male athletes are concerned.

While athletes like Jane can be labelled as 'frauds' if they attempt to embrace an injured status, Kelly, a rugby player noted how those who reject this role can be regarded as 'reckless'. She reflected on how her team responded to a player who continually attempted to ignore and hide her injuries:

To start with, at the beginning of the season, when she just had a few little injuries, they appreciated her carrying on. I think that they appreciated it for a start and saw it as loyalty, you know as a good quality that she was playing on. As it went on through the season though and she was getting knock after knock it was obvious that she just wasn't fit. People were talking to her and behind her back about it, saying that she shouldn't really be playing. Some people were sympathetic to her about the injuries, but some people were feeling like she was almost asking for it. Some thought that she really should have sat out.

The Goffmanian (1968) notion that dominant norms attached to bodily behaviour can have a huge impact on definitions of self is particularly relevant in understanding such experiences encountered by Jane, Kelly, and a number of other female athletes involved in this study. Indeed, conversations with these women show that although a degree of human agency is likely to be evident in the construction of an individual's identity, as Goffman and others have argued, the social and cultural context within which injury and pain is experienced is equally if not more influential; it is certainly difficult to avoid or push aside.

In sum, my data illustrate the need to critically examine Western biomedical notions which, as identified previously, view pain and illness as completely physiological experiences. To be sure, while the women involved in this research talked of suffering with severe physical pain, they also explained that sports-related injury required emotional and psychological adjustment. Injuries were described as being accompanied by anger and guilt, while pain generated feelings of intense frustration. Most often, the major source of anxiety was linked to the fear of losing affiliation to a network of athletic peers to whom these female athletes were dedicated and committed. In this respect, the data gathered here suggest that pain, injury and illness should be conceptualised as emotionally charged *but fundamentally social* experiences. Moreover, it seems that to actually make sense of these experiences we must also view them as defined by and located within specific locales; in this case, the context of university sport. Having identified that, in and of themselves, sports-related pain and injury experiences are likely to be shaped, at least to a degree, by a range of social and cultural factors, what follows is an examination of how certain bodily behaviour, pain management practices, and perspectives on risk, injury and pain are also socially constructed.

### **5.3.1 Pain Perceptions and Policies: How Female Athletes Feel About and Respond to Sports-Related Risk, Injury and Pain**

The data gathered support the notion that athletes adopt a wide range of techniques for neutralising pain and coping with injuries. As Young, White and McTeer (1994) and Young and White (1995) have argued, both male and female athletes may hide, deny, and disrespect pain, as well as depersonalising its 'physical manifestations'. Having identified that the women involved in the present study represent a group of female athletes who often experience pain and frequently suffer with injuries as a result of their

involvement in sport, and in the light of my own and others' experiences of managing chronic illness, the focus of the following section will be to account for the strategies used by these athletes to understand and manage pain.

### **I. Rationalising Injury, Pain and Risk**

Perhaps the most common technique employed by this group of female athletes for coping with their experiences, was to minimise the importance of their injury or pain, and to rationalise the risks involved with participating in their sport. Indeed, such an approach or "having the right attitude" (Roderick et al, 2000: 71) has been shown in earlier sociological investigations to be more or less essential if an athlete wishes to remain part of, and be successful in, their competitive sporting environment. While a majority of research to date (Messner, 1990, 1992; Nixon, 1992, 1993a, 1994a, 1994b, 1996; Young, 1993; Young et al, 1994; Roderick et al, 2000) has examined such an attitude to risk and pain in male participants, data here suggest that female athletes are as likely to experience injury and pain and that, moreover, they are as susceptible to processes of injury normalisation and rationalisation as their male counterparts.

Dealing with pain and, therefore, being able to maintain membership in their particular club, team or training group seemed to require a number of women involved in the study to view serious injury as insignificant. Liz, a rugby player, for example, considered her broken hand to be "fine because it is only one of those little bones," while Ruth, a badminton player, explained how she coped with frequent pain by "making [herself] believe that most of it's not that serious." As previously discussed, since athletes often suffer with pain on a daily basis, injuries are frequently viewed as something to either 'work through' or 'just get used to'. Indeed, as the interview and survey data here show, the normalisation and routinisation of injury is closely linked to

the constant possibility that if one is seriously involved in sport one will experience pain on a regular basis.

Data gathered from observing women in a range of settings confirmed the existence of a climate of injury and pain normalisation. Whether in training sessions, or at matches, respondents frequently played through injury and while in pain. For example, while I was observing a soccer practice, Leah, a university first team player, was unfairly tackled by a member of the opposition on the synthetic pitch. She slid across the ground and picked herself up to reveal a long, deep graze down her thigh. Despite the fact that blood was pouring from the wound, and that the pained expression on her face articulated without words the agony she was in, Leah quickly got to her feet in order to take the free-kick she had earned. Such behaviour was not unusual, and was observed in all of the sports subcultures under examination.

For most of these women, rationalising risk, injury, and pain first and foremost required a present-centred, 'here and now' mentality. This often involved a consideration of the short-term effects of injury, but a frequent disregard for its future health implications. For example, Mel, whose knee injury had stopped her playing netball for over two years, explained that she understood but usually tried to disregard the physical damage her sport could be causing. She realised that training with her injury would "probably cause more damage" but noted that she used to "kid" herself that she was "a quick healer or something." Forgetting about the pain was described by Mel as the best way to deal with her injury. Jo, an England Under-23 shot putter, shared a similar 'live for the moment' approach to her involvement in athletics:

You are always told to do exercise and that it's good for you, so you just think, well I can't really be doing myself any harm. Having said that, my Mum and Dad were both athletes and now in their 50s they struggle [to walk] down the stairs. Mum has had operations on her hands from the pressure of sprint starts and Dad's had his cartilage out, so I've seen what might be to come. But I've seen other people who don't do sport and they

aren't always any better off. I just think that it would be worth it if you got to go to the Olympics or something. I think I'd be prepared to put up with the pain afterwards to be honest. You aren't told how much harm you're doing to your body, you're warned maybe if you don't do it right, then you can hurt yourself, but again I just don't really think about it.

According to Jo, "making yourself believe you can't really be doing your body any more harm is simply part of being an athlete."

While 'overlooking' or 'forgetting about' pain was often a central characteristic of these female athletes' injury experiences, so, too, was the rationalisation of risk. Most of the women involved in the research saw participation in sport per se as potentially hazardous, but most were unwilling to be critical of the particular sport subculture they themselves were attached to. Clare, for instance, recognised the risky dimension to sport more generally, but was quick to play down the hazards of being involved in soccer:

I think whatever sport you play there are risks involved and you know what they are before you take part. I wouldn't say it's any more risky than anything else. I suppose there is the physical contact in there, but that's what you train for!

When asked whether she thought volleyball was a risky sport, Theresa similarly defended her sport by judging it against other "more dangerous" sports on campus. Despite admitting that a number of girls in her team had sustained "broken ankles and broken bones," Theresa explained that, in her opinion, a non-contact sport like volleyball carries fewer risks than many other contact sports like rugby and soccer.

As the data here show, coping with injury and dealing with pain often means that an athlete must rationalise them as normal occurrences. Importantly, however, when talking to these female athletes it became clear that they were, more often than not, conscious of the health hazards associated with being involved in sport. Jenny, for example, reflected on the possible harm represented by being a triathlete. She described her training schedule and reflected on the risks associated with its intensity:

I do two track sessions a week, one of which involves five x 80m with 20 seconds in between, a three minute rest, and then a flat out 300m at the end. I'd still be doing a lot of mileage at this time of year. There would be hill sessions and track sessions in there too ... I think, yes, in a sense, it is risky but you have to be mentally strong and prepared for things like that. If you are strong enough to get through that then you'll be ok.

For Jenny, the risk of being “absolutely crippled” in later life was, however, outweighed by the possible rewards of reaching a high standard in her sport. Similarly, Jodie, a discus thrower, showed a knowledge of the future problems which her involvement in sport and more specifically her injury could cause. She talked of suffering with pain from a bulging disk in her spine, and explained:

I'd almost written myself off to be honest because I didn't want to risk being injured in the future. I knew I could end up being a bit of a cripple really. Then I recovered quite well and started doing bits and bobs again and didn't feel any pain. That progressed to me doing regular training sessions which then became competitions and it just took off from there. At the moment I'm fine and have no problems, but the weights are starting again now and we'll see how the back holds up to that. If I find it's a problem this will be the last time. I've got far more important things that I want to do with my time than suffer from back problems.

Conversations with these female athletes seem to support Nixon's (1993a) claims that “we should not conclude that athletes are so effectively socialised or strongly influenced that they cannot see beyond or behind the messages and pressures to play with injuries and pain” (p.188). Instead, we should acknowledge that a range of personal and cultural reasons may influence athletes in such ways that they are persuaded to accept risks and tolerate injury and pain, while at the same time being aware of them.

Data here also showed, not surprisingly, that levels of understanding among this group of women differed according to the type and severity of their injury. These athletes were, for example, particularly conscious about the likely risks of being a top level athlete when injury had threatened their involvement in sport. Sally, a soccer player, whose knee injury had required an operation and several months of painful

physiotherapy, noted how the injury had made her more analytical about involvement in sport:

Since my injury, I've realised the importance of getting a decent education. I always thought I'd be able to make a living out of football, which is a bit of a dream. Since my injury, though, I've realised that I have to get a good degree. I have to have something else that I can do as well as playing football because I could get injured again.

In a similar way, Paula explained that her long-term foot injury had actually encouraged a sense of reflexivity and understanding of the physical capabilities of her body and the harm which excessive training can cause:

Pain plays a massive part in sport. You're constantly thinking about your relationship with pain, whether it's good or bad or how much pain can you feel in comparison to the next person. Injury is a bit different. Because I've had an injury that kept me out for so long I'm very aware about everything in my body, I know when I think I'm going to get injured and when I feel that I need to ease back. It's made me very aware of my body and how it functions.

Once again, my own illness enabled me to reflect on these women's sports-related experiences in a more considered and nuanced way. While in many ways suffering from Crohn's Disease is, and has been, a negative experience, it has also undoubtedly changed my orientations towards my own body and helped me to recognise its limitations. Additionally, my data supported claims made by Dacyshyn (1999), that it is not uncommon for athletes who find themselves removed from sporting subcultures to adopt a more critical stance in relation to their role in sport. Although withdrawal experiences are to be dealt with subsequently, it seems important to note at this point that retired athletes may be more likely to question dedication and commitment to sport and reflect on its potentially harmful elements. Carol, an ex-national swimmer noted, for example, how difficult it can be for serious athletes to fully acknowledge the stress which involvement in sport may be placing on their bodies:

When I was 15 or 16 I didn't consider the damage it was doing, it's not even something you consider when you are so much a part of it. I'd just

get back in and change stroke if it was hurting. I'd massage my shins if they were hurting and then do another stroke. You just don't think about what it's doing to you. Everybody else is doing it so you just don't even think about it.

Similarly, Emily reflected on how withdrawal from soccer threw into a different light her previous assumptions about the game:

I think that all sports carry certain risks that you accept when you play. There was nothing I thought about particularly though because there are so many more positives than negatives in sport for me. Playing football was fun and fulfilled me. I need to attain and to achieve to keep myself going and sport was a good way of doing that. Now that I'm not playing, though, I can see that there are certain risks attached to playing the game. I guess when you are playing you just don't think about it.

It may be important to note at this point that the awareness and sensitivity of this particular group of athletes to injury possibilities may be attributable to their higher education experience. Most of these women were enrolled in Physical Education and Sport Science undergraduate degrees and appeared to have been well informed on a number of their courses about the risks associated with high intensity training and competition. A number of athletes reflected on the impact that having a higher-than-average level of schooling had had on their understanding of sports-related injury issues. Phillipa, a track and field athlete who had graduated from a Sports Science programme and at the time of interviewing was undertaking a Post Graduate Certificate of Education in Physical Education, noted how the course she had taken heightened her awareness of the dangers related to her involvement:

I must say that it's only been since I've done a Sports Science degree that I realised that I could be damaging my body for life, which makes it seem stupid to do sport to some levels. I don't think it's risky, if I really thought it was doing me long-term damage then I might think it was risky. I don't know all the facts, but maybe I will get 20 years down the line and realise I wish I hadn't done some things.

Similarly, Emma, a second year undergraduate student, showed how knowledgeable she was about training, performance and the potential for risk and injury in sport:



I think that when you are growing and your strength levels aren't at the same level as your physical capabilities you are putting more force through your joints than you really should. In that respect, there is always going to be an imbalance. Then when you get older it's more wear and tear really. I think that most of the time if you can have two years injury free then you are doing quite well. If an injury is too serious then I think they [other athletes] are a bit stupid to train, especially if they have been told by a physio not to. It does annoy me really. I mean one of my housemates has a small Achilles problem and she's been told by her physio not to do any running or calf-raises or anything but she's been testing it out. I mean there's no point because it's only three weeks of non-running and you can do a lot of other things or just change the training slightly.

It appears that along with social class-based differences in participation rates and access to sports resources, knowledge about health and injury processes can also be shaped by social class. As Horne et al (1999) have argued, an individual's experience of sport "depends on the financial resources available to the potential participant," their social status, and "the cultural meaning of a sport and the individual's relationship to those meanings" (p.104). In this respect, it is vital to consider that these women's responses may not be representative of all female athletes' understandings of pain and injury per se, and that knowledge about injury processes are unlikely to be uniform. Instead they will often be shaped by a number of social factors including the class background of the athlete and their economic and material resources. This includes their educational training and attainment levels.

In conclusion, most of the respondents were far from uncritical, unthinking consumers of popular ideologies about the connection between sport, health, and the body, which, according to Waddington (2004), have their roots in nineteenth century Britain and continue to experience near uncritical acceptance in countries around the globe until the present day. The data gathered from both survey and interview questions indicated that these women had not entirely absorbed the dominant belief that sport is always beneficial to health. Moreover, responses obtained from this group of female

athletes showed that they were able to critically examine involvement in sport per se. However, as especially observation data confirm, such an awareness often did not prevent them from playing, training, and competing to levels that nevertheless placed their bodies at risk of both short-term and long-term injury and pain.

From a distinctly cultural studies style of analysis, the experiences of these female athletes were characterised simultaneously by elements of both human agency and social structure that are arguably a central feature of hegemonic power relations (Whitson, 1984; Hollands, 1994). While an awareness of the potentially damaging effects of participation in sport identified here undoubtedly represented a challenge, for example, to dominant hegemonic notions about the links between sport and health, the continued involvement of these women indicated the ability of powerful, culturally-laden ideology to maintain established norms surrounding appropriate uses of the body in sport. In this way, although an assumption of risk doctrine identified by Nixon (1993a) as a central feature of many male sports environments arguably faces challenges from emergent ideas about links between sport, the body and health, research within the subculture of female university sport indicated that the lives of athletes continue to be structured, at least to a degree, by the norms of competitive sporting cultures which evidently place hard work, competition and success over an athlete's health and well-being. Such cultures teach athletes to view injury as normal, and to rationalise pain as acceptable, customary, and even worthwhile. To attribute the normalisation of injury and pain solely to an athletes' cultural environment would, however, be to oversimplify the complex relationship between sport and the acceptance of risk. The range of internal and external factors that may motivate female athletes to play while in pain, and to train while injured will, therefore, be discussed in greater detail in the subsequent findings chapter.

## II. Welcoming Injury and Pain

Data gathered for the present study support earlier claims made by Young et al (1994) that injuries are often poorly received in the subculture of competitive sport. A number of the women involved in the research explained, for instance, that outward expressions of pain were not appreciated by coaches and that peer groups (while described as important sources of support for injured athletes) often viewed injury as a “nuisance” or a “hassle.” Importantly, however, after both talking to and observing this group of female athletes it also became clear that certain kinds of less serious pain were viewed as ‘worthwhile’ and some types of injury even rationalised as ‘positive.’

That pain and injury were such a ‘normal’ and ‘routine’ aspect of her involvement in sport was partly the reason why Jenny, a track and field athlete, welcomed “that certain kind of pain that means you have worked hard.” In her words:

At a track session I wouldn't feel as though I had worked unless I was absolutely shattered at the end, I mean physically exhausted. If I'm going to do a session then I like coming out of it absolutely shattered and then I know I've really worked. I wouldn't say it was an uncomfortable pain, just exhaustion from doing so much. Out of a dozen sessions a week, I would get that four or five times.

Distinguishing between “good pain” and “bad pain” was a technique adopted by Paula, a triathlete, to “get over” the pain that frequently accompanied her often physically demanding training programme. As she explained in an interview carried out at her home:

Well, a twinge isn't good pain but you know it's going to go away quickly and it isn't really bad. Good pain is where you feel as though you've worked really hard, you've really exerted yourself, and you know when you've rested you're going to be a lot stronger. So that's good pain basically. Some days are amazing, there can be so much pain there but you almost don't feel it, you're almost above the pain. You just think, give me more pain!

Paula's attitude toward pain clarified earlier predictions by Nixon (1993a) to the effect that athletes who are exposed to a “deeply embedded culture of risk” (p.189) may

become involved in forms of 'self-abusive behaviour'. Indeed, an abusive orientation to her body was certainly something noticeable about Belinda's involvement in sport. Experiencing pain on a regular basis led Belinda to "get used to the feeling and rationalise it as a positive thing":

I suppose that you know when it hurts that it's working, that's the test. If you can do it when you hurt, you know other people might not, so that's what's going to make you better than somebody else. When it comes to racing, that's going to give you the edge. You know that if you are hurting two days later then you've worked. It's kind of an indicator to show you that you've worked hard. If the pain isn't there then you've probably not worked hard enough.

For Belinda, and many other athletes involved in the research, pain was clearly rationalised as a constructive experience and as a carefully monitored indicator of effort and hard work.

In sum, rather than simply underscoring how pain can be 'unwelcomed' as Young et al (1994) found with samples of male athletes, the data gathered here also appear to be consistent with claims made by Hughes and Coakley (1991) that when athletes accept the norms of a 'sport ethic' which "emphasises sacrifice for the game, seeking distinction, taking risks, and challenging limits" (p.307) they may see tolerating and sometimes even welcoming pain as a symbol of courage and commitment. Certainly, the general approach to such behaviour seemed to be summed up by Amanda, who despite suffering repeatedly with foot pain, noted, "I suppose I just don't feel right unless I've felt pain. You feel crap at the time, but extra good afterwards."

### **III. Concealing Injury and Pain**

As previously discussed, while injury and pain are sometimes rationalised as in some way positive or constructive experiences, most often they are viewed unfavourably by coaches, trainers and athletic peers alike. For these reasons those involved in sport

may find that hiding pain is an essential athletic practice. In this respect, the experiences of these women can be compared to those of chronically ill individuals who “will decide to hide [their] suffering from others when the costs of disclosure appear too high” (Kotarba, 2004). Indeed, in the present study, pain was ‘ignored’, ‘avoided’, ‘blocked out’ and ‘forgotten about’ by these female athletes. For example, being a successful athlete was, as Rebecca saw it, dependent on pain suppression. She explained that within the context of competitive sport athletes sometimes conceal injuries because they fear that outward expressions of pain may afford their opponents a “psychological advantage.” Jane, a female javelin thrower, also spoke of masking pain as being a routine characteristic of her involvement in sport. In her words:

I think you just get used to it [pain] because when you train you usually hurt anyway. I guess you just consider it as normal pain really. Pain is something you just deal with, it’s something you go through and you just try to ignore it.

In a similar way, Carol explained that she felt achieving distinction as a swimmer necessitated not revealing pain to her coach:

I would sometimes perceive that I wasn't made to feel as much a part of the session [by my coach] when I was injured. You'd expect that though because he'd be concentrating on those who weren't injured. Sometimes he wouldn't ask me how I was until the end of the session and I'd be in pain, so sometimes I felt a bit cut off. Sometimes I'd keep quiet about injuries though. If I had a competition coming up I'd not tell him if I was hurting because I wouldn't want him to reduce my training load.

Kelly’s views on injury appeared to confirm Young et al’s (1994) findings that suppressing pain can become an “occupational imperative” (p.182) for many athletes:

Obviously you are competing for places so people do hide injuries a bit. I think they do it because they are worried that if they say they are injured they will be dropped from the team or rested. So I would say that players sometimes do try to hide injuries when perhaps they shouldn't.

Kelly’s words indicated, moreover, that especially athletes playing at a high level of competition are often expendable commodities, their careers are fragile; when they are

injured, therefore, they must simply face the possibility of losing their place in their club, or on their team.

After talking to these women it became apparent that while they may conceal injury from others (including their coaches, trainers, and athletic peers), they often tried to hide pain from themselves. For a number of these female athletes coping with pain meant “suppressing its physical and mental prescriptions on the body” (Young et al, 1994: 183) and masking pain with pain killing drugs. For instance, gymnast Gillian noted in her survey responses that pain was something she could “manage with the help of a few painkillers and an ice pack.” Troublingly, she addressed this point in connection to the pressures of competition:

Sometimes at competitions you might take some painkillers which the physio gives you. I don't do it too often, and not usually when I am training because it's usually just numbing the pain. Sometimes in competitions, though, you might not be able to get through without some help. If you have a goal of a competition or a championship then that can often blind you to the fact that you could be damaging your health.

While a handful of prescription painkillers was enough to enable Gillian to compete regardless of injury, they were not sufficient for a number of more seriously injured athletes to whom I spoke. Kelly, a rugby player, for example, required “regular painkilling injections” when suffering with ankle ligament damage, while Emily, a soccer player, had needed morphine to cope with the pain resulting from a torn anterior cruciate ligament. Similarly, encouraged by her coach, Sandra, a track and field athlete, explained how she had taken weekly cortisone injections in order to reduce the inflammation caused by a back injury. She explained:

I think I knew that it wasn't really doing me any good, but I knew that if I wanted to compete then I had to somehow numb the pain. My coach said that the best way for me to do that was to have cortisone injections. Once they wore off, though, I'd be in as much pain, if not more than before, so I stopped having them in the end. They managed to stop the pain and helped me to cope for a while, but it wasn't making the injury any better.

In sum, conversations with these women indicated that female athletes involved in a number of different university sports are often as willing as male athletes to mask injuries. As identified in the section on autoethnographic writing in Chapter 2, my own experiences of illness made it easier to understand the range of pressures which might convince these female athletes to conceal their suffering. In this respect, learning to hide intense physical and emotional pain may not only be a result of socialisation into the rules and norms of a “masculinist sports culture” (Young et al, 1994: 185), but also into a demanding and often cruel culture of sport more generally. Moreover, they remind us that when athletes are seriously committed to sport, they may be willing to take excessive risks with their bodies by taking painkilling injections and drugs and using other compensatory strategies that are not necessarily in their long-term health interests.

#### **IV. Verbalising Injury: Gender and Pain Sharing**

Having established that the women involved in the present study often found it necessary to hide pain, further analysis of their conversations, and of observation data, showed that some of these female athletes felt a need to discuss their injuries with others. While prior research has claimed that male athletes nearly always deal with their pain and injury experiences privately, the data gathered here indicated that their female counterparts may, on occasions, find sharing these experiences to be a useful way of coping.

Like a number of other female athletes involved in the research, Jodie, a discus thrower, found “chatting” with other athletes about her experiences to be “therapeutic.”

When interviewed, she explained in some detail:

I think if you can share what's happening to you and what's happened to them in the past it can help. If they've had a similar injury, for example, you can talk about how long it took them to recover and what sorts of things they did to help the injury. So, I think it definitely helps to talk to

people. My boyfriend is a javelin thrower and has been injured in the past, and I think he finds it helpful that he's got someone close to him that understands.

Similarly, during an interview, Kelly, a rugby player, reflected on how "having a good whinge" to others helped to ease her recovery from a knee injury:

Although some people find it difficult to talk about injuries I found that it really helped. I think it helps in a team sport, especially with non-serious injuries that you can still train with, that there is always someone else in the same situation that you can share views about your injury with. That kind of makes you feel a bit better because you know you're not the only one and you can talk about it. Also, you feel better if you aren't the only one sitting out of a drill.

Similarly, Belinda, a track and field athlete, explained that the women in her training group, instead of isolating themselves when in pain, 'talked through' their injuries:

In general [pain] would be the content of every conversation walking back after a session. We talk about how sick we feel or how much something is hurting. It would be a really common thing for us to be in pain, nothing unusual really, so talking about it usually helps.

Observing pre-training and post-training session behaviour in a number of sports was particularly revealing in this respect. Regardless of the sport they played, my respondents often used time before and after practices to discuss their injuries, and to share painful experiences.

While, on the whole, male athletes' bodies are often silenced by "the rules of a masculinist sports culture that requires intense pain is controlled and masked" (Young et al, 1994: 185), there was every indication from the data gathered here that, on the contrary, when injured, ill, or in pain, women's bodies may become 'communicative' (Frank, 1991). Instead of being withdrawn and self-enclosed, when injured, some of these women often discovered "the capacity for recognition ... through the sharing of narratives that are fully embodied" (Frank, 1991: 89). A number of female athletes involved in the study seemed to use injury stories to reassure themselves and to enable others to cope with their suffering. Some even described their 'pain sharing' as



'therapeutic'. Again, as noted in Chapter 1, my own experiences of Crohn's Disease taught me how isolating and disruptive illness experiences can be. I also, however, learned that communicating these experiences can be therapeutic and comforting to the sufferer. As previously discussed, my own experiences were, in this way, beneficial to me when attempting to understand how these respondents felt when injured, and in generating useful knowledge about how they managed and made sense of pain.

To conclude, although there is insufficient evidence about the comparative sports-related injury and pain experiences of male and female athletes, data here indicated that pain, injury and illness are not arbitrary, but culturally inscribed and socially formed experiences. For example, that female athletes appear more willing than their male counterparts to share sports-related pain and injury experiences is best examined in relation to historical notions surrounding acceptable 'masculine' and 'feminine' conduct. As Radley (1994) notes, women are more likely to report ill health more frequently than men because it is more culturally acceptable for them to do so. The silencing of male athletes' voices in relation to sports-related pain and injury experiences discussed by Young (1993), Young et al (1994) and others can be at least partly attributed to the fact that illness has traditionally been associated with restrictions in the power of the body and conceived, therefore, as both a compromiser of masculinity and an inappropriate masculine condition.

As the data gathered here show, there are undoubtedly *both* striking similarities *and* a number of important distinctions in the ways in which male and female athletes understand, respond to and manage injury and pain. Since men and women have traditionally understood pain and illness in fundamentally different ways, it is not surprising that within the context of sport they also communicate these experiences in different ways in interactive and social situations. Above all else, however, observing

these women and listening to their experiences of injury showed that, whenever possible, they would play with injury and pain. For a number of athletes involved in the research, however, injury had meant a substantial period of recovery time and in some cases a withdrawal from involvement in sport. As identified within the existing sociological literature and within the current work, the transition of returning to sport after an injury, or alternatively being forced to withdraw from sport because of an injury, can be extremely hurtful and daunting. For these reasons, the focus of the following section will be on exploring how this group of female athletes experienced recovering from injury, and returning to, or retiring from, their sport.

#### **5.4 Returning from Injury: Uncertainty, Anxiety, and the Problematics of Recovery**

Becoming injured and living with the aftermath of injury can impact physically and emotionally on an athlete's life. However, while the women who took part in the research reflected quite seriously on the physical effects of becoming injured, and on the emotional ramifications of being an athlete with an injury, many explained that the process of returning to their sport was often even more daunting. Certainly, suffering with Crohn's Disease allowed me to relate closely to this. Often recovery from a 'flare up' (or exacerbation of the symptoms of my illness) would, for myself, be accompanied by fear, frustration and anxiety about resuming everyday tasks, about honouring commitments and about fulfilling work demands. In terms of emotional responses, for example, these athletes talked in a similar way of feeling cautious, nervous, wary, and scared about training, playing and competing again after injury. For instance, Ruth, a badminton player, described how she felt about playing again after suffering from stress fractures that had required two operations:

Returning was definitely the worst! I was worried about being able to move on it when I thought about how much pain I was in before. Even now I'm wary about it, still wary about the movements I do and the pressure I'm putting on it. I found that I would take a back-hand rather than put pressure on it. I still wouldn't say that I'm very confident about it.

Athletes' feelings about 'going back' after injury were, however, in no way uniform, but were instead shaped by the specific nature of their injury experience. Factors such as the severity of the injury, whether it had required an operation, how many times the injury had happened, and the period of time taken away from involvement in sport, all had an impact on their reactions. In the main, athletes with relatively minor injuries that had occurred only once or required a comparatively short period of recovery time were generally more confident and optimistic about returning than those who had experienced more serious injuries. Emma, a javelin thrower who had suffered recurring tendonitis in her shoulder that was, in her words, "with regular physio not too bad, just a bit sore and sticky" adopted a fairly optimistic approach to her return to the sport. She described a relatively unproblematic transition: "I knew if I could get back to throwing then I would throw quite well because all the other aspects of the training were going quite well. I'd say I was quite confident about it really." While Emma's injury was at times very painful, it had not needed surgery and had only required her to withdraw from her sport completely for a short period of time.

Kelly's thoughts about playing rugby again after two very serious injuries that had in total led to a recovery period of over a year, on the other hand, were much less upbeat. The process of returning to sport was much more difficult for this athlete who at the time of her interview was yet to play rugby again after her second 'serious' injury. Rather than confidence, her feelings were characterised by uncertainty and anxiety which mainly centred on the possibility of the injury occurring again:

I think I'll be able to play without thinking too much about my first two games. I do worry that I'll think about the contact or about tackling though. After I came back from my injury last season I was very nervous before my first game, but once I started I went into rugby mode and I didn't think about my knee at all until it got injured again. But there is a very small [thing] in my head that wonders if I got injured again how I'd cope. I'd like to think I'd get back again but there is part of me that is worried because I've found this year very difficult.

In a similar way, Clare's attitude toward returning to sport illustrated that this process can be much more difficult the second time around:

The first time I was playing I went up for the ball from a goal kick. I got taken out in mid-air and as I came down a player came through the back of me and I just got taken out. That was a big thing because I'd never really been injured before. I was told I was going to need to spend 9 months out and have it reconstructed and that there was no guarantee I would be back anyway. That was a very hard thing to deal with. I knew that there was a chance and I was really positive and I got back to playing. This time round, though, there isn't really a chance that I'll get back to football again. Because I snapped my ACL graft for the second time, it is never going to be as good. Also I snapped a rare ligament as well and there is apparently only a 50–50 chance that you'll get back after that.

Not unlike many of the other injured athletes who took part in the research, Jenny's concerns about running again after suffering a dislocated ankle which required six months complete rest from sport were largely performance-related fears about perceived loss of fitness and the ability to achieve pre-injury standards. She addressed this in tones of struggle and challenge:

It was a massive uphill struggle because I'd lost so much fitness. I never went back to the coach here who dropped me, I trained with my coach at home instead. I was also getting beaten in training by people who shouldn't have been beating me and that was so hard. I think I knew I had to go through that phase but it was really hard to cope with. I love a challenge, though, and the challenge was to get back to where I was and be even better than before.

Doubts about re-establishing herself as a high performance runner were also of primary importance to Paula:

I think initially I felt really excited but then it dawned on me that I hadn't trained properly for two and a half years. The first few races were

exciting and maybe I was doing better than I expected. Then you start to think, “Shit I haven't got any excuses anymore and I'm performing crap and why is that?” Because I've had two and a half years off and there isn't anything I can do about that. You realise that there are people you were competing with that are ahead of you and unfortunately my injury meant I couldn't run. Running was my best discipline and suddenly my 'ace card' was crap.

For Paula, recovering and then returning to her sport after being injured clearly caused a great deal of anxiety and distress.

In a similar way, Sally's fears about playing soccer again after anterior cruciate ligament injury were performance-related. After moving to the USA to take up an athletic scholarship, she found herself unable to play for a year. Sally noted that concerns about being able to establish herself as a worthwhile athlete were exacerbated by the “alien” environment in which she found herself. Her words illustrated that injury anxieties can be related to doubts about being able to prove oneself after an injury has healed:

I was really nervous because I never really had to try hard to be good at football, I just sort of got there. Then it was really scary to think that I might not be good at it any more. I think that was my biggest fear, I was scared that they would wonder why they had put me on the scholarship.

Sally's words indicated that concerns about athletic identity and status, as discussed earlier, can be as much of a concern for athletes at this latter stage in the injury process. While playing or competing after an injury was considered by Sophie and a number of other athletes to be the hardest part of their injury experience, some of these women had received such extensive injuries that returning to their sport was not an option to be considered. What follows, therefore, is a consideration of the distinct set of problems associated with retiring or withdrawing from sport. It is important to note that interview data played a key role in this discussion. Since the issues to be dealt with were potentially sensitive in nature, they were arguably more adequately approached and

accounted for with and by a qualitative research tool, as opposed, say, to a survey instrument.

## **5.5 Withdrawal and Retirement: Dealing with Life after Sport**

While having to take time out of sport can be an extremely upsetting experience for the injured athlete, the emotional impact can be even greater when injury leads to the termination of a sporting career and when bonds with clubs, teams, or groups are severed. Once again, parallels can be drawn between the experiences of these female athletes and the previously reviewed literature on health and illness experiences. As Duquin (2000) argues, finding oneself removed from familiar surroundings can cause a great deal of psychological upheaval for an athlete forced to 'drop out' of sport because of injury. As she explains, "career-ending injuries or sudden, unexpected reasons for discontinuing sport involvement can result in depression, and a sense of loss" (p.481). Similarly, as noted in Chapter 2, sufferers of chronic illness can experience psychological difficulties when their illness causes isolation from their established social networks.

Facing the prospect of no longer 'belonging' can be exceedingly difficult, particularly for athletes who are university veterans who may have been a part of their particular community for several (commonly three-five) years. Additionally, athletes who intend to make a career out of their involvement in sport face a disruption to their 'life narrative' (Duquin, 2000) when injured. This was certainly the case for Clare who reflected on her withdrawal from soccer after several operations for a serious knee injury:

I was very depressed really because it is, or was, the love of my life. It's been very, very hard to cope with. It's been a very tough time in my life, one of the worst things I've had to go through and probably one of the worst things that will happen to me. I'd like to think I'm coping pretty

well with it considering that it was what I wanted to make a career out of. I was offered a scholarship in the States before I did it the first time. It's a hard thing to deal with because initially I thought I could have operations and I might make it back, but now I know I won't be able to play again. It's a hard thing to cope with.

As Clare's words illustrate, the transition from active participant to retired athlete can be particularly painful and emotional in situations where opportunities have been missed and goals have been left unaccomplished (Dacyshyn, 1999), a situation which also characterised Clare's departure from soccer:

I had just got in the English University side with the view of going to Korea with the British University squad, but unfortunately I can't do that anymore. It was nice to know that I got selected, but I've never really been tested so I'll never really know what level I could have achieved.

Clare's words indicated that when athletes are forced to withdraw from sport they may be left feeling unfulfilled. Emily's reaction to her soccer-related, career-ending injury was not dissimilar to that of Clare. Her interview responses emphasised the fact that detachment from sport shows similarities with processes of bereavement as athletes mourn the loss of their sporting career:

I'm better than I was a year and half ago. I was awful for a start, an absolute state, my first operation failed to a certain extent and I had to have another one. Between the time of the first and second operation I had spiralled downwards, was eating loads of crap, putting on loads of weight, drinking too much and the rest of it. I didn't deal with it too well really.

Identity and lifestyle issues are also central concerns for those forced to retire from injury. As Swain (1999) notes, athletes who have retired from sport must begin to establish a "post-sports career lifestyle" and must get used to "becoming established in a new position ... developing new perspectives, immersion in life activities other than sport, and feeling settled with life" (p.228). Interview conversations with a number of women who had withdrawn from sport illustrated that these athletes dealt with their

injury by adopting new ways of life and setting new targets and goals to replace existing sports-related ambitions:

I won't ever play competitive football again and that's taken a while to deal with. My needs have changed though. I don't necessarily want to lead my team out anymore. Well, I want to, but I know I can't! In many respects, that's really hard. I'll go and kick a ball about a bit but I'm too scared to do anything else. Since I got this job, though, I realised what else I can do and what playing a football game would jeopardise, so I had to balance it up a bit. (Amy)

In this respect, Cassie reflected on how friends, family and career prospects facilitated a more optimistic approach to her withdrawal from sport. She noted that:

It has made me realise that there are other good things going on in my life. I've got a good job, good career prospects, great friends who have really supported me through this, and a great family. If it weren't for them I don't know where I'd be.

Although the nature and severity of some injuries leave the athlete with no choice but to stop playing or competing, other athletes make conscious decisions to voluntarily withdraw from sport. Repeated injury and sometimes constant pain become tiresome and lead athletes to question the overall purpose of their involvement. Georgina, a Commonwealth Games standard javelin thrower, told how, after suffering from a serious wrist injury just prior to the Manchester Games, 2002, she seriously considered quitting the sport:

Well, when I got back from Manchester, it took me about three months to get over the injury and to think about whether I should continue or not. I enjoyed the competition, though, immensely despite the injury, and I think if I hadn't have gone then I might have given up. Three months after the competition I still hadn't done any training really, it took me that long to decide whether I should start back again or not. It [the injury] hadn't recovered at that point and still hasn't really. I don't think it will ever be 100%. Last weekend was my first competition since Manchester and I couldn't talk I was so nervous!

In sum, it is evident that both recovering and retiring from sport after an injury can be a physically and emotionally painful experience. As predicted by Young et al (1994), for example, injury may shake an athlete's confidence and, in this respect, recovering



may require a substantial amount of psychological adjustment. The data gathered for the study indicate that, not unlike many male athletes, some female athletes may be able to “reframe injury as purposeful” and “return to [to sport] with an even more zealous commitment to the pain principle” (Young et al, 1994: 189). Additionally, as conversations summarised here illustrate, some female athletes are also able to reflect on the positive dimensions to being forced to retire due to injury. On the whole, however, any constructive thoughts about returning and retiring among this group of women were underscored by feelings of anxiety and uncertainty, and rarely taken on board without extensive reflection vis-à-vis larger questions of personal identity and status.

## 5.6 Summary

A discussion of the nature, extent and frequency of injury and pain among this group of women supported earlier claims by Nixon (1993a) and others that serious involvement in sport has potentially injurious outcomes. Contrary to popular notions about the positive relationship between sport and health, the data gathered here indicated that for male and female athletes alike, participating in sport can mean daily pain and serious, sometimes disabling, injury. Moreover, a consideration of how these female athletes lived with pain when it was such a central feature of their lives, illustrated the need to view injury and pain experiences as not entirely biological and physical phenomena but, instead, as social, cultural and emotional experiences too (Frank, 1991).

Additionally, and perhaps most importantly, the experiences of these athletes invite us to consider the fact that pain and injury are likely to be linked to both sport socialisation *and* gender socialisation processes. Since there are clear parallels between how male and female athletes experience as well as talk about sports-related pain and injury, it seems apparent that these experiences may be shaped by a distinct culture that

fosters a specific attitude toward risk; a culture which may teach athletes, regardless of their gender, to accept pain. The aim of the following chapter, therefore, is to examine the range of externally and internally motivating factors that encourage female athletes to rationalise risk and tolerate injury when they are members of this particular culture. Specific attention will be paid, in this respect, to parallels existing between the present study, and earlier work carried out by Young et al (1994) on male athletes and risk management strategies.

## CHAPTER 6: PLAYING WITH PAIN: MOTIVATIONS AND RATIONALISATIONS

### 6.1. Introduction

Having examined the stages and dimensions of injury, including injury and pain management practices in Chapter 5, Chapter 6 now reflects on how the women in the study rationalised the decisions they made about training while injured. It provides the ten most frequently cited motivations given by these female athletes for taking risks with their bodies, and discusses the range of internal and external forces which can influence their orientations toward pain.

At this point in the study, it is clear that injuries in sport are frequently seen as routine and uneventful by both male and female athletes, many of whom seem to believe that injury and pain are 'part and parcel' of involvement in sport. Moreover, as previously discussed, it seems that both male and female athletes may adopt similar techniques for neutralising pain including *hiding*, *denying*, and *disrespecting* it, as well as *depersonalising* its physical manifestations (Young et al, 1994; Young & White, 1995). The fostering of a 'no pain, no gain' ethic by male athletes has been well documented in the literature, with such an attitude being explained, for example, in terms of the impact which dominant notions of masculinity have on the use of the male body in sport. Additionally, accounts have focused on the ways in which "social forces work upon male athletes in such a way that they become willing to subject their bodies to injury" (Young et al, 1994:179). As Messner (1992) suggests, for example, male athletes may often comply with a 'pain principle' and accept and tolerate pain because non-compliance may lead to their masculine identity being questioned. However, as with the sociological research more broadly, explanations as to why female athletes are involved in similar practices and likewise assume risk are somewhat scarce. Building upon

introductory comments made on the question of pain rationalisation in the previous chapter, the sociological purpose of this chapter is, therefore, to contribute to our understanding of the range of overt and covert factors which specifically motivate female athletes to accept and tolerate pain, and to train and compete while injured.

## **I. Group Bonds and Team Commitments**

When asked what motivated them to play while injured and in pain, the reason most frequently cited by these athletes was being part of a group or a club and not wanting to 'let down' fellow teammates, training partners and coaches. As highlighted previously in Chapter 5, they had clearly forged extremely close friendship bonds with their athletic peers, many of whom (including coaches) had become significant others in their lives. Although these friendship groups were, on the whole, reported to be very supportive while an athlete is injured, the responsibility that these individuals felt towards their club or team may have inadvertently encouraged them to play with pain or return from injury too early. For example, Jenny indicated that not wanting to let down either her teammates or coaches was the main reason she continued to play a rugby game with a fractured cheekbone and fractured eye socket:

When I fractured my face, I played on for the rest of the game. Although it was really sore and I felt a bit vulnerable, it wasn't bleeding and I could still run and tackle. I felt it was more important that I stayed on so I didn't let my coach and teammates down. I didn't feel that our replacements, on that occasion, were capable of doing the job as well as me.

Clare, a second year soccer player who had suffered numerous injuries including a snapped anterior cruciate ligament, gave similar reasons for continuing to play through injury. In answer to the survey question 'Have you ever continued to participate in your sport while injured or in pain?' she explained: "I have played on while in pain *many* times because I don't want to let my teammates down. As long as the pain isn't

unbearable, I will try to continue.” Kelly, a rugby player, explained how her decision to play to the end of a game despite having broken her nose was influenced by the obligation she felt towards her teammates. She recalled that:

We were short in defence so I made the effort to carry on in case I was needed to make a tackle ... Eventually, I was required to make [one] which could have been important. Two serious injuries had already been suffered that afternoon and I noticed someone else was down when I was hit. Despite the bleeding I felt I could still contribute.

Forging extremely close bonds with individuals who share similar attitudes to risk and team commitment in sport may encourage athletes to accept pain and tolerate injury. Athletes may see denying pain as a sign of dedication to their team and, as Hughes and Coakley predict, "may do harmful things to themselves and perhaps others when motivated by a sense of duty and honour" (1991: 311).

## **II. Pressure from Significant Others**

Prior work (Nixon, 1992, 1993a, 1993b, 1996; Young, 1993; Curry & Strauss, 1994) has argued that the pain and injury experiences of athletes may be best understood within the context of a network of social relationships which may “contribute to the willingness of athletes to play hurt and knowingly or unknowingly to risk greater pain, injuries, and possible long-term disability” (Nixon, 1996: 34). My data similarly suggest that pressure from significant others, in particular coaches and peers, may impact on athletes’ decisions to either play while in pain or to return prematurely from an injury. Coaches, for example, appeared to be highly influential in this respect and were, in some cases, described as unsupportive of, even disinterested in, injured athletes.

As Nixon (1994a) argues, coaches are "central figures in the athletic sub-cultures and social networks of athletes, and as central figures they may influence athletes’ choices about taking risks with their bodies" (p.80). In the current study, Elizabeth’s

experience of injury within track and field provided a classic example of pressure being placed upon athletes by coaches who may, perhaps inadvertently, rank performance and success above the well-being of the athlete. Elizabeth explained that while suffering from a partial rupture of her Achilles tendon: “One coach tried to persuade me to race despite the doctors advising me not to ... he wanted me to have a steroid injection which masks the pain and then to run regardless of the injury.”

Similarly, a coach who was unsympathetic towards injury made it difficult for Lucy, a tennis player, to voice concerns about her injuries. Her experiences appear to be consistent with Roderick et al’s (2000) claim that athletes will often hide emotional responses because those “who demonstrate pain or remove themselves from competition because of injury run the risk of being stigmatised” as having the “wrong attitude” (p.67). In Lucy’s words:

I just told my coach of a sore shoulder and he doesn’t really understand players saying they are injured. He presumes it is an excuse or being soft, so I don’t make a fuss about it ... He never believes you are injured, so you feel pressured to play and keep quiet.

Not unlike Lucy, Catherine, a volleyball player, described how her coach was unsympathetic towards her when she was in pain and unwilling to discuss her injuries:

Our coach doesn’t take much interest in injuries ... he just wants us back training. I saw the physio before a training session and was told I could do some light training that night. I told my coach and he replied “you’re damn right you’re training.” This pressurised me into taking part in every drill and I was in a lot of pain during the session as a result.

As with the literature on male sports environments, Catherine’s response indicated that coaches can make athletes’ lives so difficult that some would rather train in pain than “be injured” and on the sidelines (Roderick et al, 2000). She noted, for example, that despite being injured, her coach made her attend and watch every training session. In her words: “This was ok at first but, as we train twice a day, I became frustrated that I

couldn't be involved and my attitude toward my injury became negative. I was tempted, therefore, to come back earlier than I knew I should."

Although most of these women described their teammates as being supportive and sympathetic while they were injured, on a number of occasions their responses indicated that, along with coaches and trainers, athletic peer groups may often behave in ways which influence an athlete's orientations toward pain and injury. Debbie, a water polo player, for example, considered that she had perhaps returned from a shoulder injury too quickly because of the reaction of some of her teammates to the injury. In her words: "I felt some pressure from my teammates when I was injured ... mainly to perform as well as usual and not to let the injury stop me from playing or affect me ... some people actually accused me of faking the injury." Similarly, Tamsin, a soccer player, described the pressure placed on her both by her coaches and teammates to continue to play despite suffering with ankle ligament damage:

I was just told to strap it up and carry on, and for the BUSA [British Universities Sports Association] final I was told to strap it up really tightly and go to the hospital after. The second time I did it I refused to play, but that wasn't a very popular decision ... My team mates did pressure me, I didn't mind the first time, but the second time I wanted to rest it properly, but I was made to feel bad as we had a couple of FA Cup games that I missed.

In sum, it is evident that a network of significant others acted in ways which influenced these women to tolerate injuries and ignore pain. They were often willing to accept the risks associated with participating in their sport because their 'sportsnets' (or the networks of social relationships to which they belonged -- Nixon, 1992) constructed such experiences as natural or worthwhile. For example, in a Goffmanian (1968) sense, these women may have learned to manage their bodies in a certain way (i.e., by hiding pain and tolerating injury) because they realised that an 'inappropriate' presentation of their body might have led to their athletic identity being 'spoiled' by the reaction of

others. The data indicated, however, that these athletes were very rarely, if ever, forced into playing while hurt or returning to their sport too quickly after injury, but were more likely subtly persuaded into hiding pain and concealing injuries by significant others and audiences perceived to be critical and unforgiving (Young et al, 1994).

### III. Body Confidence

Athletes' bodies acquire new meanings when they are injured, and injury is likely to force new relationships between the athlete's body and self. The injured body may be conceptualised as alien, and athletes may often feel out of place in, or betrayed by, their new less efficient and less healthy bodies (Thomas & Rintala, 1989; Young, 1993; Young et al, 1994). For my respondents, time away from sport as a result of injury brought about a number of unwelcome changes in body size and shape. A number of athletes suggested that feeling less confident with their body, and less attractive while injured, may have motivated them to return to training and competing too quickly. Most of these women explained that while the physical demands of their sport helped them to achieve their ideal body shape (which typically meant being slim, toned and muscular), injury brought about a number of undesirable changes that jeopardised this preferred physique. Several athletes talked of feeling fatter, lazy, lethargic and more acutely aware of changes in their body (most often loss of muscle tone and weight gain) while injured.

Samantha, a soccer player, noted the impact which injury could have upon how she feels about her body. Talking specifically about the comparisons she makes between her 'fit' and her 'injured' body, she explained in her interview that:

I feel better with myself knowing that I have an athletic body, strong, fit, little fat. When injured, I felt I wasn't training. Couldn't put my excess energy into use. I felt I had to watch what I was eating for fear of gaining weight. This really affected me psychologically because I love food!



Christie, a track and field athlete, explained that she sometimes started training before being fully recovered from an injury because the changes to her body brought about by being injured and unable to train had such a negative impact on her confidence and self-esteem:

I tend to feel a lot unhappier when I'm injured because I feel puffier....I feel I gain weight quickly when I'm injured. I'm not used to being heavy, so it makes me extremely unhappy. I lose confidence when I'm injured and definitely feel less attractive, so if I can start training again, even if I am in some pain, I will.

Angela, an 800m runner, noted similar feelings surrounding the impact that injury had on her body: "I was out of sport for about two years due to my injury and in that time all my muscles faded away and I put on weight. I felt unfit, untoned and unhealthy. This made me feel un-sporty, and much less confident with myself."

For male athletes who pride themselves on being healthy and strong, injury requires a great deal of physical and mental adjustment (Young et al, 1994). Changes in the body, including "decreasing mass and diminished fitness" can, for example, make male athletes feel "less attractive, less manly, and incompetent" (Young et al, 1994: 187). My data indicate that sports-related injury can be problematic in similar ways for some women. Not unlike their male counterparts, when faced with injury problems, the female athlete's orientations toward her own body may change significantly. Quite often within the context of injury bodies become 'disciplined', 'lack desire' and cease to love themselves. Additionally, they may become 'mirroring bodies' that seek to be desirable again and to recreate an image of a healthier body (Frank, 1991). Changes in the relationship between body and self that are often experienced, for example, by chronically ill individuals must, therefore, be taken into consideration when attempting to understand why female athletes often normalise pain and tolerate injury.

#### IV. Ambition, Distinction and Striving for Success

Clearly, female athletes may often make the decision to play while experiencing pain, or to return from an injury too early, because they fear that not training will hinder their athletic development and lead to them falling behind the rest of their teammates or training partners. Additionally, several athletes explained that such behaviour is often motivated by a desire to reach specific goals and targets, or a fear of missing those targets. When those who are involved in competitive sport believe that being a 'real' athlete means striving for distinction, they may jeopardise health by ignoring injuries and tolerating pain. Bernice, a female field hockey player, for example, described how she frequently played with pain to the point where one of her injuries required hospitalisation and surgery. According to Bernice, progressing in her sport made these tests of endurance seem worthwhile (despite medical evidence to the contrary):

I don't want to jeopardise my development and my training so I often keep playing when I am injured. The reason I needed surgery on my foot was because I played on it for so long with the inflammation and tried to ignore it. I have a bad habit of ignoring pain until it goes away ... but it's better than not playing at all.

Zoe, an international level heptathlete, provided similar reasons for her decision to return to training before fully recovering from a hamstring injury. In her words:

I felt everyone else in my sport was progressing and I was missing valuable time. The first time I injured my hamstring I questioned, whilst injured, if I'd ever be able to sprint properly again. I was scared it would happen again so I rested it for quite a while. The second time it happened I was worried about losing time, so I probably came back a bit too early.

According to Paula, a member of the British senior duathlon team, accepting injury and tolerating pain are simply prerequisites to being successful in sport, especially at the elite level: "In order to progress and maintain fitness levels, one has to experience pain. It is an everyday occurrence and is necessary in the plight to get fit and perform to the best of your ability."

Factors, then, such as ambition, distinction and striving for success may encourage female athletes to make sacrifices for their sport and accept no limits in the pursuit of athletic excellence. Indeed, the data indicated that for a number of these university and otherwise elite athletes, a belief that “the true athlete seeks to improve, to get better, to come closer to perfection [and] are a special group dedicated to climbing the pyramid, reaching for the top ... excelling” (Hughes & Coakley, 1991: 314) motivated them to accept risks and normalise injury.

## V. Team Status and Re-Selection

Fear of losing one’s place in the team was a central concern for a number of these female athletes while they were injured. Some respondents suggested that feeling “useless” and of “little importance” motivated them to play despite being injured, while intense physical pain was often described as being accompanied by feelings of anxiety concerning re-selection. As Tara, a rugby player with a broken collar bone explained:

Although my coaches and teammates supported me when I was injured, I was worried because someone else got to play my position and I was aware that I’d have to earn it back and that being injured might mean I’d lose it ... I worked really hard so I could get back as quickly as I could.

Similarly, Tamsin, a soccer player with ankle ligament damage, described how her previous experience of being dropped from her team because of injury had impacted her decision to train through injuries in the future:

I was bitter because I was playing well at the time and resented that other people were playing in my position and playing well ... it was a real struggle to get my place back. I have an ankle injury now and shouldn’t play tomorrow, but I will. I wouldn’t want to lose my place on the team.

Nina’s experience of injury (a torn cruciate ligament and cartilage in her right knee) confirmed why athletes are often justified in their concern about being able to secure a place in their team while injured. In her words:

After I got injured, I no longer had any ability or status in the team. No one seemed to care any more, I was on the scrap heap at 18! Although team members felt sorry for you, I always felt they excluded me ... some of them just didn't want to know.

Additionally, the alienating treatment Jess received from her coaching staff illustrated that even athletes who are well established within their club or team risk losing their place while injured. She explained that despite being a well-respected and regular netball player within her squad, after getting injured three days before the netball World Cup she was promptly dropped by her national team coach:

I was totally devastated in the days that followed as I was dropped from the squad and asked to move out of the team block ... I felt useless. As soon as I was injured I was dropped and I was no longer an important part of the team.

The data, then, underline that athletes are often willing to 'pay the price' to stay involved in their sport. When athletes value highly their place on a team or squad they may compromise their health by taking excessive risks with their bodies. As Young (1993) has shown is the case at the professional level, athletes learn from their own experiences, and those of others, that they are dispensable commodities who, when injured, are easily replaced. This may not only have ramifications for securing a place on the team, but also for practical matters such as working and living arrangements.

## **VI. Routine Pain**

After speaking to and observing these female athletes it became apparent that their attitudes toward injury and pain were often shaped by the frequency and intensity of these experiences. In a similar way, motivations to play while injured were also affected by how often these women experienced sports-related injury and pain. Indeed, since many athletes suffer with pain on a daily basis, they may often devise a number of normative techniques or coping mechanisms. As discussed previously in this findings

chapter, athletes often hide pain from themselves and their coaches, show a lack of respect for pain, and depersonalise it by objectifying body parts that are injured (Young et al, 1994). Indeed, hiding and ignoring pain were strategies adopted by a number of these female athletes not only because, as already acknowledged, they were poorly received by coaches and athletic peers, but as also illustrated, because injuries were such a pervasive and routine feature of their lives. When asked the question 'Have you ever continued to participate in sport while injured or in pain?', field hockey player Natalie explained that, "I have played on when my knee hurt lots of times because it so often hurts. If I didn't, I wouldn't play. You don't want to admit you are hurt. As long as you are playing, it's ok." Since pain was such a frequent accompaniment to her canoeing career, Gemma found that ignoring pain and training through her injuries was a necessary part of participation in the sport. In her words:

I always paddle when my back is sore, I just put up with the pain and it's so often sore it meant that I would never have trained. I would still race even if injured ... you don't normally feel the pain during a race anyway, just after.

Loretta, a 100m runner, described how she simply got used to "running through injuries" because the pain from her ankle ligament injury was so constant. She explained: "Pain is what we had all the time in some form ... you have to [train with injuries]. If you stopped running every time you were in pain you would hardly train or race at all."

As the data presented here suggest, many athletes adopt a nonchalant and blasé attitude to pain because, subculturally, it is such an ordinary feature in their lives. Moreover, "because pain is present wherever athletes push themselves to peak performance, it is often minimised or ignored" (Nixon, 1993a: 184).

## VII. Team Camaraderie

While injury and pain are traditionally conceptualised as essentially physical phenomena, responses gained from this sample of female athletes supported the notion that they should instead be viewed as simultaneously physical *and* social experiences. Indeed, a number of athletes indicated in their responses that their reaction to injury and decision to play despite being in pain was influenced far less by the physical experience of pain than by factors in their social environment. Some athletes explained, for example, that one of the things that appealed to them most about the sport they played was “being part of a team” or “being a member of a training group.” When injured, however, they felt isolated from the social network of athletes (identified earlier in this chapter as a central feature of their campus life), and consequently disassociated from their sport. Indeed, some suggested that the worst thing about being injured, for them, was “not being part of a team.” Cara, for example, a rugby player injured at the time the research was conducted, explained how problematic being unable to train and play was for her:

I feel like I've missed out on 'the bond' that you get from playing in the team. Despite the fact that I go and watch training and matches and go to all the socials and am still good friends with the club, I feel like I'm not as much a part of it as the people who play.

For Belinda, a track and field athlete, injury presented similar worries:

Being injured is lonely as many of my friends are athletes and you experience quite intense emotions with them, such as pain, disappointment, dread, joy. It's therefore quite a jolt to be removed from that ... not seeing my training partners was the biggest issue, it was very hard to be suddenly detached from such a significant group of peers.

On several occasions, athletes noted that feelings not unlike those described by Cara and Belinda may have encouraged them to return to their sport prematurely. As Tamsin, a soccer player explained: “I felt pressure to play even though I wasn't properly fit because I didn't want to lose touch with the whole social network.”

In sum, and as Hughes and Coakley (1991) argue, “being separated from those few others who truly understand what it means to be an athlete can be a frightening experience” (p. 314); nevertheless, this is a real possibility for those who are injured. When the desire to “maintain their membership in the special and elite athletic fraternity” (p.314) is critical to an athlete, she/he may again compromise her/his health by accepting pain and tolerating injuries.

### **VIII. Questionable Medical Advice and Support**

When speaking about the treatment they had received for their sports-related injuries, a number of athletes’ responses indicated that the medical advice they had been given was either inadequate or inappropriate. Several athletes explained that doctors were unsympathetic to injuries sustained through sport, while hospitals either misdiagnosed injuries or were unable to detect their cause. For these reasons, some athletes trained unaware of the full extent of their injuries, and in several cases now suffer repeatedly with them as a result. Gemma’s encounter with an unsympathetic GP, for example, led her to race with a back injury that now causes her frequent pain:

I re-injured my back while racing abroad. I sought medical advice when I got home. They said no permanent damage would be done so I took painkillers, iced it and raced ... the GP was insulting and rude and didn’t seem to understand. He stated that someone of my age couldn’t have a problem with her back. I was angry and upset... now I have quite a lot of pain with my back after every training session.

Similarly, lack of specialist advice about her sports injury meant that Fiona, a lacrosse player, trained while carrying a painful knee injury:

After my initial cruciate ligament injury I continued to play for about eight months, as I didn’t know what I had actually done. I went to the doctor but he just told me that it was ligament strains ... I was in pain every time I played.

Additionally, soccer player Carrie, described how she continued to play with serious ligament damage because doctors were unable to diagnose her injury properly:

I suffered some serious ligament damage to my ankle playing football in 1998. I went to the hospital repeatedly because the swelling just wouldn't go down. Each time I was just told to rest and ice it. Eventually, after several hospital visits later I was told that it should have been in plaster!

Sports-related injury experiences are clearly likely to be shaped by the quality of medical support and advice available to athletes. Athletes may be unaware of the true extent or seriousness of their injuries and, therefore, unable to make informed decisions about participation if they are subject to insufficient or inadequate help. Additionally, as Roderick (2004) notes, feelings of doubt and uncertainty, which often accompany injury and pain experiences, are likely to be exacerbated by unreliable diagnoses. Importantly, this is often the case for female athletes who are arguably less likely to have access to specialist sports medical support, or competent medical support, than their male counterparts (Theberge, 1997).

## **IX. Financial Incentives**

Athletes are often more likely to conform to a sport ethic which encourages them to accept no limits in the pursuit of possibilities, make sacrifices for their sport, accept risks, and play through pain when conformity to such an ethic increases the likelihood of being funded or sponsored, or when they perceive that their livelihoods are at stake (Hughes & Coakley, 1991). This appeared to be the case for Jane, a British Under-20 javelin thrower, who explained that, among a range of other factors, financial incentives motivated her to compete while carrying a shoulder injury:

I was not fully recovered when I competed at the European Juniors ... I still competed as I had been preparing so hard for it and wanted to prove myself. Also I knew that if I competed and did well, it would boost my lottery funding status.



Maintaining funding for her involvement in sport was partly the reason why Paula, a duathlete, was motivated to compete with a serious foot injury. Here, she describes the incident:

I competed in the 1998 World Duathlon Championships in severe pain for 70% of the race, but I was going well and was motivated that my result would help lottery funding ... I ended up coming third, which secured funding for the following year.

Paula's experiences were consistent with Nixon's (2004) contention that "structural inducements and support" including perceived opportunities for financial rewards may be one of a range of possible reasons why athletes accept and tolerate risks.

While women are competing in more sports and at higher levels than at any other time in history, their involvement in sport remains, undeniably, a product of contestation and negotiation (Hollands, 1984; Whitson, 1984; Donnelly, 1988; Hargreaves, 1994). At the elite level, where financial support is vital, struggle is even more likely to be a central characteristic of their involvement. As the data here suggest, women involved in top-level sport, including British university sport, may on some occasions feel it necessary to take risks with their bodies to secure and maintain funding which is also likely to be scarce for female athletes.

## **X. Disrupted Routines**

Accompanying injuries that prevent participation in sport is a period of adjustment in which athletes must adapt to 'disengagement' from their sport (Young et al, 1994; Young & White, 1995). Just as illness more generally limits daily physical and social activities, sport injury is often highly disruptive to an athlete's everyday schedule. Being injured, therefore, can be particularly problematic for the athlete who must deal with interference to her ordinarily intense training routines. Indeed, a number of women talked of having "too many hours in the day" to reflect on their injury and missing

routine. Getting back to training as soon as possible, often perhaps before properly recovering from injury, was a major priority for athletes concerned with returning the sense of structure and organisation to their lives usually facilitated by sport participation. For instance, Elizabeth, a track and field athlete, noted that her life felt disjointed and unstructured while she was injured:

When I was competing I was much more organised in all areas of my life because I had to be if I wanted everything to fit in. Injury disrupted my regular pattern and even though I had more time on my hands I did not get as much done ... I just wanted the routine back.

When asked to reflect on the worst thing about being injured, Elizabeth focused specifically on the disruption which a shoulder injury had brought to her previously highly disciplined training programme. In her words: "The worst thing about being injured is having too much time. With no training to do you seem to have too many hours in the day ... when I'm injured I just think about training all the time and want to get back."

While a small number of athletes less seriously involved in sport were able to reflect upon the positive aspects of being unable to train or compete (i.e., more time to socialise and to study, for example), in the main, being injured and not training was seriously problematic for most of the female athletes in this sample whose lives ordinarily revolved around (fairly to very) regimented training regimes and (fairly to very) busy daily schedules.

## **6.2. Summary**

In sum, these data indicate that motivations for playing through pain are likely to be both internal and external. While overt pressures (such as pressure from coaches and peers, fear of losing team status, and securing financial rewards) may shape an athlete's orientation towards injury, equally important is the pressure which athletes place on

themselves to perform and reach goals. Clearly, these pressures cannot be separated from the sport subcultures in which they live and operate. In this respect, the athlete's experience of sports-related pain and injury may be conceived of as both a determined and determining experience; a product of physiology, on the one hand, and of both human agency and social structure on the other. My data also show that female athletes are motivated to tolerate pain and normalise risk-taking by similar forces as male athletes. As aspects of these findings show, however, there may also be a number of distinct gendered dimensions to how injury and pain in sport are understood and experienced. What follows in Chapter 7, therefore, is further consideration of the *gendered* aspects of sports-related pain and injury experiences in the lives of athletes.

## CHAPTER 7: SPORT, INJURY AND GENDERED POWER RELATIONS: CONTRADICTION, COMPROMISE AND CONSTRAINT

### 7.1 Introduction

The final findings chapter deals with the gendered aspects of injury and pain as experienced by this group of women. While Chapters 5 and 6 inevitably make reference to parallels and differences between the ways in which male and female athletes understand and respond to injury and pain, a much more explicit discussion of this dimension of sports-related pain and injury is offered here. Among other things, and specifically in relation to the injury experiences of these female athletes, this chapter emphasises the need to view sport as a domain in which gender-based inequalities and stereotypes are slowly being eroded but, without a doubt, still have a huge impact on the lives of female athletes.

As noted, concerns regarding the gendering of sports experiences, and how sport can help to maintain and alter established gender relations, began to be addressed by cultural studies feminists in the 1980s. The existing sociological literature stemming from this body of work, indicates that women's experiences of sport are characterised by a combination of empowerment and subordination issues. Contemporary sport is, as Theberge (2000) argues, on one hand, a site for the reproduction of male power and, on the other hand, a context of resistance to masculine ideologies that have historically devalued women's bodies. To date, however, research regarding the role which injury experiences can play in the reproduction, resistance, and transformation of gendered power relations has been scarce. Informed by hegemony theory and the work of feminist and cultural studies scholars, this chapter will, therefore, examine the gendered nature of sports-related pain and injury experiences.

Of key importance to this discussion are the ways in which gendered hegemonic power relations are simultaneously reproduced and altered in the specific subcultures of sport, and the ways in which involvement in physically demanding, risky and potentially injurious activities can, in part, be empowering for some female participants yet can also “preserve the unequal distribution of wealth, power, opportunity and authority between men and women” (Sabo and Runfola, 1980: 7). The chapter will begin with a discussion of how female university athletes involved in the research experienced physical, self, and social empowerment through sport. Following this will be an exploration of the multi-dimensional implications of sports-related injury and pain, which may contain both advantageous and detrimental effects. Survey, interview, and observation data played an equally important role in the writing of this chapter although, as noted in Chapter 5, some particularly sensitive issues were dealt with in greater depth using arguably more germane qualitative interview techniques.

## **7.2 Sport, Injury, Physicality and Empowerment**

The data gathered for this study support the notion that while the norms and values of sport can bolster male privilege and power, involvement in many contemporary sporting environments can actually represent a challenge to the subordinate position of women in society. Not unlike the North American varsity athletes in Blinde et al's (1993) study, these English female university athletes experienced empowerment through their involvement in sport. Moreover, conversations with these women indicated that although, as noted, injury and pain are largely negative experiences, they can also be liberating on a number of personal and social levels. Specific reference to the role that injury can play in challenging established representations of women will, however, be preceded by a discussion of the counter-

hegemonic dimensions of involvement in sport for this group of female university athletes.

### **7.2.1 Sport and its Implications for Personal and Social Empowerment**

As Theberge (2000) argues, “the condition of women in sport has changed tremendously since the early decades of the twentieth century” (p.324). Sport is no longer simply a site for the reproduction and confirmation of power through the subordination of the female athlete, but a popular cultural institution in which women can recognise their full potential. For a number of the athletes involved in the study, for example, sport itself was a vehicle for developing a sense of bodily harmony and for achieving empowerment through a knowledge of their own physical capabilities. When asked about the impact that sport had had on their lives, a majority of these women emphasised an increased awareness of how their body worked and a heightened understanding of how to enhance its potential. Jessica, for example, noted that being an athlete had helped her to understand how her body worked:

I think that before I got involved in running I used to take my body for granted. I wouldn't say that I abused it, but I certainly knew a lot less about how it worked. Part of being a runner is about realising the potential of your body, knowing what it can do, what it can't do, when to push it, and when to rest. If you don't know how your body operates then you'll never be as successful as someone who is in tune with their body, it's as simple as that.

Sport, for Jessica, was about taking responsibility for her own health and well-being.

Contrary to the ideology of passivity commonly associated with ‘weak’ and ‘fragile’ female bodies, Jessica and a number of other women involved in the research displayed a degree of control over their lives which enabled them to take the role of active agents in their own experiences of the social world. Belinda's words indicated that female athletes may increasingly use sport as a means to regain control of their

previously 'colonised' (Miller and Penz, 1991) bodies. During her interview, she explained:

Because you know that your physique impacts on your performance you think about your body in a different way. For example, you might think about your weight more rationally, like losing five kilograms of fat might make you more efficient because you are carrying less weight on the track. I think you look at things differently as an athlete. It's not just about aesthetics.

Belinda was not unlike a number of other athletes who felt that sport afforded them opportunities to learn about their bodies and to manage them in a sensible and appropriate manner. Sinead reflected on how she felt that playing tennis to a national standard had helped her to understand "just how complex my body is," Fiona suggested that playing lacrosse had taught her to "respect my body and take care of it a lot more carefully," and Justine noted that being a successful swimmer meant "taking responsibility for your own body, not taking it for granted and looking after it as much as you can."

Not unlike some female bodybuilders (Miller and Penz, 1991), ice hockey players (Theberge, 1997), boxers (Menneson, 2000), and rowers (Pike, 2000, 2004) already described in the sociology of sport literature, a majority of the women involved in the present study did not avoid risky and potentially injurious situations. Instead, they often derived enjoyment from the physically demanding nature of training and competing, and thrived on testing the physical capabilities of their bodies. While eschewing traditionally 'feminine' qualities of passivism and frailty in favour of resilience, strength and toughness enabled them to maximise the physical potential of their bodies, it also facilitated feelings of self-competency and increased self-worth. A number of women appeared to derive self-belief and self-assurance from being involved in sport.

Emily, for example, described the most satisfying aspects of being a soccer player and noted the impact of sport on her life:

I didn't really like playing netball because there was no contact involved. I would go from playing football where I could contact people to netball where I couldn't and I was always getting pulled up for fouling people, I just wanted to get stuck in. It's a bit of an aggression relief really, all your aggression can get out in a tackle and I really enjoy that for some reason. When I'm playing football I feel so good about myself, I love the game and it's something I'm good at.

In a similar way to Emily, Helen, a rugby player and former bodybuilder, explained that "feeling fit and being strong improved my confidence, it made me feel so much better about myself":

I enjoy the contact and the fitness side of playing rugby. It's completely different to any other sport I've played before because you need strength and speed, especially in the position I play. I enjoy that feeling of contact and proving my own strength. I like feeling strong, though, and when I was bodybuilding I realized how strong I could be and so just kept lifting weights. I also realised that I was lifting as heavy weights as the smaller men and I enjoyed that.

Helen, along with a number of athletes involved in the research, noted that enhanced self-belief was a result of both challenging her own bodily limits and competing with members of the opposite sex.

Although physical contact was a primary source of self-satisfaction for athletes like Emily and Helen, feelings of increased self-worth and esteem among this group of women were not simply a product of being involved in traditionally male-dominated physical and aggressive forms of sport. Jade, for example, noted how she derived self-confidence from being a successful gymnast:

Most of the disciplines you have to practise as a gymnast require a lot of strength and determination. I guess that makes you feel good about yourself, knowing that you are doing something that most people wouldn't stand a chance of doing. I think that makes you feel kind of special. I really like testing myself and pushing myself, it gives me a real sense of achievement and, when I do well, it all seems worthwhile.



In a similar way to Jade, Carol drew personal strength from her involvement in swimming:

I've been involved in swimming since I was about eight years old. It's a pretty tough sport and you have to train really hard if you want to be any good. You have to give up a lot of your time, but there are lots of rewards for the effort you put in. I wasn't exactly the most confident of children, but through my swimming I learned how to communicate with other people and also to be confident about myself. I suppose being good at something makes you feel that way about yourself. Other people tend to look up to you a little bit, which is nice, it makes you feel good about yourself.

As Carol's words and as conversations with a number of other female athletes show, involvement in male-dominated cultural spheres such as sport is often viewed to contribute to the continued subordination of women in society. However, the adoption of so-called 'masculine' values such as strength, power and competition can sometimes liberate and may even indicate an increase in matriarchal power identified by Dunning (1999) as a significant impact of contemporary sport. Importantly, however, interview, survey, and observation data did not indicate that the "routine violence" (Young, 1993: 373) identified by Young as a central aspect of many male sports subcultures was evident here. While these women played aggressively and were competitive and assertive in their approach to involvement in sport, they did not celebrate or ritualise violence as Young (1993), Burstyn (1999) and others argue many men do. Neither did they seem to use their bodies in a negative or hostile manner, as Rail (1990) found female Canadian basketball players were able to. As previously noted, injury, in the present study, was often a result of physical contact and forceful play but rarely, if ever, the product of intended acts of violence. While these female athletes may have been empowered by "proving my own strength," "tackling hard" and "feeling powerful," they did not gain satisfaction from intentionally violent or injurious conduct. It is perhaps not surprising, however, that acts of violence were less common and appeared to be less

important for these women than for men who often rely on such practices as a principal form of masculine identity confirmation.

Based upon the prior discussion, it seems that the sports-related pain and injury experiences of these women bear out Young and White's (1995) claim that involvement in sport is perhaps more personally than politically empowering for many female athletes. However, in addition to physical and self-improvement, there were certainly aspects of social empowerment to be gained from sport for the women involved in the present study. A majority, regardless of the sport that they played, linked participation to the acquisition of new sport and non-sport-related skills. Through sport, they learned skills, which both improved their performances as athletes and were transferable to other, wider personal and social contexts. For instance, Jodie explained that participating in sport helped her to achieve her academic goals and had led to greater self-assurance in the pursuit of career opportunities:

Regardless of injury, it has shaped me as a person. I've always been involved in sport and from that I've learned so many of the qualities that I think I have now. It's given me leadership qualities from being the captain of a team, organisational qualities because I've had to organise my life around training, and confidence because I was a quite popular character at school because of my involvement in sport. I would say that even my injuries have made me the person that I am today. They've made me more determined and more confident in many respects I suppose.

Jodie's words were not atypical, but were also reflected in the accounts of sports-related injury and pain provided by a number of other female athletes involved in the study. Mel, for example, described her involvement in sport as a "great preparation for life."

She went on to explain:

Being involved in sport has done me so much good, it has given me a much more positive outlook on life and made me think about things in a different way. I would say it's made me a go-getting type of person. I don't often wait for things to come to me, I chase after them myself.

Involvement in sport was personally satisfying in a similar way for Jo, leading to the attainment of athletic skills and at the same time encouraging an assertive approach to other aspects of her life:

I like my event because there's always something to improve on technically and you can always get stronger. Even when you are as strong as you can get there will always be something wrong with your technique that you can improve. You're always learning and improving and I like that. I've always been quite a confident person but it's made me even more confident. Throwing the shot isn't particularly glamorous but I know I can do it well and that makes me feel good about myself and more confident about everything else I do.

As Scraton et al (1999) suggest, women have traditionally been denied access to knowledge which may form the basis of opposition to existing power relations. They have historically been excluded from activities which might help them to recognise their physical capabilities or to explore qualities such as self-esteem, confidence and assurance. However, athletes like Jo found that involvement in sport gave them the opportunity to challenge ideologies of natural gender difference and question naturalised sexual stereotypes that have historically served patriarchal interests. As discussed, while involvement in sport certainly seemed to have a positive impact on the relationship many of these athletes have with their bodies, there was a sense in which injury can also enhance 'bodily competence' (Blinde et al, 1993). This dynamic, in nearly all cases, had clear implications for broader matters of personal and social empowerment. It is important of course to acknowledge that while being an athlete was rewarding and empowering in some ways for these female athletes, sport is not always a positive and rewarding experience, but can also have negative and alienating dimensions.

### **7.2.2 Injury and Counter-Hegemonic Possibilities**

Although, as previously considered, injury can force a number of unwelcome changes on the relationship between an athlete's body and self, it also provides some

athletes with the opportunity to develop a more advanced and intimate understanding of their own body. Candice, a field hockey player, saw injury as “a chance to be sensible about my body, to learn what it is capable of.” In a similar way injury gave Patricia, a netball player, the opportunity to treat her body “well and in the appropriate way,” and provided the occasion for Camilla, a rugby player, to “make sense of the changes that seemed to be happening” to her body. In reflecting on both the positive and negative dimensions of her knee injury, Paula, a triathlete, demonstrated the often contradictory nature of sports-related pain and injury experiences:

When I was injured I had to learn about my body and how to treat it right. I used to go along to the physio and he'd show me what part of my knee was damaged, and would explain how the exercises I was doing would help to strengthen it. Looking back, although it was a really tough time, I did learn a lot about how a person's body works. I guess it's something that you don't really think about until you have to, but being injured certainly meant I had to.

Kelly, a rugby player, similarly reflected on the contradictory meanings that injury can have for an athlete:

I think that part of being injured and also part of being a top sports person these days is about learning to understand your own body. Injury makes you realise what it [your body] can do and what it can't. I think that sometimes you just have to be honest with yourself.

Naturalised hegemonic interpretations of the subordinate female body appear to be called into question here by athletes like Kelly for whom involvement in sport and experiences of injury generated feelings of both mental and physical toughness and bodily accord.

In many respects, my data on these matters confirm Young and White's (1995) claims that involvement in sport and “qualities such as physical strength and aggression, and experiences such as injury do not inherently or objectively compromise the femininity of women athletes” (p.56). On the contrary, watching these female athletes train and compete, and discussing with them their experiences of injury and pain

indicated, as Young and White argue, that female athletes can benefit from the “transformative potential” (p.57) of sport. If, following Whitson’s (1990) claim, for example, “assertiveness and confidence, as ways of relating to others, become embodied through the development of strength and skill and through prevailing over opponents in competitive situations” (p.24), then through sport these women were arguably offered the opportunity to experience their bodies in the kinds of empowering ways usually only afforded to male participants. Moreover, as Bianchi (1980) contends, the adoption of masculine values of competition and physicality do not necessarily negate feelings or perceptions of femininity or induce violent practices.

Most certainly, the women involved in the present study did not conform to stereotypical notions about gender appropriate behaviour; neither, however, did they completely reject ‘feminine’ traits or “jettison the humanising qualities learned by their gender over the centuries” (Bianchi, 1980: 120) in favour of ‘masculine’ behaviours. Instead, as Scraton et al (1999) predict, they eschewed notions such as dependency and passivity, yet continued to instil their involvement in sport with essentially ‘feminine’ meanings and values. Accounts of injury spoke to the increasing physicality of female athletes yet also confirmed the continued importance of ‘womanly’ qualities such as co-operation, and teamwork. In these respects, my findings echo those of Young (1997) and Miller and Penz (1991) in their Canadian studies with female athletes.

Nearly all of these women spoke with empathy and understanding about injured teammates and, as identified at an earlier point, provided important networks of support for them (Nixon, 1992). Rather than ostracising her injured teammate, as the literature to date suggests many male athletes do, Liz, a rugby player, for instance, was unambiguously considerate and sympathetic:

I feel really sorry for athletes that are injured, especially when you know that they have been working really hard. One of my friends puts in so

much effort and has had two really bad injuries in a row, I really feel for her. I think that sometimes it's difficult to know what to say to people who are injured. I found it really difficult being injured myself, I had to come home to a house full of rugby girls and they'd all be talking about rugby. That's great if you're involved but it's quite sickening if you're not. So I think I'm quite conscious of that because I've been injured myself and try not to do it to other people.

Similarly, Kelly spoke of how supportive her teammates were during her injury and explained that, as a result, she was sensitive and compassionate towards the injury experiences of others:

I did feel isolated but the girls I play with were actually very good and tried really hard to involve me. My close teammates and friends were really kind and even the girls I didn't know all that well were really concerned. I kept involved and people tried hard to keep me involved, that really helped. I've definitely a huge empathy for other people when they are injured. I have some close friends who have had some serious injuries and I've given them as much advice as I can about how I coped. Hopefully they'll then be able to do the same sort of things.

Importantly, observing and talking to athletes like Kelly indicated that there may be some significant differences with regard to how male and female athletes respond to injured peers.

As previously identified, research to date suggests that both men and women conceal injuries and hide pain from significant others such as coaches, trainers, and athletic peers. The data gathered here, however, begin to indicate that male athletes are far less likely than female athletes to be expressive about their experiences of injury and pain. Within a cultural climate that views the denial of pain as a masculinising experience (Young et al, 1994), men may learn that concern and compassion for injured peers is not acceptable masculine behaviour. Indeed, as highlighted previously within this thesis, while women's bodies may be constructed as impressionable and emotional, to be a man traditionally means being fearless, ruthless and uncomplaining. Within 'male preserves' like sport, men are "expected to give and to take 'hard knocks', to injure and to be injured and, when injured, to take it like a man" (Waddington, 2000:

p.28). Although commonsense ideologies can shape the bodies and lives of female athletes, they also, as the data here suggest, provide guidelines for potentially *transformative* male behaviour in sport.

Even though the physically challenging and often risky aspects of involvement in sport helped these women to recognise the full potential of their bodies, there was also a definite sense in which even the most painful of injury experiences were seen to contribute to personal improvement and processes of self-actualisation. Although injury and pain can have a detrimental impact on an athlete's identity and self-esteem, it can also, as these women's accounts show, help to generate feelings of self-confidence and inner strength. Kelly, for example, noted that her injury had certainly been a "set back" to her involvement in rugby, but that in "coming through the pain" she had become an "altogether stronger person with a much stronger belief in myself." As she put it:

I think that although it has been very painful I would rather have experienced this injury, got over it, and worked hard to come back and experience the positive things I get out of rugby. I feel stronger for getting through this, I suppose you could say I feel proud of myself in some ways.

The "internal locus of control" identified by Blinde et al (1993) as a prerequisite to the accomplishment of self-competency was reflected in Kelly's approach to injury and in many other conversations with these athletes about their attitudes to risk and pain.

Rather than seeing injury as a barrier to sporting success Liz viewed it as a test of physical and mental toughness. Similarly, Julie saw her injury as "very frustrating and annoying" but nevertheless a "character builder." In her words:

Being injured makes you realise how easy it is to take training for granted and makes you train harder when you are fit. Having quite a serious injury was really hard to cope with because it meant I couldn't do what I loved doing. Looking back though it has definitely made me stronger, it's made me appreciate my talent and made me determined to make the most of it.

Julie's resilient attitude towards injury was also evident in conversations with Dawn, a field hockey player. Dawn described her ankle injuries in the following words:

I was constantly injured for a period of about six months, I was quite low and depressed for a while. I had some quite tough physio sessions and I started to wonder whether I could get through it and whether I would be able to play again. I'm so glad I did, though, because I love playing hockey, it's such a big part of my life and I think my injuries have made me realise that. They've made me stronger in lots of ways, I suppose.

Furthermore, Jo, a shot putter, explained that it had required a great deal of physical and mental adjustment on her behalf; injury had made her "even more determined" and "ready to go out and get anything" even if it was hard to achieve. Similarly, Sonya, a track and field athlete, reflected on the positive dimensions to her experience of injury:

Having to give up something I loved doing was one of the hardest challenges I've dealt with in my life. My injury went on for quite a while and there was a lot of uncertainty about whether I would run again or not. Obviously I was devastated that I had to stop competing but the injury taught me a lot about myself. I didn't realise how strong I could be and how tough I was if I really needed to be. That's definitely changed the way I've dealt with other things in my life. Although I suppose in some ways injury beat me, in many ways I'm much harder and more confident than I was before. I've been for jobs that I would never have considered before and I've been travelling, so I suppose it opened up doors in some ways.

Sonya's words, as well as those emerging from conversations with most of the respondents involved in the research, contradicted predictions made by Harris (1980) that "the development of skills and physical strength is relatively unimportant to girls" (p.224). Indeed, *all* respondents indicated that skill development *and* personal development could be enhanced through sport; these were clearly primary sources of pleasure and meaning for these women.

Certainly, the data gathered here indicated that while injuries themselves were very rarely, if ever, understood as 'satisfying' or 'pleasurable' (Smith, 1989), they were often regarded as constructive experiences. Jenny, a sprinter, viewed injury as a "challenge to overcome"; Georgina, a shot putter, explained that it had made her "even more strong-willed"; while overcoming injury made Carol, a swimmer, feel as though she could "achieve practically anything." In sum, nearly all of the female athletes



involved in the research who had recovered from a serious injury exhibited the determination, dedication, and competitive orientation to life outlined by Blinde et al (1993), Young (Young and White, 1995; Young, 1997) and others as a potentially empowering outcome of women's involvement in sport.

Although, without a doubt, sport benefited these female athletes both personally and socially, the findings here indicated that emancipatory ground won on behalf of these female athletes was much more unintentional than a result of any strategised or deliberate political agenda. While sociologists Miller and Penz (1991) found that the females involved in their study deliberately attempted to "renegotiate the dominant masculine meaning of bodybuilding" (p159), and Menneson (2000) discovered that the women boxers participating in her research viewed themselves as empowered by sport to construct "alternative versions of womanhood" (p.29), these female university athletes, as Young and White (1995) predict, rarely considered how their experiences of, and attitudes toward, injury and pain, could contribute to sexual equity or gender equality in the larger political sense. The reports of injury and pain among this group of women were nevertheless replete with the language of self-determination rather than characteristically feminine traits of subservience and acquiescence. For example, at rugby matches, soccer training sessions, athletic competitions, and tennis practices alike, players talked of "getting stuck in," "digging deep," "playing hard," "upping the work rate," and "pushing it." Contrary to feminist claims that female involvement in masculine domains like sport can reproduce existing patterns of patriarchy and power by channelling women into paths of male dominance, data gathered here demonstrated the "self-actualising" (Young and White, 1995) capacity of sport.

In review, discussion so far has focused on the ways in which the sports-related pain and injury experiences of a group of English female university athletes indicated

evidence of a possible flux in contemporary gender relations. Moreover, it has addressed how these women represent a challenge to dominant cultural conceptions about female athleticism and physicality. The chapter has highlighted how involvement in sport, and paradoxically often very painful and disruptive cases of injury and pain, empowered these women on both personal and social levels. The findings remind us that while sport has historically underpinned, reproduced, and reaffirmed male supremacy, masculine hegemony, which has formed the basis of female subordination, is malleable and subject to resistance and challenge. For example, while, as Bianchi (1980) argues, women are often not permitted to develop their full potential in a patriarchy which strives to stifle the development of their “physical expertise and bodily confidence” (p.118), these females challenged gender socialisation processes and socially ascribed roles of subservience by achieving their physical and mental potential through sport, including sport that hurts and damages.

In many respects, the ways in which these female athletes experienced their bodies through sport, pain, and injury were more consistent with Shilling’s (1993) identification of the body as much more of a ‘project’ which is in the process of continual modification than Bourdieu’s (1984) previously identified notion of the body as a completely intextuated entity, or Turner’s (1984) analysis of the social formation of action and behaviour. Rather than conforming exactly to cultural indoctrination or gender-based ideologies, these women used sport as a means to take responsibility for their bodies and, through injury, learn how to be accountable for their own health and well-being. In taking charge of their own lives and bodies in such a way, these female athletes were able to cast aside their status as ‘subjects’ (or the bearers of a set of dominant social relations) in favour of pursuing their role as empowered social actors (or independent agents in the social construction of reality). As discussed within the

review of the sociology of the body literature in Chapter 2, speaking to these female athletes about their undeniably embodied experiences of injury and pain reminds us that bodies, as Frank (1991) argues, are not entirely determined by ruling classes but, instead, have the potential for deliberate action. Central to the analysis of these women's experiences is the previously identified cultural studies premise that women have a simultaneously defining and defined experience of their own bodies. Although the data here emphasise the emancipatory potential of sport, there was also evidence of the ambiguity and complexity of involvement in sport for women. Without a doubt, data gathered here showed that sport can be both simultaneously facilitative *and* restrictive in the lives of female participants.

### **7.3 Sport, Injury, Physicality and Disempowerment**

While involvement in sport has so far been judged as a contributor to processes of self-actualisation and self-fulfilment, it was also clear from the data that alternative, contradictory interpretations and messages were on hand. In brief, although speaking to these women about their experiences of pain and injury demonstrated the emancipatory potential of sport, it also illustrated that sport continues to be, at least in part, a site for the material and ideological disempowerment of female athletes. Hegemony, as Canadian theorist Knight (1982) has eloquently argued, is "elastic" and contains possibilities to constrain at the very same time it enables.

In a material sense, financial support, coaching resources and training facilities were reportedly more scarce for female athletes than they were for their male counterparts at the university under study. Priority was given to men's teams in a range of sports with regards to such basic resources as pitches and courts for practices, as well

as training sessions and matches. Liz, a rugby player, for example, reflected on provisions available in this respect for women involved in her sport:

We've been really lucky this year because we've been allowed to play on the men's first team pitch. All the girls are really excited because usually only the men get to play on that pitch. We don't get to use it all the time, only when the boys have an away game, but it's better than nothing. Hopefully, we'll get some more support this way because the first team pitch is right at the heart of the campus. Usually, we play on the pitches that are a fair way out, and so we don't get very much support.

Tamsin described a comparable situation for the women's soccer team on campus:

It's definitely getting better, we have more support than we used to. We've had problems with finding coaches before, you know, getting someone regular to join us. Like I say, though, things seem to be getting better, but it's been a struggle at times.

The experiences of these female athletes confirm claims made within the literature review section of this thesis that there is little gender equality in sport in terms of access to facilities/equipment and participation opportunities. Perhaps the most frequently identified material constraint arising from conversations with these athletes about injury and pain was, however, with regard to consistent and competent medical treatment processes. Clearly, for any athlete, medical support is key.

### **7.3.1 Treating Injury: Gender and Equality Issues**

Accounts of treatment for sports-related injury and pain incidents/experiences among this group of women were replete with words such as “misdiagnosis,” “expense,” and “dissatisfaction.” Very rarely were rehabilitation and treatment experiences described in positive terms. Clare, a soccer player, explained how her anterior cruciate ligament injury was “misdiagnosed for three months”; Carol, a swimmer, spoke of very painful ultrasound treatments which “didn't sort out the injury at all”; while Jane, a javelin thrower, had visited four physiotherapists before getting a “satisfactory answer” about her shoulder injury. As noted in Chapter 2, a number of sociologists (who are

critical of dominant Western approaches to understanding health) have argued that 'social stratifiers', such as gender, have an important role to play in an individual's understanding and experience of illness (Graham, 1984; Verbrugge, 1999). Their claim/ideas appear to be supported in relation, also, to experiences of sport-related pain and injury for female athletes.

Significantly, it was common for these female athletes to reflect on such experiences as being in some way gendered or linked to commonsense notions about appropriate feminine behaviour. A number of women, for instance, felt that negative attitudes to female athleticism had impacted on the quality of their treatment. Gillian, a soccer player, spoke about her experiences at a local hospital in such a way:

I had to see a doctor initially so that they could establish more or less what was wrong with my wrist. As soon as they found out it was a sports injury they seemed to be a lot less sympathetic towards me. One of the nurses made a comment about how it wasn't surprising that I'd hurt myself playing something like that [football]. They didn't exactly seem to approve and that made me really cross. I didn't think people could still be so narrow-minded.

Liz, a rugby player, encountered a similar experience to Gillian when receiving treatment for her knee injury:

They [the doctors] seemed to feel as though I had asked for the injury in some way. I kept telling them how much pain I was in but they didn't seem to take much notice. I got the feeling that they thought I was exaggerating. I also felt as though they were patronising me quite a lot. One of the doctors said I should expect to get hurt if I played 'daft' games like rugby. He said it as if he was joking but I couldn't help feeling that I'd have been taken a lot more seriously if I hadn't been a girl. They never really explained to me exactly what I had done to my ankle, I think they thought I wouldn't understand or something.

Medical advice and financial support for physiotherapy and rehabilitation appeared to be routinely worse for female athletes throughout a range of sport types and across the continuum of ability levels. However, gender-based inequalities in respect of treatment for injury were perhaps most apparent, not surprisingly, within sports that have

been traditionally almost entirely male-dominated. For instance, Liz described the disparity between the men's and women's rugby teams in the following way:

The men's rugby team have a triage session on a Monday night with the physio who takes a look at any injuries and says what might be wrong. If you are really badly injured then you are allowed to go along -- only if you are a first team player though. There's no real support system surrounding the girl's team, we aren't that lucky.

For Liz, injury meant "being responsible for myself" and finding and paying for her own consultant. In a similar way to Liz, Emily, a soccer player, noted how belonging to a "low status" team on campus had an impact on the quality of support available to injured female athletes:

We aren't counted as one of the top teams, we aren't male rugby players so we're not a major priority. There is a physio on campus but we don't get that free like some of the men's teams do. I don't actually go to see the campus physio, I sort my own out, it's very expensive, but there isn't really any other option.

Recovering from injury was also a costly affair for many of the female athletes involved in the study. Theresa, a volleyball player, talked of the financial strain that her back injury had placed on both herself and her family.

At first, I paid to go to a physio. I had acupuncture and manipulation sessions which cost about £40 each time. I was having two sessions a week, so that was really expensive for a start. After a couple of months it was clear that the injury wasn't getting any better so I went to another physio who thought I had twisted one of my discs or a vertebrae. That physio wasn't prepared to treat me, though, until I had a referral from a doctor. If I'd have gone to the NHS I would have waited, so my parents paid for me to see a specialist sports consultant. Again, that was really expensive. He sent me to the hospital for an MRI scan. I was really lucky because I managed to get a cancellation, so instead of costing me £700 it cost me £380. The scans came back and were clear so the doctor recommended that I went to an osteopath. I'm now seeing two different specialists each week and the bill is getting really big. It's really frustrating because we are paying out all this money and I still don't seem to be getting any better.

Similarly, Jo, a shot putter, had paid for two MRI scans at the cost of £500 each and two years worth of twice-weekly physiotherapy sessions costing £30 a session. Not

surprisingly she explained that without her parents support she “wouldn’t still be involved in athletics today.”

As noted in the earlier section on motivations and rationalisations for playing with pain, regardless of the sport being played, the majority of female athletes involved in the present research found that the treatment they received for their injuries was often inadequate, insufficient, and sometimes completely incorrect. Like the Danish female handball players involved in Friis-Thing’s (2004) study, they were very rarely, if ever, provided with specialist sports rehabilitation. Instead, treatment processes were very much self-governed and self-initiated. While active management of their own injuries may have increased the control these women had over their own lives and bodies, it also disempowered them by enhancing feelings of vulnerability, anxiety, and uncertainty that Roderick (2004) argues are a key feature of modern day medical diagnosis and treatment processes in British sport. Further comparative analysis of treatment for injury among male and female athletes is arguably necessary in order to make any concrete assertions about the gendered nature of such processes. However, the data gathered here confirmed claims made within the earlier section on gendered health and illness experiences, that there are likely to be some very important similarities, but also a number of significant differences between how men and women experience health, and between the ways in which they are treated for ill-health. Indeed, conversations with these female athletes show that sports-related pain and injury experiences can reflect the same gender domination principles as health and illness experiences per se. As previously discussed, the women involved in the research found that through sport they achieved self-fulfilment, self-confidence, and an increased awareness of their body and its physical potential. However, they continued to be disempowered, at least in part, by medical practices that refused them access to important information about injury and

rehabilitation processes. As discussed in the literature review section, denying women the opportunity to be an active participant in their own illness experiences has traditionally played a crucial role in ensuring their continued disempowerment in a patriarchal society (Wilkinson and Kitzinger, 1994). Female athletes are unlikely to rank high in terms of medical priority since, as Kotarba (2004) argues, “the best health care [most often] goes to those athletes who are most valuable and difficult to replace.” In the context of university sport, it is fair to argue that such athletes are, more often than not, male. Moreover, as the sociology of health and illness literature reviewed previously suggests, diagnostic mistakes can occur as a result of socially constructed stereotypes that portray women’s symptoms as psychosomatic and exaggerated, and as the outcome of ‘emotionality’ rather than actual physical prompts.

Although the female athletes involved in the present study faced a number of material obstacles, equally, if not more, important were the ideological constraints which confronted them. In this respect, my data are consistent with Theberge’s (2000) claim that “women’s efforts to make a place and be empowered [in sport] are constrained by dominant ideologies of gender, sport and physicality” (p.327). What follows, therefore, is a discussion of the ideological aspects of disempowerment encountered by this group of female university athletes where pain and injury issues are concerned.

### **7.3.2 The Impact of Gender Stereotypes on Sports Careers**

Socially constructed stereotypes about appropriate uses of the female body had made a clear impact on the lives of my respondents. Most of the women involved in the research, for example, talked of the conflict they experienced as a result of the inconsistencies between being an athlete and being a woman. As Scraton et al (1999) argue, ‘doing gender right’ or meeting social and cultural norms surrounding appropriate



uses of the female body, requires women to be passive, dependent, and subservient. However, as Jodie, a discus thrower, noted, the traits required to achieve success in sport are often quite different:

As a high school student everybody knew I was a thrower because I was quite good. The lads at school used to tease me though. It was like, oh look, it's Jodie the big butch thrower. Friends would tell me not to listen, but inside it makes you feel like you are a bit different to everyone else. Also, when we had school photos in our little netball skirts I'd be the one with the big thighs. At one point it really got to me and I felt as though I wasn't feminine and wasn't girly. My event definitely meant that I needed to be more powerful and more toned than other girls and for a while that did bother me.

Jodie's experiences in this respect were not uncommon but instead were echoed by athletes like Belinda, a sprinter, who "worried about being seen as unfeminine," Anna, a netballer, who had "been called 'he-woman' at school," Gemma, a canoeist, who had been told by parents and friends that training would make her "too bulky" and "boy-like," and Holly, a rugby player, who had been made to feel "different from the other girls, somehow less womanly." For a number of women involved in the research, being strong, powerful, muscular, and toned had contradictory and ambiguous meanings. As illustrated at the beginning of this chapter, most appeared to derive enjoyment from the physicality of their sport. However, it was also clear that their athletic bodies were often 'deviantised' and their behaviour stigmatised as unfeminine. As identified in Chapter 3, sport is a homophobic institution which often constructs the bodies of physically powerful and determined women as unusual or in some way different.

Almost all of these women had faced allegations of homosexuality and been forced to defend their sexuality, whether 'straight' or 'gay,' because of their involvement in sport. Kelly noted how playing rugby meant often having jokes made about her, like "Are you a lesbian?" and "Do you all 'perv' on each other in the shower?" Likewise, Stephanie explained how some girls might "be put off playing football because everyone

thinks if you are a female football player you must be gay.” Tennis player Courtney faced similar suspicions and guesswork about her sexuality, none of it expressed kindly. She noted how her muscular physique had earned her the nickname “She Man,” and went on to describe how this label had affected her:

At school I was visibly more toned than the other girls. I am naturally quite muscular, but playing tennis added a lot of definition to my arms. They used to call me names in the playground and most of the other girls didn't really want to have much to do with me. As I got older I realised that it didn't really matter, I gradually gained recognition for being good at what I do, playing tennis, that is. My Mum's friends often hint at whether I'm gay or not but she just laughs it off and I've learned to do that as well.

In addition to conversations with athletes like Courtney, observational data obtained from a number of different settings in and around the sports sampled, such as training and post-match events, confirmed the notion that women who are involved in sport may often have their sexuality and femininity questioned. On numerous occasions both male and female spectators made comments about the sexual orientations of the women they were watching. While observing female athletes involved in a shot put competition one male onlooker, for example, was heard to remark, “look at the muscles on that, I bet she's a dyke.” At a women's university rugby match, a number of audience members indulged in a conversation which included remarks such as “Don't tell me they aren't a bunch of lesbians! Well, you can't look like that and expect blokes to fancy you anyway!” As argued within the review of feminist cultural studies literature, labels such as ‘butch’, ‘tomboy’ and ‘lesbian’ can work in a similar way to other commonsense notions about appropriate uses of the female body, to disempower and certainly to undervalue women involved in sport.

Responses to negative sanctions and experiences of role inconsistencies among this group of female athletes were by no means uniform but instead suggest the “complex set of dynamics” which Young and White (1995) note “more accurately

reflect the experiences of many [athletic] women” (p.49). It was possible, however, to identify three key reactions to the discriminatory ideologies arguably faced by nearly all of these women at some time during their sports careers. For a number of women, athletic demands appeared to take precedence over conflictual ‘feminine’ roles. For these athletes, the disadvantages of being perceived as ‘butch’ or ‘manly’ were far outweighed by the benefits of being successful at sport. Emma, for example, noted how being a javelin thrower demanded “a more muscular physique than the average female.” Emma’s priorities, however, lay with “being a good sportswoman:”

I think that nowadays ‘muscly’ frames are more common and the female physique is changing in many ways. I used to be worried about being too bulky, but I’m not really as bothered by it now. At the end of the day it was a case of asking myself if I wanted to be a good javelin thrower or not, and in the end that’s by far the most important thing to me.

Emma’s approach to the negative stereotypes she often encountered as an athlete was mirrored by Janine, a 400m runner. Janine’s words indicated the continued importance of gendered ideologies while simultaneously illustrating the determination of some female athletes to shun hegemonic standards underlying acceptable uses of a woman’s body. In her words:

I’m quite muscular and sometimes people make comments about that, which isn’t very nice. I know that’s how I need to be though if I want to be good at my sport. I know that if I were skinny I wouldn’t be a good runner. Even though it can be hard sometimes, it would never stop me.

For Janine and a number of other respondents, being involved in sport was not necessarily viewed as a ‘negater’ of femininity. The data here indicate that labels such as ‘unfeminine,’ ‘manly,’ ‘butch’ and ‘muscular’ did not always act as a deterrent to the pursuit of athletic excellence. Conversely, however, the findings also suggest that negativity surrounding female involvement in sport continues to be seriously problematic for other participants who feel less equipped to deal with mockery, criticism and trivialisation.

Although Catherine, a volleyball player, was “unconcerned” about her feminine identity in relation to being involved in sport, Natalie, a field hockey player viewed “athletic bodies as more appealing” and Belinda, a track and field athlete, “quite proudly beat men at press-ups and pull-ups,” some female athletes found it more difficult to balance the requirements of their sport with hegemonic notions about appropriate female behaviour and sexuality. Consequently, a number of these women were forced to defend their femininity and sexuality by making deliberate attempts to manage their appearance. As with the boxers in Halbert’s (1997) study, Emily chose to minimise the conflict between her athletic and gender role by emphasising her ‘femininity’. Emily’s concerns centred around remarks about her sexual identity and the ‘tomboy’ image she felt she had received as a female soccer player:

I wanted to lose that image by the time I was about 14. I still wanted to play football but didn’t want that image any more. Now people look at me and say I don’t look as though I play football because I’ve got long blonde hair. When I was about 11 I just looked like a little boy and I realised that people would criticise me for that so I decided to change things. I’d certainly never have my hair cut short again because I play football. That sounds really stupid but I’d never have it cut short because of the sport I play.

Emily’s behaviour in this respect was not unusual: Paula “often wore dresses” to show she could “look ladylike”; Carly wore mascara when playing rugby “to avoid looking too masculine”; Jo noted how a female training partner “competes in a skirt and always wears pink”; and Fran always “made an effort to look nice” when playing hockey. The data gathered from discussing sports-related injury and pain with these women suggested, as Blinde et al (1993) might predict, that processes of femininity negotiation may erode the empowering possibilities of sport. In accordance with a previously identified Goffmanian (1968) style of thinking about human action and behaviour, individuals are taught to manage themselves and present their bodies in conformity with a set of culturally defined norms and societal expectations. As argued in

Chapter 3, such norms, values and expectations can be interpreted as 'hegemonic strategies' (Daddario, 1994), constructed by men to disempower women in sport. Perhaps the most extreme response to such gender ideologies exhibited by these female athletes occurred when femininity was adjudged to be more important than athletic status and identity. It is at this point that the power of ideology as a social control mechanism or as a tool for the maintenance of male power and privilege is most apparent.

For a number of respondents, the disparity between athletic and feminine roles was so great that they either suppressed or concealed their sporting ambitions or withdrew from sport entirely. Martine, a javelin thrower, for example, was so concerned about losing her "feminine curves" and becoming "too muscly" that she had stopped weight training for her event altogether. Similarly, Jodie explained that she hadn't pursued her throwing career or her talent to its full potential because she "didn't want to turn into the shape that I would have to have become to be successful." When asked about the impact that sport can have on feminine or sexual identity, Lisa explained that she had known "a lot of people who have dropped out of playing rugby because they didn't like the way it made them look." Denise described a comparable state of affairs in rowing which, in her words, "is not a particularly girly sport" but requires "strength and power." She explained:

One of my friends who gave in last year quit because she didn't want to do weights anymore. I told her she didn't have to be big but she felt that because our sport is based on power that she had to. She got fed up with people commenting on her broad shoulders and saying she looked like a man. It's a real shame because she was a really good rower.

As the findings here indicate, the paradox between athletic and feminine roles can be so pronounced and tense for some women that it causes withdrawal from sport altogether. As previously acknowledged, hegemony has an 'elastic' quality (Knight, 1982) which allows subordinate factions, like these female athletes, the opportunity to challenge

dominant group power. As these women's' experiences show, however, while hegemony can be contested, it is by no means easily overcome, but must be continually struggled and fought over, often with hurtful consequences.

As Harris (1980) predicts, crisis can ensue for a female athlete when she "perceives a disparity between how she sees herself and how society expects her to be." For some women, injury seemed to provide an added problem in this respect. As previously discussed, these female athletes sometimes viewed injury as something to be proud of, or a sign of dedication and commitment; on other occasions, it was seen as a compromiser of femininity. As with the females interviewed by Young and White (1995), Liz identified injury as having a negative impact on how she felt about being woman:

I have to say that when I kept getting black eyes all the time it did bother me. It isn't very feminine and I did feel less attractive. Also, because of my knee injuries I had scars all down my legs. I didn't wear skirts for a while because they looked a mess, really not very attractive at all.

Lucy, a lacrosse player, spoke similarly about the way her injuries made her feel:

I've broken my nose quite a few times and to be honest I felt quite ugly. My eyes went all black and my face was a complete mess. Because I've broken it a few times it's all bent now. I love my sport but unfortunately it hasn't done much for the way I look.

Injury also caused confidence problems for Estelle who had suffered numerous black eyes and a broken cheekbone. Not unlike Lucy, Estelle worried that her injuries made her less feminine and less attractive:

When I broke my cheekbone I wouldn't go out for ages, I just didn't want people to see me, it didn't look very nice at all. I have thought about how I'd feel if it happened again, it was really painful and it made me feel crap about how I looked. I'm still playing though, so I guess that says something.

Other athletes, such as Simone, a hockey player, also reported feeling "much less attractive" when she had broken her nose, while Charlie, a soccer player, explained that

knocking out her two front teeth had made her feel “very self-conscious about the way I looked.” As previously discussed, injury can be particularly problematic for male athletes when it brings about changes in their bodies, including diminished strength, decreased fitness and reduced body tone. The data here, however, indicate that it can be also problematic in similar ways for female athletes. Although some of the women involved in the research viewed injury as a sign of being a dedicated athlete, a significant amount viewed injury less favourably as having a negative impact on their feminine and sexual selves. As the sports-related pain and injury experiences of these female university athletes reveal, women may be forced by gender ideologies and stereotypes to thus disengage from potentially emancipatory behaviours, such as sport. They may be encouraged to reinforce the very hegemonic characteristics which devalued their bodies in the first instance, because they realise that failure to do so could lead their feminine identity to be questioned.

#### **7.4 Summary**

To summarise, it is apparent that male power and hegemonic forms of privilege continue to be a serious barrier to full gender equity in sport. The data gathered here indicate that women face a number of practical and material constraints to their participation in sport. The infrastructure of university sport made dealing with injury and pain even harder for the female athletes involved in this study. They were often, for example, denied access to appropriate medical resources, and paid heavily for rehabilitation and physiotherapy treatment. The findings also show, however, that hegemonic power is also ideological and largely dependent on the continued production of ideological assumptions about the female body, ‘femininity’ and ‘straight’ sexuality. The women involved in the present study, for example, found that their athletic, toned,

and sometimes muscular bodies were undermined by a set of universal 'truths' or ideological guidelines for acceptable female appearance and conduct.

A majority of these women found that non-conformity to socially constructed gender role behaviour led to a questioning of their sexuality and ability to be truly 'female.' The experiences of these female athletes, in this respect, illustrated the continued importance of commonsense notions about gender for the confirmation of male power and privilege and the legitimisation of the established gender order. A number of women involved in the research learned through discriminatory treatment and negative stereotyping to disassociate from the empowering aspects of sport and, on some occasions, to withdraw from sport completely. For these female athletes, injury was not always, but sometimes, a compounding problem. Without a doubt, however, visible injuries (cuts, bruises and scars) perceived as a clear sign of willingness to act aggressively that were a marked sign of physical and aggressive behaviour were often seen as unattractive and viewed by some women as a compromiser to femininity. When they themselves did not consider such matters as troubling, others (boyfriends, coaches, parents) would frequently remind them of the discrepancies between being 'feminine', yet revelling in the pleasures and scars of physical sport.

Claiming that male power in sport is complete or that masculine ideologies go uncontested would be, however, to misrepresent my data. While, as previously identified, sport can be a site for the confirmation of ruling class ideology, it is, as these women's experiences of injury, pain and physicality show, a terrain of struggle over dominant meanings and cultural messages. For example, while ideological depictions of women as passive objects rather than active subjects have historically marginalised female athletes, through sport these women were given access to alternative and arguably emancipatory visions and thoughts.



On a theoretical note, the sports-related pain and injury experiences of these women are arguably far more adequately understood along the lines of cultural studies theory which recognises the constraining and liberating aspects of sport, rather than in terms of an orthodox Marxist style of analysis which denies any truly meaningful or liberating human agency potential in sport and leisure. Involvement in sport was, for example, an important source of confidence, identity and status for these women, while even the most painful and disruptive of injury experiences provided opportunities to challenge commonsensical notions about passive, weak and fragile femininities. The data here raise questions regarding the 'negotiable' character of male hegemony. Masculine ideologies were found to be subject to redescription and faced challenge and contradiction from female athletes who were tough (both physically and mentally), independent and resilient. To conclude, the present study into female university athletes and their experiences of sports-related pain and injury underscored the benefit of theorising gendered power relations along cultural studies lines as fluid, dynamic and subject to change. Additionally, it indicated the need to view dominant group ideology and supposed universal truths as temporary, conditional and eminently challengeable.

## **CHAPTER 8: CONCLUSION**

### **8.1 Introduction**

This concluding chapter aims to bring the present study to a close by reflecting upon and clarifying earlier observations. In summarising, the study's key aims and objectives will be reviewed, and the methodological approach adopted for the research will be assessed. Consideration will also be given to the study's empirical findings, as well as to the theoretical contributions made by the research. Finally, the scope and limitations of the work will be addressed.

### **8.2 A Review of Objectives**

This study was aimed at examining how a group of English female university athletes experienced sports-related injury, risk and pain. Three research methods -- surveys, semi-structured interviews, and observation -- were used to collect data from women involved in a number of campus-based sports, including tennis, rugby, track and field, soccer, field hockey, triathlon, swimming, show jumping, canoeing, lacrosse and volleyball. A largely qualitative approach was chosen in order to gather rich, descriptive data on a topic that has been subject to relative sociological neglect. The choice of research tools was also guided by a feminist cultural studies premise (identified in the chapter on research approaches), and the view that quantitative methods alone are unsuitable for studying the lived experiences of women athletes (Oakley, 1981; Hollands, 1984; Hall, 1987; Harding, 1987).

The existing literature on male sports environments has linked the normalisation and rationalisation of risk and injury, by male athletes, partly to gender socialisation processes and dominant notions of masculinity (Messner, 1990, 1992; Young et al, 1994;

Roderick et al, 2000). This current study was concerned, therefore, with exploring how male power, and commonsense assumptions about appropriate uses of the female body, can shape how women experience sports-related pain and injury. Central to such an exploration was a feminist cultural studies perspective (outlined in Chapter 3) and the key cultural studies concepts of hegemony and ideology. Gramsci's notion of hegemony, or "the process of forming consent around a particular ideology" (Coakley, 2001: 103), was used to address long-running sociological debates about agency vs. structure, and freedom vs. determinism. It was applied to the data gathered, for example, in order to assess the determined and determining nature of sports-related pain and injury for this group of female athletes, and in order to illustrate the volatility of male power and privilege.

While the study was geared towards understanding the role that gender socialisation has to play in the production of sports-related pain and injury, it was also interested in how such experiences can be an outcome of socialisation into sport per se. The data gathered here were examined alongside the existing literature on male sports environments in order to widen our sociological understanding of the distinct and unique sport-related 'culture of risk' (Nixon, 1992) and the networks of human social relations that can teach athletes, seemingly regardless of their gender, to normalise and rationalise pain, and to accept and tolerate injuries. Accordingly, it was hoped that something would be learned about the social and emotional aspects of injury, pain and illness, and the contention that such experiences are at least partly defined by the cultural context in which they are lived (Zborowski, 1952; Singh Bolaria and Dickinson, 1988; Frank, 1991; Sparkes and Smith, 1999).

In sum, exploring the impact that gender can have on embodied experiences such as illness, injury and pain, was at the heart of this project. So, too, was the use of a

reflexive, qualitative approach to carrying out research on how social actors negotiate and make meaning of often challenging vocations and personal circumstances.

### **8.3 Reflections on Methodology**

Chapter 4 examined questions of methodology in some detail. This involved a discussion of the research approach to be adopted, the actual methods used to carry out the research, and a theoretical justification for the choice of this particular approach. Attention was also paid to how the data gathered from the survey, semi-structured interview, and observation research were analysed. In the following section, the research strategy on which this study is built will be assessed. Consideration will be given to whether adopting a qualitative, reflexive stance to carrying out the present research helped to achieve the study's principal objective of contributing rich data to the sociological study of sport, injury and pain, and to our understanding of how female athletes experience sports-related pain and injury.

As noted, a multi-method approach was justified by the depth of the data generated. Surveys helped to provide important preliminary data, illustrated key issues and concerns, and identified respondents for the interview phase of the research. The data elicited from semi-structured interviews confirmed predictions made in Chapter 4 that qualitative procedures are valuable for “capturing the individual's point of view, examining the constraints of everyday life [and] securing thick descriptions” (Denzin and Lincoln, 2000:10). Moreover, the relatively ‘untold’ narratives of these marginalised female athletes were arguably more adequately accounted for by a female researcher whose own experiences of pain and illness equipped her to analyse and interpret these women's experiences. In this respect, as argued in Chapter 2, involving the researcher's

'self' did not 'contaminate' (Fine et al, 2000) the text; arguably, it rather informed and enforced it.

#### **8.4 Empirical Outcomes**

The data collected from this study into the sports-related pain and injury experiences of a group of female university athletes present us with a number of important findings. Firstly, they confirm earlier sociological claims that sport is centrally associated with serious health risks. Moreover, they indicate that, regardless of gender, or type of sport played, those who are seriously involved in competitive sport run the risk of sustaining both long-term and short-term injury. The findings presented here point to the diverse and wide-ranging nature of sports-related pain and injury experiences for female athletes. Casting the net widely methodologically speaking by examining a range of sports settings illustrated how complex and often contradictory these experiences can be. As noted previously, nearly all of the respondents involved in the research, regardless of the sport they played, or the standard they participated to, shared in common a no-pain, no-gain philosophy to their involvement. They were united by an attitude which normalised risk-taking and the routine toleration of pain. There were, however, a number of subtle, yet noticeable differences in their experiences of sports-related pain and injury. These differences were related, among other factors, to the type of sport being played, to the status of the athlete, and to their level of participation.

As identified in Chapter 6, motivations for either playing while in pain or training while injured among athletes involved in team sports were most often linked to pressure placed on them both intentionally and unintentionally by teammates and athletic peer groups. Those involved in sports like rugby, field hockey, soccer, netball and lacrosse,

for example, often reflected on the responsibility they felt towards teammates when discussing the reasons why they took significant health risks with their bodies. While athletes involved in individual sports (such as tennis, track and field athletics, canoeing) reported that training partners sometimes influenced their decisions, they more often cited pressure from coaches as a significant factor in their attitude and orientation toward sports-related injury and pain.

While sport type had a role to play in these women's experiences and on the kinds of pressures they faced to train while in pain or conceal injuries, so too did an athlete's status within their sport. In general, the higher the level and standing of the athlete within the team or training group, the greater the motivation to train, play or compete regardless of injury. Pressures, in this respect, included demands on such athletes to place the success of their team ahead of their own well-being, the desire to maintain athletic status, and in the case of exceptionally talented individuals, the need to secure financial support and funding. Moreover, as identified in Chapter 6, equally important in this respect were the range of internally motivating factors which athletes placed upon themselves to train, play and compete while hurt.

Additionally, as Chapter 5 illustrates, the types of injuries athletes suffer from and the causes of these injuries can differ among and between sports. Injury can, for example, be a result of the sheer frequency and intensity of training and competition, an outcome of poor or faulty techniques and, within some sports, a product of physical contact. Injury experiences, as identified within the literature review section of the document, are not uniform but, instead, are likely to vary among and between sports. Contact sports, for example, have generally higher rates of injury, and are more likely to lead, as indicated in Chapter 5, to acute injuries. It is not, however, simply physical contact sports that incur injury. Non-contact sports are often equally as demanding and

more frequently result in over-use injuries. Despite the fact that involvement in some forms of exercise can be beneficial to health, the data here challenge the common assumption that sport has an indisputably positive impact on physical and mental well-being.

Secondly, this investigation into female athletes and their experiences of pain and injury in sport clarified claims, made in Chapter 2, about dominant paradigms of Western medicine. As the data here testify, such approaches, in and of themselves, may be inadequate ways of understanding health, injury and illness. Injured bodies, are not, as biomedical discourses would have us believe, simply physically impaired entities; they are instead social and emotional in cause, makeup and outcome (Frank, 1991; Freund, 1991). Moreover, ill-health and injury are not, as sociologists and philosophers such as Zborowski (1952), Crawford (1984), McNamee and Parry (1989), and Lupton (1995) argue, entirely physiological phenomena. They are instead simultaneously biological, social and cultural experiences. Ill and injured bodies have the capacity for intentional human action but, at the same time, are at least partly conditioned by culture. They are, as Shilling (1993) predicts, self 'intextuated' but also externally defined. For the female athletes involved in the present research, sport-related injury was an overwhelmingly social and emotional event shaped by the specific culture of university sport in which it was experienced, possibly even of the subculture of sport at the particular institution under investigation. As noted in Chapter 5, for example, physically painful incidents of injury and pain were all the more disruptive for these women when injury forced them to sever the extremely close bonds with their athletic peers. For reasons such as these, sports-related injury and pain were accompanied by feelings of isolation, loneliness and anxiety. As Chapter 6 illustrates, such feelings were sometimes

so intense that these women were motivated to play and compete while they were in pain, and to return to sport before fully recovered from injury.

Thirdly, the data here confirm earlier arguments made by Young and White (1995) in their work on pain and injury in Canada; namely, that there are a number of important similarities between how men and women experience injury and pain in sport. Examining the current findings alongside the existing sociological literature on male sports environments illustrated that women are as likely as men to take risks with their bodies when they are involved in competitive sport.

Data gathered from the respondents indicate that attitudes to pain, injury and risk among women are as likely to be shaped by a distinct sporting culture, a 'culture of risk', as the sports-related pain and injury experiences of male athletes are. As Nixon (2004) argues, while there may be some minor modifications of the 'culture of risk' in female sports environments, there is nevertheless "a widespread acceptance of a set of beliefs that normalise, rationalise, and glorify the risks of playing with damaged bodies" among female athletes. Similarities between the sports-related pain and injury experiences of male and female athletes do not, it appears, finish here. As the findings presented within the section on motivations and rationalisations for playing with injury and pain in Chapter 6 suggest, female athletes are as likely as their male counterparts to encounter a range of internal and external pressures to play while they are injured and to compete while they are in pain. Particularly influential in this respect, for both men and women, are 'sportsnets' (Nixon, 1992), or the reactions of potentially critical significant others, fear of losing athletic status, and the responsibility felt towards teammates and sporting peer groups. Data here also confirm claims made in Chapter 2 of this thesis, that sports-related pain and injury experiences are, for male and female athletes alike, 'other-related' experiences.



The parallels between how male and female athletes experience injury and pain indicate that such experiences are likely to be, at least to an extent, a result of socialisation into a culture of sport. The complex relationships forged within this distinct culture of sport teach athletes, regardless of their gender, that normalising pain and rationalising injury are appropriate orientations. The important differences, identified within this thesis, suggest, however, that orientations towards injury and pain are also partly a result of gender socialisation processes. As the sociological literature reviewed in Chapter 2 illustrates, health and illness experiences are rarely *exactly* the same for men and women. Instead, they reflect traditional gender roles, and are a product of a gendered imbalance in the possession of ideological, political, economic and cultural power.

As discussed in the introduction to this thesis, a key objective of the study was to examine the potentially gendered nature of sports-related pain and injury experiences for these English female university athletes. To this end, the findings here indicate that such experiences can be shaped by the patriarchal norms and values that lie at the heart of modern day sport. Moreover, as Thompson (2002) predicts, there was evidence here that “popular consciousness with its prejudices about femininity” (p.119) continue to have an impact on how female athletes experience sport.

Talking to these female athletes indicated that experiences of sport, pain and injury can be defined by established hegemonic power relations, by commonsense notions about appropriate uses of the female body, and by male power and privilege in sport. As previously noted, there are some significant parallels between the ways in which male and female athletes understand, respond to, and manage sports-related pain and injury. Such parallels are arguably a result of the inextricable link between injury and the cultural context of sport in which it is experienced. Equally, however, there are a

number of indisputable differences in men and women's experiences, which are likewise evidence of the social production of health, illness and injury along gender-based lines. Theoretically speaking, an understanding of these differences and the lives of the female athletes undoubtedly benefits from a feminist cultural studies analysis of gender, sport, and injury. Such an approach can help to account, through the concept of hegemony, for the fluid, dynamic and relational nature of power and the paradoxically liberating and disempowering features of participating in sport for women. For example, it recognises that sport is "an aspect of culture embodying struggle and contestation ... through which cultural practices are created, reproduced and changed through human agency and interaction" (Hargreaves and McDonald, 2000: 52). As seminal feminist cultural studies scholar Ann Hall (1996) also argues, it is a perspective that is sensitive to difference, acknowledges the importance of the body, and makes us aware of the gendered underpinnings of sport and of women's experiences of sports-related pain and injury.

As the present research indicates, involvement in sport was rewarding on a number of personal and social levels for female university athletes. Being strong, fit and successful enhanced feelings of self-worth and often increased the confidence they had in their own bodies. Injury, too, ironically provided at times the opportunity for these women to play an active role in the construction of their own experiences of social reality. Through sport, and with their attitudes towards risk, pain and injury, they confronted established representations of the female body, and challenged dominant notions about gender appropriate behaviour. Most did not embrace traditionally feminine qualities of passivity and dependence that have served to perpetuate the subordinate position of women in society, but instead, learned to be physically tough, resilient and even aggressive.

As noted in Chapter 4, the sample used for the study was not large enough to make representative claims about the experiences of women per se. The data do, however, help to underline important aspects regarding the existing balance of gender relations in contemporary society. For example, the increasing acceptance of female athleticism, and the willingness on behalf of female athletes to eschew established gender stereotypes, suggest a gradual increase in matriarchal forces, and a steady erosion of male advantage in sport. Their experiences were also a sign of the fragility or 'elasticity' (Knight, 1982) of gendered hegemonic relations. The pleasure they derived from a once almost totally male-dominated environment and the advantage they gained from participating in sport at all levels, spoke to the precarious nature of male power. It also confirmed the notion that dominant group power must be at least partly relinquished in order to absorb counter-hegemonic factions and their interests. Increasing physicality and bodily emancipation were not, however, without their costs for these female athletes; costs which indicated that although women are likely to be experiencing a degree of social empowerment through sport, their experiences continued to be defined for them, at least partly, by dominant forces of masculinity.

The benefits of being involved in sport for these women were paralleled, as already acknowledged, by physically and emotionally painful injuries. These female athletes often, for example, reflected on how injury affected the relationship between their body and self. As the data in Chapter 7 indicate, involvement in sport and injury more specifically can generate feelings of bodily accord and unity; they can often, however, have a detrimental impact on athletic and feminine identity. Talking to these women about their experiences of sports-related pain and injury indicated that sport continues to be, at least to an extent, a site for the production and maintenance of masculine ideologies and norms that have historically devalued the bodies of female

athletes. Positive sports experiences can be coupled by allegations about a woman's sexuality and criticism about the counter-hegemonic or socially inappropriate use of their bodies. While muscular, toned and powerful bodies may enhance feelings of self-worth and self-confidence, they also, however, are subject to stigmatisation (Goffman, 1968) and social disapproval. Cuts, bruises and scars to the body are considered to be damaging to femininity, and a mark of gender inappropriate behaviour. Similarly, physical scarring from sport may be deconstructed by audiences as unattractive, unfeminine and unsexy, thus unsettling the sexual identities of their bearers. Injury, therefore, is an added problematic for women who strive to protect both their athletic and feminine identities in a traditional sense.

The power of ideology in shaping sports-related pain and injury experiences has so far been clear. Women are beginning to challenge societal conventions surrounding the use of their bodies, but as the findings presented here show, their efforts to succeed in sport continue to be limited by deep-rooted commonsense notions about acceptable bodily behaviour. Such ideas undoubtedly lead to differential experiences for male and female athletes. The gendered nature of sport, injury and pain was, for example, illustrated by the treatment these female athletes received for their sports-related injuries. While treatment processes, as Roderick (2004) argues, are often inadequate for male athletes, the data in Chapter 7 indicated that with regard to the availability, expense, and quality, sports rehabilitation is often even more inadequate for their female counterparts.

The data gathered for the present study and information available in the existing sociological literature on health and illness experiences reviewed in Chapter 2 remind us that health, illness and injury are not completely biological phenomena, but instead inextricably embodied and shaped by culture. The overall findings, however, invite us to consider that these experiences are not entirely socially defined by powerful macro

institutional forces in a deterministic sense, but also a product of human agency. Unquestionably, the sport-related pain and injury experiences of this sample of female university athletes were partly influenced by a unique culture of sport and partly a result of gendered ideologies about bodily behaviour. Their orientations toward sport, injury, and pain were, without doubt, dictated by potentially discriminatory reactions of others towards female athleticism and the constant possibility that their feminine identities would be *spoiled* (Goffman, 1968). These women's bodies, selves, and identities were shaped, at least to a degree, by a male cultural elite who possess the 'physical capital' (Bourdieu, 1984) to define their own bodies as more culturally valuable than those of their female counterparts. While reactions toward injury and responses to pain were partly defined for these athletes, they were, however, also a consequence of intentional human action and thought.

The accounts of injury provided by these women confirmed predictions made by a number of feminist cultural studies scholars to the effect that female athletes are not cultural dupes who uncritically accept dominant ideologies, but conscious, critical agents in the production, reproduction and modification of established commonsense notions about health, the body, and gender. They were, as Thompson (2002) argues is the case for women in general, "neither powerless victims of oppressive discourses nor entirely free from structural constraints" (p.120). As anticipated in the earlier theoretical framework section of the thesis, involvement in sport was both a determined and determining experience for the female athletes involved in the present study. These women were encouraged by a deeply embedded culture of sport to play with pain and train with injuries. They were not, however, duped into fully accepting commonsense notions about the positive relationship between sport and health. Most, as Chapter 5 illustrates, were critically aware of the hazards associated with serious involvement in

competitive sport, and understood the possible long-term risks related to participation. Their active role in the production and transformation of their own identities was consistent with Shilling's (1993) suggestion that individuals are at least partly responsible for the *intextuation* of their own bodies. Additionally, the way in which they constructed athletic, toned bodies not only challenged subordinating notions of femininity, but also confirmed Frank's (1991) understanding of the capacity of the body for voluntary human action. Moreover, although these women were frequently denied access to the medical advice and treatment they needed, they often played an active and assertive part in their own rehabilitation from sport-injury. They exhibited a degree of control over their own lives and bodies and, as examined, are beginning to create alternative versions of femininity that challenge subordinating masculine ideologies. However, it must also be re-emphasised that the choices available to these female athletes continued to be defined and limited by the boundaries of patriarchy and by male power and privilege in sport. These boundaries and parameters were shown to be active, supported and not without impact in the sports experiences of athletes at the institution under investigation.

### **8.5 Scope and Limitations of the Study**

As noted in the section on research design, owing to the size and nature of the sample used for this present study, claims as to the generalisability or applicability of the current findings need to be made cautiously because they were drawn from a single institution over a relatively short period of time. The data gathered here hopefully contribute to the existing sociological literature by providing an in-depth, qualitative, sociological understanding of the sports-related pain and injury experiences of a group of English female university athletes. Adopting a more involved, participatory, and

collaborative approach to conducting this sociological research, and allowing these women to account for their own lives using their own frames of reference, generated, I believe, a realistic and reliable account of their experiences. The decision to include the author's own experiences of health and illness also challenged traditional approaches to research, and illustrated that non-traditional, reflexive methods, if used appropriately, can be invaluable research tools. In this case, I feel that my own experiences of ill-health provided for me a platform to produce a far more nuanced and intimate understanding of my respondents' experiences than might otherwise have been the case.

Not only do the present research findings develop our sociological understanding about sports-related pain and injury experiences but, as anticipated in Chapter 1, they will also add to the sociological and theoretical appreciation of sport, gender, and gendered power relations. The data gathered here help us to understand the patriarchal nature of society, which remains structured, in essence, to benefit men. It also invites us to consider the fragility of male privilege and the growing power of women.

Finally, the current study clarifies the need for future research into the sports-related pain and injury experiences of female athletes; research which takes into account a range of potentially significant variables including age, socio-economic status and cultural background. As, for example, is evident when comparing the present findings with existing literature on North American sports settings, a number of cross-cultural similarities in these experiences appear to exist. Currently, however, such parallels have yet to be investigated thoroughly. As noted in the research design chapter, our sociological knowledge of women athletes and their experiences of risk, injury and pain might also benefit from the use of additional research tools such as focus groups or group interviews. Owing to time constraints, these methods were not employed here, but as reflexive, interaction-based methods, they may be a productive way of exploring what

are, after all, shared experiences. In sum, the present research represents an important advance in our understanding of sports-related pain and injury experiences, yet justifies the need for further qualitative investigations into the meaning and significance of injury, risk and pain in the lives of women athletes.

## **8.6 Summary**

This study set out to contribute to the existing sociological literature on sports-related pain and injury by exploring the experiences of a group of female university athletes. The women who participated in the research were members of an academic institution in England and were involved in a range of contact and non-contact, individual and team sports on campus. Respondents were drawn from a wide range of sport types in the hope that the complexity and range of their sports-related pain and injury experiences might be captured. Surveys, semi-structured interviews and observation research were used to gather data about the meaning and significance of injury, risk and pain in these female athletes' lives. Of particular interest, in this respect, was the role of gender socialisation and sports socialisation processes, both of which, it has been argued, can have a crucial bearing on the embodied pain, injury and illness experiences of athletes regardless of age, cultural background, ability level or sport played.

A feminist cultural studies perspective, as outlined in Chapter 2, proved to be particularly useful in analysing the often multifaceted nature of these female university athletes' sports-related pain and injury experiences. Such an approach helped to account for the complex interplay between gendered power relations, dominant body ideologies, and injury and pain in sport. While the study was guided by the work of feminist and cultural studies scholars it was also influenced by prior work on the sociology of the



body, and the sociology of health and illness. Particularly relevant to the research were Frank's (1991, 1992, 1995, 1996) personal accounts of health and illness, reflections on the healing power of narrative, and work on embodied illness experiences, Goffman's (1968) symbolic interactionist notion of stigmatisation and spoiled identity, and Shilling's (1993) move away from social constructionism, to an understanding of bodies that are both culturally defined and personally shaped. The findings presented here confirm the need to develop injury policies which analyse sports-related pain and injury in relation to its broader social context and that recognise the interconnectedness of the body, culture and illness experiences. They also indicate that experiences of sports-related risk, injury, illness, and pain cannot be fully understood without taking into account gender and gendered power relations.

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**APPENDIX 1:**  
**WOMEN SPORT AND INJURY SURVEY\***

**Name:**

**Age:**

**Year of Study:**

**Nationality:**

**Sport(s) played:**

**Position:**

**Highest levels or honours achieved:**

**Principal injuries suffered (please list):**

**Contact details (for possible further contact):**

\*Please give examples and be as detailed as possible in your responses to the survey questions. If the space provided is insufficient to develop your answer, please add extra sheets.

## **SECTION 1. INTRODUCTORY QUESTIONS: INVOLVEMENT IN SPORT**

*(This part of the survey asks you to reflect on your early experiences of sport, i.e., how you became involved, and asks for details about your current involvement).*

1. For how long have you been involved in your principal sport(s) and how did you get involved?

2. Briefly describe the intensity of training that you are currently doing. Give some details about its nature and frequency.

3. What appeals to you most about the sport(s) you play?

## **SECTION 2. EXPERIENCES OF PAIN, INJURY AND ILLNESS IN SPORT**

*(In this section of the survey you are asked to reflect upon your experience of pain, injury and illness in sport. More specifically, the focus is on how often you find yourself injured or in pain as a direct outcome of your involvement in sport, and from what type of pain/injury you most frequently suffer).*

4. How often do you suffer or have you suffered from sports-related illness/injury/pain? Please give examples.

5. What types of illness/injury/pain do you most often experience?

6. Do you view pain and injury as the same thing? Please explain your answer.

7. What has been your most serious sports-related illness/injury? Briefly describe how it occurred.

8. Did you seek any treatment for this illness/injury? Were drugs, hospitalisation, surgery, physiotherapy, etc., necessary?

**SECTION 3. SPORT, HEALTH, THE BODY, AND IDENTITY** (*In this section you are asked to give your opinions about the relationship between sport and health and the impact which sport has on how you feel about your body and yourself*).

9. It is a commonly held belief that sport is good for your health. Do you agree? If so, why?

10. Do you feel that the benefits associated with participation in sport outweigh the health risks? If so, what do you perceive those benefits to be?

11. What is your ideal body shape? Have you ever used sport to create/maintain this body shape?

12. Have you ever used weight control techniques (i.e., reduced calorie intake, diuretics) to create/maintain a certain body shape?

13. Has your involvement in sport increased the confidence you have in your body or yourself? If yes, in what ways?

14. Did being injured and/or in pain have an impact on how you felt about your body? Did it make you feel differently about yourself not only as an athlete, but also as a woman (e.g., less confident, less attractive, etc)?

15. Are you afraid that your involvement in sport might lead to you damaging your appearance, and/or to you being perceived as 'unfeminine'?

#### **SECTION 4. RESPONSES TO SPORTS-RELATED PAIN AND INJURY**

*(The survey's emphasis is now on how you react(ed) to being injured or in pain. You are asked to talk about both your physical and emotional responses. You should try to think about how you feel when you are injured and how you cope when you are in pain).*

16. How and for what length of time did your most serious illness/injury disrupt involvement in your sport (e.g., were you in hospital, in a cast, on drugs, in physiotherapy, etc)?

17. How would you describe the physical pain that resulted from this illness/injury? How did you cope with it?

18. Did the injury/illness provoke an emotional reaction (for example, did you feel anxious, depressed, scared, frustrated, guilty, other)? What was it about being injured that made you feel this way?

19. How disruptive was injury to your everyday life? Did it affect your normal routines?
20. How did being injured make you feel about yourself and about being an athlete? Did it make you question your ability and status in your team/sport?
21. How would you feel if your sporting career were to come to an end because of injury?
22. Have you ever continued to participate in your sport while injured or in pain? If so, please describe the episode(s) and explain what motivated you to do so.

## **SECTION 5. THE ROLE OF 'OTHERS' IN SPORT, PAIN, AND INJURY**

*(Having reflected in the previous section on your own reactions to being injured and/or in pain, the survey now asks you to comment on how significant people in your life have responded to you being injured).*

23. How supportive or unsupportive were those around you when you were injured? In what ways did this support/lack of support manifest itself?

24. Did you ever feel under any kind of pressure to play/train while you were injured or in pain? If you did, what form did the pressure take and from what source did it come (e.g., coaches, teammates, etc.)?

25. Did being injured have an impact on your relationships with others (e.g., coaches, teammates, your partner, your friends, your family, etc.)?



## **SECTION 6. RECOVERING FROM INJURY**

*(In this section, you are asked to reflect on how you overcame injury and your attitude about returning to play).*

26. What was/is the worst thing about being injured?

27. Were you able to return to play?

28. What were/are your thoughts in terms of returning to play (e.g., scared, confident, vulnerable, strong, etc.)?

29. In retrospect, would you respond any differently to being injured or make different decisions? If so, why?

**SECTION 6. ATTITUDES TO SPORT, PAIN AND INJURY** (Finally you are asked to summarise your attitude toward injury and pain in sport. Please place a tick in the box which most closely fits the way you feel about the following statements)

	Strongly Agree	Agree	Disagree	Strongly Disagree
28. Athletes should be willing to make sacrifices for their sport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Winning is everything!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Athletes Should Expect to get injured and to experience pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Injured athletes ought to do everything possible to play/train	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Injured Athletes who complain about their injuries risk losing their place on the team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Athletes who complain about their injuries have the wrong attitude to sport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Athletes who play when hurt should be praised and respected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Playing with injuries demonstrates courage and character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Coaches are more likely to respect an athlete who does not show they are hurt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Coaches are sympathetic toward injured athletes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Thank you!**

## **APPENDIX 2:**

### **WOMEN SPORT AND INJURY INTERVIEW SCHEDULE**

Tell me a bit about how you got involved in sport

So you play \_\_\_\_\_, what is it about the game you enjoy the most?

How much training are you doing at the moment?

How often do you experience pain when you are training?

What is the pain usually a result of?

If you are in pain, does that stop you from training?

How do you cope with training while you are in pain?

Do you ever consider not training when you are in pain?

How serious does the pain have to get before you will stop training?

Do you often tell your teammates about the pain that you are in? (Probe: If yes, how do they seem to respond to you when you show them that you are in pain?)

Do you see others training with injuries and when they are in pain?

What kinds of injuries do you see others training/competing with?

How do you respond to/feel about teammates who are injured?

Do you think that injured teammates have a responsibility to return to the game as quickly as possible?

How do your coaches treat athletes when they are injured?

How do you think that makes them feel about being injured?

Do you think that players who are injured need to be worried about losing their place in the team?

Can you tell me about some of the injuries you've suffered as a result of sport?

Which of those injuries would you say was your most serious?

Tell me a bit about it, how did it happen

Can you describe the pain that you felt?

How long did the injury stop you playing/training for?

How did you feel when you were injured and unable to play?

What was the worst thing about being injured?

What treatment did you receive for the injury?

Was there medical advice and support from your team/club or did you seek it out yourself?

Were you happy with the treatment you received?

How did your coach/coaches seem to feel about you being injured?

What about your team mates/training group? How did they treat you when you were carrying the injury?

How did that make you feel about being injured?

Would you say that being injured had an impact on your relationships with your coaches and teammates?

What about relationships with people outside of sport, your family, partner, non-sporting peers, did it affect them?

Were you been able to return to your sport? (If yes, at the same standard?)

(If they have returned) What were your thoughts about returning? And how would you feel if you were unable to return?

(If they haven't returned) Are you confident that you will be able to return to your sport? (If no: How does the thought of not being able to return make you feel?)

Would you say that your sport is a risky sport ?

Do you ever think about the long-term impact of being involved in your sport?

Has being involved in sport had an impact on how you feel about yourself?

Has it had an impact on how you feel about your body?

Is your appearance something which you think about a lot?

Would you want to alter your physique at all or are you happy with how you look?

How does being injured make you feel about yourself?

Does it make any difference to how you feel about your body??

Are you at all worried that being involved in sport might damage your appearance?

Could you tell me how you would sum up the relationship between sport and injury?

## APPENDIX 3: CONSENT FORM

### WOMEN, SPORT AND INJURY RESEARCH PROJECT

HANNAH CHARLESWORTH

Phone: 01509 223255

E-mail: h.l.charlesworth@lboro.ac.uk

This consent form constitutes part of the process of informed consent. Please take some time to consider and understand its contents. The purpose of the form is to provide you with some basic details about the nature of the research and to give you an idea of what your role within the study would be.

The purpose of my research is to explore the sports-related pain and injury experiences of female athletes. Women involved in a range of sports at Loughborough University are being approached to voluntarily participate in the study. This will involve answering a brief survey and possibly one informal interview (usually lasting for no more than one hour). During the interview you will be asked to reflect upon your experiences of pain and injury in sport. You may find questions to be of a personal nature and can, therefore, refuse to answer any question or withdraw from the study at any point.

The interview will be recorded and transcribed verbatim by the researcher. Again, you may request at any point in the interview for the audiotaping to be stopped. Any information you give will be accessible only to the researcher and her supervisor and in order to protect your privacy any real names will be substituted for pseudonyms. The finished thesis will, however, be a public document and you should realise that despite every attempt to protect your anonymity some readers may be able to infer your identity from the events and experiences you describe. Complete anonymity, therefore, *cannot* be guaranteed.

Please sign this form to indicate that you have understood to your satisfaction this information and that you agree to participate in the study. Your continued participation should be as informed as your initial consent. Therefore, if you require clarification on any matter you should feel free to ask. If you have any further questions about the research please contact either myself or my supervisor:

Dr Kevin Young  
Department of P.E, Sports Science and Recreation Management  
Loughbrough University  
01509 228189

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Participant

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Date

## APPENDIX 4: INTERVIEW TRANSCRIPTS

### RESPONDENT 'A'

*Could you tell me a bit about how you got involved in sport?*

I always played from a young age at school. My Dad was very into sport and he encouraged me quite a lot. At secondary school there were lots of different clubs and some really good teachers who encouraged you to get involved in as many sports as possible. I was quite good at some sports, was quite enthusiastic about it and just played loads of sport really. I was quite an all-rounder at school; I played netball, hockey, football, and athletics. Then I got involved in my main sport, rugby, because one of my teachers played it and she suggested I went down and had a go.

*Was rugby a sport that was offered to you at school?*

Not for a start, but this particular teacher set a team up. There weren't many other girls teams around about ten years ago, though, so we only had one or two matches a year. My teacher set up a youth team as part of the adult club she went to and quite a few girls from my school joined that.

*What kind of level have you reached with your rugby?*

I've played premiership and still play premiership now. I've played some games for England A, but at the moment I'm in the England Academy squad. It's basically the third England squad down designed for people with the potential to play for England in the future.

*So rugby is your main sport. Can you tell me what it is about the game that you enjoy the most?*

I think it's because unlike most other sports there is a whole range of different skills involved. I used to play a bit of football, and I liked netball and hockey, but I found them quite restrictive. With rugby, though, you can run with the ball, kick and pass it. Also, I really enjoy the team aspect and the social side of rugby. I think it's a game that really encourages you to bond with your teammates. I've made some of my best friends from playing a team game, so I just really enjoy it. The social element is a big part of the game for me. I think I prefer it to individual sports where you have to rely on yourself. I quite like the loyalty aspect, you feel like you're doing something for your teammates and that they'll do something for you as well.

*How much training are you doing at the moment?*

I'm actually training about four or five times a week at the moment. I'm training on my own, though, because I'm still in rehabilitation after my injury. I'm just doing my own running, aerobic exercise in the gym and weights at the moment.

*What about when you are fully fit?*

I'd do two training nights with my student side and one match a week. One training night with my premiership side which is \_\_\_\_\_, and one match a week for them. Then I'd do two weight training sessions, a sprints session a week, and I might also do an endurance session. So training about six times a week with two matches. If we had a really important match we'd drop training a bit and we'd normally have one rest day a

week. It takes up a lot of time and we'd have it written into our academic timetable. That way we could get the most from training and fit in our studies as well.

*How often do you experience some kind of pain during training sessions and matches?*

It's very common to feel fatigue. I would always be tired and actually found it quite difficult to maintain such a busy schedule. Our coach is quite good at dropping it off a bit if we are really tired though. In terms of actual pain, I would always have a lot of muscle ache from playing. I don't generally get injured that often, or I didn't anyway. In ten years of playing it's only been in the last year that I've actually experienced any lasting injuries. You always get the odd bruises and knocks in a game, but you kind of get used to them. I suppose you get to a point where you no longer think of them as pain and injury anymore. Some of my friends would say "oh my god look at that bruise," but to me it's just day-in-day out. Occasionally, I get quite a harsh injury and I need to go and get a massage for a knock on the shoulder or a dead leg. I suppose because you play a contact sport you do tend to see those kind of things as not very serious anymore. Like I say, it's only been this year that I've had what I'd call a serious injury.

*So would you say that pain is usually a result of the physical nature of the game?*

Yeah, I think that people get some injuries from over-training. Most of our coaches are quite good, though, and because we communicate with them quite a lot we tend not to get reoccurring injuries so much. Some girls I know do train too much though. They train on the wrong surfaces and get shin splints, but most of the pain I get is from contact in the game.

*So you sometimes train while you are in pain or while you are hurting, What is it that motivates you to do that?*

Personally, my ambition is to play for England and that keeps me going. Also, each team has its own goals and I think that goal setting can be really motivating. For example, the women's BUSA (British Universities Sports Association) final is one of the few women's matches that is held at Twickenham so we see that as our goal. Also, my teammates motivate me, but it's not really peer pressure as such. If you have an injury your coach and your peers will understand if you sit out. If you've got a severe enough injury they'll understand if you miss a match, but you still feel like you want to play to help them. I'm a member of the first team and I'd feel as though I was letting them down if I didn't play and my injury wasn't that serious. I try to be quite sensible, though, because rugby is quite important to me. If I have a serious injury I won't play just because I don't want to let people down. At the end of the day, I know that I have to look after my body as well.

*What about other people, do you see them training while they are injured?*

Yeah, I do see people who train when really they shouldn't be. There's this one girl on our team, for example, who's just had cruciate surgery this season. She's also had concussion and a lot of other serious injuries. She broke her leg and was walking about without her crutches straight away with her cast on, and she was at a training session a week after she had the cast off. Everybody told her she should sit out, but she didn't. It really weakened her leg and it didn't heal properly.



*What about your coaches how did they seem to feel about her training so soon?*

I think because it was such a serious injury people felt that that she shouldn't be training. I suppose that occasionally though, you do feel pressured a bit. If you said that you didn't feel ready to play they [the coaches] would never make you play. There are times when you feel pressured, though, because they [coaches and teammates] do ask you to [play] when perhaps they shouldn't ask at all. If they know you are injured then I think they should take the decision out of your hands. Although everyone's capable of making their own choices, it can sometimes be very hard. I think that coaches are sometimes aware of how much people really want to play and so they ask them if they are fit when they shouldn't. When I was injured my coach asked me on a couple of occasions when I was coming back from rehab. My physio had said I wasn't quite ready but my coach had asked me if I'd play. I felt he shouldn't have asked me that because he knew I shouldn't be playing. I said no anyway, but I felt that he shouldn't have made me make that decision. I think they knew that I couldn't play, but then I felt like I was letting them down.

*You mentioned that there was one girl in particular who plays with injuries a lot. How do the rest of the team seem to feel about that? How do they seem to respond to her?*

At the beginning of the season, when she just had a few little injuries they appreciated her carrying on. She's one of the top players in our club, she's in the England Academy with me. They appreciated her playing for a start and seemed to see it as loyalty, you know, they saw it as a good thing that she was playing on. As time went on, though, and we were getting through the season, she kept getting injured and it was obvious that she wasn't fit. In a full-contact game like rugby, if you're not fit you're going to get more injuries. People started talking behind her back about it, saying that she shouldn't really be playing. Some people were sympathetic about the injuries she was getting, but some people were feeling like she was almost asking for it. I think they felt as though she was putting herself in that position a little bit too much and that she really should have sat out. I think they felt bad for her because her premiership team got to the National Cup final which was on SKY. Obviously, that was the first chance she'd had to play in a game of that level and she had concussion three weeks before. She was supposed to be out for four weeks, but she played in it and got injured again. People felt really bad for her because it must have been a tough decision to make. I suppose she probably shouldn't have played, but in her shoes I don't know whether I would have or not.

*So do you think you would have played if you had been in her position?*

Yeah I probably would. You don't want to let your team down and for her it was just such a huge opportunity. It was something she had worked for all season. Her team were underdogs as well so I think she thought that it might be their one opportunity to play in that sort of game. I guess that's why she was willing to put her body on the line, because she really wanted her team to win the game. In the end she got injured and was subbed off in the second half anyway. I don't think that she would regret playing though.

*So how do you and others cope with training while you are in pain and when you are hurting?*

I think that some people find it quite difficult. I think it helps in a team sport, though, especially with non-serious injuries, that there always seems to be someone else in the same situation. That kind of makes you feel a bit better. You know you're not the only one and you can talk about it with someone who understands. Also, you feel better if you

aren't the only one who is injured and sitting out of a drill. I think people generally find it hard to sit out of a session and watch other people playing if they are on their own. Certainly, when I've been injured and I've tried to go along to training and watch I've found that really difficult. It's almost worse than not being there. You feel like people appreciate you being there and you feel like you're being part of the team, but at the same time you feel very isolated. You're watching them play, but you just want to play yourself. Generally, with rugby, though, I think you just get used to training with aches and pains. I think that as long as there isn't going to be any long-term damage most players are willing to train with the pain in order to play. Maybe they'll get chance to rest at the end of the season. They'd be willing to do the extra weeks training and play through the pain.

*You mentioned that coping with pain is easier if there is someone else to talk to about it. Are injuries something, which teammates talk about a lot?*

Yeah, all the time. Because it's a team sport people seem to be quite close and seem to talk about it [injury] a lot. Sometimes, higher up, say at England level, people talk a bit less about injuries. Obviously, you're competing for places and people hide injuries because they don't want to be dropped or rested. The coaches, the coaching staff, the doctor and the physios are generally really good and they try to find out about everybody's injuries. They try to help you as much as possible and give you advice. It's really improving, but people do still try to hide injuries when they shouldn't. In my team though we talk about injuries because sometimes just having a good moan about it makes you feel a bit better!

*So at higher levels do you think that athletes who show that they are injured risk losing their place in the team?*

I'm not sure whether they actually risk it, but they feel that they are risking it. Obviously, if you are coming up to a big game or competition then you are risking not playing in that. I think, with international careers, each game is an opportunity to prove yourself to the coach. You feel that if you don't play, someone else is going to have that opportunity, and if they play well then maybe you'll lose your position. If you really want something badly you are scared of any missed opportunities and scared that other people are going to do well. When I got injured it was playing for my university side and my England coaches weren't around. Even though they knew how serious my injury was I was still worried. We had some fitness testing soon after I got injured and I had to sit out. I was worried that they might not understand how severe my injury and that they might think I was just skiving. I'm the kind of person who maybe worries about that kind of thing too much. I want to play for England so much and I get worried about anything that might stop me.

*How do your England coaches seem to feel about athletes when they are injured?*

More recently, and certainly at higher levels, they [coaches] seem to be a lot better about injuries and won't let you train if you're injured. If you get any kind of injury you're supposed to phone the doctor or the physio and let them know. If you're injured and can't make a training session you have to phone the coach in advance and they aren't very keen to let you train. Maybe with a real key player who has a very small injury, before a big game perhaps, the situation might be different. In those sorts of circumstances they can push them quite hard. In the last few years, though, the game has got a lot more professional and they would never push someone if they were injured, not at the top

level. I think lower down, and a maybe a few years ago, you would have seen situations like that arising. I think changes have occurred because at the top-level women's rugby is lottery funded. We've gone from voluntary coaches and assistants giving up their own time (in which case it was very difficult to disagree with their decisions) to paid coaches who are answerable to somebody. If you think that they aren't doing a good job or that they are pushing you too much then there are people you can speak to about it. I'd say it's definitely become a lot more professional in the last five years. I think out of the women's sports it's probably one of the most professional because we get quite a lot of funding now.

*Could you tell me a bit about some of your own injuries?*

The first serious injury I got was a strained ligament at the end of last season. That kind of injury can just put you out for a few weeks, depending on how badly you strain it obviously. Mine must have been quite bad because I was out for four months. I think they thought it might be a cartilage problem as well. It's one of those injuries that is very likely to keep happening if you don't let it recover properly first time. They [the physios] thought I'd miss about four weeks of training; I was given a rehabilitation programme and I went to see my physio regularly. It was very frustrating though because every time I got to a certain point in the rehab programme it would go again. It was quite annoying because I wasn't told that I could be out for four months. I'd usually get to about four weeks and it wouldn't feel ready and then I'd have to start the rehab again. I'd keep setting my sights on playing again, then I'd keep getting disappointed and I found that really difficult. It wasn't painful on a day-to-day basis, but I couldn't run and I couldn't really do any training at all. I finally got back from that [injury] at Christmas and spent six weeks training really hard over Christmas. When I got back, I played my first game for \_\_\_\_\_ in a new position. I was really enjoying it and I was playing quite well. Then, just before half time, I got quite a severe tackle on my knee, the same knee as before. I'll never know if it was because maybe it wasn't quite ready from that previous injury, but I dislocated and fractured my kneecap. Basically, I was lying on the floor with my knee bent and my kneecap was on the wrong side of my knee. It was really painful, probably the most painful thing I've ever experienced. The game was stopped and everyone was moved off the pitch. I think that they didn't want to upset the other girls. A couple of the girls behind me said they heard it crack and had to leave because they felt sick. I got airlifted to the hospital because the ambulance couldn't get to the pitch. They couldn't move me at all and had to get the paramedics to inject me with painkillers. They took me to hospital and I found it was fractured as well, so they put me in a full leg cast from hip to ankle. Not only was it upsetting because I'd worked really hard to get back from another injury, but I obviously knew I was out for the rest of the season. We were looking quite likely to get to the final at Twickenham again and I knew it was pretty unlikely I'd be there. There were so many thoughts going through my head, I was so disappointed. I was likely to get selected for an England Academy game about a month later and that would have been my first game for them, so that was very disappointing. Day-to-day it really disrupted me as well. I had the cast on for six weeks and so I had to rely on people and I felt really bad about that. I couldn't have a shower or bath for five weeks and going to the toilet was difficult too. Also, I felt really isolated from my teammates because I couldn't get to watch training all the time. You feel really depressed anyway, so sometimes it's quite hard to get yourself out and be positive around everybody. I still had an exam to do at university and I'd booked a holiday, which consequently I couldn't go on either. As well as all the physical pain I was quite depressed and found it mentally very difficult; so not a very good period really. They

have been my two main injuries. I broke my finger last year, but that doesn't really count, I just carried on playing. I suppose that someone that didn't play sport might think "oh god I've broken my finger," but I went to hospital and the guy said I definitely wouldn't be able to play in the final with it. I just completely ignored him, though, strapped it up and played anyway. I wasn't going to miss the final just for a broken finger.

*How do your friends outside of sport seem to feel about your injuries?*

Some of my friends and my mum thought I was mad! I didn't even think twice about it though, I just dismissed it really. Most of my sporty friends agreed with me, but I think some of my non-sporting friends questioned whether I should be playing. They know me, though, and I think they're just used to it now.

*Could you tell me a bit more about how you felt while you were injured and unable to play rugby?*

I think that one of the hardest things initially was missing playing. I'd just changed positions and before I got injured I was really enjoying it. I think it was depressing because I just really missed playing and I love the sport. I missed playing for the academy and I thought about the months of playing that I'd miss for my student team, my England team and my club side as well. I missed the physical side, too, just physically playing. Also, I think one of the hardest things was being isolated from the other players. A lot of them are my very close friends and although you stay involved in the social side it can be very difficult. I was quite good about it for a start; I went down to all the training sessions and watched or helped coach, so to start it was alright. After about six weeks, though, I decided to take a complete break. I was finding it very hard staying so involved but not being able to play. I just felt like I couldn't quite join in with people's conversations because they were talking about the matches. My teammates and coaches were really good and they'd ring you up to see if you were alright, but I just didn't feel part of it. A good friend of mine was also injured at the time and she felt the same. I supposed that helped and we bonded quite a lot. We felt the same and felt the isolation together. You quickly lose the bond with your teammates because they're training five times a week together and you're not. For example, I hadn't got changed in the changing rooms or had a shower with my teammates for ages, which is something I'd normally do after every game. It's part of the ritual of the game and I hadn't been involved in that for ages. All the silly jokes as well, you couldn't be involved in them. Also, as a senior member, and one of the most experienced members of the side, my coach would generally ask me my opinions on selections and games. When I was injured, though, that relationship changed because I wasn't playing anymore. They [the coaches] didn't ask me about selection anymore, and I wasn't so involved when I was injured. One of our coaches was a student coach and I felt he was less interested in me when I was injured. He was understandably more interested in the players he was seeing every week. I went to a private physio who is very good, though, and I developed quite an attachment to going to see him. That almost made up for the relationship I was missing with my coach. He was very good at counselling me and very good at listening. He knew a lot about my knee so I felt as though I could talk to him about my injury and he understood. This particular physio used to play rugby, so I felt he knew about the sport. When I finished my physio sessions I actually felt quite sad. I developed a good relationship with my physio and I found that helped make up for a few things. But yeah, I felt quite left out really a lot of the time.

*Would you say that being injured had an impact on the relationship you had with your coaches and teammates?*

Completely, more than I thought it ever would. It changed things in lots of ways, even my motivation with my degree. My mum said "well now you've got more time to do your academic work now," and in theory I did, but I felt a lack of motivation in all areas of my life, not just with my rugby. Ordinarily, I plan everything around my rugby so when that was taken away I felt really lethargic and lost motivation for a lot of things. I think people that don't play sport, like my mum for instance, found that difficult to understand. They thought I'd just be able to put all my energies into my academic work I think it has affected me in a lot of ways because rugby is such a big part of my life. Also, because you can't train, you put on a bit of weight and that makes you feel down. Normally, I eat healthily, and being quite high up in the sport you get nutritional advice, so I tend to stay quite slim. I found that being injured this year has meant I've put quite a lot of weight on. Now I have to think of losing some body fat, which I've never had to do before. From a sporting point of view, I've had to get my physique back but also you just don't feel so good about yourself.

*Which would you say was worse, the emotional or the physical pain?*

The emotional, definitely. Initially I was devastated, I cried a lot about it and was really down. Obviously, it was very painful and very awkward at times and now I'm doing my rehab it can still be quite painful after I've really pushed it. Apart from that, though, the emotional impact was definitely bigger than the physical.

*You talked a bit about the relationship you built up with your physio. Could you tell me a bit about the treatment that you received for the injury from him?*

For a start, I was x-rayed and plastered in hospital. After that, I was referred to an NHS physio and had electrodes put on my knee once a week. That physio also gave me exercises to help build the wasted muscles. They were so weak because for six weeks I hadn't put any weight on my leg. My quad was completely wasted so it was really hard to do so simple things like lift my leg, for example. The exercises were quite hard and very monotonous, very different from the kind of exercise I'm used to. When you are used to doing a fast physical sport like rugby and then the only exercises you can do are stretching exercises it can be very frustrating and boring. I had to do it though because otherwise I knew it wouldn't get better. After that, I started to be able to run on the treadmill for five minutes or so, and go on the bike for a bit. That was quite fun for a start but that got a bit monotonous as well after a while. My physio was quite good because he set me little challenges and I found that so helpful. Every day I set myself a little challenge and work towards that. It's hard though because you'd remember what you'd be doing before, and then think how you felt so tired after five minutes of jogging. So setting goals was really important for me in motivating me not to give up.

*Would you ever have considered giving up?*

No, not ever. You have periods where you feel as though you can't do it anymore, but I think you just have to make yourself do it. The relationship with my physio helped a lot because when I went to see him I'd take in a sheet of what I'd achieved. If I hadn't done very much I felt embarrassed and as if I was letting him down. I'd write down everything I'd done and if I felt like I hadn't improved then I felt bad. I tried to encourage myself to feel guilty if I hadn't done it.

*What kind of injury would it take for you to question your involvement in rugby?*

I don't know, I never thought about not playing after this injury and generally I'm quite positive about playing next season. I'm feeling like I will be ready and I think I'll be able to play without thinking too much about my first two games. I do worry about the contact and about tackling a bit though. After I came back from my injury last season I was very nervous before my first game, but once I started I went into rugby mode and I didn't think about my knee at all until it got injured again. There is a very small concern in my head though about getting injured that badly again. I'd like to think I'd get back if it did happen, but there is part of me that is worried about that. I've found this year very difficult and I'm not sure how I'd feel about going through it again! At the moment though, the desire to play for England and wanting to play rugby again is enough to keep me going.

*Was the treatment you received sorted out by your club? Or did you arrange it yourself?*

I sorted it out myself. I was lottery funded last season so that helped to pay for some of it. After my NHS treatment I went to a private physio off who I paid for myself. Somebody in the club recommended him to me, and when I found he was good I kept going. The girls team don't get free physio, the men's side get some physio, but we don't get physio at the matches and we don't get physio for free.

*So what about girls who aren't lottery funded? Would they simply have to pay for their own treatment?*

They'd have to try and get referred through the NHS or pay privately. I found the NHS to be quite good, though, so if they could get referred then that would probably be the best thing to do. It would really depend on how serious the injury was though. Also, they might find that the physios at the NHS aren't actually sports physios. The lady who treated me was actually very understanding about sports injuries, but I found that some people had a bad attitude them. When I was having my plaster cast put on, for instance, and the nurse found out it was through rugby, she seemed to be a lot less sympathetic. Especially, it seemed, because I was a female rugby player. A few of my friends have found the same thing, as though people feel like you asked for it or deserved it in some way. They would help you out a lot less, and maybe not talk to you as much. My private physio was a proper sports physio and had a background in rugby, that gave me confidence in him and also in the drills he gave me to do.

*During your most recent injury how did your coaches and teammates seem to react to you?*

I did feel isolated but they were actually very good and tried really hard to involve me. My close teammates and friends were really supportive and even people I didn't know were really concerned. After a few weeks, though, I think the novelty wears off and people stop offering help and you have to start asking. That's certainly the case when you get your cast off and people can't see your injury anymore. Most of the time that's fine, but if you are having a low day and people forget, then it can be quite hard. Generally, though, I kept involved and people tried hard to keep me involved. I think because everybody who plays rugby has experienced some kind of injury they can sympathise with you.

*So how do you feel about athletes that are injured?*

I definitely have a huge empathy with injured athletes. I have some close friends who have had some serious injuries and I've given them advice. I guess I hoped that telling them about how I coped might help them to do the same sort of things. From my experience, just to talk to someone who knows can really help.

*Do you ever see athletes being unsympathetic towards those who are injured?*

Not really, although, people are becoming less sympathetic with the friend that I mentioned earlier (the one who keeps training with injuries) because she keeps ignoring their advice. In general, though, because you do see more injuries in rugby than in some other sports you tend to be a bit more sympathetic to people while they are injured.

*You talked earlier about having put on a bit of weight while you have been injured. Would you say that being injured has had an impact on how you feel about your body?*

Yeah definitely, I've never had weight problems or anything before and I don't have huge problems with self-esteem, but I've had more problems since I've been injured than ever before. I get my confidence from being good at rugby. People do look up to you when you are good at sport and so having that taken away can make a huge difference. Also, because I was injured, I couldn't prove to the new players who didn't know me how good I was, so that upset me. Personally, I like having a toned physique, no more than that really, but I lost a lot of muscle and I've had to work really hard to get that back. I am starting to lose a bit of weight now because I'm training more, but it has taken a while.

*You mentioned that some girls don't want to be too muscly, what is it about being too muscly that they don't like?*

I think it's because of the whole stereotypical image of female rugby players. I think quite a lot of rugby girls get asked are you gay? It's not unusual to be told you look like a man. It's a lot better now, but a lot of women just don't want to look muscly. Things are changing though, and I think even celebrities like Madonna help to make it more acceptable for women to be toned. I don't think it's acceptable to be extreme, like a female bodybuilder, I don't find that attractive at all! Infact, I find it strange that women want to look like that. I think that there is definitely a stigma attached to being too masculine. In sport nowadays you are expected to be toned, maybe in the past you were expected to look feminine, but now I think people expect sports women to have six packs and be toned. It's accepted and almost expected at a certain level of sport to be more muscular and I think that you just get used to looking that way. If you play sport, you have to accept you are going to put some muscle on. My mum doesn't like it too much when I'm too muscular, though, she likes it better when I've been injured and have less muscles. You still get a lot of jokes about being gay or looking like men but I think that generally it's a lot better than it used to be. The male players are more helpful and supportive these days, and if I am fast or strong they seem to respect that now.

*You said that being involved in sport generally makes you feel more confident in your body, has there ever been a time when being involved in sport has made you feel less confident or less attractive?*

I think that when you are with people who don't understand rugby you can feel a bit less confident. When I was at college and I played rugby some of the guys made a lot of jokes about playing the game, like you must be a lesbian! Or, do they all perv on you in

the shower? That can be annoying because you're training really hard and it's annoying that people make jokes like that.

*Do you think that can put some girls off?*

I think less so now. It's different at \_\_\_\_\_, though, because it's the norm to be a sporting female. I think that women's sport is in the public eye a bit more and that helps.

*Can I finally ask you to sum up how you sum up how you see the relationship between sport and injury and pain?*

I think with full-contact sport people accept injury as a day-to-day occurrence, more so than non-sporting people anyway. If you're going to play a contact sport you have to put your body on the line to a certain extent, that's something you just accept at the beginning. I think that if it goes to an extreme the positive dimensions of sport can be lost. Loyalty, which is often seen as a good thing, for example, can make you play when you shouldn't because you might feel guilty. Personally, though, I would rather have experienced this injury and worked hard to get back to the game in order to experience the positive things I get out of rugby. In my ten years of playing rugby I've got so much out of it, so much more than what I've lost through injury. I think that's maybe how people get through it. I think you just accept that you are going to get the odd set back. It's made me a stronger person and it's made me feel good that I've come through it. I do think there is the danger, though, that some people do go too far. Especially with team sports where the bond you feel can encourage you to play because you don't want to let people down. I think, with professional sports especially, the stakes can get so high that people push themselves too far. There are certainly coaches who will put pressure on athletes to do that as well. I think that part of being a top sports person now, though, is about learning to understand your own body, what it can do and what it can't. I think that being honest with yourself and mental toughness is really important in that respect.

## RESPONDENT 'B'

*Could you tell me a bit about how you first got involved in sport?*

My Father and Mother are both quite sporty and I guess I got my love for sport from them. I used to play rugby in the garden with my Dad and then I started playing netball. I played lots of other sports too, though, including karate, athletics and netball. When I got to comprehensive school I started to specialise in netball and athletics. I got lots of encouragement there, and although the facilities and things weren't that good the teachers really pushed me and redirected me to clubs.

*So what level have you played your sports to?*

Netball at U16 international level, international athletics, long-jump and triple-jump. When I was 16 and 17 and I also played county hockey.

*So what is it about netball that you enjoy the most?*

I was really inspired by my netball teacher at school. She advised me to go to a club and she coached me too, she was a brilliant coach. Also, I really liked being part of a team. I suppose it was a combination of things, and my athletics seemed to complement my netball. I enjoyed my athletics more when we competed as a team though. At school we



used to do things like the TSB cup, and when all that finished and I was left on my own as an individual I didn't like it as much.

*Could you tell me about some of the injuries you've had as a result of playing sport?*

Oh god, there have been one or two! The first injury I had was when I was 11 and I broke three of my fingers playing netball. When I was 14, I also fractured my tibia, and after that I tore ligaments in my ankles on three different occasions. I think that was the worst injury I had, apart from my knee injury, although I remember thinking that it could have been worse. I injured my left ankle twice after that as well. So, basically, between the ages of 16 and 19 I had an injury every season. Also, I injured my elbow, but that was nothing major. So, looking back, I've had a variety of injuries really.

*How often do you experience some kind of pain as a result of your involvement in sport?*

I can't believe how normal it is just to feel pain! It's really strange; some people might hurt their ankle and think it's really serious, but I've had so many that I just think, oh well just another injury! Before I had suffered many injuries I probably thought that if I got a niggle or something that it was really serious. After it happened another couple of times, though, it just became routine. Every time I get injured now I go for an x-ray just to check I haven't broken any bones, and then it's off to see the physio.

*While you were getting injured so frequently did you carrying on training?*

First of all, when I tore one of my hamstrings, I tried to train up to the point where I just physically couldn't anymore. I finally realised that I'd probably do more damage by training and so, eventually, I stopped. I'd want to go back, though, [after an injury] and I'd probably start training a couple of weeks earlier than I should have. Even though I knew that I should really be sticking to what the physio had told me, I'd still train when I shouldn't be. I used to kid myself that I was a really quick healer or something.

*What encouraged you or motivated you to keep returning after your injuries and to return before you knew you should have?*

The thing is, with ankle injuries in general, they [physios] advise you to rest for about three months. If you can still walk around, though, then the coach might say that only you know how your body feels and that maybe you should try to play. Sometimes I'd just think, well, I think it feels ok now so I'll be ok to train. At certain times, for example, before we played in a European Cup game, I really wanted to be in the team. I suppose, at times like that, there is pressure to an extent. If you miss one trial then it's hard to get to the next stage, so you have to be able to play even if you are injured.

*So where you often concerned about losing your place in the team?*

I think that I was always certain that I could get into the county squad and into a Welsh trail but the pressure was on after that really. I think after I was established a bit there was pressure in terms of getting onto the international squad. Some of the pressure was from myself though. My coaches and things were really nice, my main coach had had injuries herself so she would say it was important not to go back before I was ready. We had a physio but, in general, they would just strap you up and send you back on the court.

*So is that a common practice?*

Yeah, you see it a lot. Every time I was injured I used to think was it right to play and to have to depend on having your ankle strapped up every time you go on court. At the

moment, I'm playing with a brace on my knee, but it's just a medium support, nothing major. At one point, I went on court with my ankle very heavily taped up. Also, I know that some of my friends have taped up both legs in order to play while they had shin splints. I'd do it because it meant that I could still play, but I knew it would be having some kind of negative effect on my body. I'm sure my friends were aware of that as well.

*So was it an acceptable practice?*

Oh yeah, everybody had ankle supports through their laces and it was just accepted. It was nothing unusual at all for people to be taped up.

*In general were you coaches supportive while you were injured?*

Obviously it's tough when you are injured, but I'd say that up until I tore my ACL they [my coaches] were pretty supportive. They always tried to include me in things, but I think that was only if you still had some use. If you were still going to be in the team or they still really needed you then they still made an effort with you. I think that with my Acl injury, though, my coaches knew how bad it was and that I wasn't going to be of much use to them! That was really, really hard. Initially, they encouraged me to go to training just to see if I could still play. I think that if I'm angry with them, my coaches and my managers that is, then it would be for that period of time and the way they treated me with that injury.

*How did you cope with the injury?*

It was my first year at university and my first year away from home. I realised that I'd played netball at least three times a week since I was about 14. It was horrible to think that I wasn't going to be part of something that I'd been doing for so long. There were seven or eight of us girls who had been playing together since we were 14, so I was going to miss them as well. I knew I would miss the routine in my life that I had since I was 14. Training every weekend was hard, but that's just what I did. Because I missed my netball so much, my way of dealing with it was to just shut it out. It was really hard and I was just really upset, but I just detached myself from the group. I didn't really even speak to my coach who I was really close to at the time.

*Could you tell me whether you see other teammates training with injuries?*

Yeah, definitely, I think quite a lot of people do. Sometimes people do it because they have a big game, or maybe the motivation is that there is a championship or something. They feel as though they have to win the game and to get a certain amount of points, so they stay on even if they are injured. Sometimes it can be as simple as the team not having enough players or something.

*Could you tell me a little about your most serious injury, how did it happen?*

It was a training session on a training weekend and on the Saturday we'd had a pretty tough day. It was a selection weekend and they'd narrowed the squad down to 16 but needed to get rid of four more. I remember being on court, and thinking I really had to give it a good shot. It was a chance to go to Barbados as well and so there was some extra pressure. I was playing mediocre and knew that I had to step it up a level. The whistle went and the Wing Attack I was playing against went for the ball. I saw a chance to get an interception and sprinted for the ball. I jumped up and got the interception, but as I landed on my right foot it just made this really awful noise. At that point, the pain was just really bad. I was carried to the side, and I just remember being really upset. I

think that everybody else knew what I'd done and I think I knew too. I've done a Sports Science degree and I knew a bit about physiology. I just kept telling myself that I couldn't have done anything that bad. Even days after, when I was going backwards and forwards to the hospital, I made myself walk and I was off crutches in no time. I really didn't think it was that bad. I was really frustrated as well because I'd just started a Sports Science course with practical sessions and I couldn't do any of that. I honestly just thought it would be a couple of months out with physio, but it just wasn't to be. I found out about five days later that I'd snapped the ligament and I was just gutted.

*So how long did the injury keep you out of the game for?*

Well, I had quite a lot of physio to start off with and they [the physios] said the muscles in the leg were stable enough to support me. It was just the same old rubbish, though, and I should have had the operation straight away. So, I played for a while, but then it got to Christmas time and it just didn't feel right. I had an operation in April at an NHS hospital, but I think I should have it done sooner. After that, I was in a [what I called] a 'Forest Gump' brace for about three months. That was really horrible, but it meant that I was back playing Netball after about a year. Over the past two years, though, I've not played any where near to the standard that I had played before.

*How did you feel while you were injured and unable to play?*

Really weird, Netball was my identity, and it was my source of confidence. My confidence had always come from sport and suddenly that was taken away. That was who I was, I was a netball player. After I got injured, I kind of ended up just doing my work and there was big void in my life. I guess I lost a lot of my confidence because of that. I was sad, felt cheated and just thought why me, it isn't fair. I just kept thinking about how things would have turned out if I hadn't had the injury.

*You mentioned that you had an operation, were you happy with the medical help that you received in general?*

Initially, no, because they were really vague and weren't even sure whether I should have the operation. I was obviously very confused by this. It would have been easier if they had told me from the start that I would probably need an operation. The specialist was very vague, though, and just kept saying that not everybody with that kind of injury always needs an operation. I wish from the start that he'd told me that I'd need an operation to be able to get back to netball properly. From that point, I'd have probably have gone to [the private hospital] BUPA and paid to have the operation. My Welsh physio and coach weren't here at uni to motivate me either and I had no one here to help. I went home for the summer, and when I got back to uni I started having my physio here again. That helped, but I really needed a netball connection and I didn't have that. I felt a bit lost really.

*Did you pay for the treatment you got yourself or did the club provide it?*

Initially, I had physio and the Welsh Netball Association paid for me. The actual specialist I saw wasn't a sports specialist; he was just a knee specialist. The help I got was just a bit limited really.

*How did your coach react to this particular injury?*

My coach actually had the same injury as me when she was younger, so she was sympathetic. Her main aim and objective was to have a successful team, though, and obviously I couldn't be involved in that. I think she just distanced herself in a way

because she felt bad for me. My assistant coach, however, was really unsympathetic. I saw her in the first couple of months after it happened and she didn't really even talk to me. I just thought that was really inconsiderate, not even to be able to talk to me. Everybody else was really supportive but, in the end, all they could say was that they were really sorry. To be honest, it's almost torture when people keep asking you how it's going.

*Are injuries something which you talk about among the team?*

I think it depends on the individual, but in our team our coaches would always tell us if we had a niggle to go to the physio. So in general, people would go to the physio.

*You mentioned earlier that sport was a confidence giver for you. So would you say that you are a more confident person when you are involved in sport?*

Oh definitely, I just have a completely different outlook on things. You just feel much better about yourself. Just being part of something and being with your team just feels so good. It just feels such a waste if you know you have a talent and you can't do anything with it. When I'm playing, I feel as though I'm achieving something; getting recognised is part of it too.

*So it increases your confidence in yourself but what about your body?*

I'm not sure about my body really. Because I've played sport for so long I've got big legs and I don't really like that at all. I sometimes try on clothes and the waist will be baggy and the legs will be so tight, and that upsets me. The 'in thing' is to be skinny and to be thin and even though I'm aware that I shouldn't conform to the stereotypical 'feminine' thing, it still upsets me. If you look good, you feel good about yourself, but I think after I was injured the most important thing to me was to get fit again.

*After all of your experiences of injury and reflecting on them, would you say that being involved in your sport is risky?*

I think that after everything that has happened I maybe look at the game from a different perspective. Netball is still seen very much as a girly sport and a traditionally feminine sport, but honestly I've played it and it's tough. I train long hours and it can be very demanding. It's not as dangerous as some sports, though. I think you're going to get injured in any sport it's just that the kind of injury will be different. I think we just have to accept injuries in sport until sports science can provide more in terms of injury prevention. In a game like netball, though, there is very little money. For example, if you are a man playing rugby then your situation might be better if you are injured. The male rugby players get free physio and free membership to Powerbase [the weights gym on campus] and obviously that's going to help.

*Finally, how would you sum up the relationship between sport and injury?*

I think that depending on your actual level of commitment and level of achievement the relationship can be different. As your commitment increases then the less likely you are to be put off by injury. The higher you go, the more injury just becomes a part of everyday life. Whether you are just tired, your muscles are sore, or you've injured your ankle or whatever, it's just going to happen. If you're hammering your body for five hours at a time then obviously something's going to happen. Pain and injury are just part of sport. I saw the Welsh U21 netballers play not long ago and I'd been told that they had been training more that season than ever before. Apparently, every one of the girls on court had some kind of injury and they were all taped up to a certain extent, they just

seemed exhausted. Like I said, I started playing when I was 14 and just saw people playing all the time, even while they were injured. It just then becomes part of sport, the more injuries you see the more normal they become.

## APPENDIX 5:

### OBSERVATION FIELDNOTES

Date: Tuesday 4<sup>th</sup> March 2003

Time: 7.30 – 9.00

Venue: \_\_\_\_\_ (Astro Turf pitch)

Team: Women's Association Football

#### **Background Info**

I arrived at the astro turf pitch at about 7.25pm just before training started and as the players were warming up and stretching. The atmosphere was friendly, players were stood around laughing and joking and talking about their weekends. It was, however, at times difficult to hear their conversations as the wind was blowing. I was not the only person stood on the sidelines watching their were 2 other girls dressed in 'normal' clothes rather than football training kit who appeared seemed to be non-footballing peers of some of the girls in the team. All of the players were wearing the club's training kit. I stood roughly on the half way line so that I had a good view of the entire pitch. I was greeted as I arrived by one of the girls who I had interviewed at an earlier point in the research (she had been contacted before hand to find out the time of training as this was the first time I had observed this particular training *session*).

#### **The Training Session**

The girls started off with some drills working in groups passing the ball in a circle, at one end of the pitch the goalkeeper practiced saving shots. After about 30 mins one of the team members (later identified as the captain) called the girls together and split the group into two teams using coloured bibs. The remainder of the session consisted of a practice game between these two teams.

At one point during the match a member of the red team took a free kick from the half way line, the ball was received just outside the penalty area by a member of her team, this player was then tackled by a member of the opposing blue team and went down clutching at her ankle. There was obvious concern on behalf of a number of her team mates who made their way quite quickly over to the injured player. Despite looking as though she was in some pain (she had a grimacing look on her face) she got to her feet,

gesturing with her hands that she was ok. She was patted on the back by a member of her own team and applauded by one of the opposition.

On another occasion a tackle by a member of the red team resulted in a member of the blue team sliding across the astro turf, Again the player quickly got to her feet laughing, there was blood pouring from her knee and a long deep graze down her thigh. She appeared to be unconcerned about this but asked for some water to wash away the blood

During the game there were a number of clashes of heads as players went up to head the ball and several tackles which resulted in players having to pick themselves up off the ground. On each occasion very little fuss was made.

Throughout the game I listened as closely as I could to the kind of language which these girls used while they were playing. On several occasions the girls used the phrases 'get stuck in' and 'dig deep'. At half-time I listened in on the talk given by the blue teams captain (at this point the blue team were losing 2-0), she told her players that if they were going to win this game they had to 'get more aggressive' and 'up the work rate'. She encouraged her side to 'push it' and told them to stop 'fannyng around like a bunch of girls'.

After the training session I took the opportunity to talk to a member of the team who I had interviewed and who had been forced to retire from the game because of the injury. She had come along to watch the session and had arrived half way through). I asked her how her injury was she told me that it was getting a little more comfortable and that her physio seemed to be going well. She told me that her consultant had advised her that she could start to do some light exercise in a month or so. She said that she was really looking forward to this as she had felt really depressed since the injury because she was unable to do any exercise at all. I asked her whether she often came along to watch training sessions and she told me that she had been to a few to 'catch up with the girls' but that she thought that she might stop going along to watch. She explained that watching her friends do something that she loved but could no longer be involved in had really upset her. She told me that she couldn't really be part of the group anymore and although everyone seemed pleased to see her it 'just hurt too much'.

## Post Training Session

After the training session had finished the players stood around for quite a long time on the astro turf talking. One particular group of girls were discussing arrangements for their next game (where they would meet and what time etc) and were making plans for a social event after the game. Since I had parked my car close to the pitch I asked one of the girls who knew me whether she wanted a lift home, she said thanks but that her and some of the other girls were heading into town to do their grocery shopping together. I said bye and said I would see them at the following weeks session.