

15 Men, Sport and Spinal Cord Injury: A Brief Commentary on Identity Dilemmas, Time, and the Narrative Construction of Coherence

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The purpose of this chapter is to present a brief overview of findings to date from a research project that focuses on the lived experiences of men in the United Kingdom who have experienced spinal cord injury (SCI) through playing rugby football union. Three fundamental themes to emerge from the data that underpin the SCI experience are discussed. First, drawing on a number of analytical concepts provided by others (eg. Charmaz, 1987; Frank, 1995; Gerschick and Miller, 1995; Leder, 1990), the narrative identity dilemmas associated with interrupted body projects for sporting men are highlighted. Second, biographical data are utilised to illustrate the ways in which time is framed and constructed within the restitution narrative as defined by Frank (1995). Third, utilising the principles advocated by Gubrium and Holstein (1998), we explore the manner in which coherence is constructed in one of the narratives told.

The methodology underpinning this project has been described in detail elsewhere (see Sparkes, 1998; Sparkes and Smith, 1999, in-press). However, several points are worth mentioning. The chapter is derived from data collected on fourteen Caucasian men who have all been heavily involved in rugby football union, and each has experienced a SCI through playing this aggressive contact sport. All were involved in confidential, thematic, informal, life history interviews conducted in their homes by Brett Smith. All interviews were tape-recorded, transcribed, and analysed reflexively, utilising multiple types of narrative analysis (see Lieblich, Tuval-Maschiach and Zilber, 1998; Sparkes, 1999).

Theme 1: Narrative Identity Dilemmas

The Absent Body

Prior to SCI, the participants, not uncommonly, took their bodies for granted. Here, the body functions and performs tasks without conscious effort, and there is an overriding unity between body and self. Simply, the body becomes an absent presence (Leder, 1990). To illustrate, Danny, a former farmer who still lives in the countryside with his wife and young daughter commented:

Looking back, I might have been strong, very active, but I never thought about the body, it was just there. I was, I, what's the, I just took it for granted, just let it operate, it worked well like that. But, until it broke down, I never thought much about the importance of the body, and because I took it for granted, that I would be out on the farm the next day and, you know, play rugby after, it just adds to the shock that I can't do those things again.

Spinal Cord Injury and the Disrupted Body-Self

Spinal cord injury, as an epiphenomenon, shakes earlier taken-for-granted assumptions about possessing a smoothly functioning body, and drastically disrupts any sense of body-self unity. The body is now experienced as an oppositional force that becomes problematic and dys-appears (see Leder, 1990; Hughes and Paterson, 1997). For example, in response to the question, "what does the body mean to you now," Jacob commented:

It's still everything to me, but it's also the source of a lot of shit that I battle against, from everyday things that I took for granted, like picking a pen up or scratching the back of the neck, things like that. And then people stare, that still gets to me, it [the body], it's not like that I can't live without it either, but, but knowing that it doesn't work anymore, that I can't walk, it just messes me up ... Now the body is always there, it reminds you, it's there, always a problem, reminding me all the time that I can't do the simplest of things, let alone walk.

The majority of the men further suggested that SCI as a turning-point moment led to devalued notions of themselves as people. This was partly due to the rapid dissolution of two central aspects of their sense of self.

Loss of Embodied Masculinities

Following a SCI, many men find that their previous hypermasculine and hegemonic masculine senses of self as dominant, assertive, and aggressive become problematic. The following short interview extract illustrates this point:

Brett: How do feel about yourself now?

Danny: I feel worthless. I'm nothing anymore. Everything that made me the person that I am, or was, has been ripped out of me. The accident changed everything ... I really don't want to come across as though I'm some manic depressive or something, but the fact is that life isn't how I expected it, it's not what I want, and it is, well for me anyway, it's a pretty shitty existence, a constant battle ... You see, when you are this big strong guy, you've played rugby, been the breadwinner, been a man, a real one, your masculinity just goes. I've lost that part of myself, which is, it's a huge a shock, something that I want to desperately reverse.

The Loss of Athletic Identity

Associated with, and intimately connected to, the loss of specific masculine identities for the majority of the men was the loss of their personal, social, and physical, athletic identities (see Sparkes, 1998). Eamonn, who had played county standard rugby union football, but like the majority of the men is not involved in disabled sports, said, "Sport was my life. Now that I've lost that part of myself, lost my friends, something to really enjoy, I don't feel complete. I feel empty."

Narrative Refuge and Restored Selves

In the face of what are experienced as major losses, the men often attempt to reconcile the self or cope with their disability by taking narrative refuge in a restored self, specifically an entrenched self (Charmaz, 1987). Jacob, who like many of the men interviewed, received financial compensation from the Rugby Football Union and is now on disability benefit, summarised the situation:

I just want my old life back. I won't settle for anything else, 'why should I?' Anyway, doctors, well there is always talk of a cure, and the way I see it, I want my old life back. I want to walk again, I miss playing rugby, I could do the little things, no worrying or planning ahead, I could feel myself again. Mmmm, so I'm going to beat it, and when a cure is found, then I'll be able to move on ... I'll make a comeback.

Many interpretations can be made of the themes we have focused upon. For us, these moments signal the difficulty some men have in reconstructing a valued sense of self in the face of a major epiphany. In part, these difficulties are exacerbated by the participant's reliance on hegemonic forms of masculinity (Gerschick and Miller, 1995) and the strength of the athletic identities developed by them though their involvement in rugby football union and other contact sports prior to SCI.

Of course, this is to presume that these men have the narrative resources to contemplate options with regard to restorying their lives (Sparkes, 1996, 1998,

1999). We would suggest that, for the majority of the participants, this might not be the case and that their opportunities to re-embody or reinvent themselves, so as to form a different body-self relationship, are often constrained. In considering this issue, we have found three of the four dimensions of narrativity described by Somers (1994) to be useful. These are the ontological (my story), public (cultural and institutional formations), and metanarratives (epic dramas).

In relation to these dimensions of narrativity we would suggest that one of the ways in which the ontological narratives participants are framed, and constrained, is by the combined forces of the public narrative of heroic masculinity, and the metanarrative of restitution.

As part of their exploration of heroic masculinity in the recovery of men from SCI, Kleiber and Hutchinson (1999) undertook a systematic documentary analysis of three 'disability' magazines in the USA. They found the plot, events, and characters in the stories about men with SCI to be orientated around three themes of heroism: committed to battle, heroic qualities and heroic action. Kleiber and Hutchinson further argued that these stories and themes act as narrative maps or scripts for newcomers to the world of SCI in ways that can be inspirational or constraining. Importantly however, as they note, to the extent that these magazines and stories reinforce, rely upon, and actively cultivate a traditional model of masculinity, they may act to hinder the transformative potential of disability. Kleiber and Hutchinson suggest,

Portraying recovery as aligning one's actions with those of the physically heroic not only creates an unrealistic ideal that most individuals cannot live up to, it also directs the course of recovery in personally limiting ways. (p.152)

The limitations of the hero narrative are themselves connected to the constraints and contradictions inherent in a very powerful metanarrative. The body's elective affinity for a restitution narrative (Frank, 1995) should not, however, be viewed as necessarily a 'bad' or 'wrong' choice. For one, 'choice' takes place within a social and political community of speakers. However, as Frank (1995), and Kleiber and Hutchinson (1999) have made clear, problems arise when people become fixated on one kind of body and sense of self in circumstances where the restitution and hero narrative are not appropriate. Under such circumstances, individuals find it hard to remind themselves that other body-self narratives might have to be found and told. However, without an increase in their narrative resources, the space and opportunity for these men to craft who they want to be, and can be, remains constrained for the time being.

Theme 2: Narrative Time

According to Roberts (1999), lives have to be understood as lived within time, and time is experienced according to narrative. Indeed, it is often argued that narratives - of past, present or future - are a means by which biographical experience is given meaning (see Brockmeier, 2000). Various notions of time circulated in the stories told by the men in our study.

Time as an Absent Presence

Prior to SCI, the participants largely experienced time as an absent presence. As Danny reflected, “see, the whole idea of time was not something I’d given much thought to. You just don’t do you [Brett: mm hum]. It’s like everything, I, I just took it for granted.”

Bodies, Time and the Restitution Narrative

SCI, as an epiphanic moment, shatters the taken-for-granted experience of time. “Everyday time” (Alheit, 1994) is experienced now by the majority of the participants in terms of waiting time and filling time (Charmaz, 1991). On these issues, Harry commented:

Time just feels like one huge burden. I try to, to not watch the clock ticking away, but, well, it’s really frustrating, very. And that’s why I say I sit here waiting, always waiting. Waiting for a friend to pop round, waiting for my bowels to work, waiting for the day when a cure is found I have so much time that I spend all my time trying to fill it. Weird, but that’s how it is, trying to fill my time and spending the rest waiting. It’s so frustrating.

The participants further suggested that the SCI as an epiphenomenon led to them living in the future. Specifically, while their sense of everyday time shifted between waiting and filling time, their “life-time horizon” (Alheit, 1994) or sense of autobiographical time shifted between what Roberts (1999) terms, the past as/in the future and the future as/in the past. These two horizons are reflected in the following comment made by Jacob:

Brett: Can you tell me any more about what time means to you now?
Jacob: The way I see it, life is for living. And I don’t really live what I would call a good quality of life anymore. Mmmm, so you see, I have to keep telling myself that the old days will return, that because of the progress doctors have made and are making with spinal regeneration, and then I think that, that making a comeback is definitely possible. Well, it’s what I want anyway, and that keeps me going. In, but I, I also have to think about the past, keep myself there so to speak, remember, don’t forget, use it to my advantage so that I can beat the disability, it’s like that.

These comments also indicate that time is developed in relation to biomedicine and how this is closely connected with the restitution narrative that can shape and support a sense of concrete hope. Here, stories are told to the self and others of a future: a future linked to restoring the former self (Charmaz, 1987); a future where the body's former predictability is regained. However, in such conditions, it might be argued, body and self is manoeuvred into a narrative cul-de-sac where access to alternative narratives diminish further and self becomes more entrenched.

This section has briefly hinted at some of ways in which men who become disabled through sport experience time. It has also suggested that the narrative types (eg. restitution) people draw on help shape and are shaped by their everyday time and life-time horizon.

Theme 3: The Construction of Coherence

The notion of coherence in the telling of life stories or life histories is much debated issue. For example, Mishler (1999) argues that coherence, a shibboleth in the field of narrative inquiry, is essentially and intractably ambiguous, defying efforts at formal and precise definition. Accordingly, one of the areas Mishler ask researchers to direct their attention towards is the artful practices through which storytellers “do” coherence, and the “complex and differentiated ways narratives can be organised to serve their meaning-making functions” (p.110). In a similar vein, Gubrium and Holstein (1998), concerned with the practical production of coherence in life stories, call for a focus on narrative practice which, for them, lies at the heart of self-construction. Therefore, in what follows we apply some of the principles of their approach, and draw on a number of analytical concepts provided by others (eg. Frank, 1995) to parts of a life story told in an interview context by one of the men in our study.

Jim's Story: Composing Coherence within a Restitution Narrative

The following is an extract from an interview (February, 2000) with Jim, a former financial consultant and county rugby union player, who like the majority of the men, is now unemployed and single. It is in response to a question by Brett Smith about what his body means to him now.

What does the body mean, mmm, y'know I've been on such a downer, I've really had to battle the past few weeks. Feel as though I've been going down hill for a while though. See, because of this, I really feel really detached, just detached from it, from myself, from the world. Humm. I get angry though, get really fucked off with people. Do you know, sometimes I lash out, rant and rave at a carer for doing something wrong or, whatever, really, it just seems that I hit out at a lot people these days as well, and, y'know, I wouldn't mind if it ended all tomorrow, but I

just can't bare the fact that it's such uncertainly, just waiting, that's when I'm having a bad day, but, generally, okay I'm still really detached, feel that it's not part of me, although I know that with medicine advancing so quickly, and the doctors can do wonders these days, that I'll walk at some point in the future, and in that sense I feel positive about things, it keeps me going. And I stick to my weights, try and keep my diet and alcohol in check, and I try not to let myself go, look after myself, even though I mostly keep myself to myself. So, I suppose that the body still means a lot, but it's also the problem.

Beginning with the prefatory remark, "y'know I've been on such a downer", we might interpret Jim as initially pointing his listener to a narrative of decline or regression (see Liebllich et al., 1998). In this story, the narrative linkages compose a body that is dissociated from the self and, in turn, dyadic in its relation to other bodies. The linkages also extend to a body narrative that assumes the contingency of disability and impairment, but does not accept it. In keeping with the pattern of composition, we might predict that if Jim had continued with this story he could have composed and made further linkages with a dominating body (see Frank, 1995).

Mid-response, however, Jim edits his body narrative, altering his story's footing, linking his story to different cultural narratives. Precisely, the prefatory phrase "but, generally," sets off a series of linkages in which a dominating body shifts into the background and a disciplined and mirroring body as described by Frank (1995) moves into the foreground. That is, the narrative linkages compose a body that is dissociated from the self and, drawing on biomedical narrative auspices, or people processing institutions, attempting to reassert predictability. Importantly, the linkages also extend to a body that is monadic in its relation to other bodies. These linkages, in turn, form a horizon of meaning, that is, a restitution narrative.

In this section, despite its brevity, by drawing on the principles advocated by Gubrium and Holstein (1998), we hope to have given a sample of how various narrative practices inform the manner in which coherence is both individually constructed and framed by the local and cultural conventions of telling. We would suggest that coherence is not an inherent feature of the narratives told, but is artfully crafted in the telling, drawing from the available meanings, structures and linkages that comprise stories in specific cultural contexts.

Closing Comments

In this chapter we have attempted to give a flavour of the main themes to emerge from an on-going research project that focuses on men, sport, SCI and the reconstruction of body-selves. Clearly, space limitations restrict us from illuminating both the complexity of the participants experiences and of the stories they tell. Certainly, our growing awareness of the diversity of the stories we are being told, and the contradictions and tensions contained within them raise a number of issues that require further exploration and elucidation. For example, a small number of men in this study, in direct opposition to the dominant personal tragedy storyline of disability (Oliver, 1996) and impairment, now appear to view SCI as an opportunity to reject disempowering identities (such as hegemonic masculinities) and, in turn, restore a differently valued sense of body-self. Notably, these men also draw on what Frank (1995) calls a quest narrative.

As part of our work in-progress, we have aspired to highlight some of the (dis)embodied dilemmas and constraints the men encounter on a daily basis. We hope that this will act as a sounding board for dialogue and further inquiry into the lived experiences of people who become disabled through sport.

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