

# 12 Sporting Heroes, Autobiography and Illness Narratives: A Brief Comparison of Bob Champion and Lance Armstrong

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## Introduction

Towards the end of the 1970s, Bob Champion was one of the top five jump jockeys in Britain. In July 1979 he was diagnosed with testicular cancer at a time when little was known about the treatment for this disease. Having undergone surgery to remove a testicle, and following chemotherapy treatment he recovered successfully and the following year went on to win the world's most famous steeplechase, the Grand National, on a horse called Aldaniti. In 1981, with the aid of writer Jonathan Powell, he published his autobiography entitled *Champion's Story: A great human triumph*. An endorsement on the back cover of the book states:

Champion's heart-warming victory on Aldaniti in the Grand National give the book the sort of fairly tale ending that is normally reserved only for dreams. Before that unbelievable and unforgettable climax is reached a story of courage unfolds ... His courage in the face of adversity, the skill of those treating him and the love and support of his family is a magnificent example to us all.

Almost 20 years later, in 1996 Lance Armstrong was the top ranked cyclist in the world. In the same year, he was diagnosed with Stage 4 testicular cancer that had spread to his brain and lungs, giving him a less than 40% chance of survival. Less than 3 years after being diagnosed, having undergone surgery to remove a testicle, and following chemotherapy treatment, brain surgery, and the subsequent remission of the disease, Armstrong won the Tour de France in 1999 [1]. In achieving this victory, Butryn and Masucci (2003) suggest that Armstrong made "perhaps the most astonishing comeback in contemporary sports history" (p.124). In 2000, aged 28, Armstrong (with the aid of writer Sally Jenkins) published his autobiography entitled, *Its Not About the Bike: My Journey Back to Life*. The following statement is made on the back book cover.

Lance Armstrong's story is extraordinary and inspirational. He was one of the most precocious talents the world of cycling had ever seen and was on his way to becoming a cycling legend, when in October 1996, he was diagnosed with stage four testicular cancer ... Against all the odds Armstrong responded to treatment and in February 1997 he was discharged ... Just sixteen months later he entered the 1999 Tour, and cycled 2,500kms over the highest peaks of the Alps and the Pyrenees. Not only did he complete the race but he won – and in the fastest time ever. This edition includes a new chapter covering his sensational 2000 Tour de France victory. It completes an awe-inspiring tale of immense courage and will.

In terms of narrative type, each autobiography can be classed as a 'romance' in which the hero faces a series of challenges en route to his goal ('beating' cancer) and eventual victory (making a comeback and winning a major event), and the essence of the journey is the struggle itself. In relation to the history of autobiography, Gergen and Gergen (1993) suggest that the form of such stories took shape with the rise of the bourgeoisie, and the accompanying concept of the self-made 'man' that valorises the unique and independent individual. Thus, as an autobiographical figure, Armstrong and Champion represent a culturally and historically situated model of an ideal self that, with its emphasis on individual achievement tends to follow the classical lines of the 'monomyth', perhaps the most fundamental form in Western civilisation: "In its clearest form, the monomyth is the saga of a hero who undertakes a profound quest" (p.32). In this regard, as Kleiber and Hutchinson (1999) point out, "Our Western culture loves heroes, and sporting stories in general are replete with heroic metaphors that indicate how men are supposed to override their needs and limitations and learn instead to fight or push onward toward victory over one's body despite disability, pain, fatigue, hardship, danger, or desire" (p.138).

For many who read such tales, they are inspirational. Importantly, they can act as narrative maps that others might follow should they encounter similar circumstances. In defining a narrative map, Pollner and Stein (1996) point out, "Through passage to a new status or a new social world, persons may find themselves on the threshold of uncharted territory whose customs, contours, and inhabitants are unknown" (p.203). They stress that in gaining purchase on an unfamiliar world beyond the horizon of the here and now, newcomers may seek knowledgeable or experienced others for orientation, information, and advice regarding the psychosocial and physical landscape that presumable awaits them in the future.

With regard to the illness experience, Frank (1995) notes that personal experience is the sole source of authenticity, and that the only way that one can truly understand this experience is through "having been there". Narrative maps of illness, therefore, are to be conveyed by, and learned from, those who have traversed the territory of illness. Frank acknowledges the ways in which published stories of illness affect how others tell their stories, thereby creating

the social rhetoric of illness. Thus, for him, popular autobiographies and illness narratives act as both a repository of cultural meanings and as a model for future lives in that they affect social perceptions of illness, of the humanity of the ill, and of storying as a response to suffering. Importantly, Frank emphasises that these popular autobiographies play a role in teaching people how to be ill, how to interpret their own and the illness experience of others, and what stories are worth attending to.

Given the power of popular and inspirational autobiographies by sporting heroes such as Armstrong and Champion to operate as narrative maps of illness, it is worth reflecting on just what kind of map they provide. Due to limitations of space, in this chapter I seek to accomplish this task by reflecting on selected contours to illustrate some similarities and differences in the ways in which they construct themselves within the text (for a more detailed analysis of Armstrong, see Sparkes, 2004).

### **Autobiographical Similarities**

Via their socialization into their particular sports and their desire for success, over time both Champion and Armstrong, like many elite athletes, had developed a disciplined body as described by Frank (1991). One of the characteristics of this kind of body, he suggests, is that it defines itself primarily in actions of self-regimentation so that it becomes predictable. For such bodies, the most important action problems are about control and it experiences its most serious crisis in loss of control. Other-relatedness is monadic and, importantly, in terms of self-relatedness this kind of body is dissociated from itself.

This self-regimentation is evident with Armstrong from an early age. For example, by age 12, he was swimming from 5.30 to 7.00 every morning: “Once I got a little older I began to ride my bike to practice, then miles through the semi-dark early-morning streets. I would swim 4,000 metres of laps before school and go back for another two-hour workout in the afternoon – another 6,000 metres. That was six miles a day in the water, plus a twenty mile bike ride” (p.23). The construction of the disciplined body that constantly seeks to make its performance predictable is an ongoing feature of Armstrong’s later development as a cyclist.

Professional horse racing is no less demanding in terms of the self-regimentation it imposes on the body to ensure predictability. This is particularly so with regard to the issue of weight control that was an ongoing issue for Champion throughout his career: “Weight was a constant problem and hunger an unwelcome companion” (p.46). Like many other jockeys he would endure the sauna for hours on a daily basis to shed unwanted pounds in sweat

before a weigh in. Added to the regime of the sauna was the accepted use by jockeys of drugs to help them achieve their official weight in order to compete:

Soon he was introduced to diuretics, or piss pills as they are known by jockeys ... one pill can cause the loss of three or four pounds of excess fluids in a few hours ... Diuretics are an effective way of losing a few pounds rapidly but the side effects can be devastating” (p.26)

Champion also refers to ‘wasting’, a term used by jockeys to describe methods of losing weight rapidly. Talking of how pleased he was to make his 10 stone weight for entry into a major race after spending every day of the week in the sauna and hardly eating, he commented: “I was quite pleased with myself. I’ve not managed 10 stone many times in my life. I wasted bloody hard in the usual way: sweating and physics—that’s to say laxatives that have you sitting on the lavatory for hours. We stayed in Chester and I rode out in the morning. Breakfast? You *must* be joking. Half a cup of coffee, that’s all” (p.35).

In seeking bodily predictability, Champion and Armstrong also signal (to varying degrees) their dissociation from the very same body they wish to control. This is evident in their autobiographies when they consider the issue of injury. Here, the body, or the part that is injured, becomes objectified, a ‘thing’ that is to be ‘fixed’ so that sporting performance can be resumed as quickly as possible. Part of this dissociation relates to the ability and willingness of the sporting body to absorb punishment and pain without complaint. This dissociation from the body and the disrespecting of pain that accompanies it played its part in Armstrong’s denial of cancer symptoms, such as, coughing up blood and a swollen testicle.

Of *course* I SHOULD HAVE KNOWN THAT SOMETHING was wrong with me. But athletes, especially cyclists are in the business of denial. You deny all the aches and pains because you have to in order to finish the race. It’s a sport of self-abuse. You’re on your bike for the whole day, six and seven hours, in all kinds of weather and conditions ... and you do not give in to pain. Everything hurts ... So no, I didn’t pay attention to the fact that I didn’t feel well in 1996. When my testicle became slightly swollen that winter, I told myself to live with it. (p.5)

Confirming the notion of elite cycling as a form of ‘self-abuse’ that encourages dissociation from body and self Armstrong then comments: “When I woke up the next morning, my testicle was horrendously swollen, almost the size of an orange. I pulled on my clothes, got my bike from the rack in the garage, and started off on my usual training ride, but I found I couldn’t even sit on the seat. I rode the whole way standing up on the pedals (p.9).

Like all professional jockeys, Champion’s injuries are listed in his medical record book in which racecourse doctors register each injury at the time it

happens: “Bob’s book is full of the usual catalogue of broken ankles, vertebrae, collar bones, ribs, fingers, and toes, along with numerous cases of concussion, bruising and lacerations” (p.52). The events in which these occur, including a case when Champion almost died due to being crushed by a falling hose during a race, are described in a detached and ‘matter of fact’ fashion as if the body belonged to someone else rather than to Champion. As with Armstrong, this dissociation of body and self played its part in ignoring early symptoms of cancer. For example, during the week of the 1979 Grand National, Champion noticed small lumps under each of his nipples: “At first he ignored them but when the swelling increased and hardened he drove to London to see Dr Alun Thomas at his clinic” (p.56). The lumps disappeared after a fortnight but Champion was warned by the doctor to contact him as a matter of urgency should they return.

Ironically, the discovery that Champion had testicular cancer was instigated by a kick in the testicles from a horse after a fall in a race: “After that race one of my balls started to swell up for two or three days. It was not so much painful, more a bit numb” (p.58). Two months later the swelling remained on one of the testicles: “Jump jockeys are used to knocks, bruises and breaks and do not tend to fuss about the odd bump, but by now Bob was mildly concerned about the swelling” (p.59).

It was so minor most of the time I didn’t think about it but after a while it became more numb. I never dreamed anything was seriously wrong. One of my balls was a little bit firmer than normal but it wasn’t uncomfortable in any way. It didn’t affect my activities! (p.59)

A lucky encounter with a vet led him to seek medical advice that then led to the diagnosis of testicular cancer that had spread into the lymph glands in his chest (Stage 3 cancer). On being given this diagnosis, despite being petrified, Champion’s central concern was with his ability to ride horses again. For example, on being told by the doctor that he could have as little as 8 months to live, Champion asked, “If I don’t have the treatment will I be able to go on riding for a while?” (p.12).

Like Champion, for Armstrong the production over time of a strong athletic identity at the expense of other possible identities, led to a similar reaction on being diagnosed with cancer. On being told Armstrong’s first thoughts concerned the loss of his performing self that stood at the apex of his identity hierarchy: “I was in shock. *Oh, my God, I’ll never be able to race again. Not, Oh my God, I’ll die. Not, Oh, my God I’ll never have a family ... I’m sick. My career’s over.*” The investment in a particular kind of body-self that leads to a narrowing down of possible selves is also revealed in the following comment:

I had left the house an indestructible 25-year-old, bulletproof. Cancer would change everything for me, I realized; it just wouldn't derail my career, it would deprive me of my entire definition of who I was ... There were gallons of sweat all over every trophy and dollar I had ever earned, and now what would I do? Who would I be if I wasn't Lance Armstrong, world-class cyclist? (p.14)

In response to his own question, Armstrong states "A sick person" (p.14). Thus begins an identity shift into life as a cancer patient. Here, the autobiographies of Armstrong and Champion both reveal how early on in this process they are drawn and propelled towards the *restitution* narrative as described by Frank (1995). This narrative has the basic storyline: "Yesterday I was healthy, today I'm sick, but tomorrow I'll be healthy again." It is intimately linked to the notion of the restorable body-self, and as Frank points out is "filled out with talk of tests and their interpretation, treatments and possible outcomes, the competence of physicians, and alternative treatments ... Metaphor phrases like 'good as new' are the core of the restitution narrative" (p.77). A central feature of such stories is the triumph of medicine over disease.

### **Autobiographical Differences**

Beyond the similarities in their autobiographies as mentioned above there are some significant differences in the ways that Armstrong and Champion construct themselves within the text. In part these constructions are shaped by the fact that cancer treatment in the late 70s was far less sophisticated and successful than it was in the late 1990s. Indeed, prior to the 1970s there had been no effective cure for the kind of cancer that Champion had contracted. Furthermore, the economic resources of Armstrong and Champion were very different. The owners of his cycling team provided Armstrong with expensive private health care insurance which enabled him to seek and gain the best available treatment for his cancer. In contrast, finance was a major concern for Champion. As a self-employed jockey his income when he was ill or injured was negligible: "He did not qualify for the usual grants from the Racecourse Compensation Fund and his sole income during his entire illness was the usual £14.70 sickness benefit. His insurance proved worthless as his type of illness was ruled out in the small print" (p.70).

Against this backdrop, a major difference in the autobiographies lies in the relationships that Armstrong and Champion have with technology and how this shapes their relationship to the cancer experience. Butryn (2002, 2003) proposes a typology of the technologies available in sport. These include the following: *Self technologies* (physical and psychological) that have the potential to fundamentally alter an athlete's physical and/or psychological makeup. These include chemical innovations (from performance enhancing

drugs to dietary supplements), surgical procedures, prosthetic and bionic limbs, psychological interventions and genetic engineering: *Landscape technologies* that form the sporting environments in which athletes compete: *Implement technologies* that include those instruments and pieces of equipment that athletes use during their event and that are generally constituent parts of the contests in which they appear: *Rehabilitative technologies* that are employed by injured athletes to counter otherwise debilitating effects of training regimes. Typically located in sports clinics and training facilities, these technologies are administered by specialists in athletic training and sports medicine: *Movement/Evaluative technologies* that include the devices and procedures designed to access the form and efficiency of an athlete's body. These include technologies such as, videotape analysis and computerized information on biomechanics used to improve technique mechanically, aesthetically, and kinaesthetically.

Drawing on this typology, cycling is a highly technological sport while horse racing has a relatively low reliance on technology. Indeed, cycling has been noted as having a long history of embracing technology in the pursuit of results. As much as any sport, Butryn and Masucci (2003) state that "cycling has been at the forefront of technological innovation" (p.128). In comparison, horseracing is a sport which could be considered at the other end of a technological continuum. Furthermore, its potential to become high technology sport is limited by the fact that the 'vehicle' used to achieve performance is not a machine but a living, breathing animal.

The bike is a mechanical piece of equipment, continually undergoing development that can be finely manipulated, tuned, and tweaked as required. As a disposable piece of equipment, it can be replaced with an exact copy if something goes wrong. Armstrong has no emotional relationship with his bikes. They are rarely mentioned in his autobiography. In contrast, Champion feels and cares about many of the horses he rides. For example, this is his reaction to an accident in which a horse called Kybo he was riding had to be destroyed after a fall in a race:

Bob, aware of what had happened climbed dejectedly back over the running rail onto the course, ran to Kybo and gently removed the saddle and bridle from his old friend. Deeply shaken and upset he walked back towards the stands and passed Josh Gifford [trainer] running down the course to reach Kybo. The distress in the eyes of both men was such that they continued their separate journeys without speaking ... Bob, (...) was inconsolable ... 'the best horse I've ever ridden ... He's irreplaceable'. (p.161)

With regard to the surveillance of the body in terms of movement or evaluative technologies that seek to refine form and efficiency, Armstrong's autobiography is radically different from that of Champion. This kind of technology is hardly mentioned by the latter. In contrast, from an early age,

Armstrong gets used to being physiologically and biomechanically assessed in order to maximise his performance.

Often a race is won by a mere fraction of acceleration that was generated in a performance lab or a wind tunnel or a velodrome long before the race even started. Cyclists are computer slaves; we hover over precise calculations of cadence, efficiency, force, and wattage. I was constantly sitting on a stationary bike with electrodes all over my body, looking for different positions on the bike that might gain mere seconds, or a piece of equipment that might be a little bit more aerodynamic (...) I spent several days in the lab, plastered with electrodes while doctors jabbed me with pins for blood tests. The idea was to determine my various thresholds and breaking points, and thus to figure out how I could increase my efficiency on the bike. They looked at my heart rate, VO2 max, and in one day alone they pricked my thumb 15 times to check my blood. (p.66)

In addition, when racing Armstrong is wired up via a radio transmitter to the team support car containing a host of experts. They are able to provide him with feedback on his physiological and biomechanical status as well give suggestions on the tactics required given his position in the race. In this sense, both Armstrong's body and autobiography are heavily textured by technology. This technological infusion has led Butryn and Masucci (2003) to suggest that Armstrong is an excellent example of a cyborg identity. Involved in the high-tech world of professional road cycling and the ethos of "tweaking" that lead him to define himself as a 'computer slave,' it is clear that technology has moved beyond just developing the equipment to infuse the body of the cyclist. Thus, Armstrong sees himself as both a biological body and as an instrument to be precisely measured and modified by various technological means in the pursuit of specific performance outcomes.

Such an orientation profoundly shaped Armstrong's relationship with cancer and the treatment regimes he encountered. For example, compare the reactions of Champion to that of Armstrong on the night before the operation to remove a testicle. Champion comments:

They must have taken eighteen or twenty different tests. They never stopped taking X-rays, making examinations, sticking needles into me and taking samples. I felt like a pin cushion ... Sleep was impossible that night. Worried about his operation in the morning, anxious about his career and frightened about his very life, Bob was in turmoil. During the pre-medical he panicked. Terrified by the implications he argued with the doctors and nurses until he drifted into unconsciousness. (p.62)

In contrast, Armstrong had the following experience:

The funny thing was, I slept deeply that night. I went into a state of absolutely perfect rest, as if I was getting ready for a big competition. If I had a tough race in

front of me I always made sure to get the optimum amount of sleep, and this was no different, I suppose. On some unconscious level, I wanted to be in absolutely peak form for what I would be faced with in the coming days. (p.78)

Likewise, in reflecting on the undertaking chemotherapy Armstrong notes:

The physical pain of cancer didn't bother me so much, because I was used to it. In fact, if I didn't suffer, I'd feel cheated. The more I thought about it, the more cancer began to seem like a race to me. Only the destination had changed. They shared gruelling physical aspects, as well as a dependence on time, and progress reports every interval, with checkpoints and a slavish reliance on numbers and blood tests. (p.89)

For Armstrong, "There was an odd commonality in the language of cancer and the language of cycling. They were both about blood" (p.92). As such, the disciplined and constantly monitored cyborg body of Armstrong pre-cancer felt a certain continuity with the Armstrong living with cancer. This was particularly so in the way that, in both contexts, Armstrong understood his bodily experience and defined himself via the technical language of scientific measurement so that his body became what Butryn and Masucci (2003) describe as "a playground for manipulation and his internal physiological markers as variables to be monitored" (p.130). Thus, in keeping with a disciplined body linked into the plot of the restitution narrative, Armstrong learns the language of oncology, its regimes, tests, and interpretations. He states, "I mastered a whole new language, terms like ifosfamide (a chemotherapy drug), seminoma (a kind of tumour), and lactate dehydrogenase (LDH, another blood marker). I began to throw around phrases like 'treatment protocol.' I wanted to know it all" (p.92).

Furthermore, given the restitution story is about remaking the body in an image derived either from its own history before illness or from elsewhere, Armstrong willingly adheres to the demanding, painful, and nauseating treatment regimes imposed on him by the medical profession. Here, medical compliance demands and welcomes the disciplined body that Armstrong has constructed over the years in sport and which he now makes readily available to the medical profession as part of the process of curing his cancer. This would support the point made by Butryn and Macussi (2003) that there is a sense of constancy in Armstrong pre-cancer and living with cancer in as much as in both phases he "has built a profoundly intimate relationship with his body and the technologies used to maintain and heal it" (p.130). This said, there is strong evidence of a different body-self relationship emerging as Armstrong undergoes treatment to eventually become a cancer survivor who successfully returns to cycling at the elite level (see Sparkes, 2004).

While aspects of technology do infuse the sport of horse racing (eg. use of sauna and diuretics to lose weight, saddles, reins and other riding equipment to

assist performance) it is nowhere near the level found in elite cycling. Champion, therefore has a different relationship with technology which in turn shapes his own relationship with cancer treatments and recovery. For example, early on, Champion was a far from willing patient. In the following he reflects on an incidence when he left the hospital without permission during a treatment to wander around the local shops.

The doctor gave me a right bollocking. One of the nurses had seen me in the street and they were in a state of alarm. The doctor said if I wanted to go anywhere I must have a nurse with me. He said they had a responsibility to look after me and the least I could do if I wished to recover was to co-operate. He made it clear that if I was going to behave like a child I might as well go home the following day. So being in an awkward mood, I did. At that stage I was past caring. I felt like they were just using me as a guinea-pig and I'd had enough. All I wanted to do was to start riding again and that seemed less and less possible. (p.65)

Even though over time he developed a more friendly relationship with the medical staff and became more compliant with the treatment regimes that were imposed on him, there is little sense in his autobiography of Champion engaging with his treatments or seeking to develop his medical knowledge in order to understand the treatments or his reactions to them. The language and process of medicine remains strange to him throughout the process as does his ongoing relationship with the various technologies used during that period to treat cancer. In contrast to Armstrong he did not want to 'know it all' nor did Champion feel that the physicians 'knew it all' about cancer and so there is more an element of luck and fate played out in the plot of his illness narrative.

### **Reflections**

In this chapter, I have attempted to illustrate some similarities and differences in the illness narratives provided by two elite sportsmen who recovered from cancer to make a successful comeback and win a major event in their chosen fields. My brief analysis does not do justice to the complexities of the experience documented in the autobiographies nor to the subtleties in which a range of body-self relationships are constructed using various narrative forms within each text during contrasting historical periods. What is evident is that the bodies of Armstrong and Champion are not only sites of autobiographical knowledge but are also textual surfaces upon which their lives are inscribed. As Smith and Watson (2001) might argue, their autobiographies illustrate how these sportsmen as embodied subjects are located in their bodies and through their bodies in culturally specific ways with regard to, for example, language, gender, class, sexuality, ethnicity, ableness, and other specificities. In drawing

on these locations in their autobiographies Armstrong and Champion both reveal and construct themselves as multiply embodied.

The multiple embodiments of Armstrong and Champion within their autobiographies is, however, heavily scripted and culturally encoded. As Frank (1995) notes, “embodied stories have two sides, one personal and the other social” (p.2). Therefore, while Armstrong’s and Champion’s individual story is unique to them, it is shaped and given meaning via the narrative resources at their disposal within a cultural setting and specific historical periods. Thus, culture and history speaks itself through their individual story. As Smith and Watson (2001) point out, “The cultural meanings assigned to particular bodies affect the kinds of stories people can tell” (p.39). In this sense, Armstrong and Champion are not free to tell just any story about themselves, there are expectations they have to meet in telling their tales that operate as powerful constraints on what can be said and how it is said.

These constraints are important to acknowledge because popular autobiographies are both a repository of cultural meanings and a model for future lives. As Frank (1995) acknowledges, published illness narratives play a significant role in teaching people how to be ill, how to interpret their own and others’ illness experiences, and what stories are worth attending to. In this sense, Armstrong’s story provides a narrative map for others who might find themselves in similar situation. As such, it is problematic.

For example, Butryn and Masucci (2003) question the notion that Armstrong’s cyborgification project is representative of a ‘better way’ for others because it glosses over issue of economic privilege and a range of ethical and moral issues. From my perspective, there are other problems. For example, a limitation of the restitution narrative noted by Frank (1995) “is the obvious but often neglected limitation of the modernist deconstruction of mortality: when it doesn’t work any longer, there is no other story to fall back on” (p.94). When restitution does not work, other stories have to be prepared or narrative wreckage will ensue. Frank also points out that restitution itself is increasingly becoming a commodity that some can purchase and others cannot, “Thus, the restitution story as a *generalized* narrative of illness can be predicted to become increasingly restricted in its availability” (p.95). Finally, the heroic masculine narrative, while inspiring for some, may hinder the transformative potential of illness for many others. As Kleiber and Hutchinson (1999) emphasize, “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 autobiographies of Armstrong and Champion, functioning as narrative maps, provide *one* way of interpreting, experiencing and responding to serious illness. However, by accepting and celebrating heroic forms of masculinity and its associated qualities, along with valorising the role of medicine in assisting

their recovery from cancer, their autobiographies operate to confirm and legitimise a number of dominant narratives that circulate within Western cultures regarding what constitutes a 'good' illness and self-story in relation to men in general, and elite athletes in particular.

Acting as master narratives, the popular autobiographies of Armstrong and Champion have the potential to provide a blueprint for all illness stories in sport, becoming a vehicle through which athletes comprehend the stories not only of others but of themselves. These autobiographies, however, do little to expand the narrative resources available within the cultural repertoire for those athletes (and non-athletes) who experience serious illness and who do not want to, or are unable to, live up to the traditional heroic ideals of a specific kind of masculinity in making a full recovery when the restitution narrative does not actually work for them. Equally, these autobiographies have little to offer those athletes for whom the restitution narrative does work to a limited extent but who are unable to regain their previous performance levels in their chosen sport or are unable to return to sport at all.

To expand the cultural repertoire of illness stories in sport, the stories of those athletes whose experiences do not match the contours of the dominant narrative map or master narrative need to be accessed and made available in the public domain. Operating as counter-narratives, they would offer a point of resistance to the dominant tales, challenging us to find meaning outside the plot-lines that are ordinarily made available and opening up new possibilities for how we understand ourselves and others as embodied beings in a variety of contexts.

## Notes

1. Lance Armstrong went on to win the Tour de France again in 2000, 2001, 2002, 2003, 2004, and 2005. These seven victories confirm his status as a sporting icon and a cancer survivor. In 2003, again with Sally Jenkins, Armstrong published another autobiography called *Every Second Counts: From Recovery to Victory*.

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