

"A SISTERHOOD OF THOSE WHO BEAR THE MARK OF PAIN": FEMALE
COMPETITIVE SOCCER PLAYERS TALK ABOUT RISK, PAIN AND INJURY

by

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Abstract

This study examines how females with distinct life histories and social backgrounds (but shared experiences as competitive athletes) interpret sport-related pain, risk, and injury. The research was guided by the following research questions: What kind of perspectives do competitive female soccer players have toward pain, risk and injury? Are differences in sport-related socialization related to different social experiences with and/or understandings of pain and injury? Are varying types and strengths of social support networks related to different kinds of pain and injury expression, or different social experiences of pain and injury?

An oral narrative approach (Reissman, 1993) was used to interview twelve female competitive soccer players from Vancouver area soccer teams who had sustained a relatively severe or debilitating injury. Each athlete was asked to participate in two interviews. These athletes were asked (a) about their injury "story;" (b) about their early and continual socialization into the sport; and (c) to identify and describe the role of influential figures throughout their sporting participation.

In general, athletes used a combination of narrative styles when describing their injury experience—with the most prominent and pervasive being a "restoration to health and fitness" narrative. Other prominent narratives included a "hopelessness" narrative (within which athletes expressed their frustration and lack of control over the injury), and a "hope" narrative (within which athletes spoke of becoming more aware of their bodies and their limitations through the experience of injury). Interviewed athletes also described how the injury led to a disruption of their identity/self, and how they developed new perspectives on risk-taking because of their injury experience. Also, athletes suggested a practical application of a "pain club" (or support group) for similarly injured competitive athletes.

These findings have theoretical implications for understanding how athletes make sense of their bodies and their injuries, and practical implications for how injuries may be attenuated and more thoroughly addressed. These findings also speak to the power of socialization into a competitive sport culture, resulting in a deep submersion within an athletic identity for these athletes.

Table of Contents

Abstract.....	ii
Table of Contents.....	iii
Acknowledgements.....	v
CHAPTER 1 – Introduction and Review of the Literature.....	1
Introduction.....	1
The Research Question.....	2
The Subsidiary Questions.....	3
CHAPTER 2 – Review of Relevant Research and Theory.....	4
Perspectives On Injury and the Socialization Experiences of Athletes.....	4
The Influence of “Significant Others” On Perspectives Toward Injury.....	5
Habitus, Embodiment and Narrative Styles.....	6
Coping Strategies of Athletes When Faced With Injury or Pain.....	10
Athlete Characteristics and Perspectives On Injury.....	11
Masculinity vs. Femininity With Respect to Pain and Injury.....	12
Resistance, Transgression, or Incorporation?.....	13
Cool Pose and Pain Tolerance.....	15
Acknowledging the Gaps.....	16
Goals.....	17
CHAPTER 3 – Methodology.....	19
Sample.....	19
Research Protocol.....	21
Rationale.....	23
Data Analysis.....	26
Limitations/ Reflexivity.....	26
CHAPTER 4 – Results.....	29
Three Narratives of Injury.....	30
Recovery as a Narrative Type.....	30
Hopelessness as a Narrative Type.....	34
Something “Bigger” as a Narrative Type.....	37
Key Findings.....	38
Helplessness and a Changing Sense of the Athletic Self.....	38
Injury as a Disruption to Athletic Identity/Self.....	45
Justifying Taking Risks and Playing With Injury.....	49

“Experienced” Pain the Development of Limits.....	58
Gender as a Generational, Cultural and Motivational Influence.....	61
The Practical Application of a “Pain Club”.....	65
CHAPTER 5 – Discussion.....	71
Habitus, Embodiment and Narrative Styles.....	71
Coping Strategies of Athletes When Faced With Injury or Pain.....	73
Perspectives on Injury and the Influence of “Significant Others” (the Socialization Experiences of Athletes).....	74
Cool Pose and Pain Tolerance.....	75
Masculinity vs. Femininity With Respect to Pain and Injury—Resistance, Transgression or Incorporation?.....	75
Athlete Characteristics and Perspectives on Injury.....	77
CHAPTER 6 – Conclusion and Recommendations.....	79
Conclusion.....	79
Limitations.....	81
Implications for Future Research.....	83
In Closing.....	85
References.....	86
Appendix A: Third-party Recruitment Sample E-mail.....	94
Appendix B: Information and Consent Form.....	95
Appendix C: Biographical Information Questionnaire.....	97
Appendix D: Interview Guide.....	98

*This thesis is dedicated to all those who have supported me through its completion,
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“In our culture, we observe a curious paradox—we discuss injury, but fail to listen to the pain. We valorize sports injuries, but deny their physical and emotional consequences. We capitalize on sports injury without truly empathizing with the injured. We diagnose bodies without souls, knees without psyches, and we continue to treat individual symptoms without regard of the institutional realities that produce the symptoms in the first place. We accept sport practices that put thousands of athletes at risk for short-range injury and long-range suffering. In effect, we create small armies of wounded athletes and former-athletes who limp and grimace through their daily routines, but we do not try to understand what the war is all about.” (Sabo, 2004)

Chapter 1

Introduction

Recent research on sport and gendering processes identifies sport as an institution through which certain gender ideologies are constructed and reconstructed (Messner & Sabo, 1990; Hall, 1996). An important set of studies in this area focus specifically on issues to do with sport, pain, and injury. These studies, which to date have focused mainly on male athletes’ perspectives on and experiences with injury, frequently include the finding that high-risk sport-related behaviour is tolerated and, in many cases, valued in male/hyper-masculine sport cultures (Young, White & McTeer, 1994; Young & White, 1999). However, as a female athlete, I am specifically interested in how women contextualize their involvement in traditionally ‘masculine’ sports that carry a high risk of injury, the social experience of injury itself, and, consequently, how women who have experienced injury think about themselves in relation to feminine identities. In the following thesis, I report a study that goes some way toward addressing the existing gender imbalance within the literature by examining the characteristics of female “contact sport” cultures where many of these injuries tend to occur, exploring injury-related perspectives and experiences in sport, and identifying the differing voices and

interpretations of pain and risk. I will specifically consider gender and cultural differences in reactions to injury, methods of socialization within female sport subcultures, and cultural norms around contact and violence. The thesis is organized into the following chapters: initially, I offer a set of research questions that will guide the study. Chapter 2 follows with a literature review, where I critically examine existing research on injury, gender and sport. Subsequently, Chapter 3 describes the methods that were used in the study, Chapter 4 presents an analysis by revealing prominent narrative styles and key findings extracted from the data, and Chapter 5 includes a discussion of the implications of my findings. Finally, Chapter 6 presents a conclusion alongside several future recommendations for further research in this area.

The Research Question

Female athletes in competitive sports are not a homogenous group, and it was therefore important to look at the particular social background and perspectives of females who share an interest in competitive sport and who have experience with sport-related injury, with the goal of determining how perspectives toward injury and pain are developed, and are experienced. The broad research question that guided an exploration of this topic was:

What perspectives do competitive female soccer players have toward pain, risk and injury?

More specifically, I am interested in how female athletes react to being injured, and how they explain their reaction—revealing how they understand and make sense of their injury and injury-related experiences.

Subsidiary Questions

Subsidiary questions that were also pursued in this context include:

- 1) Are differences in socialization (e.g., within more and less competitive environments) related to different kinds of pain and injury expression, or different social experiences of pain and injury?
- 2) Are varying types and strengths of social support networks (e.g., coaches, trainers, family, peers) related to different kinds of pain and injury expression, or different social experiences of pain and injury?
- 3) Are differences in the social and cultural (e.g., gender, class, and race/ethnicity-related) backgrounds of athletes subsequently related to different kinds of pain and injury expression, or different social experiences of pain and injury?

Chapter 2

Review of Relevant Research and Theory

Existing sociological research examining aggression, injury and pain in sport is embedded in literatures focused around: the socialization experiences of athletes; the influence of “significant others” on athletes’ perspectives toward injury; the ways that views on injury are class-related and “embodied” in certain narrative styles; strategies used by athletes to cope with injury; how status within sport cultures is associated with perspectives on injury; gendered understandings of, and experiences with, injury; and views regarding pain and injury in the context of culture, race and ethnicity. In the following sections I critically discuss these literatures and identify areas requiring further research attention.

Perspectives On Injury and the Socialization Experiences of Athletes

Socialization as a young child into sport is extremely important in determining and influencing the way that young people understand risk, pain and injury. Athletes do not simply acquire normative practices—ignoring pain and taking risks—when they reach a certain level of performance. Instead, subcultural norms and rules are internalized over time and affect the individual from an early age, as part of the process of becoming an athlete (Roderick, 1998). Nixon (1993a) has suggested that athletes tend to accept the risk in sport more-or-less uncritically because of “structural inducements” (e.g., material and financial security) that are built into the culture (i.e., the “rewards, prospects of rewards, and encouragement that make the roles of athletes appealing” (Nixon, 1993a, p. 186)). Hughes and Coakley (1991) have characterized the acceptance

of pain in sport as “positive deviance,” which they suggest is “caused by an unqualified acceptance of and an unquestioned commitment to a value system framed by the sport ethic: what athletes have come to use as the criteria for defining what it means to be a real athlete” (p.308). Nixon (1993a) takes this one step further and suggests that mediated cultural messages cultivate a kind of “self-abusive addiction” among athletes. He also proposes that sport is itself a “culture of risk,” that can foster “guilt, shame, uncertainty, job insecurity, and frustration among those who complain about pain and injuries, and even depression among those with disabling injuries” (Nixon, 1993a, p. 188). The power of this culture is revealed in the reluctance of athletes to talk openly about their pain and injuries (especially with coaches and trainers), and therefore risk greater pain, more serious injuries, and possible long-term disabilities.

The Influence of “Significant Others” On Perspectives Toward Injury

In his work, Nixon concentrated primarily on the issue of social support, and how varying levels of support systems impact the way individual athletes view, experience, and respond to pain and injury. Nixon (1994a) predicts that athletes will seek support to deal with pain and injury from others in similar circumstances, or with a firsthand understanding of their athletic role (i.e., coaches, athletic trainers, team-mates). Athletes must make decisions about how to handle their sports-related pain and injuries at least partially on the basis of the kinds of relationships they have with significant others in their “interactive sportsnet” (Nixon, 1994a, p. 341), a term which Nixon coined to describe the social network that exists within a sporting subculture. Specifically, the sportsnet includes “webs of interaction that directly or indirectly link members of social

networks in a particular sport or sport-related setting, closed to outsiders” (Nixon, 1992, p. 128; Roderick, 1998). Exposure to biased social support can highly influence an athlete, including pressure to play hurt, discouragement from playing hurt, and sympathy or caring about sports injuries and pain from significant others in his/her “sportsnet” (Nixon, 1993b). Athletes may also receive conflicting messages from individuals in their sportsnet, particularly from coaches and trainers. Nixon (1994b, p. 81) called this the “risk-pain-injury paradox,” when coaches lament that they must push their athletes to their physical limits, but also say that it is not within their, or the athlete’s, best interest to take excessive bodily risks within competition. This paradox results in the athletes receiving ambiguous and contradictory messages about pain and injury from influential sources. Therefore, within sportsnets, athletes receive messages which may intentionally or unintentionally reinforce a culture of risk and rationalize pain and injury, encourage public denial of pain and injury, inflate pain thresholds, and inhibit network members from seeking medical help (Nixon, 1996).

Habitus, Embodiment and Narrative Styles

Since an athlete’s sense of self is deeply invested in the performing body, injury is a disruption of the self that is similar to the trauma of chronic illness (Kelly & Field, 1996; Williams, 1996). An athlete’s often stoical tolerance of pain is a function of the social solidarity of the athletic “culture of risk” that forms the athlete’s identity. As Turner and Wainwright (2003) point out, it is important to pay attention to the question of “performativity” in order to “grasp the role of embodiment in the phenomenology of pain and injury” (p. 270). It is reasonable in this context to draw upon sociological

perspectives associated with the French social theorist Pierre Bourdieu to help understand and explain the intimate connections between athlete habitus, embodiment, performance and identity. Bourdieu's perspectives are widely viewed as valuable in theoretical and empirical projects focused on the body (Fowler, 1997; Fowler, 2000; Shilling, 1993; Jenkins, 1992; Turner, 1992). His work gave full acknowledgment to human agency through the notions of strategies and practices, but it also recognized the determining role of institutions and resources (or social capital) in shaping, constraining and producing human agency (Bourdieu, 1977).

Bourdieu's emphasis on practice and habitus also lends itself conveniently to an appreciation of sport as a social performance, and to an understanding of injury, social disruption and identity. The habitus is an "acquired system of generative dispositions" (Bourdieu, 1977, p. 95), in which individuals think that their preferences are obvious, natural and taken-for-granted. Class habitus, as defined by Bourdieu, is an "internalized form of the class condition and the conditionings it entails" (Bourdieu, 1984, p.101), and is visible within the systematic variation in attitudes, perceptions, and appreciations among the various social classes and class segments (Laberge & Sankoff, 1988). Habitus is thus closely linked to social class, and interestingly it has been found that increased socioeconomic status has a strong inverse association with the risk of injuries in sport (Cubbin & Smith, 2002). One possible explanation for this discrepancy is that sports associated with lower socioeconomic status are historically often contact or "blue-collar" sports, involving more risk and violence (Bourdieu, 1978). For Bourdieu, tastes and dispositions are clearly related to our embodiment, and "the way people treat their bodies reveals the deepest dispositions of the habitus" (Bourdieu, 1984, p. 190). In fact, with

regard to specifically participating in athletic activities, Laberge and Sankoff (1988) suggest that a fundamental aspect of the class habitus must be taken into consideration—the body habitus. A body habitus is made up of “all the dispositions one has towards one’s body, themselves determined and conditioned by the material conditions of existence” (Laberge & Sankoff, 1988, p. 271). Body habitus is revealed by the manner in which the body is “carried, groomed, nourished, and cared for” (Laberge & Sankoff, 1988, p. 271). Therefore, an experience of injury threatens to disrupt or even shatter the body habitus of the athlete, which is sustained by a complex discipline of training, self-management and athletic culture. Consequently, an effective understanding of the rituals and realities of pain requires a sociology of the embodiment of the injured athlete, and an analysis of the social construction of injuries of the body (Turner & Wainwright, 2003).

Acknowledging that the body and the self are severely affected by disruption, Becker (1997) suggests that order begins with the body, and that our understanding of ourselves and our world begins with our reliance on the orderly functioning of our bodies. This bodily knowledge, then, would inform what we say and do in the course of our daily life. Based on such an idea, Frank (1991; 1995) proposes a typology of body use in action, which describes four ideal typical body types: the disciplined body, the mirroring body, the dominating body, and the communicative body (Frank, 1991, p. 51-52). Using this framework, Sparkes and Smith (2002ab; 2003) suggest that the experiences of athletes faced with a disruptive life event such as a severe injury are framed by their relationships towards, and investments in, a disciplined and dominating body. The argument is that such bodies have “elective affinities for certain kinds of narrative rather than others that can operate, depending on the context, to enable or

constrain the development of new and different identities and sense of body-self” (Sparkes & Smith, 2002a, p. 151). In their work with men who have experienced a spinal cord injury through playing rugby, Sparkes and Smith (2002a) found that for many of these men, the disciplined, dominating body they previously inhabited as able-bodied sportsmen had an elective affinity for a restitution narrative.

Arthur Frank (1995) describes the plot of the restitution narrative as having the basic storyline: “Yesterday I was healthy, today I’m sick, but tomorrow I’ll be healthy again” (p.77). Sparkes and Smith (2002a) claim that this storyline is inextricably linked to the notion of the restorable body-self, and that it is not surprising that the men in their study have an affinity for this story given that “Western cultures, and sporting subcultures in particular, treat health and being able-bodied as the ‘normal’ and ‘desirable’ condition that people should not only want to have, but ought to have restored when lost” (Sparkes & Smith, 2002a, p.151-152). Frank (1995) also outlines two other narrative styles which are less pervasive but still present in many illness stories. He refers to one as a quest narrative, wherein the individual meets suffering head on, accepting impairment and disability and seeking to use it (Frank, 1995). According to Sparkes and Smith (2002a), the quest is defined by the person’s belief that something is to be gained from the experience, and thus offers the teller “different possibilities for the reconstruction of self than does the restitution narrative” (p. 152). The third narrative style identified by Frank (1995) is more of an “anti-narrative,” and is classified with the term of chaos. Chaos is present and visible with the absence of narrative order, and the plot of a chaos narrative imagines life never getting better (Sparkes & Smith, 2003). In this narrative, “people live without hopes, possibilities, and aspirations. They do not think about, plan, or commit

themselves to future possibilities because they are afraid of disappointment” (Sparkes & Smith, 2003, p. 311). Frank (1995) suggests that each narrative choice reflects strong cultural and personal preferences, and presents an opportunity for the teller to realize—not just represent, but create—themselves in the stories they tell. Frank (1995) also warns that within the act of listening, the “witness” of the story may (and likely does) steer people toward a certain narrative, or leaves non-dominant and less accepted narratives as simply not heard.

Coping Strategies of Athletes When Faced With Injury or Pain

In ignoring injury and complying with what remains a central ideological component of masculinist sport—“no pain, no gain”—several strategies, or vocabularies of motive, are available to athletes. Young and White (1995; 1999) found that men and women adopt similar techniques to help to displace the centrality of pain in their sports lives. The first of these techniques is a willingness to hide and conceal pain, a strategy that is not necessarily just visible in contact sports. The second technique is to deprecate the pain, and to adopt an attitude of irreverence toward “everyday pain.” Athletes often differentiate pain (as normal) from injury (as debilitating), and repeatedly express indignation regarding their pain. The third technique is to conceal pain because of its unwelcome character in sport, or due to its poor reception by team-mates, coaches, and others. Athletes frequently see a display of injury or pain as demoralizing, and therefore demonstrate (or even fake) courage in the face of physical risk. The fourth and final technique is to depersonalize the pain. Injury and pain are regularly understood by athletes as a form of bodily betrayal. Injured parts are dissociated, and treated as objects.

Athletes may express embarrassment or humility because of their perceived vulnerability (Young & White, 1999). Such strategies 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 compromises to health in a lifestyle that demands and reveres fitness” (Young & White, 1999, p. 212).

There is clearly an important relationship between the players’ experience of injury and pain and their sense of themselves as skilled athletes (Theberge, 1997). Injury and pain are not an excuse for less-than-full effort of best performance. Instead, a measure of a player’s ability is his/her capacity to play and play well despite these concerns. The majority of athletes studied in this context talked about sport, injury, pain and risk with language of conquest and achievement (winning, beating the odds, overcoming pain), and revealed that enduring pain while rehabilitating was linked to self-improvement (Young & White, 1999; Theberge, 1997), and identity formation.

Athlete Characteristics and Perspectives On Injury

Sport status factors, or characteristics, have also been used as a tool for examining differing attitudes toward pain and injury experiences. Nixon (1996) defines these as including the distinction between team and individual sports participation, contact or non-contact sports participation, status as a line-up regular, and status as an athletic scholarship holder. These variables are relevant because they are “prominent aspects of the social differentiation and stratification of athletes in university sport and sport in general” (Nixon, 1996, p. 34). In general, it has been found that team and contact sport athletes are more likely to experience and accept pain and injury (Nixon, 1996). While

two broad studies have shown no effect of gender, race, or holding an athletic scholarship on playing hurt or help-seeking for pain and injury (Nixon, 1994a, 1996), neither of them looked at these variables and compared them with the ways specific attitudes toward pain and injury were formed. Attitudes have been measured on three scales: concerning toughness, rational choice in decisions about playing hurt, and pressure from coaches and fans to play while hurt (Nixon, 1996). To my knowledge, there has been no study yet conducted that seeks to discover pain and injury attitudes and then determine any correspondence with the athlete's race/ethnicity, class, or sexuality.

Masculinity vs. Femininity With Respect to Pain and Injury

Young and White (1995; White & Young, 1999) claim that for many men, the cultural meaning of physical danger and living with injury resonate with larger ideological issues of gender, legitimacy and hegemonic power. Images of ideal masculinity are constructed and promoted most systematically through competitive sport, in which "the combination of skill and force in athletic experience becomes a defining factor of masculine identity" (Connell, 1987, p. 85). In fact, the use of physical force, the tolerance of risk, and even pain and injury are valued by many male athletes as masculinizing (Young, White & McTeer, 1994). Symbolically, the association of strength, body size, and aggression with male success "privileges forceful masculinity over an idealized femininity based on physical passivity" (Young & White, 1995, p. 47). It has also been revealed that the difficulty brought on by adjusting to injury is strongly linked not only with the psychological reassessment anyone might face under similar circumstances, but also to feelings of lesser adequacy as a male (Young & White, 1999).

However, it is clear that sport is no longer an exclusively male domain, and therefore cannot be divided simplistically into bipolar masculinist and feminist categories: “It is important to avoid reifying dichotomous definitions of gender identity even as feminism excavates them from patriarchal construction—otherwise, there is a danger of portraying women as passive victims of patriarchal domination” (Hall, 1993, p. 102). In fact, the conceptualization of disciplined, culturally influenced, bodily acts and performances as masculine or feminine “fails to recognize how multiple gender identities are crystallized in individual actors” (Neversen & White, 2002, p. 45). Some performative acts of gender may conform to dominant codes of masculinity or femininity. However, others may not—instead resisting the boundaries of the existing gender order.

Resistance, Transgression, or Incorporation?

For female athletes, doing sport involves the physical body; “the same body that is held up for comparison to idealized bodies found ubiquitously in popular culture” (Neversen & White, 2002, p. 46). Discussing the concept of physicality, both Theberge (1997) and McDermott (1996) have suggested that female athletes actively resist dominant notions of femininity through the physical agency often required to be successful in sport. Most intriguingly, Neversen and White (2002) suggest that female athletes live in an era when it is not considered “transgressive” or counter-hegemonic to be strong, tough, muscular, or even physically aggressive, and claim that these shifting gender norms are “clear evidence of how the female athletic body and its meanings are in constant flux and negotiation” (Neversen & White, 2002, p. 48).

Women are participating more and more in traditionally male-exclusive sports, and much of this involvement, rather than contributing to a deliberate reconstruction in the meanings of sport, appears to be “consolidating very traditional and masculinist sport structures which are full of violent, excessive and health compromising qualities and attitudes” (Young & White, 1999, p. 212). Furthermore, it seems that female athletes are just as willing as men to expose themselves to physical risk, while being relatively uncritical about such things as being pressured to perform aggressively, or to play while injured: “The increased evidence that female athletes readily accept violence inflicted on their bodies in competitive sport suggests an incorporation, rather than resistance of the dominant model of men’s sport” (Theberge, 1997, p. 83). While arguing that sport involvement carries enormous emancipatory potential for women, especially “for developing and redefining gender norms and expectations” (Young & White, 1995, p. 48), and thus reconfiguring the gender order, it is also pointed out that due to the apparent co-existence of empowerment with incorporation and objectification (i.e., conformity to hegemonic discourses alongside attempts at counter-hegemonic strategies), a background of ambiguity and contradiction exists in the representation of women’s sport (Young & White, 1995). Theberge (1997) agrees, claiming that this phenomenon “represents a genuine quest for equality, but is marked by contradictions and ambiguities over the socially constructed meanings of sport and gender” (p. 85). While acknowledging these uncertainties surrounding female sport involvement, it is important to point out (more positively) that women and girls, more than ever before, are less likely to feel compelled to offer a feminine apologetic with regards to their athleticism (Neversson & White, 2002).

Cool Pose and Pain Tolerance

Majors and Billson (1992) suggest that some African-American males have developed unique patterns of speech, walk, and demeanor to express what they call the “cool pose.” Wilson (1999), drawing on Majors (1990), identified sport as a primary site in which young Black males symbolically oppose the dominant White group and create identity using flamboyant language, style, and a hyper-masculine toughness within their sporting participation. Certain behaviours and attitudes reflecting the “cool pose” and associated “machoism” have become symbolic of Black male identity and resistance, particularly within sport (Majors, 1990; Majors & Billson, 1992; Wilson, 1999). However, as Wilson (1999) points out, the “cool pose” and other forms of masculine resistance generally exclude women. While Majors and Billson (1992) recognize that Black women also use their own “cool” behaviours to help oppose the effects of racism and social oppression, these forms of resistance are generally located in a popular media context and have not, as yet, been explored within a sporting context (Wilson, 1999). While the concept of “cool pose” suggests a cultural and racial/ethnic basis for reactions and attitudes toward pain, injury and risk in sport (i.e., toughness would likely be associated with pain tolerance and risk-taking), little research has been performed that identifies or suggests how differing attitudes are formed and developed through cultural and socialization factors. It is possible that other ethnic/racial groups have formed attitudes toward injury as a result of their cultural location within sport, or the (culturally influenced) manner through which they were introduced to sport. By examining the cultural, racial and ethnic background of female participants and comparing them to the

injury and pain attitude expressed, it is possible that strategies similar to “cool pose” will be revealed.

Acknowledging the Gaps

This study builds on a series of key studies (most of which are summarized above) in the Canadian sport context by Young & White (1995, c.f., White & Young, 1999) and Young et al. (1994) on sport, injury, and gender, a study by Theberge (1995) on experiences of women who participate in “non-traditional” female sports, and on international studies by Messner (1992), Nixon (1994a, 1994b, 1996) and Sabo and Panepinto (1990) on masculinity, risk, and sport culture. A key finding from Young and White (1995) that motivated the proposed research is that males and females, while sometimes experiencing and interpreting sport injury in different ways, also share many perspectives on, and rituals associated with, risk-taking and sacrifice “for the team.” The research is also influenced by the findings of Theberge (1995), who suggests that within female sport subcultures, there are a range of ways that contact, aggression, and risk-taking are interpreted. Together, these studies are important because they demonstrate not only that culture and social context influence risk-taking behaviours and tendencies (which are related to incidents of injury), but that these cultures are complex and multi-faceted—meaning that a range of social factors must be accounted for (e.g., gender, race, class, and age-related experiences).

Despite these important advances, there are a series of shortcomings in the literature that my study addresses. The first is that the consequences of sport-related injury are seldom studied alongside issues to do with gender, race, and ethnicity—a

crucial omission considering the clear relationship between perceptions of injury and “measured consequences” of injury (White & Young, 1999; Williams, 1994). Second, work on injury and risk applicable to the sociology of sport context has been largely epidemiological—saying little about the individual, social and cultural contexts where risk-taking takes place and where injuries often occur (Cubbin & Smith, 2002; Good, Brodwin, Good & Kleinman, 1992; Mueller, Cantu & Van Camp, 1996). Third, the experiences of female and male athletes are seldom compared to one another or understood in the context of “contact sport” cultures (Bryshun & Young, 1999).

Goals

Studying pain and injury perspectives is important because these could indicate how likely athletes are to risk pain and injury on the athletic field. A sociological understanding of pain and injury would also be relevant for other problems associated with high intensity sports, such as burnout, early or involuntary retirement, exercise addiction, and eating disorders. It is crucial that athletes begin to query the sport-related norms prescribing tolerance of pain and playing while injured, and start to ponder the possible resultant negative health consequences. In the same way, an awareness of the lived contradictions of the supposed healthfulness of sport and the actual experiences of pain and injury in competitive sport is necessary. My aim is to critically challenge the dominant thinking regarding ways that the body may be exploited and damaged, and how and why we as athletes often consent to the abuse of our own bodies. Most importantly, regardless of the specific results and conclusions drawn from this analysis, women’s voices regarding their pain and injury will be heard, and important insights will be

revealed about the ways that gender identities are consistently and continuously being negotiated.

Chapter 3

Methodology

With the goal of providing novel insights into issues to do with injury, gender, sport and culture—and addressing the research questions outlined earlier—I conducted a qualitative study focused on the experiences and attitudes of female athletes. In the following section, I describe and provide a rationale for the study sample and research methods, and discuss potential limitations and ethical considerations.

Sample

The data for this study was collected from an exploratory sample of 12 soccer playing women (ages 19+, with an average age of 26) who are, or have been, seriously injured. The women were recruited from several competitive levels within Vancouver: regional competitive, varsity/university, semi-professional (i.e., Vancouver Whitecaps). Several of the athletes have also participated at the provincial, national and professional level. Women were included largely on the basis of their self-defined ethnic and cultural identities, in the process of obtaining ethnically diverse and wide-ranging perspectives. The table below provides the brief biographical information collected from the study participants (all names have been changed to ensure confidentiality).

Alias	Age	Ethnicity	Years in Canada	Education	Occupation	# years played	Highest level played
Catherine	25	Irish/Cdn	18	univ. degree	soccer coach	18	professional
Tori	29	Cdn	29	univ. degree	public health inspector	23	regional competitive
Nickie	24	Cdn/Native American	24	univ. degree	cardiac sonographer	15	university
Anna	26	Cdn- American	22	univ. degree	soccer coach	12	semi-professional
Janet	19	Cdn, white	19	some univ.	student	13	regional competitive
Trish	32	Cdn/ Caucasian	32	univ.degree	marketing	20	regional competitive
Leslie	23	Cdn/ Guyanese	23	post-grad (physio)	student	14	university
Krista	24	Caucasian	24	univ. degree	education assistant	10	university
Lisa	28	Cdn	28	post-grad (Masters)	executive assistant	19	national
Deb	30	Cdn/ American	30	some univ.	martial arts instructor	18	regional competitive
Eva	26	Cdn	26	univ. degree	cashier/ retail manager	8	regional competitive
Carla	30	Cdn	30	post-grad (Masters)	student	23	regional competitive

The decision to interview 12 participants is based on research by Glaser and Strauss (1967), who argued that for narrative studies themes generally begin to emerge and recur after several interviews with a homogenous sample. When patterns of responses become somewhat predictable, the researcher can assume that they have reached a point of data saturation—which is to say, performing more interviews would be unlikely to produce new or different data (Glaser & Strauss, 1967; Strauss & Corbin, 1998). This number of interviews was manageable within my time constraints, and yet still provided a demonstrative viewpoint regarding sporting injury and pain (Young & White, 1999). After 24 interviews (each person was interviewed twice) and 1009 minutes (16.8 hours) of total interview time, it was clear that themes had emerged and that an adequate level of information was available to examine the potential relationship

between ethnic and cultural identities, socialization into sport, and specific injury and risk attitudes.

Women that participate in soccer at different competitive levels were included because it is assumed that athletes buy into the athletic subculture of risk to a varying extent, depending on how much they have invested in the sport. Ages of subjects varied between 19 and 32, to ensure that the women had a prolonged exposure to athletic subculture. The women self-identified their ethnic and cultural affiliations by classifying themselves into member-identified categories, in order to capture the participants' own sense of their ethnic/racial identity (Hammersley & Atkinson, 1995). Athletes were also selected on the condition that they had sustained a relatively serious injury within their recent sporting career (i.e., the previous three years). By relatively serious, I am referring to any injury or chronic pain that prevented the athlete from participating in the sport to the full extent of her ability (in her estimation) for a period of at least three weeks, possibly requiring brief hospitalization, surgery and/or subsequent rehabilitation. The injury had to have been sustained in the recent past to ensure that the experience was fresh and easily remembered by the subjects.

Research Protocol

Women were recruited for participation through a third party. E-mails were sent to four Vancouver area team leaders (coaches and managers) whose contact information was obtained from an organizational website (a regional soccer organization with varying competitive levels) (see Appendix A: contact e-mail outline). These individuals were asked to explain and discuss the study with their team, and subsequently forward the e-

mail addresses of any interested athletes back to me. Interested athletes were then provided with an information and consent sheet describing the study in more detail, including why wanted them to participate, what the process entailed in terms of time and commitment, and an assurance of her confidentiality and ethical presentation (see Appendix B: Information and Consent sheet). Once the athlete read and signed the consent form, she was asked to complete a brief questionnaire, in order to obtain some biographical information (see Appendix C: Biographical Information questionnaire).

Each athlete underwent two interviews, each lasting approximately one half hour. The first interview addressed the athlete's injury experience using a narrative approach, and consisted of inviting the participant to tell her injury "story" (and, if applicable, recovery and rehabilitation stories), uninterrupted and in detail. The second interview utilized more directive prompts in order to focus on the athlete's sporting experience, and discussed her early and continual socialization into the sport, and the influences she experienced during her participation (see Appendix D: Interview Guide). Each interview was recorded on audio-cassette, complemented by corresponding fieldnotes to capture the non-verbal aspects and features of the physical setting and interview. Interviews were conducted in a place most convenient to the interviewee, either at the University of British Columbia in an interview room or office, before or after a soccer game in the lower mainland, or in a coffee shop close to the interviewee's home or place of employment. Following the completion of the second interview and my transcription and analysis, I contacted the women again and offered to share my interpretations and results with them in the form of this, my completed thesis.

Rationale

The technique of interviewing was employed for each subject because I was attempting to discover and reveal an attitude, and was trying to get information about perspectives that cannot be directly observed (Hammersley & Atkinson, 1995). Also, I used what the women said in the interviews as evidence of their perspectives, as well as to gain insight into their experiences in and understanding of the sport-related subcultures to which they belong (Hammersley & Atkinson, 1995).

I am interested in personal narratives because they can be seen as a meaning-constructing activity, since they constitute a dynamic interaction between the thinking subject and the narrated event (her own life experience) (Borland, 1991). Athletes facing the biographic disruption of an injury are quite likely to reconstruct a coherent self in narrative form (Bury, 1982; Reissman, 1990; Williams, 1984). Also, because injury is often experienced in settings where the self is being disembodied (i.e., the injured 'part' is attended to as a separate entity), participants may attempt to embody themselves in stories, and will tend to easily narrativize these particular experiences (Young, 1989). Narrative techniques are especially useful for the purposes of capturing and thus recognizing respondents' ways of constructing meaning (Reissman, 1993). Personal narratives are informative and valuable "precisely because of their subjectivity—their rootedness in time, place, and personal experience, and their perspective-ridden character" (Personal Narratives Group, 1989, pp. 263-264). Narrative analysis has to do with "how protagonists interpret things and events" (Bruner, 1990, p. 51), and then systematically interpreting their interpretations. This process is uniquely applicable in this particular case because of what narrative stories can reveal about social life, as

culture “speaks itself” through an individual’s story (Reissman, 1993). Thus, subjects/narrators may speak in terms that seem natural, but upon reflection a researcher can analyze and reveal how culturally contingent these terms are (Rosenwald & Ochberg, 1992). By asking my participants to divulge personal narratives on their injury experiences, I am able to consider and explore the meanings that they give to their injuries presently and retrospectively.

The personal narratives of the athletes were recorded on audio-cassette to provide a more complete, concrete and detailed records than would fieldnotes alone (Hammersley & Atkinson, 1995). An analysis and deconstruction of the injury stories was conducted, using my own experience as a resource for “personal listening” (DeVault, 1999). This involved being aware of, and then using, my own personal and cultural experiences as a reference point, starting point, and source of knowledge in understanding the perspectives of the subjects (Razack, 1993). In particular, I examined the ways in which these women expressed and contextualized their experiences of pain and injury within the sporting subculture. However, because the sporting subculture is overwhelmingly male, the female athletes may have muted their thoughts and feelings when trying to describe their injury experience in the familiar and publicly acceptable terms of prevailing concepts and conventions (Anderson & Jack, 1991). Thus, I attempted to pay attention to what the women implied, suggested, and started to say but then did not articulate. An attempt was also made to analyze their pauses, silences, and their unwillingness or inability to express their experience honestly (Anderson & Jack, 1991). This analysis was made possible by supplementing the tape-recording with jotted notes to note the non-verbal aspects and features of the physical setting and interview (Hammersley & Atkinson, 1995). I

attempted to create an atmosphere where the women felt comfortable confiding personal feelings about pain and injury, without fear that it would “get back” to their coaches, trainers, or teammates.

A semi-directive interviewing technique was employed for the second interview, in order to get the interviewee to talk at length in her own terms (Hammersley & Atkinson, 1995). However, guiding prompts were utilized so that I could steer the interview, ensuring that certain areas were discussed. For example, I asked about their early involvement in sport, about the formative influences of significant others and role models, and about the relationships between women developed through sport. Inquiries were also made into the structural constraints (if any) these women faced in becoming involved in sport, and their personal experiences with injury. I asked the women to describe the physical pain that they endured and how they made sense of it, whether it affected their personal assessment of their body, and how it affected them emotionally and/or psychologically. Finally, I asked the athletes to comment on the constituting potential of sport, particularly in lieu of feminine self-identity and personal confidence, and how, if at all, their lives have been otherwise enhanced through participation in sports requiring the body to be exposed to danger and pain (see Appendix D: Interview Guide).

I have offered to share my interpretations and results (in the form of my completed thesis) with the participants in order to gain trust and credibility (Achebe, 2002), and to avoid interpretive conflict (Borland, 1991). Without completely relinquishing my interpretive authority (Anderson & Jack, 1991), I do feel that this step will add validity to my results (Mays & Pope, 2000).

Data Analysis

Grounded theory methods provided the strategies for collecting and analyzing data (Glaser & Strauss, 1967). Consistent with the emergent character of grounded theory methods, my analysis developed as I collected and interpreted data. The analytic steps included: 1) immediately transcribing the interview from audiocassette into Microsoft Word; 2) examining the interview transcripts following their completion for statements about the body, self, identity, risk-taking, social support, blame or responsibility, superstition and probability, and any references to gender; 3) developing themes around these topics that were explored in detail within the athlete's accounts; 4) building analytic categories from the themes; and 5) linking the categories into a coherent process that identifies prominent narrative styles and key findings.

Limitations/Reflexivity

It is important to acknowledge that female athletes may not be entirely aware or reflexive of their attitudes toward pain and injury in sport. Due to the intensive socialization into an athletic role, many women may uncritically accept the risks and dangerous tolerance of pain within "masculine" sports. Athletes are often so deeply embedded within the sporting subculture of risk (Nixon, 1993a), that they are unaware of internal and external pressures and are therefore unable to recognize or verbalize the true circumstances of, and influences on, their pain and injury attitudes.

In addition, I must be continually and extremely careful to be aware and reflexive of my own possible bias concerning pain and injury attitudes. It is widely known that pain thresholds vary, and that athletes deal with pain and injury in numerous different

ways. I have a good chance of being accepted into my subject's sport subculture due to my years of experience in competitive soccer. However, I unquestionably have my own personal ways of dealing with pain, injury, and risk when I compete. I would like to be completely without judgment concerning the severity of injury 'stories' reported, but am likely to have more compassion toward, or more connection to, certain stories over others. At times, I found it difficult to be a sympathetic listener when the athlete was complaining of injuries and pain that I consider commonplace, "every-day," and an unavoidable product of being involved in competitive sport. I also had to be careful not to make value judgments when I personally felt that an athlete had gone too far with her risk behaviour. I have an obligation to listen to the women's stories without challenging them—otherwise I put myself in a position where they may not want to talk with me honestly (Anderson & Jack, 1991). It was essential that I made a concerted effort to ensure that all of the women's voices were heard, analyzed, and expressed. To accomplish this goal of reflexivity, it was crucial that I explored and acknowledged, and subsequently looked beyond my own attitudes and opinions concerning the topic at hand (Achebe, 2002; Reinhartz, 1992).

Another important consideration is that I am studying a somewhat racially and ethnically diverse group. I did not have the resources to utilize a moderator with the same ethnic background as each subject in order to ease the discomfort people might feel talking about race, as some studies have done and advocate (Widdance Twine, 2000; Wilson & Sparks, 1999). Thus, I was conscious of the fact that I was an outsider, and was thus missing certain commonalities of perception (Hill-Collins, 1999). Since I did not have a standpoint that was of and for my subjects, I needed to be even more aware

and reflexive of my own positionality as a white, female, middle-class researcher with certain experiences shaping my perspectives (Reinharz, 1992). This meant that I needed to re-examine my own personal and cultural experiences and use them as a source of knowledge (Razack, 1993), while making a concerted effort to refrain from marginalizing or diminishing the experiences and attitudes of my subjects. In addition, I needed to be careful not to essentialize ethnic experiences, especially in such a small sample: not all who fit into a racial category share the same attitudes or worldview, and race is an unstable and unnatural category with a large amount of variation (Widdance Twine, 2000). Most importantly, I had to remember and make it clear that I was attempting to be an anti-racist researcher, and am suggesting an examination more of socialization and cultural tendencies toward risk, pain and injury, rather than trying to define perspectives by race. I did this by: welcoming feedback from my subjects, checking inferences and assumptions against those of my subjects, all without relinquishing my interpretive authority (Borland, 1991).

Subjects likely provided me with valid data regardless of my position because of the method of interview and data collection that I employed. Using a narrative methodology approach and providing the subject agency and authority over what information is provided in turn empowered them to share more than they would under traditional interview circumstances (Reissman, 1993). Also, because I gathered data over two separate interviews, there was opportunity for me, as researcher, to develop a level of rapport with the subjects (Anderson & Jack, 1991; Sherif, 2001). This rapport resulted in a level of access to data and perspectives that would otherwise be suppressed by participants when they feel as though they are talking to a “stranger” (Berger, 2001).

Chapter 4

Results

Storytelling was the medium within which the 12 interviewed competitive female soccer players found their own voices, interpreted their bodies and experiences, and made choices. The injuries that these women endured became the source for the potency of their stories (Frank, 1995). The narratives of these women were locations for body realization. These athletes' body-selves were not just represented, but also created in the stories they told (Frank, 1995). The attempt here was to think with the stories instead of about them, and become witness by joining with and exposing the path that these women have taken to arrive at their current understanding of their corporeality.

Throughout the interview process, one strong and overarching type of narrative emerged when the athletes discussed their injury experiences: that of restoration to health and fitness, whether it be the process or the goal. The other, and less prominent, types of narratives that emerged include stories replete with disorder and confusion, and stories that talk of a higher purpose that the experience of injury revealed. I suggest that while recovery and restoration to health is nearly always the goal, athletes tend to go through a process of navigating through all three narrative styles, depending on the severity of and time since injury. Within the outlined narrative styles, several key findings are revealed and discussed. A description of separate, but intersecting, key findings will follow this discussion of narrative types. Key findings that will be discussed include: an expressed lack of control and helplessness with respect to the injury occurrence; injury as a disruption to athletic identity; the tendency to justify playing with injury; the development of limits to risk-taking; the acknowledgement of generational, cultural and

motivational influences with respect to gender; and athletes suggest a practical application of a “pain club” to provide and/or strengthen the support network for similarly injured competitive athletes.

Three Narratives of Injury

“I just wanted to be better, right?”: Recovery as a Narrative Type

Athletes implicitly and explicitly referred to a desire for (or a goal of) “restoration.” Restoration, in this context, refers to a “fixing” of the body in order to (rapidly) return to participation. Importantly, and underlying this broader theme, is the finding that these athletes referred to an *assumed level of control* and a desire to gain control over their body, the injury, and the recovery. Anna, an elite and semi-professional soccer player describes her recovery process after enduring a complete tear of the anterior cruciate ligament (ACL) in her left knee:

I was on crutches right after for... 3 days maybe. And [then] my physio made me lose the crutches as soon as possible... it's all about re-teaching the body, as soon as you come out. So, you don't want to rely on crutching around. So I had a massive stabilization brace that went around my leg so that it wouldn't bend or give out, just provided more support, and then tried to ... I can't remember, maybe a week after I was walking. And then still, a slow process, you get to the running, it's all about re-training, re-teaching your body first how to walk, then how to run, which was really bizarre. And then slowly integrating the ball-related stuff. For physio, I think I was in every day. Because I was...I just wanted to be better, right? I was so gung-ho, I mean, I did everything I could do.

Explicitly, three of the twelve athletes referred openly to being able to control their unfortunate experience. Nickie, a decorated university level player claimed:

I know... I know what's going on. And in terms of pain, I wasn't really... like, I can deal with it, I know how to fix it.

Similarly, Catherine reflected on her experience of medial cruciate ligament (MCL) injury in both NCAA university competition and then again while playing professionally

overseas. It is notable that Catherine appreciated that she could be active in her recovery, as she states:

[Physio] was a positive experience, actually. Really organized and very supportive, I had scheduled appointments for physio just like it was training, and they had me on a program that ultimately got me back on the field in 6 weeks. Not going all out at first, but running and easing back into training. My coach wasn't allowed to play me until I was cleared by the trainer or the sports med clinic as healthy and ready, and there was no pressure at all to get healthy faster...at least there I felt like I was doing something, actively, about my problem, and not just resting it and hoping it would improve like in Denmark.

Unlike these athletes' claim of responsibility and control in their injury and recovery experience, seven of the twelve women expressed a lack of control alongside their desire to recover quickly and return to competition. This is not necessarily represented as a lack of optimism, but instead as a desire to regain some level of control within the process. Tori, a regionally competitive player, expressed her feelings about her knee dislocation and fracture of her tibial plateau in this manner:

You know, I'm not the type of person where I'm going to get into a big depression over it, I just kinda said, well this is how it is, ok, when can I start walking, when can I do things? Because that is how I deal with things. Yeah, it was... it was just more so, ok well, this is a bum rap, what can I do now to get me back to where I was.

In agreement, although expressing a higher degree of frustration with her lack of control over her MCL tear during university level competition, Leslie stated:

And I just, I knew that the injury itself had a good prognosis, that I'd be back soon, but it's just, it sucks to sit and watch (*laughs)... Even if it's just something stupid like a shooting drill or whatever. So it was a little frustrating because I heard that it was supposed to take 4 to 6 weeks. Like, 4 at best. So I was like, oh 4 weeks, that's nothing. And, when 4 weeks came and went, it was like, well, why isn't it better? Like, you have, well at least in my head, you hear the 4 and you don't really hear the 6, you know? So I kind of got my hopes up for the 4. It's just like, it's frustrating, you just feel useless and you want to get back to the way that you normally were.

Also visible within the last quotation is the tendency to view the *injury as a disruption, an interruption, or an interference* in the athletic, social and daily lives of the athletes. The women consistently viewed their injured status as temporary, and the return to "health" and "normalcy" as a goal, a motivation, and the only acceptable endpoint.

Lisa, an extremely talented university level and semi-professional player, expresses her frustration at the repeated injury interruptions to her career:

But the last game I played before all of this started, I was so...fit, you know what I mean? I must have had 50 shots on goal. I was playing on the wing [and I could] run past people, run through people. Like, if they took it, I'd go back and get it, you know? I remember the game like it was yesterday, and that was, like, 4 years ago. But that last game is so fresh in my mind, that I've always tried to use that as what to get back to, but I just... I'd get close, and then injury. Get close, injury, you know? So it's there. The image of what could be is out there.

Carla, a regionally competitive player who was quick to recognize the disruption that the complete tear of her ACL presented to her life, looks forward to the invasive and common surgery for its repair:

Although, people that I've talked to that have had the same procedure, they all say that it feels better afterwards than it ever did before. So I'm hoping that I'll be able to tell somehow, that it will feel stronger or more stable. But, yeah, I guess there is a little bit of nervousness about it, but I so badly want to get it fixed that it's just like, I don't care. They basically said if I can strengthen it and keep it as healthy as possible now, then my recovery afterward should be quicker.

Similarly, several of the athletes seemed almost eager in their discussion of their recovery, speaking positively about working toward recovery and returning to participation:

And my big goal, when I did my knee, was that the next year I was going to do the Sun run, and that was the motivation, and... it makes you appreciate, like you really... it puts things in perspective. I don't know, I found it made me get back in that much quicker. And I mean, my injury could have been a lot worse, I was lucky, I healed from it, I'm back, you know, doing everything. (-Tori)

So, I was totally excited, had the surgery, and I was so excited when I came out, because it meant I could start getting better from here. But it's definitely a long road, I mean, they tell you 6 months but it's a good year before you're back playing, to normal. (-Anna)

All twelve of the athletes interviewed refer to the restoration of their bodies (and their injury in particular) to health, and a desire for returning to their original and previous state of fitness as quickly as possible.

When this ideal restoration to health does not occur as quickly as desired by both the athlete and health professionals, it is frequently "faked" and the athlete rushes or is rushed back into participation. This leads to athletes taking unwarranted risks with their

bodies, and to either ignore doctors orders or, perhaps more frighteningly at times, follow them. Anna discusses the process of returning to competition after surgery for her torn ACL:

I didn't feel 100%, but there was a date that was set. And just the progression of the rehab, and it was like, well you can start playing on this day. I mean, I passed all the field tests, so to speak, return to play tests, but I definitely did not feel 100% at all. But, I was ready to go. Totally confident in my rehab, and totally thought I was prepared and thought (*did not finish sentence)...

Similarly, Nickie speaks of external and internal pressures to return to play:

Yeah, a lot of them, toward when I was getting better, people wanted to almost rush me back into it because they wanted me back in to help out and play, like in high school to help out on the volleyball team, and I wanted to go back so bad that I was pushing my limits just so I could get back.

Carla refers to her re-injury after returning to play too quickly:

I guess I just kind of tweaked it, and it was sore. So I took it easy for a few minutes and then twisted it again, and it just made this really horrible noise, and that was it. So I didn't play the rest of the game. And I spent a couple of weeks off of it. And, uh, I went to physio, and he told me that, yeah, you may have some ligament injury there. Gave me some exercises and some strengthening stuff and said try this, don't do this, and ... it started to feel better, so I went back to practice and I hurt it again. And so, uh, that was it.

In addition, having perhaps learned from her own experience, Carla expresses her views on risk and the possibility of injury within soccer participation:

I think you see a lot of people that have maybe been out for a while, and come back too quickly and then they get hurt. That's more the danger I've seen.

As mentioned by half of the respondents, whether pressured by external sources (i.e., coaches, health professionals, peers) or internal pressures to be healthy faster, athletes that return to play too quickly tend to experience their bodies differently during performance, competition or participation than prior to the injury:

I mean, I'm the goalie, you can't sit out forever. And I felt fine, I could walk, I could run, I could do everything. I mean, I almost sometimes now forget that I've had an injury. I just go out and pretend, or think that I'm normal. Well, the odd time I'll think about it, but that's just because I've done something that reminds me of the accident, like the same movement and it's like, ooh, oh right I had a bum knee. But, sometimes I even forget which knee it was. (-Eva)

While they may still view their bodies as fixed, healthy or recovered, athletes have a new awareness of their injury and often mask their pain or concern over old injuries once they return to competition.

"It's hard to imagine being able to play": Hopelessness as a Narrative Type

While seldom standing on its own without elements of a recovery narrative, another narrative type that emerged within the interviews was one of hopelessness and a lack of control. Most affected were the women who had suffered repeated injuries, either enduring the same experience more than once, or different injuries one after another.

Lisa provides the most dramatic example of this narrative type, with her account of one "freak" (her word) injury after another:

Ok, well, um, starting with the mono, because that was the big one, in January of 2001, so 4 years ago now. Basically I took some time off, and then jumped right back in, and as a result of doing no conditioning, I damaged my hip flexor. And started an ongoing set of problems with my back, in the muscles in my back, because they weren't strong enough to be playing, right? And then once I did start playing again, because of the problems in my back, I tore the tendon off my gastroc muscle. Apparently it was connected, how I don't know. The hip flexor never got better. And, in there as well I did both of my ankles, the right one at a sort of 2nd degree sprain, and the left one was a little bit worse, but both of them were right in the middle of the season, so I kept playing. And then I had a car accident a week after I sprained my ankle. I have it all written down, because it basically was like, well it's really truly unfathomable, the number of injuries that kind of came in a row. So, after the car accident, I mean, the ankle then the car accident, and then I finally came back from the car accident ... probably too soon, but I'd already been injured for 2 years at this point, so I wanted to get back into it. So then in my next game back from, one of the first games back after the car accident, I was playing for UBC, and a girl slid down the side of my leg, and gave me this huge contusion, that I still have a hole in the tissue of my leg. That put me out for another 2 and a half weeks. And it put me on medication and it put me on crutches. So then I after I got back from that and started playing again, I wasn't even training, I was basically just playing in games to try to get through the season with the calf and as I say, my hip flexor went because of it, and because I was still trying to play with no muscle, my knee started tracking incorrectly which had me at the physio 2 or 3 times a week. So, that's the Coles notes version of the process (*laughs)...

Both Nickie and Deb presented examples of this narrative with their descriptions of repetitive injuries (a doubly broken leg for Nickie and a multiply dislocated shoulder for Deb):

I made them make me put weight on it, and when I couldn't and it hurt they put me in a splint and took me, I was out of town, then drove back to home with a friend's parents and went back to the hospital. And basically went through the same thing again as the first break. Though it didn't hurt as much, it really didn't. So... it got casted, everything, and I went through it all again. (-Nickie)

No, what happened is I, it got to the point where I would be lying in bed, and I clearly remember ... Like, the first incident happened on the soccer field, but after that in my other sports, I'm a martial arts instructor, so part of my job is to train in class. And a lot of what we do in class involves a lot of joint manipulations, and doing blocks, and having a strong upper body. And I remember grading for my high yellow belt, and doing an upper block and having it go out of joint. Just like that. And it would go out and then back in. And then, um, I did another test, I think I was going for my blue belt and I was sparring. And it went out and stayed out, and I had to sit out for probably 20 minutes or more of my test. So, it, and I think when I really felt that it was beyond my control and beyond physio was, I was lying in bed and I was petting my cat. And my cat got scared and I had to jerk my arm suddenly. And what I wound up doing was dislocating my shoulder, and it wound up wedging underneath my body because I was lying on my stomach. So I was stuck, I couldn't move, and I couldn't reach the phone (*laughs)... And it was just over something so simple. (-Deb)

Often, these particular women expressed a complete lack and loss of control, cyclically feeling helpless and then hopeful and then helpless again:

I can't even explain really, it's hard... last night, I coach, so I ran a gimp-friendly practice so that some of the girls that are coming back from injury and myself, I took part in the practice. And even when I was driving to the field, I was thinking about this one drill I was going to do with them, where it's like, you run, receive a ball and then pivot really quickly. And, I [visualized that I] rolled my ankle. And I mean, like, here I am in my head, trying to figure out a drill, and my ankles are rolling, you know what I mean? Like, anytime I think about a game, my ankle will roll, or even, like, the night before we played, I had a dream that I split my head open going up for a header, you know? And it's only because every time I would try to be positive, there would be another injury for real, in real life. And I'd be like, here I am trying to be positive, here I am... you know? It's hard to imagine being able to play. (-Lisa)

Athletes who expressed helplessness also had difficulty making sense of or giving coherent meaning to the injury. This inability to understand or articulate a meaning associated with injury (to themselves and others) is evident in the following comment by Lisa:

It's part of the process, right? And I totally didn't blame my coach for it, but ... trying to have to explain it to my teammates, and having to explain it to the coach, just made it more of an ordeal for me. Because you go through the whole process of it and the negativity of it, it's not like you can just be like, I need to take 2 weeks off, I'll be back in 2 weeks. It's like, here's the problem, here's what I can take part in, here's what I can't, and everybody's just kind of (*did not finish sentence)... Yeah, it made it more or it made me more conscious of all my injuries too, because I had to try and make sense of them, you know what I mean? Like, I had to, once again, acknowledge that I wasn't strong enough, that I wasn't fit enough, or in line enough, you know?

Their confusion is most pronounced when they discuss last-resort surgery and their waning hope. Four of the twelve women even wondered if perhaps sport is no longer a healthy or enjoyable thing to try and get back to. Again, Lisa demonstrates this most clearly by stating:

I don't know how this can be a lesson anymore. Like, if there's been like 80 [injuries] in a row, what are you supposed to be learning here? But it was like, once I'd start getting better, even I was like, oh what am I going to hurt this time? Oh what a shocker, I hurt myself. And, I mean, because I kept losing sight ... because after mono, I mean, it was such a long process in a row, I'd just lose sight of the fact that maybe it could get better, you know? Like, I just didn't think it could, at all.

It is also notable that these long-suffering women suffer even more mentally than physically if and when they decide to return to competitive sport, or in the process of waiting around to get better:

So, doing all the rehab and waiting for the date, and I'm just thinking that months are going by ... it's getting into October and there's of course, mentally there's dips where I went through and I'm thinking, it's so frustrating trying to ... like, why am I doing this work when I don't even know when I'm going to get surgery? (-Anna)

So, now I'm waiting to see the surgeon and get a date. They told me it would probably be about 4 months, and it's only been a month and a half. It's just waiting...and it's awful. (-Carla)

But once I started getting injured, and once I started coming back from mono, I was terrified to be on the wing. Because it was just painful, it was so painful, and girls that I used to be able to run with, or past, now I was really struggling... well, I'd always do it, I'd always somehow be able to do it, but the consequences were obviously huge. And the mental consequences, like, before games I would stress... and the first run would kill me, because I'd be so stressed out about the fact that I knew I hadn't done the conditioning I needed to feel good, you know? Like, I didn't get the opportunity to, or my injuries wouldn't allow me to, or... even when I came back after that summer, when I'd taken the whole summer off, I felt good and my legs felt strong. I didn't have the lungs because I wasn't allowed to do the running that I wanted to do, but I felt so strong. That even when I went out to do the scrimmage, I was like, yeah no problem, my lungs will come along, it'll be ok. And then, the next day, bang, ankle folded in half. So mad. And then it was like, starting from there again. Then it was like, my first game I came back in with an ankle that was bandaged up because it was still really bad, but I had to be ready to go. So it was all bandaged up, and I had to miss the first game of the season, and again I'm like, I did all that training all summer to realign everything else, and this was totally just a side thing, you know what I mean? So it was like, it wasn't even just injuries that were related, it was these freak, hit the rung on the ladder, roll my ankle. Because I was trying to go faster. I was like, gotta get fit, going to go faster. And then the contusion. The ugliest thing that you've ever seen in your life, that I had to cover at physio because people didn't want to see it, because it was so gross. Coming back now, I haven't had a chance to worry about whether I will get to use my skills or not, I'm so worried that I won't be able to keep up, you know? Like, I am so anxious about not being able to run. Like, even after the first 10 minutes, I'm exhausted. Probably more because I'm so anxious. Like, I took a handful of Tums before my last game to try and calm down, because I get so

anxious, you know? (-Lisa)

Thus, some women are still in disorder, or have elements of this narrative type within their restoration stories. In reflection, it is clear also from the respondents' comments that the recovery and helplessness narratives are not mutually exclusive. In fact, and as the above quotations demonstrate, many experience a sense of hopelessness as part of a restoration story.

"It's like there's some kind of life lesson in this for me": Something "bigger" as a Narrative Type

Still present, but least visible as a narrative type within the injury stories that these women shared, was that of a higher purpose or use for their injury. Three of the athletes spoke of their injuries transforming their views on life, on sport, and on their body:

In terms of emotionally, yeah, like I definitely have a different perspective when it comes to injury. (-Nickie)

It changed me as a soccer player, it changed me as a person, definitely. Because you go through your life passionate about something and all of a sudden it's taken away from you, and you have to re-evaluate a lot of things. (-Anna)

Changes in perception of self and body were instigated by the injury experience:

It's like there's some kind of life lesson in this for me, and I think it's about tempering, and I think it's about patience, and about me having a little bit of sympathy for myself. Like, not being so hard on myself. Because here I am, trying to come back, knowing that I've been off for 10 months, knowing that I shouldn't have to be...that I shouldn't expect to be back to, like, peak performance. And yet in my mind, it's like, if I don't get out there ... and if I make one error, I'm going to be pissed off (*laughs)... So, you know, it's just about balance. (-Lisa)

Often, the experience of severe injury provided the athlete with a larger reason or motivation for participating despite risk, while simultaneously altering the manner in which they participate. A new bodily perspective is emergent, that it is possible to be strong and yet still vulnerable.

Key findings

Given how pervasive pain and injury are in the eyes of the respondents, the key findings that follow reveal how the athletes make sense of and understand injury, rationalize risk, and provide insights and alternatives into making their painful experiences a little less painful.

“Still broken”: Helplessness and a Changing Sense of the Athletic Self

All of the women talked about their bodies and their injury experiences in ways that suggested that there were implications for who they were, or who they could be with their injury. Strongly linked within narrative style of hopelessness, being injured is viewed as a mind-state, and obviously an undesirable one, for the athlete:

I would go running and do stuff, and then I'd start hurting again, and I was like, I'm still broken. Because I shouldn't be hurting. Like, I have to experience no pain, otherwise I'm still injured. (-Eva)

So, we'll talk post-surgery, because I was in kind of a funk before surgery because you just, it's just an odd head-space to be in. You're still broken, so to speak. (-Anna)

The experience of being injured impacted their identity, their “self,” and attempting to deal with and live through being broken (or not whole), surfaced in any number of areas in their lives—including driving a car, walking, working, and, of course, playing sports:

I had to stay with my Mom, and I wasn't able to drive my car. I drive a stickshift, so I couldn't drive one-handed. And of course, just having had an operation you don't drive yourself, but even after. I wasn't able to drive for at least a couple of weeks. I consciously had to decide to take a leave of absence from work. And that was a really hard thing to do. Because it almost made me have to admit that there was a serious enough problem that I had to take care of. That my body needed my attention and that I had to stop. And that was a really hard thing to come to terms with, because you know, your mind becomes strong ... stronger than your body sometimes, and that's ultimately what happened to me, is that I just kept doing things that weren't helping my body to heal. And other things, feeling helpless and dependent on my parents. And at the age of 25, I think I was when I had my surgery, it felt like a step backward in terms of independence. (-Deb)

I felt helpless. I mean, hell, I couldn't walk, I had to go back home, and live at home for a couple weeks. Then I lived at a friends' for a couple weeks because I just couldn't physically do anything. What could you do? I couldn't stand for long periods of time, so it wasn't like I could stand in the kitchen and eat. And then, you know, you're trying to figure out, k I've got the

crutch, if I swing my shoulder and I'm carrying a glass, is that going to work? And (*laughs)... it's entertaining, let me tell you. And never mind the fact of the bathing chair that had to sit in the tub, or the lift on the seat because I couldn't squat all the way down, or the fact that for the first little bit, I couldn't even bathe myself, so you're back to that, oh mom's helping me bathe, this is lovely. There's no ... no inhibitions, there's no privacy, there's no choice. You know, I had a couple friends say, you let your mom bathe you? And I think even my dad had to lift me out of the tub once. I'm like, well? I had to get out of the tub. Yeah, I mean, it's your independence, it's huge. (-Tori)

Hmmm, emotionally, that's a tough one. Emotionally in the sense of, I suppose, frustration. That you can't do the things that you're used to doing. You know, like I couldn't throw a ball. I played all those years of basketball and football and stuff, and I couldn't play those anymore because I can't use my arms in that sense. So, frustrating, it gives you the sense of, it's funny because I am 32, so you get the sense of, oh man I'm getting old. My body's falling apart. (-Trish)

Ten of the twelve athletes also spoke of a lack of control over their bodies and the injuries they incurred. This lack of control with a constant bodily reminder is difficult for them to look beyond:

So it's just things that you can't control, you know? I was like, how did that happen? I was on track, and then things you can't control. It's just such a reality, my injuries are such a reality that it's hard not to just keep coming back to them. And I know that I'm very hyper-sensitive to my body, like I'm very hyper-sensitive to any sensation. Just because, when you've been injured for so long, you start to like, really focus on where it is, or what it's doing. So I know that I feel things maybe more than some people do, you know? So, maybe my pain awareness is lower, but I feel like my ability to play through pain is quite a bit ... is quite high. Which most people wouldn't see, because they have no idea what it feels like to play this way all of the time. I mean, I think my pain awareness became way higher. Like, I think I became more conscious of it, and I think maybe that made my pain tolerance come down a little bit, just because I was trying to monitor, and trying to keep myself on track. Or I mean, it wasn't necessarily a pain tolerance but just more an awareness that maybe made me stop playing sooner than I would have in the past. Maybe not such a bad thing (*laughs)... Hard to say (*laughs)... It makes you feel a little wimpy, but that's the way it goes. (-Lisa)

I think it definitely made things way worse, ... you know, when you always have something that kind of bugs you instead of just being fresh and ready to go. Like, I think it's definitely made it just a little bit more noticeable... just because I notice it all the time and stuff. (-Janet)

As evidenced by the last account, the bodily awareness that may come with an experience of injury is not necessarily viewed in a positive light, and may have implications for the athlete's own sense of her identity when it comes to sport participation.

With implications for a discernible or acknowledged level of control, athletes presented differing degrees of ownership of their bodies and the experience when speaking directly about the injury. A few (two of the twelve) were associative, claiming

possession of their bodies and the body parts that were injured and needed attention

(visible by examining the pronouns used by the athlete, bolded in the following

examples):

It was called a Bankart repair. Where they made a 5 inch incision into **my** shoulder, and they repaired...they took **my** tendon that had pretty much fallen off of... I don't know the names of the physiology, but basically they reattached **my** tendon higher up to tighten up **my** ligament and **my** joint capsule, and then they sewed **me** back up. Now, my surgeon recommended this surgery as opposed to orthoscopic surgery because he felt that it was a better technique to help repair **my** issue that was happening. (-Deb)

More common was a disassociative approach, where (seven of the twelve) athletes discussed their injuries, treatment, and surgical procedures as being separate from themselves and their experiences of their bodies:

Hmm ... um, the doctor had told me that **it** was, like, 100% recovered. And I think because of **the** initial injury, **it** was more bone, and **that** had healed, I really wasn't that worried. (-Tori)

I couldn't walk very well because, I think, **it** was really tight in the back here (*points to Achilles), because I don't know, just the way I went over **it** or something made **it** really tight there. So she actually, a couple of times had to move **it**, manipulate **it** back into place kind of thing? (-Janet)

It's a labrum tear basically, **it's** underneath, **the** tendon that holds in **the** shoulder joint. So what they did is called a Bankart repair, they go in and they drill 2 holes in **the** bone and they stitch **the** tendon back on. So that's why you're in a sling for 6 weeks after surgery to try and give **that** stitching time to heal and give **the** tendon time to heal back onto **the** bone. (-Trish)

Interestingly, a couple of the athletes (three of the twelve) combined these two tendencies, perhaps suggesting that throughout their injuries they struggled with this somewhat—resulting in indecision and uncertainty toward the control, ownership and sovereignty that they hold over their own bodies:

Yeah, **it's** a tightness in the chest and it hurts **your**... there's pain in **the** chest and stuff. (-Krista)

I have a bunch of scar tissue and stuff and **it's** sore, and **it's** always going to be bigger and **my** ankle is just really stiff as a result, and that isn't an issue unless **I'm** doing things, like super-high competitive. (-Nickie)

On the whole, the athletes experienced and expressed ownership and attitudes toward their bodies in a variety of sometimes contradictory and potentially revealing ways—

speaking to the varying levels of control over their bodies that they claim and/or acknowledge, and their evolving/confused sense of self.

Also linked to the idea of lack of (and desire for) control within the injury process, eight of the twelve athletes describe feelings of guilt and responsibility toward their team, coaches, and peers as a result of their injury. They seem to feel that admitting weakness and pain can only be seen in a negative light, and that they are ultimately disappointing everyone (e.g., coaches, teammates, family and peers), including themselves:

I guess over the years there have been some big games that, I don't know, I have had to take myself out of. And I guess, just feeling like maybe I'm letting my team down for having to step out. Um, yeah, frustration. And I don't know, just being upset that I have to come out of the game for a while. (-Krista)

I remember feeling really badly first of all, because I wasn't training at all. Like, I couldn't even practice because it would irritate my injuries so badly that I wasn't able to play in the game. So I felt badly for the girls that were practicing, and then I'd be starting in the games, for varsity. And it made me feel guilty first of all, because my injuries have been so bizarre, you know what I mean? Like, the whole process of these injuries, that I couldn't even really explain it to other people, to make it seem like I wasn't just being lazy, you know? Because, for me too, the thing that was hardest is that it's always been my fitness that allowed me to play at a higher level. Not necessarily brilliant skills or (*did not finish sentence)... you know what I mean? So it was hard for me too because it made me feel like they maybe thought I was... you know, in my mind I'm thinking, they think I'm lazy, they think I don't want to be here, they think that I'm just making this up. They think that I'm imagining things, you know what I mean? Because it was like so many injuries. So a lot of times I'd just try to play through it. And in all fairness to them, it's not like they weren't being supportive but, as a coach myself I know when someone keeps coming up to you with tonnes of injuries, it's just like, suck it up you know? Give me a break, stop whining, get back on the field. (-Lisa)

The second time that I did my knee at UCONN was a lot harder, I knew it was my last year and I felt like I was disappointing everyone. I had just gotten healthy for the season and then got no chance to prove myself again. I felt some pressure to get back to healthy because I was really supposed to be playing, you know? They were paying for me to be there, or paying for my education in return for me playing soccer for them, so I felt like I was disappointing them more than anything. Or, that they would regret having given me that opportunity that they could have given to someone else, someone who didn't get hurt, that they could have made a better investment. And Denmark... the same thing really, they were paying me just to play soccer, so I felt a bit guilty not being able to do that, for sure. And that they would probably rather replace me than see me recover, just for their purposes, you know? So it was no one external, no one saying "when are you going to be ready already?" but a feeling I had more than anything, I guess. (-Catherine)

Respondents were quick to admit contingency, or lack of control, over the injury incident. For some athletes (two of the twelve), they felt that there was no responsible party, and that they (and the opposing player in the tackle, if applicable) were blameless:

So that was... It wasn't her fault, it was just one of those fluke things that happen. It didn't make me very happy at the time, but (*did not finish sentence)... (-Tori)

I was playing indoor co-rec soccer at an arena, and I went into a tackle. And what happened was, we both hit the ball at exactly the same time. And I hit the ball with the inside of my foot, and when we both hit the ball at the same time, she basically got the better part of the tackle and caused my knee to move in a valgus direction, so outwards. It's part of the game...the way mine happened, it was part of the game. Like, it was just a freak incident, it wasn't like a dirty play or anything like that. So, like, I can't really get mad at the fact that it happened, it just did, you know? (-Leslie)

More commonly, (nine of the twelve) athletes acknowledged their role in the injury process, and expressed feelings of responsibility and blame (and a need to locate some level of control) within their description of the injury occurrence, or for their inadequate rehabilitation (ownership is identified in bold print within the quotations below):

I tore my left MCL playing in my 4th year down at UCONN on scholarship, and then in my 5th year down there I tore my right MCL. Both of those happened during one-on-one tackles trying to win the ball... **I went in** with a little bit of hesitation, you know, not all-in, and **I got punished** for it. When I graduated and was recovered from the second one, I went to play pro in Denmark and tore the left one again. **I went back** to playing before that one was completely healed up, and had really severe chronic ankle pain...so much so that I could no longer play and I made the decision to come back home to get proper physio for both my ankles and my knee. (-Catherine)

Basically I took some time off, and then jumped right back in, and as a result of doing no conditioning, **I basically damaged** my hip flexor. And um, **started sort of an ongoing set of problems** with my back, in the muscles in my back, because they weren't strong enough to be playing, right? And then once I did start playing again, because of the problems in my back, **I tore the tendon** off my gastroc muscle. Apparently it was connected, how I don't know. The hip flexor never got better. And, in there as well **I did both of my ankles**, the right one at a sort of 2nd degree sprain, and the left one was a little bit worse, but both of them were right in the middle of the season, so **I kept playing**. So, after the car accident, I mean, the ankle then the car accident, and then **I finally came back** from the car accident... **probably too soon**, but I'd already been injured for 2 years at this point, so I wanted to get back into it. (-Lisa)

And, you know, you think about the situation over and over again, and it's just like, what if... you know, **what if I didn't go into the tackle like that**, or could I not have backed off. You know what I mean, you just kind of re-analyze the whole situation, and I don't know. (-Leslie)

Obviously I was sort of limited in what I could do and stuff, um... went to physio, **did not rehab as well as I should have**, you know? Admittedly, there's other people who have dislocated shoulders and they rehab them and they never have problems again. You know, **I'm like, oh it feels fine, away I go. I played on it** and that sort of thing, so I didn't follow the proper protocol. (-Trish)

In contrast, three of the twelve athletes deflected blame for the injury occurrence onto their opponent, or shifted blame for a re-injury onto their physiotherapist or health professional (again, key descriptive and identifying words are highlighted in bold):

And it was like a clear ball and **some girl kicked my leg** and, um... I just heard a crack, and kind of screamed and went down. And the after 8 weeks, they took it off and they made me a splint that um... **was supposed to help me**, but it was kind of hard because I couldn't put it in a shoe properly and then I **ended up walking weird**. And, but I wore that for 2 and a half months after, and I **wasn't really given any direction** on how to, when to stop using it, or what not to do. Um, so I went back to the doctor, and she knew that I was a competitive soccer player and uh, this is the orthopaedic surgeon, and she basically said I could stop wearing the splint and slowly get back into things. And when I talked about getting back to soccer she said, you know, a couple months, do running and this and that, and then she sent me on my way. **No referrals for physio, no anything**. But um, I decided I needed to go to physio because I couldn't walk right, I was walking pigeon-toed with my right foot because of the splint that was just ergonomically horrible for my gait. (-Nickie)

And **everyone expected me to run**, like, 10 kilometres a game having **not practiced at all**. Like, only playing games. And not just run, but sprint. And I think mentally, honestly, that's what finally did me in, is I kept playing on the wing because I could still run for...like, even out of shape, I still had lungs. For whatever reason, I was meant to do middle distance, right? So I could still run for longer than most of the girls. But, it was just devastating my body. Basically, it's at the point that I should get surgery on [my ankles], but I don't trust the idea of surgery, so I just hate them and feel the pain. But, it's like, **if somebody had explained that to me** when I was 13 and did it for the first time, if somebody explained to me what it might do to my movement, or my range of motion, you know...which has now affected my hips. My ankles are a huge part of what's messed up with my whole body, because I have no range of motion, I have no (*did not finish sentence)... You know what I mean? It's affected my stride, like, my gait, and then my hips... so even in physio, I hadn't mentioned my ankles because I hadn't rolled them because I hadn't played in so long, and then I was using them, and I said I can't do this because of my ankles. And she's like, you know, why didn't you mention this? This is a huge, huge problem. But, **nobody told me that**. I figured, oh you know, I can run on them now, it doesn't hurt. Good to go. Like not stretching all the time, nobody told me to keep working on them, it was like, do some airplanes, do some balancing, you'll be fine. You know? They just don't do it. (-Lisa)

Denmark was a joke for recovery. There was **no communication, no program, no official or structured physio system in place for us**... And, you know, the training was a lot harder, a lot more intense, so there are obviously more injuries. It was **pretty much left up to me to get better** on my own. I should have known, when it happened our trainer didn't even know how to do the test for torn knee ligaments (demonstrates with her hands), and having done it twice before I knew what he should be doing. I ultimately came up with a rehab program with the help of one of my teammates, and followed it but the whole experience **meant that I wasn't properly or completely recovered before I went back** to playing, and that's when my ankles started giving me trouble. (-Catherine)

Visible in the above accounts, even the athletes who accepted and claimed the responsibility for their initial injury eventually deflected some of the blame onto teammates and coaches for applying pressure to perform, as well as onto health

professionals for not “fixing” the problem the first time and allowing a premature return to participation.

Ironically, while many of the athletes seem to accept that the experience and the process of injury were beyond their control, a few refer to altering their game and playing “smarter” to avoid injury in the future, or developing skill in order to escape from injury:

There’s no guarantee that I’m going to get hurt, and as long as I’m smart, I’m chances are not going to get as seriously injured. (-Eva)

So that person wants to throw themselves into the boards, don’t do it. And I think that I’ve gotten injured enough times to know that. And to know that there are freak accidents when you do sprain your ankle or you get kicked and you get a big bump and you can’t avoid that. (-Nickie)

But, I mean, yeah more competitive, you play that much harder, you may see more injuries. Although, you should be more skilled, so (*laughs)...that wouldn’t work so well. (-Carla)

However, athletes more commonly had trouble accepting that the experience and process of injury is at times beyond control, and thus sought to locate blame—in their mind, either they or someone else must be at fault and responsible for this embodied disruption.

Six of the twelve athletes discussed superstition with regard to getting injured. They identified the determining factor as having either good or bad luck (highlighted in bold below), either referring to the occurrence or severity of the injury, or even the uncertain process of recovery:

And you appreciate more, I think, you know...when you can’t walk for 13 weeks, and then you’re just barely walking, you really realize how **lucky** you are. And I mean, my injury **could have been a lot worse**, I was **lucky**, I healed from it, I’m back, you know, doing everything. (-Tori)

And it was a complete tear of the MCL, she didn’t think there was anything wrong with my meniscus, and my symptoms didn’t really seem to coincide with a meniscal injury, but they didn’t really know right away, they had to see how I progressed to see whether I might need a scope or not. And **luckily** I progressed well, and I didn’t have to go in for surgery, so (*did not finish sentence)... (-Leslie)

That is a tough question (*laughs)... I’ve been **lucky** enough not to experience a lot of nagging injuries or a lot of, like, things that you could play through if you really wanted to. (-Janet)

You know, I’ve had 3rd degree sprained ankles and all sorts of stuff like that before. Actually, I have to say I’ve been **pretty lucky injury-wise**, not anything super major. And then by the final, the following weekend [after dislocation], it was, there was a lot less soreness of the joint and

stuff. So, yet again, taped it down and it was fine. Didn't re-injure until a year later, almost a year to the date. **So, was very lucky.** (-Trish)

Some players take superstition a step further, suggesting that their state of mind at the time of their injury made them more prone to incurring an injury:

For a period of time, for sure I was super paranoid about getting re-injured. Not necessarily while I was on the field, I'm usually too involved in the game for that then, but especially just before something big, a big opportunity like going on scholarship or going overseas. I remember in my 4th year when I got hurt saying that at least I still had 5th year, and the worst thing in the world that could happen was getting hurt again the next year... then, of course, that did happen. It's almost like I jinxed myself. During games, though, I usually just feel something else take over, and I love being intense and focused, so even if the exact same situation that I got hurt in happened again, while I'd like to think I'd make smarter decisions in general, I wouldn't think twice about playing hard or tackling hard. I'd probably go in harder actually, because there's less chance of getting hurt if you don't hesitate. (-Catherine)

I think that the main problem for me is that I have become so conscious of the fact that I could get injuries, that it's made it more likely that I'm going to get injured. You know what I mean? I think that if you go into it thinking... you can't really go into it thinking, oh no, what if I get hurt, or you're going to get hurt. Like, I believe in that whole idea, of you're sort of putting out into the environment what you're expecting, you know? Like, so when I got injured, even though they were like freak things, in my mind I knew I was going to get injured. So, then I did. You just don't know. And that's right, you don't want to get it in your head. And I've got to tell you that for me, the thing that would put me over the edge, is I'd finally be starting to feel better. And someone would say to me, how are you feeling? And I'd be like, awesome, I'm totally ready to go. Next game (* snaps her fingers), bang. (-Lisa)

This tendency to refer to luck or superstition perhaps reflects a reluctance to pinpoint blame on an individual, paired with a fervent need to describe how or why this injury affected them at that particular time.

"Because you go through your life passionate about something and all of a sudden it's taken away": Injury as a Disruption to Athletic Identity/Self

While the 12 women that were interviewed obviously have unique personalities, all of them refer to a connection to an athletic identity, and speak to how deeply their lives are intertwined with the sport of soccer. They speak about the role that the sport of soccer has played in their lives, in developing their identities, and how this in turn has shaped their perspectives on risk and injury:

I think that's just the craziness that we as athletes have (*laughs)... Like, there's something about us that doesn't think rationally. It's ...this is going to sound really cheesy, but it's kind of like a spiritual thing. Like, you're immersed in it so much, and you just can't get enough of it, and it's who... Like, for me, it's my identity. You know, I'm a soccer player. And yeah, there's other things about me, but (*did not finish sentence)... It's weird, it's a persona you take on, and the risk for injuries can't come close to that. (-Leslie)

Because you go through your life passionate about something and all of a sudden it's taken away from you, and you have to re-evaluate a lot of things. And as far as mentally, in the nicest terms I was kind of cuckoo when I did get this injury, cuckoo in the sense that it was like, soccer or nothing. And I wanted to get somewhere in the game, and that's all I wanted. So that's why it was such a hit to the back of the head when I got injured, because I thought, oh my god I have to sit out, like a year, and I had a hard time accepting that. But then I decided, you know, I want to be a soccer player, and from that time on, then it was just everything. I want to be a better player, I want to be a player. Because I can go to school for the rest of my life, but this is a period of time that I can devote 100% to soccer. So I went back and talked to the coach and he said, well I think Vancouver would be the best thing. And I was like... well, he could have said Botswana and I would have been there, you know? At that time. I mean, the job that I do have, the majority of my teammates are actually coaches because it's flexible and you're in the game, so the hours of that are evenings and weekends... I don't mind it, but people think from a social standpoint, like you're working in social hours, right? So again, you give up that, which to me is not a big deal, but people from the outside are like, hmm that sucks. You know, but I'm just... that's what I want to do. And I'm devoting, I have devoted the last 3 and a half years, and the next little bit of time too, before I either, A, go broke, or decide to actually get a career. But that's what I've chosen. (-Anna)

I've thought about that a lot actually, especially when re-evaluating my life lately. So much of it revolves around soccer, and I think it's important to recognize what soccer has meant to me over the years; it's been so much more than just a sport. I can't really think of any way it's constrained me, maybe because it truly has enabled so much in my life... absolutely everything, everything that I do is linked to me playing soccer. My job, coaching, this new opportunity I have to provide a coaching and motivational network for young girls is rewarding both financially and emotionally. I got educated because of soccer, and got to travel the world a bit because I could play...so many things really, that wouldn't have been available otherwise and I'm so thankful for. (-Catherine)

I think it was just, you know, my friends, we played, and that was just how it was, and soccer was something that was identified... that I identified myself with. And that was important. Soccer was just always the one thing that I really enjoyed, I can remember in high school I got in with a group of friends one year and didn't play any sports, but soccer, soccer was just the one thing that was never dropped from my life. (-Tori)

All you rely on is sports and you have everything taken away, it's like losing something. Not like as bad as losing someone, but it's a pretty big loss in your life and you need to be able to relate to something and realize that it's going to get better. (-Nickie)

The above statements demonstrate the importance of sport (and soccer in particular) in these athletes' lives and, most importantly, how they appear to view themselves primarily as athletes and as soccer players. They also demonstrate how fragile these identities actually are—especially for competitive sport athletes.

Five of the twelve athletes also openly acknowledge that it is not always a positive thing to be so involved and defined by the sport. They referred to the mental and physical struggle that ensued when attempting to still identify as a player while they were injured:

And that's exactly me, I'm going for longer. And then, Dr. Lloyd Smith would be like, here's the little curve, here's how you have to do [recovery], test it out a little bit at a time, try it there. And I'm like, I don't test a little bit, I don't know how to do it. I just don't know how to test a little bit. Especially if conditioning has been my biggest thing, playing on the wing. Like, if I didn't run until I puked, or didn't have that mentality of keep going until you feel like dying, I wouldn't be there. Because I didn't have the muscles to do it, I just had the mentality of, I'm going to do it, I'm going to run until I puke, and I'm not asking to come off, ever. (-Lisa)

I'm so tired of being a spectator, and I'd still watch because I wanted to be involved and that, but it's a tough thing to feel like a part of a team, but be injured. You know, you can still be around, but it's just, it's not the same. And everybody who's been injured knows that, that it's just not the same. (-Anna)

Well, that's always hard, because you want to be out there, I mean anyone who loves the game would rather be out there than sitting on the bench. Emotionally, I don't know... You feel less like a part of the team, and the team and team activities are really what make up your whole life [at school]. When you can't play, it's almost like you don't belong in the club anymore, in what makes it special. Especially when friends or roommates are always going off to practice or on weekend-long road trips... it's a really empty feeling, really alone. (-Catherine)

Well, the main thing is that I actually became somewhat depressed during [recovery], because everything I loved to do and everything I did was sports, it wasn't just soccer it was every sport and everything in school. So all I did, all I had was school left and I had to, you know it really sucked having to walk around with crutches all the time, with people always telling you, oh you're always hurt, you know... emotionally it was hard. And also the whole stigma of you're not exercising, you always exercise and all of a sudden you're gaining a bunch of weight and you feel bad about yourself. So body image was a huge concern, and that was one of the biggest things when you, you know, you're a female athlete and you get injured, is you almost depend on your exercising to keep yourself the way you want. To keep yourself at a body image that, to me, is acceptable, not necessarily excessive but just it makes me feel good about myself. So, that was probably one of the hardest things, um ... just knowing that you're gaining weight and there's absolutely nothing you can do about it 'cause, you might eat more than you should but you used to exercise to make it better (*laughs)... (-Nickie)

Whether most affected by the bodily changes (e.g., weight gain or a loss of fitness) that are associated with an injury, or the mental repercussions of not being able to participate in the team-oriented activities inside and outside of the game itself, the injuries that these women endured caused much more than physical trauma. As the above quotations

demonstrate, mental anguish associated with the disruption to athletic identity was quite prominent during the injury experience.

Perhaps as a result of enduring such mental and physical trauma, and/or perhaps due to a natural process of growing older and reaching new life stages, seven of the twelve athletes began to question their adherence to such an athletic identity or find their ties to it somewhat weakened for various reasons:

It's tough because it's chronic. And, I probably... if I did go back to the specialist, there's probably other things that I could try. But, since I'm not playing at that competitive level anymore, I don't know, I just kind of suck it up and go with what I have right now. (-Krista)

As I get older, and as soccer isn't as prominent in my life as it has been in the past because of school, and other priorities, and getting a career and whatever. So I think, it wouldn't be as much of a priority now to get back to it. I'd want to do it just for my own physical health and whatever, but I wouldn't necessarily have to play the highest level of women's soccer. You know what I mean? (-Leslie)

However, while soccer might not top the priority list above all other responsibilities and activities for these women any more, most of these injured athletes demonstrated a tendency to return to sport regardless of whether they questioned doing so:

I took a break from playing soccer afterwards, actually. And I decided that I was just going to play it cool for a bit. But, I couldn't stay away. I came back and I started playing again. (-Deb)

I don't know, I know for me if I was playing really well, then I'd probably be willing to risk more to keep playing. Whereas if I'm not playing that great, I'm just like, yeah you know, it's just for fun. You can almost see how some people get sort of addicted to their sport. You know? They just cannot stay away from it. And I guess, if they got to that point then they'd be willing to risk more. I think if you're that serious about your sport and being a part of it, then you can't really picture your life without it, and you'd be willing to risk that much more for it. (-Carla)

I think typically if you're an athlete, you're not going to give up the sports just like that. You know, you're not going to stop. I'll hopefully never have a break where I don't do anything. That's how I look at it, I'd like to play sports my whole life. But, I went from soccer season to softball season to soccer season, I'm always playing something. And now, 13 years later, I'm less likely to give it up. (-Janet)

And so, [the doctor] says, well if you were a 40 year old woman, recreational athlete, I would say it's totally up to you. If you don't get it fixed you run the risk of having arthritis problems because there's so much movement in your knee that, well, it can be bone-on-bone, your cartilage can wear away, but if you want to go back to a competitive sports then there's no way, you can't ... you can't compete. So, there wasn't even a question for me, I said fix it (*laughs)... now. (-Anna)

[The doctor] took a look at it and basically said, yeah it's a dislocated shoulder, and there are 3 theories on dislocated shoulders. He says, one is immobility for 6 weeks, one is immobility for 4

weeks and I think there is a little bit tacked onto that, some sort of exercise or whatever, and one is not to immobilize at all. And I'm like, door number 3! I choose door number 3! (*laughs)... (-Trish)

The above quotations are important because they demonstrate that athletes do, generally, re-engage in the sport following an injury—regardless of the severity or the subsequent bodily consequences. While bodies are the instruments for their participation, and a healthy body obviously allows maximal participation, these women have a tendency to play despite bodily hindrances and consequences—even when injuries force them to make alterations in the intensity or form of their participation. Often their bodies are the first thing they sacrifice in order to experience the mental reward of participation.

"It's just a question of the positives outweighing the negatives": Justifying Taking Risks and Playing with Injury

To justify their decisions to put their bodies in danger and potentially experience or prolong pain, many of the athletes attempted to describe the unfailing commitment they feel toward the sport of soccer by explaining what their participation has offered them in return:

My idea of healthy is that it contributes to your well-being. Like, it contributes to your sense of self, it makes you feel good, it makes you feel good about what you're doing, what you're accomplishing, what you're... your mental health I guess, that to me is what makes it healthy. Not necessarily physical health, because if it was physical health, then it would be not very healthy for me to do. (-Lisa)

As well, this is going to sound cheesy but it teaches you about failure, because not every game you're going to win, and some days you're going to lose, and it sucks, and it's just a small way of experiencing failure, you know. After a while, maybe you get better at dealing with it, maybe you know how to fix it, you know, problem solving helps you figure things out and deal with things better. (-Nickie)

And, for me, I think playing in team sports and having to balance school and sports, you just learn how to deal with failure, learn what is successful, learn how to time-manage, and do it under a pressure situation. I think sports were great for that. (-Trish)

These athletes justify their adherence to an athletic identity by claiming that participation in sport itself has formed and developed what they view as positive aspects of their identity in general.

Risk-taking appears to be related to the extent to which the respondent is immersed in an athletic identity. As has already been discussed, the depth of adherence to an athletic identity depends on several factors, such as the competitive level at which the athlete participates, the availability and appeal of other outlets and opportunities, and the athlete's reasons for participation. Generally, the higher the competitive level, the more ingrained the athletic identity is on the athlete. The sport has a greater impact, and more influentially forms their identity at higher levels of play:

Well, I mean, you play the sport for whatever reason you're playing the sport. And for me personally it's because I want to get to a certain point. And I want to continue to improve as a player. And you know that, it's almost an acceptance that injury is part of that. Like, even if it's minor injuries, like my feet that I had to deal with through the season, you'll deal with that because you want to play so badly. And most people have a significant injury when they've had to take time off. And it's almost like it just gives you more reason to come back. And it's like coming back to feel pain again. It seems like a silly cycle, but for the players that come back it has to mean something. Like, if you're going to come back, put all the work into coming back and know that you have a chance of getting hurt again? I don't even think about that. You know, if you get injured, you get injured. I think on the whole, the majority of my teammates, like [semi-professional] teammates, have a pretty high tolerance of pain. And I think in terms of injury, when you compete at an elite level, everyone obviously wants to compete and play. And I think a lot of the desire overrides a lot of the pain that some players experience. So the injuries that players might choose to try and play through, I think it gets masked a little bit. (-Anna)

I think my pain tolerance is pretty high. Like I said, I played 6 days after dislocating my shoulder. I did a 3rd degree sprain on an ankle one time where the doctor was amazed it wasn't broken, and I played on it 2 days later because we were in the BC finals. Basically, pain killers galore, anti-inflammatories, taped, frickin' big air cast thing on it, and it hurt, it really hurt. But, I played and we won. I think it's the whole competition thing. Because if you don't want to get hurt, then you don't want to take that kind of risk or that kind of contact, you can play recreational. You play a level where it's knock a ball around, and things don't get too silly. But, if you want to compete and you enjoy competing, that drives you to take that risk. It pushes you harder, it makes you go into those tackles harder, because if you want to win you're going to go into the tackle harder. If you don't really care, you're not going to take that contact or go into that. (-Trish)

I think that people who have played more competitively have a higher pain tolerance, and are probably more, just ... you grow up knowing, you know, if it's not that bad you keep playing, because you want to do well. I mean obviously, when I did my knee, there was no question that I was coming off the field, but I don't know of many people that haven't played when they're slightly injured, just 'cause they're like, oh it's not that bad. (-Tori)

Interestingly, the majority of these athletes (ten of the twelve) cited one of their primary motivations for participating as being the competition, or more specifically, the competitive nature of their sport:

It's worth the risk for...definitely, for the thrill of competition. The thrill of beating an opponent. I think everybody plays for different reasons. I think some people definitely feel the same. Others, I think, do it out of just habit, out of having played for so long, that sort of recreational activity that they enjoy, or for the camaraderie of the people, of knowing the team over time. So for social reasons. (-Deb)

I enjoy the exercise, it's a great form of exercise, and it's not a form of exercise that I can go to the gym and do because it's... it's the competition, because I live for the competition, so I need it to be semi-competitive because I've played at the lower levels and it's just not fun, I don't get the exercise. (-Nickie)

I think personally I just like the competition, I like... well, especially with soccer, it's a team sport and you have to play with your team and for your team. And in the end it's all about winning, and if you like to win. And that's the sacrifice that you're going to put yourself through. (-Krista)

Well, it's fun. I really like it. You might have a bad game, or a sore game, or an extra bruised game, and I might get hurt again, but until then I'm going to go have fun. I really enjoy the sport, I enjoy all the aspects of it, the competition, and I enjoy the social aspects of it. I don't think that the actual risk of getting hurt is all that great. Overall. I don't think that the risk of injury is something that would ever prevent me from playing... (-Eva)

Thus, athletes experience satisfaction and "thrills" from competitive participation, within which injury is always possible—but for these high level athletes, is not a deterrent to participation.

When specifically discussing pain tolerance and sport participation, most of the athletes demonstrated a strong acceptance of an athletic identity by acknowledging and playing through pain. In fact, this acceptance was so strong that it was the basis for justifying risk-taking and playing with pain. For example, not acknowledging pain was important in the peer/sporting cultures many of these women were a part of, and for this reason they endured injuries silently for the sake of the game, the team, or ego:

I think as you go up in your level of soccer, I think you have an obligation to your team to not be wimpy (*laughs)... for lack of a better word. That there's some degree of sucking it up, and getting on with it? For fairly minor stuff. I'll force myself to focus back on what's happening in the game, and just kind of get on with it. (-Deb)

I can get smashed into, I go home with bruises, I tend not to feel them until afterwards. Like, I know they're there, but I don't actually go ow, until I get home. And then I'm like, oh that's purple, ooh that kind of hurts. But I do feel them, but I normally can play all the way through. I very rarely get pulled out in the middle of a game because I've gotten hurt, that's why one game where I did get hurt, I wanted to go back in. Because I never get pulled, never. You just, you don't go off the field. (-Eva)

As crass as it sounds, suck it up was definitely something you learned. You know, it's not that bad, you can mentally convince yourself it's not that bad, let's work towards this greater goal. On the whole, I think you grow up with the suck it up with the pain mentality, so I think, if you play sports your pain tolerance is quite high. I've had friends say that they were amazed at my pain tolerance. And I don't think I have a high pain tolerance, I think I'm a wimp. But, maybe compared to them. (-Tori)

My knee felt a little loose, and every now and then it would give out, but it was kind of funny when it (*laughs)... would give out. Because, but there was no pain, nothing, it was just, I just didn't feel 100% strong. (-Anna)

I think my pain tolerance is pretty high. Like I said, I played 6 days after dislocating my shoulder. I did a 3rd degree sprain on an ankle one time where the doctor was amazed it wasn't broken, and I played on it 2 days later because we were in the BC finals. Basically, pain killer galore, anti-inflammatories, taped, big air cast thing on it, and it hurt, it really hurt. But, I played and we won. But playing on that thing, so I took like a day off and then played, it was like razor blades through my ankle... it was awful. So, in terms of pain tolerance and getting back to play, I've usually just kind of sucked it up and gone back into it. (-Trish)

As the above quotations demonstrate, these women, while quite willing to describe their injuries as unpleasant experiences, rarely admit or discuss pain unless it is within a language of conquest and overcoming or tolerating said pain. They are quick to ignore bodily signals and be stoic in the face of pain in order to prolong participation. While they all may have varying motivations for this behaviour, it is nonetheless demonstrative of the intensity and depth of their submersion within an athletic identity and competitive sport culture.

Athletes expressed and acknowledged their feelings and views on risk in varying ways. While most admitted that pain and injury were probable and even likely within competitive soccer participation, dissimilar perspectives were presented with regard to whether risk was undertaken consciously or unconsciously. Also, while quick to concede that pain and injury are present, if not pervasive, the majority of these women admitted that prior to injury they considered the possibility of injury with an element of denial—

they just did not believe it would happen to them. This suggests neither an unconscious nor a conscious assessment of risk took place prior to injury:

I think it would just be like in a job, if you took something that had risk. You tend not to, or I personally tend not to think about it. It's like, oh if it happens, it happens, you know what I mean? Like, it's not like you think, ok I'm going to play soccer, I had better be careful or I'm going to get injured. Even though I know now that I can't get insurance for injuries because (*did not finish sentence)... like disability insurance because of the injuries I've had. But you just don't think, wow, I'm going to get injured. Until it happens. I don't think I ever thought about it. I was just, I was playing soccer, you know? Before it was track, I did track, now I play soccer. And then I'd be like, oh shit, I hurt myself. I guess it was because I was always so in my own injuries that when other people were getting injuries, I was like, that sucks for them. But it never made me question my participation. (-Lisa)

It's almost like, oh, you know, that just happened because the grass was wet, or that just happened because the girl went in for a bad tackle. And it's more, you can always have the excuse that it's not going to happen to you, and it was the situation, or it was the player or whatever. I never actually thought that it could happen to me. It never even crossed my mind that it would happen to me. Never. (-Eva)

I've seen other people get hurt. Actually another girl on my team has basically the same injury. And she hurt herself before I did, but it didn't, it doesn't even ... I didn't even think about it. You don't associate it as a risk. (-Carla)

When I hurt my knee, like before that it's kind of thinking you're invincible, like you know people get hurt. But that was like my first major injury and I thought, oh my gosh. Like, I was the fittest I was in my life, and it's not about that, it can just happen, there's not reasons for it, it's... everybody knows that they can be susceptible to it, but I think to a point, they think that they're also immune to it. Because you don't expect that it's going to be you that gets injured or has to deal with that. (-Anna)

This idea, that athletes ignore their own vulnerability, allows them to continue their participation with the same commitment prior to and after experiencing an injury. That being said, thinking about injury as being part of the game reveals a sense of contingency, an acknowledgment of the lack of control an athlete may have over her own body within competition. Thus, the athletes almost passively justify risking their bodies purely by participating while knowing an injury is possible and beyond their control.

However, when asked directly, four of the twelve athletes claimed that an active assessment and acceptance of risk must take place, particularly at higher levels of competition, even if this process is largely subconscious. Given the number of years that

these athletes have participated, they have undoubtedly had exposure to injuries—even merely through observation of teammates and opponents:

When you do decide to compete at that level, there's a sacrifice that you do make, that there's a possibility that you might get injured. And, I don't know, I think you have to realize that when you decide to play at this competitive level. Personally I think that it is sort of subconscious, I don't think I ever sat myself down before, you know, trying out for the university team and kind of said, I don't know, I'm at risk of being injured. I think you just kind of expect it, and know of others, people or friends or teammates who have gotten injured before, you just kind of ...even if, it just kind of passes through your brain and then you keep going. But it never stopped me from playing. (-Krista)

I think if you're competitive, a competitive athlete in contact sports when you're younger, just starting out, I don't think they realize it. Until they are subjected to an injury, whether or not they see someone else get injured or what, or whether it's the parents that notice it and then, you know, transfer their worry onto the child that this might be dangerous. But, I say for older people, yeah the risk is definitely known. Especially if you know what competition you're playing at, like the level. (-Nickie)

I don't think that I've ever stopped to think, hey, I could get hurt doing this. You know? Like, it's not in the forefront. It's something that I guess you always kind of know that there's a risk for that, but it doesn't seem to outweigh the positives of the game. Just because, I mean, it's such a growing sport in this country, and around the world it's huge. You know, so I don't think people think of the injury as part of that. It might be a repercussion, but it doesn't... I don't know, I don't think it's a reason why people play. (-Leslie)

In contrast, five of the twelve athletes claimed that their assessment of the risk for pain and injury as a result of their participation occurs quite consciously, whether it is rational or not:

I don't think we critically think about it, I think you do an assessment before you go into a tackle, like I think you know what the risks are when you... like, we're athletes, we know what will happen with our bodies, we know when we're going into a particular tackle what the risk is, do I pull out, do I go in hard. I think you do on the fly assessments like that for risk. Some people will see somebody come in and then they'll back off, others will say no I'm going to challenge you, and we'll see who comes out the best. (-Trish)

When I was down on the ground, I was like, ok, maybe I'm not going to dive over there. Maybe I'll just let that goal go in. And, you never know, maybe I do that sometimes too, now, because I can see that I'm balanced one way, and trying to jump the other way, because that's how I got hurt. And it's like, no don't do it, don't do it. (-Eva)

Since I've had these injuries I've actually stopped doing things that when I was younger I would do, like run recklessly into a tackle, I would think twice about it and I wouldn't do them. And to this day I still don't do half the things I did when I was fifteen and sixteen years old. And each injury that I have is just, well sometimes you forget and you do it again. You know, you sprain an ankle and you realize, oh I did that doing exactly what I did the last time I sprained my ankle, so then you remember not to do it. But yeah, I am a smarter player now and I try to use more common sense, and it... obviously I'm not contributing as much physically, but there's nothing I can do about that, I have no intention of hurting myself more. Not after breaking my leg twice, there's... you know, that tackle is not worth sitting on my ass for seven months. (-Nickie)

I'm a fairly physical player myself, and my expectations as a player and kind of based on my position, I have to play a physical game. Not a dirty game, but a physical game, and be aggressive, and that's the way I am as a player. I mean, our league is fairly aggressive, and that's just the way it is. So it's almost just common. I don't think of it as a consideration even. It's not like, oh there's a very rough player. The only players that stick out are players that are cheap. And those are the ones where, that you want to be cautious with. But, I mean, when it comes down to a 50/50 ball, it's not, you're not going to step away. It's more in like, if you play in a pick-up game, and you know the players aren't the greatest and usually come in awkward in tackles, those are the times where I totally will step out. (-Anna)

As the above quotations suggest, a conscious acceptance of risk does often occur, especially once injuries have already been incurred. However, as a few athletes point out, it is also a question of perspective:

And playing with some injuries, to me, seems ludicrous, because there's so much more than just soccer to life. And at the same time, when you're in the position, you're like, it's not that bad, I can play through it, you know? So, like, from the outside looking in, it seems like you shouldn't suck it up, but when you're the person you're like, just suck it up and play through it. When it's you, you're just like, it's not a big deal. When it's other people, you're like, you're crazy, stop that, you're going to hurt yourself. (-Leslie)

The more competitive soccer you play, the more injuries you get, even if it's just a small sprained ankle, or um... little asthma attacks or whatever, whatever your injury is, the more you have it, the more you become immune to it, and used to it. I guess it's just not a big deal anymore. Um, I mean, you learn how to live with it and adapt I guess. (-Krista)

This point regarding perspectives reveals that many factors affect how athletes perceive and evaluate risk, some of which will be covered below. When referring to injury, eleven of the twelve athletes agreed that injury occurrence within competition is inevitable, and even probable as a part of the game:

I think you just kind of expect it, and know of others, people or friends or teammates who have gotten injured before, you just kind of...even if, it just kind of passes through your brain and then you keep going. (-Krista)

There are pretty high chances of being hurt, I think. Not necessarily for shoulders, but I think just about every single person on my team has had an injury of some kind. I think that it's just the nature of the sport. I don't think that you can really get around it. (-Deb)

I don't know many people who have played for as long as I have who haven't had some sort of injury. Like, whether it's a sprained ankle, to the number of people that seem to have knee problems. I mean, I think... you don't get out of competitive sports without having some sort of injury. (-Tori)

When they themselves got injured, the athletes often look at that experience as being unfortunate, but also inevitable—as though it was their turn to suffer in the injury cycle:

When I did my knee, just before I was about to go back my brother got a concussion in soccer. So, definitely from my mother's point of view, her comment... well she said, I thought soccer was a safe sport, what did I put my children into. But, I mean, both things are just, well, it happens. (-Tori)

It's there all the time. And especially with soccer because it is pretty physical, that there's always injury. Like there are always people on the injured list. And that's just the nature of the season. So, like I always think, every single season, and knock on wood, there's always someone that goes with a knee injury. Always. And it's luck, (*laughs)... my time's up. I remember thinking that, when my season, when I hurt my knee it was the last game of the regular season. And then I hurt my knee and I'm like, oh I guess it's me this year. It's just, that's the way... especially with females, I mean, and then if it's not just the major injuries, there are so many ankle injuries. (-Anna)

Yeah, I don't even really... like, it's not even a negative really, when I hurt myself, because it's like, well it could have happened to anybody, you know? (-Janet)

Thus, athletes refer to the experience of injury as not only probable but necessary, or a direct result of participation. Injury is seen as merely a part of the game.

However, while risk is generally acknowledged as being present, nine of the twelve players suggested that the benefits that result from participation far outweigh the possibility and risk for injury. They suggest that they get far more in return for taking risks and participating than if they were to avoid competitive sport:

I mean, yes I guess technically you're putting yourself more at risk than someone who is a couch potato. But, like I said, I think that the benefits of playing a sport outweigh the risk or the danger or being injured. And I mean, I haven't known anyone who has injured themselves so badly that they haven't been able to play again. Yes, you have your rehab and your stuff, but... and I'm sure there have been people who have been injured and not played again, but you have that in any sport. I think when it's an important game and you're willing to play when you maybe shouldn't, then it becomes a, it's only soccer, is it worth injuring yourself to the point of, in your old age you're barely walking. And I think that can be a problem, you have that team mentality of you gotta do it, I'll be in trouble if I don't, and I think that can be very negative, and, you know, I think to say that you can't play soccer because this knee thing can happen or you'll get a concussion, I mean... you can get injured walking down the street. So, I don't think that, I mean yeah because I'm playing soccer I might be more prone, but I think there's so many benefits that outweigh that risk. (-Tori)

I think it's just a question of the positives outweighing the negatives more than anything else... I get to play a game that I love, I get to compete and sweat and get that high that comes with testing the limits of my body; I get to be among friends, really cool people; I get the opportunity to constantly improve my skills, and I also get so many opportunities to connect with people through

coaching and traveling and playing. That so far outweighs the potential that there is for injury, serious or otherwise. (-Catherine)

This perspective suggests that athletes are quite willing to play the odds that they might incur an injury, as long as the positive aspects of participation are being experienced and that the potential negative of a (mind-changing) serious injury has not yet been experienced. Athletes cite wide-ranging positive aspects of participation that tend to outweigh most negative injury experiences, including the development of skills such as teamwork, dedication, commitment and various social and physical rewards.

However, once athletes have undergone the negative of a severe injury, there is potential for it to change their perception of risk. Alternatively, they slowly and over time develop their individual "limit" before which risk is acceptable and after which risk is unnecessary and undesirable.

I think for different people it's different points. I know some people who might have said, wow I had, you know, you spent a year rehabbing your knee, there's no way in hell would I ever go back to it. Three concussions, shit, that's a no-brainer in my world. But I think, you know, there's also sort of a cut-off where most people wouldn't go beyond. (-Tori)

And in terms of emotionally, I definitely have a different perspective when it comes to injury. If I feel pain at all, then I'm not going to keep playing through it, as I used to. If I think something's hurt, I don't hesitate to go get help because I know that I don't want to be injured to the point where I can't do anything. You know, I broke my leg twice, I knew what injury was like, I've sprained my ankle a tonne of times and I didn't want to do it again. (-Nickie)

I'm going to try to ease back into playing, definitely. Because I don't want, obviously, to have to go through it again or any of that. I think I'll probably try and take it easier. And if, I think if I feel that I'm risking it or if it is hurting in any way, then I would definitely reduce the competitive aspect of things. Just because, to save it. (-Carla)

Only one athlete admitted questioning the risk she was taking by playing soccer early on (in her youth), when confronted with a team that was uncommonly aggressive and even violent:

So, I remember coming out of that game, A, I got injured, B, I watched the whole thing happen with another player, thinking why? What is the point, like we're supposed to be out here for recreation and having fun. Like, I enjoy competing, but just to come out and be afraid the entire time that I'm on the field that I'm going to get hurt. And that's scary, it's a whole different perspective. I remember, I was very young at the time, and my sister still comments about this, is

I seriously thought about quitting after that. Like, I didn't understand the mentality. That there's people out there that just want to hurt you. And I was like 12 or 13 years old and just didn't get that, we're out there to play soccer, and soccer's a fun game, but not if you're going to step on the field and just worry about making it through 90 minutes without getting creamed. And it bothered me enough that I contemplated quitting the sport. (-Trish)

While the athlete in question decidedly did not quit the sport, and is perhaps one of the most risk-taking individuals (during competition) within this study, she had difficulty with the motives of her opponents and her lack of control over their violent approach to the game. While her participation was in fact questioned, she ultimately returned to sport because in her estimation, the majority of opponents she faced were not as brutal as the one that instigated her reflection.

"I know that over the years I've learned my limit": "Experienced" Pain and the Development of Limits

Alluded to within the discussion concerning risk-taking and strongly linked with notions of changing athletic identity is the idea of "experienced" pain. Having familiarity with the experience of pain (e.g., from previous injuries) often leads to different strategies being adopted, or realizations occurring, for the athletes in question. One of these is the realization that the body is vulnerable:

But you just don't think, wow, I'm going to get injured. Until it happens. Or it happens 80 times in a row. And then you're like, wow, maybe there's a potential for injuries here. But it's part of the package, you know what I mean? (-Lisa)

I think it's just a matter of ... a process over time of having good experiences. And I've never, knock on wood, re-dislocated. Or, I haven't dislocated since I've had my surgery. But, I think I'm afraid to push my boundaries. Or I think if I did, it would just be a huge setback, so (*did not finish sentence)... I don't know if it ever goes away. I don't think so. (-Deb)

Also, experiencing pain often leads to recognition of, acceptance of, and admitting to the limitations of the body in general and within competition:

It's still frustrating, because, I don't know, it's not like any athlete wants to take themselves out of a game. But, I've just kind of accepted the fact that I do have to do that every once in a while. (-Krista)

I would say yes, my injury affects me, but I would say only when I'm performing at my limit. Like, if it's a tough tough game, then that's when I'm giving everything, and that's when it starts to affect it. It's like when I'm being pushed at the very top of my limit. If I'm just, if I'm comfortable, if we're playing something that's a little bit easier... but the second that I turn up the intensity, it brings me back to that situation where I badly dislocated the first couple of times. (-Deb)

I know, say if I went all out and went crazy, it would be dangerous because I wouldn't have control over my body and I could definitely hurt myself. But, I mean, I'm going to go to a certain limit, too. I'm not going to go all out in like an uncontrolled way. I've been injured before. I more hate when I know pain is going to happen, but I don't mind it as much if it just happens. You can more bear through it. Yeah, I hate, like a needle if I know I'm going to get it, I hate that, I get scared. I'd rather it just happen without the warning, and then go through it. (-Janet)

I would change my defending style so that I could lead and go into tackles with my good leg. I was just really hesitant. Like, when I was to shoot the ball, it was ok, because I was using my laces, but if I was to pass using the inside of my foot, it would hurt, because that was the movement that would cause the joint to open up. So, I was passing a lot more with my left foot, and I was favouring the other leg. Because it was fine to stand on it, it was just all the other movements, so I definitely adjusted my game, that first tournament and those first couple of weeks because of it. So, it's fine to go running, it's fine to lift weights, it's fine even to do, like, suicides or things that are like changing directions. I just wear [the brace] for the actual game, I think because I'd probably be a little too nervous to go into tackles without it, at this point in time. And it only happened a year ago, so it's scarred down pretty well, but it's probably a little more susceptible to injury. (-Leslie)

One athlete in particular expressed frustration in attempting to discover where her limits actually lie, and in knowing how and when to push and test limitations in order to achieve growth and success in competition, and when to accept that she has reached a point she cannot go beyond:

And, you know, I don't do balance very well, like I'm one of those people that if we have to run, I'm going to run until I puke. Like, if we have to do this I'm going to do it until I can't even stand up. And I remember thinking that the thing that kills me, and I'm sure it's what kills other athletes, is that in order to play at the level that I've been able to play at, you have to be able to fight through injuries, and you have to be able to suck it up, and you have to be able to come back when you still hurt. So it's the one thing that gets you to that point, that has stopped me from being able to get better. Because I couldn't gage it, you know what I mean? Like, I couldn't be like, now is the time when I shouldn't be running through it, and now is the time when I should. (-Lisa)

The majority of the other athletes (eight of the twelve) acknowledged the inevitability of pain as a result of participation, but discussed the existence of an individual line or limit, beyond which they would not take risks:

I know that over the years I've learned my limit and I know what the signs are when I do need to have a break. And I definitely have asked to come out before because I can't breathe. I just kind of read my body and know what my threshold is, I guess. (-Krista)

Pain is pretty inevitable, I think, it's part of competing... it's part of being an athlete. It's about pushing your body to the limit. I think that there's a line, or a level of the amount of pain that is appropriate, and that differs for everyone. Once you hit that point, you get to know you shouldn't push it. So, it comes with experience too, now that I'm older if I pull a muscle I know to come off, and I'm only out for 2 or 3 days. When I was younger, I probably played through that initial pain, made it way worse, and ended up being out for 3 weeks instead. Also, it's a question of being smart when you're playing too... I always want to be 100% healthy, but now I know I can make do with only 85%, and still compete, but play smarter, like not do excessive running, work on my touch and positioning, and still contribute without jeopardizing my body or detracting from my team. (-Catherine)

In fact, seven of the twelve athletes suggested that there comes a point where they are (or may be) forced to re-evaluate the risks undertaken within their participation. This perspective is presented by athletes who are growing older, and have increasing responsibilities (e.g., school, work, and family). Athletes refer specifically to age and experience when discussing how that individual pain/risk limit is developed:

I definitely think there's a difference between playing through pain and being stupid. I would never play on an injury that would jeopardize the future, like, my future health. Yeah. I think for me it would be, if there is anything that I know would affect my future, that would really be uncomfortable. Yeah, just I would never want daily pain for the rest of my life because of, like, a soccer injury, I guess. For me, anything that would disable me in the future, definitely. (-Krista)

And when your job is affected by if you have an injury or if you can't do something, then I would hesitate to say that competitive soccer is a good idea. Like at some point you have to make a decision that, you know, you're going to take it easy. So I just think that I need to be able to, like, get a balance between like, you can be competitive but don't do stupid things, you know what I mean? So that person wants to throw themselves into the boards, I won't do it. And I think that I've gotten injured enough times to know that. (-Nickie)

Except for, I mean, I'm 30 right now, so I'm getting to the point where some of the ladies on my team are having families. So, they're assessing the risk in terms of their responsibility to their family. But, you know, back in the day when everyone was single, I don't think that was really a factor that crossed many people's minds. I think it has more to do with your place in life and where you're headed. I don't have a family and I don't have other responsibilities other than to myself, so I'm quite happy to take the risk. But I may think differently if I had children waiting for me at home, and knowing that I have to take care of them. That might change the way that I view the risk. (-Deb)

I'm starting to understand that [injury] is just part of the sport. When you get a little bit older, people... I'm not sure if it's that we're smarter, but we tend not to play through our injuries the same way. When we were younger, I was just like, you're hurt, you play. And now, it's kind of like, I'm hurt, I'm not coming to practice, I'm not coming to the game, I will come back when I'm better. Yeah, because we're older and a little bit more mature, and realizing, yeah I can't keep running into a wall like this. There's no point in hurting yourself so you can't walk, just to play another game. (-Eva)

Quite prominent was the idea that each individual has her own point, or limit, beyond which she would at least reassess the risk. This limit cannot be prescribed or enforced by anyone external to the individual, although the development of this limit is likely linked to the athlete's socialization into sport culture:

I mean, I think of my friends in sports and we're much more willing to try new things or we're more adventurous in some ways. Like, than my friends that do nothing. Not an adrenaline junkie, but you know what I mean? I know friends who have not grown up playing sports thought I was nuts going back to soccer. They couldn't believe I would consider going back. And, I think, when it's something you've just grown up with, you don't think twice about it, maybe. I think for different people it's different points. I know some people who might have said, wow you know, you spent a year rehabbing your knee, there's no way in hell would I ever go back to it. Three concussions, shit, that's a no-brainer in my world. But I think, you know, there's also sort of a cut-off where most people wouldn't go beyond. (-Tori)

I really enjoy the fitness, and the opportunities to push the limits in that respect. Which sometimes can't be that healthy, but from an overall fitness standpoint. And then, mentally, emotionally, I think it's a great thing, a very healthy thing to be involved in. Experiencing the camaraderie of the team and the competitiveness and having to step outside your comfort zone time and time again. And it's my body. And you essentially should know your body more than anybody else. (-Anna)

Individual limits, which are often shaped by repeated experiences of pain, are strongly linked to the construct of risk-taking. Once limits are developed and delineated, they affect the future level of risk that is undertaken.

*"I think parents are totally different now because there are so many females playing sport, and female role models now too, that it's just become more equal that way":
Gender as a generational, cultural and motivational influence*

Perhaps most informative with regard to the issue of gender is its lack of overt prominence within athlete's narratives—although comments about gender were offered in response to a specific question on the topic. Having said this, and whether or not they were cognizant of gender mediated influences, all of the respondents were immersed in a female peer sport culture—the characteristics of which would influence, formulate and socialize their perspectives, approaches, and tendencies within the culture. Three of the athletes (with Irish, Eastern Canadian, and Guyanese/Trinidadian backgrounds

respectively) described some potential ethnically/culturally mediated influences on competitive sport participation—speaking to ways that gender and cultural background must be understood together:

It's funny, I really only just found this out a few years ago, my parents told me and I must have forgotten... I have a younger brother, and they took me to watch his first game, and I was pissed because he got to play and I didn't. And I guess I really wanted to. My parents are Irish, and had never really thought about girls playing soccer until then, it's not something that girls do, or used to do, in Ireland. But after that day they signed me up, and I've been playing ever since. (-Catherine)

My mom was never an athlete, kind of thing. Like, she grew up in a family of 10, 10 girls and 1 boy. And they're from PEI, so... Maritimes you don't really, there weren't too many sports for the women, and being a big family it was like household work kind of thing, all that kind of stuff. So, she really didn't get into it all that much. Whereas my dad, he grew up playing all sports. But, my mom only really got started into playing sports a couple years ago. Um... she actually had a major surgery and then after that she started to really get fit. So these past like, 2 or 3 years she's been playing tennis, and she loves it. Like, she plays it 2 times a week, sometimes more, and she's got my dad into it now. So she totally loves it, she always talks about it. (-Janet)

In my Mom's side of the family all of the girls danced, for the most part. And I did too. It's a tradition, like, for women to learn Guyanese dancing. And the guys were always the one's that played soccer or baseball or whatever. And I was the only girl, I think, who played competitive sports at a fairly high level. Some of them played in high school, but nothing they stuck with over the years. (-Leslie)

While these athletes acknowledged that the cultural background of their families shaped and influenced their opportunities, they were all brought up in Canada and obviously were granted or provided with the chance to participate in competitive sport regardless of the cultural tradition of their family. This perhaps suggests that there is a generational shift that has provided more opportunity for girls and women in the realm of sport, particularly competitive sport. Several more athletes also referred to being exposed to more outlets than their mothers were, and the fact that opportunities had changed over time:

My sister did gymnastics and track and field and stuff like that through high school. Um, but she was also a model and an actress, and she went more that route, but some of the stuff she was doing was more, you know, it was all more individual type stuff. My mom... god, that's way back in the day, and I'm sure she would have, had the opportunities been the same for women back then. Uh, my cousins and stuff like that, no. Not really. My dad was an athletic director at Cap College and fully encouraged participation. And, you know, I was like the son he never had, so he was pretty happy about that. (-Trish)

Considering I have two younger brothers, who are both ring-fighters. Um, one of my brothers is a world champion kickboxer. My Dad was in the US Marines, and he did triathlons until he was 40. So, on the male side of things, they're very active. My Mom, like I said, up until recently, in the last 10 years... before that, we couldn't drag her out to want to go do things. And now she seems to be more motivated to be active. But I think the difference between my Mom and my brothers and my Dad, it's not that thrill of competition that drives her to go out there, she does it more for her own personal satisfaction. And, whereas I can see in my brothers and myself, it's definitely more of a competitive nature. (-Deb)

Well, my Mom is definitely not athletic, and I don't have any sisters. It seems like everyone in our...or my (*laughs) generation, like my cousins who are the same age play sports, but it wasn't something their mothers did either. I'd say more so, my brother played a lot of sports, and my Dad... well, my Dad is more of a hard-core spectator than a real athlete I'd say, but he's definitely more into sports than my Mom. (-Catherine)

I didn't really have any role models, soccer-related role models growing up. Because there just weren't any. It's not like now where there is the women's national team or these other teams around that present women in the community and the spotlight, but um, it was more... well I grew up in a hockey family so I was always wanting to be a hockey goalie, an NHL goalie, and those are the people that I was like... I remember I got to meet a goaltender at an NHL awards dinner, and he was like the, the person who I always looked up to. Which is ridiculous, being a 10 year old kid. Girl (*laughs)... 'cause I can't ever be that, right? But, that's the way it was, the way I grew up. Well, I will admit that it's... times have changed but I think growing up it's... well, when I talk about my Mom, and I'm not talking in a bad way or disrespecting, but when she was like, well why are you playing soccer in the summer, so we can't go to the cottage, and it's... I don't think that would happen with a boy. If it was hockey season or something. You know? Because it wasn't as common for girls to be gung-ho, and my Mom just didn't understand that. She'd be... she's totally different now, and I think parents are totally different now because there's so many females playing sport, and female role models now too, that it's just become more equal that way. But I don't think that I was ever discriminated by, like not allowed to play. I know I wanted to play hockey when I was younger but they only had boys teams and my Mom wouldn't let me play because she didn't want me changing with the boys (*laughs)...she didn't want me to have to go through that. So, that's why I didn't play hockey (*laughs)... (-Anna)

The primary thread under which these athletes discuss gender issues is that of a motivational influence. These women grew up playing with and against boys, and found pleasure and reward in doing so:

I don't remember ever... Well, even in elementary school, it was always me and the boys playing sports at recess, and it never intimidated me or made me shy away from it. (-Krista)

I didn't care, or when I was younger I loved competing against the guys. You know what I mean? Like, I played baseball, hardball, on a guys team. Because I could. And it was always so rewarding to me because they'd give me such a hard time, but I was always... because of track, the coach had this thing that if I could lap them, they would have to do it again. So, I was like, I'll show these guys, right? And I'd go flying past them. Or in cross-country, I'd run past them, and I'd be like... boys were for competing against. Boys were supposed to be bigger and stronger, and yet... you know? Bye, see ya later! So there was always that sort of there. But, I mean, I'm a competitive person, even in anything. Like, if it was a guy's sport, I want to be able to do it better than them, you know? There's no reason why you shouldn't be able to beat them. You know, maybe not physically or speed-wise at this point, but it's more rewarding to beat a guy at

something, because they're so good. And then they'd get so mad, when I started cross-country and I'd run past them. They'd be sort of trucking along, and then see me and try to sprint, you know? It was a bigger victory because you weren't supposed to be able to. (-Lisa)

When I was 8 years old I played for this all-boys rep team, and I was the only girl in the whole league. So, I don't know, things like that and I'm very competitive, and I like to be competitive, and it just kind of grew on me. It's addictive (*laughs)... I remember when it used to be like, guys would be like, you can't do this, you can't do that, and I'd be like wanna bet, and we'd have races in the yard in elementary school. And at one point I'd be just as good, until you hit puberty, and then they'd get much better (*laughs)... But, uh, yeah I would say that even male adolescents are always like, we're so much better than you girls, and I was always wanting to prove them wrong. Yeah, and that would definitely be motivation. Or for recognition that, hey, I'm not half bad. (-Nickie)

This type of background experience served only to reinforce a competitive identity and contribute to the formation of their overall identity—athletic and otherwise.

When asked specifically about whether they had ever perceived a difference in attitude toward their participation based on their gender, all of the interviewed athletes claimed not to have experienced gender discrimination, particularly from their parents:

My Mom, both of my parents actually, always made a point never to differentiate gender, just in general. (-Deb)

I'd say that they were all pretty interested and supportive. Even though my parents didn't think to put me into sports at first... I think I've always been a bit of an anomaly to them, a sort of fiery spirit. And they are really open-minded people, so once they saw it was available to girls and I was interested, they signed me up and never stopped supporting me through the years. (-Catherine)

Soccer was kind of the number one priority. My parents were great in the sense of like, you know, my brother and I both played soccer, we both played all-star soccer, so we had regular soccer practice, all-star soccer practice, regular games, all-star games, and ...that was just, how it was. I mean, it wasn't anything I was ever forced into, I enjoyed it and, that's how it was. (-Tori)

My Mom never did [play sports]. Actually I don't think my Dad ever did either, so (*did not finish sentence)... I was adopted though, so it was kind of a different (*did not finish sentence)... Like, I think for me, because I'm a really competitive person, and I do really enjoy sports, like all different kinds of sports. So I think that it's something that is probably just natural to me. And I don't know if it's necessarily... I mean, my parents were always really encouraging for me to do whatever I wanted to do. I think it's just something that came naturally to me. (-Carla)

When differences in attitude were discerned by the athletes, the barriers or situations were always described as structural and often easily overcome, rather than personal and influential. Due to the fact that all were successful, long-term competitive athletes deeply

immersed in the athletic culture, respondents may potentially be unaware of the barriers to participation that some women face based on their gender, culture, or ethnicity.

"I find that some people who haven't gone through a serious injury don't have any idea what pain is like": The Practical Application of a "Pain Club"

All of the athletes interviewed revealed strong support networks within their families, and found inspiration and motivation primarily from that resource. Whether it was sibling envy, rivalry or admiration, or a parent who was involved in coaching early on, these athletes all described having a strong network behind them with regard to their participation. This positive support network has clear implications for the formation of an athletic identity, and the fact that the athletes only recount positive experiences is perhaps reflective of the fact that they have, to a large degree, been successful in their sport. The athlete's support network expanded further as they developed relationships and friendships with their teammates through continued participation, and were perhaps profoundly influenced by a particular coach or group of friends within the cooperative and competitive environment of team sport.

However, regardless of the purported strength of their support system, athletes often described feeling isolated from their healthy teammates and even alienated by authority figures (e.g., the coach) *when an injury occurred*. Alternatively, athletes described feeling supported, even if somewhat superficially—by people who appear to care, but did not know how to help (or have the skills to help) them through the injury:

That's what made it hardest I think, my injuries and not being able to play, is that suddenly I wasn't seeing anyone. You know what I mean? Like, most of the girls that I would see at the game and go out afterwards, or you'd see at practice and chat to after practice. Suddenly I lost all social context, like, all social contact. Disappeared, with my injury. So, it was a life-altering break. For me, with so much else that I have going on in my life, it was always a guaranteed opportunity to spend time with girls that I know. (-Lisa)

And, you know, my team...as supportive as they were, they were all wanting me to come back, asking when I'd be back. And I don't think that... I don't think that they even meant to do that on purpose, but (*did not finish sentence)... I think overall though, everybody was pretty supportive. I think ... especially with a dislocation to that degree, where it stays out for 2 minutes onwards, it's a weird thing for people to want to watch, some people couldn't watch or see that. I think for my parents especially it made them question a little bit the interest I that I had in competitive sport, a little bit. Especially my Mom. She's always been talking about how, when you play at a competitive level when you're so young, it ruins your body. And so, she's talked about that for years, and how you know, you just thrash your body when you're young and you're crippled and arthritic when you're older. (-Deb)

But my husband was just very annoying, he was like, no you need to sit down, and I was like, I don't want to sit down. And when I went back to playing after Christmas he kept getting mad because he was like its too early, you shouldn't go back, you're just going to make it worse. Um, but... I think everybody was just generally concerned. Like, they want you to come back when you're fixed, not just coming back for the team. Which is very good, the players were like that. But, as for everybody else, um... I didn't really notice much. (-Eva)

While all of the women were quick to claim support from family and friends, they often conceded a deficiency of applicable support when it specifically came to their injury.

They regularly sought support from other sources, or silenced their need to express their injury experience.

Predictably, athletes located the most comfort and support for their injuries through sources that had experienced pain firsthand, and thus had an in-depth understanding of it. Eight of the twelve women refer to seeking out previously or similarly injured teammates (or the desire to do so), in order to find someone who could ultimately sympathize and provide support:

And I remember talking to [a teammates husband], all the time. Because he had an ankle injury the summer before. And I kept asking him, how is your ankle now, are you actually better, can you really play? Because he plays softball. And so I kept asking him, the whole summer season afterwards, like, I still can feel my knee, is this going to be like this forever? And he, like, he knows nothing about the injury, he's not physio, he's an office guy. But he totally helped me. He's the one who told me that if he ever gets tired, his ankle is the first thing that hurts. And that always stuck with me because I was like, oh, so when I'm really tired, and my knee hurts, it's not that I'm still injured. It's just that it's the first part of me that's going to get tired. And it totally, it did that whole light bulb thing. Oh my gosh, so I'm not still injured, it's just, I'm tired. And it totally helped me because I wasn't considering myself as injured anymore. That might sound stupid but it's totally true. Because until then, I would go running and do stuff, and then I'd start hurting again, and I was like, I'm still broken. Because I shouldn't be hurting. Like, I have to experience no pain, otherwise I'm still injured. And when he said that I was like, oh, so I am fixed, I am just tired, it's the end of the day. Because I mean, you talk to the physio and you might trust and respect her, but I don't think she'd ever been hurt, you know? (-Eva)

But in terms of other people... I find that some people who haven't gone through a serious injury don't have any idea what pain is like. I didn't... I remember thinking about needing to talk to someone but I never ended up eventually doing it, but I would definitely think it was a good idea. In hindsight, like you need to talk to someone whether it's someone who has been there, because until you, you're such a...until you get injured where you're off for a long time, I find, that's definitely, it's almost like a show-stopper in terms of (*did not finish sentence)... Absolutely, I would say it's a club. Major injuries? It's a club. If you haven't been there, you really don't get it until you've been there. If you're a competitive athlete (*laughs)... (-Nickie)

Because something that, I guess, when it first happens you can tell people, oh I have this injury, I can't do this. And they're all like, oh, man I'm sorry, and they are sympathetic and supportive. But they don't want to hear you talk about it for an hour. And someone who has been there, been injured and come back, can probably relate better. (-Carla)

By referring to those who have been injured as belonging to a club (regardless of the fact that athletes would prefer to not need the club's support), athletes are attempting to find the solidarity and support necessary in order to persevere through a difficult rehabilitation.

While the idea of belonging to and seeking support from a "pain club" was readily visible, nine of the twelve women suggested that the exclusivity of such a group could potentially be isolating, or that there is often a lack of access to support from a "member." Eleven of the twelve suggested that the processes of recovery and rehabilitation could be accentuated and improved by making some changes to the health care system, specifically by adjusting the dynamic between seeking and receiving care (in order to address the mental and emotional frustration of enduring an injury):

Just acknowledging that it's there, that there's more going on. And I know with the physio, like, the regular physio before I went to this lady, they weren't even getting time to put together the whole picture of what was happening physically. Because they would just, I would say here's where it hurts right now, they would just zone in on that, when I knew, like, I myself knew it was connected. That I'd be trying to explain to them as they were... so they couldn't even get a whole picture physically, so how are they going to have time to give you, you know, like an emotional attention, or that part of it too, you know? Like, but I just never got that kind of...time. I think it was time. I think, honestly, in physio, you just don't get the time. They don't spend (*did not finish sentence)... they're not focused on you. And I don't understand how they can correct (*did not finish sentence)... and I know mine is different because it's like everything's connected and out of line, like, it became an alignment issue. So I know that for me maybe it was a little bit of a whole picture. But you can't tell me that they don't need to be addressing the whole body, when they're fixing even an ankle. Even if it's just asking about prior injuries, or assessing ...like, these kind of questions, like, what happened with that? Where did it go? How long did it take?

Where... what was your feeling coming back to playing? You know what I mean? Like, all those kind of questions to give you a feel for the type of rehab this person is capable of. (-Lisa)

I've really had both positive and negative experiences with that part of being injured. I think that it takes a really in-tune and aware physiotherapist to address every aspect of treatment, to really understand what it means to be injured. I've never had treatment for my injuries that discussed or even mentioned the emotional or mental challenges that my injury may cause or bring up, or the frustration that is such a part of the recovery process. I mean, physios or trainers can be motivating in the session, and that's great, but you can't really take it home with you, or when you're doing your rehab on your own then you're out of luck. I had to get support for that part of being injured from my friends or my family, who probably got sick of hearing about it. Maybe having a basic counselling requirement in the training for physio would be good, and not just having a good bedside manner or whatever, but really recognizing and addressing that the emotional and mental parts of recovery are important and both affect the quality and the degree of effort that go toward the physical part of recovery. (-Catherine)

I definitely 100 percent support the psychological aspect of it, I know when... like, with serious injuries, or maybe being a first time injury for people, like my knee injury... you're looking for anything. And, I mean, you read all the studies and it's like, oh there's a process, a mental process that you go through. And you think, oh no no, not me. But it's so true, and it happens, and it's the peaks and valleys of the whole thing. And I had guidance, not through a sports psychologist, but my trainer helped me out in that respect. Just helped with goal-setting and imagery, and just ridiculous stuff like that. Well, it sounds ridiculous, but you need that, because it's... when you have serious injuries it's not just the physical side that needs healing. (-Anna)

Athletes were quick to acknowledge that any changes made to the system would have to be tailored to the physical and emotional needs of the specific athlete, and also with consideration for the goal of the recovery process:

If you have the means to use physios and trainers, I think they're helpful. As long as their goals are the same. Like if you're in a kind of university situation and all they want you to do is get back on the field as soon as possible, then those aren't necessarily the best for the athlete but it might be the goal. So if everyone's on the same page of what the goal is of the recovery, then I think it's good, but they all have to be able to know what they need to have done. You know what I mean? And, I find a lot of the time with athletes, being from a training situation, is you're a bit of a baby-sitter. Like if someone's not pro-active in helping themselves, then you're like, did you do this, did you do that? Like just reminding them to do things because a lot of injury recovery is personal adherence, almost, to suggested plans by the medical assistants. (-Nickie)

I think it depends on the person. Like, it depends on the physio and the connection you make with them. I was lucky. The only repercussions that happened because of my injury was that I couldn't play soccer for a couple of weeks. So, I don't know whether I would feel the same level of comfort if I had, say, a terminally ill disease, you know what I mean? Like, it's tough to say. If you have a good social support system at home, you might not necessarily need to talk to your physio, or talk to whatever. But people who feel like they don't have a social support system, then yeah. Um...having someone affiliated with the clinic is probably a good starting point, someone that has a good reputation for dealing with... let's say the clinic is athletes, so like a sports psychologist, who understands the mentality of an athlete, and what they are going through, being injured. (-Leslie)

Yeah, and also, it becomes very focused on, you know, we have to get this athlete back in the game, and back on the field. Especially in varsity sports, and you know questions like, is this

affecting you at school, you know, how has this affected your work. Just 2 questions to ask, and get them to talk... oh yeah, I was at physio, I'm falling behind in my studies, at least to acknowledge that aspect, that there's more and to get that off their chest. A few questions while you're treating, just get the person talking, you could still be treating. (-Trish)

However, it was generally expressed that no matter what the goal is, in order for a successful treatment experience, the relationship and rapport between the physiotherapist (or another health-care provider) and the athlete has to include a high level of trust and compassion. In order for this rapport and trust to be established, an athlete must feel that they are dealing with a knowledgeable professional, but also must feel personally respected and physically and mentally involved in the process:

What it makes me think of... in terms of getting back from injury, whether it's small injuries or big injuries, for me it's a trust issue. And for most higher level players, it is about trusting who you're working with. And everyone has their physio, or their doctor, their orthopaedic doctor, their chiropractor, that they trust and will listen to. But it doesn't always mean that that's the person who's working with your team. Because teams will always have therapists and that. So, it's funny to see that people will just ...you know someone, and it's awful, it's not a lack of respect, it's just a trust level. And everybody has their own way of treating, everybody has their own opinion as to whether you should play or not, and how you should go about it. But, like, there's some people that will tell me or my teammates to do things, and you know, I'll just be like forget it. Not disrespect them, but I have... you can't follow everybody, right? So you pick and choose. And it's my body. And you essentially should know your body more than anybody else. So when it comes down to it, sometimes I'm like, ok ok to them and their suggestions, but thinking in my head, no. Like, I drive out to Abbotsford to see my physio. And it's like an hour plus drive, there and then an hour plus back. But because I trust him and feel comfortable with him and whatever he says I listen to. And when you get in a situation like that, then you'll go to all lengths to do whatever you can for this person. But I totally know, I've had physios where I'm like, no way. You know, you can say whatever, and it might be right but I just, there's no connection, and if you don't have that, especially with serious injuries, there's no way. But I think if you can get the right person, then it's such an integral, or a thing that should be integral to every program and every rehab program. I think it's that important. (-Anna)

I went through a couple physios. And... once I did find this lady that started with me in July, it's been amazing. Because she actually, she basically... different than regular physio, you pay to spend 45 minutes with her, just one-on-one, so it's a physio personal training mix. So I went in there, and it was the first time where somebody was actually like, wow, ok, here's what's happening, let's get down into it. Like, before they were like, oh you look like you can do this exercise, go do this exercise 20 times and come back and talk to me. And I'm saying, I'm telling ya, I can't do it. It doesn't make sense that I can't do it, but I can't do it. And so, she was sort of the first person that was like, whoa, ok, this isn't right, this isn't right, let's start here. So it's been awesome since then, but really shitty before that. (-Lisa)

I think it's definitely, like, one of the biggest things they teach us in this [physio] program is that the best thing that you can do for your client, or for your patient, is to listen to them. And if they have, like, apprehensions about what you're doing, or apprehensions of how they're going to be in the future. Just listening to them and hearing what they are concerned with. Like, a lot of the time that's what they're looking for, just someone to talk to. And so, by building... by listening to

them and building that rapport, you're going to get them to trust you a lot more, you're going to get them to believe in what you say, and you'll probably get them to adhere better to the exercises or whatever you give them. (-Leslie)

Even athletes who had generally positive physiotherapy and rehabilitation experiences following their injury identified and agreed that there is potential for improvement, or perhaps a way to make positive experiences more attainable and widespread for both athletes and practitioners. The consensus is that more attention to the whole body, and to the emotional and psychological aspect of being injured, is necessary for more effective treatment, recovery and rehabilitation programs.

Overall, the athletes discussed their injury experiences within three narrative styles: that of restoration to health and fitness, with elements of disorder and confusion, and with reference to a higher purpose. These female athletes appeared to go through a process of navigating through all three narrative styles, depending on the severity of and time since injury. Within and following the outlined narrative styles, several key findings were revealed and discussed including: an expressed lack of control with respect to the injury and recovery experience; injury as a disruption to athletic identity/self; the tendency to justify playing with injury; the development of limits to risk-taking; the acknowledgement of generational, cultural and motivational influences with respect to gender; and the practical suggestion of a "pain club" to provide and/or strengthen the support network for similarly injured competitive athletes.

Chapter 5

Discussion

As individuals construct past events and actions in personal narratives, they engage in what Sparkes and Smith (2002b) call a “dynamic process of claiming identities, selves and constructing lives” (p. 261). They go on to suggest that “how athletes make sense of themselves is shaped by the kinds of stories that have been made available to them in the various subcultures and cultures that they inhabit” (Sparkes & Smith, 2002b, p.262). Via a focus on body narratives or stories, I have attempted to reveal how athletes come to impose order on their embodied experiences, and make sense of events and actions in their lives. The prominent findings that emerged from this research (examined in Chapter 4) interact and overlap in a variety of ways that I will now discuss in more detail with respect to existing literatures outlined in Chapter 2.

Habitus, Embodiment and Narrative Styles

The findings of this study are relevant to several of the outlined theoretical positions, especially those pertinent to an understanding of the body. The perspectives on risk, pain and injury that the women expressed correspond strongly with the theoretical lens of Pierre Bourdieu (1977; 1978; 1984). For example, the respondents revealed a particular and shared body habitus, expressing similar attitudes, perceptions and appreciations when it came to discussing their injury and recovery experience. Also, the findings of this study mirror the illness narrative styles outlined by Arthur Frank (1991; 1995), suggesting that injury can be interpreted as a disruption comparable to that of chronic illness, and the suffering is merely a matter of scale and severity. Within a

competitive sporting context these women experienced their bodies as both disciplined and dominating—and all expressed the elective affinity for a restitution narrative when an injury occurred. However, the experience of repeated or particularly severe injury resulted in elements of a chaos narrative being expressed. This perhaps suggests that as suffering increases and the individual is further separated from her body as she has known it, conscious consideration and reflection occur and new bodily limitations are developed and accepted. Frank (1991; 1995) also supports the idea of a narrative process, moving from restitution to chaos, and ultimately to quest, where an individual transcends her bodily suffering to achieve a higher level of mental and/or spiritual acceptance. Another concept consistent with Frank's (1991; 1995) work is the purported therapeutic nature of "story-telling" of a traumatic experience. These female athletes recognize the validity and positive effects that come from merely expressing their injury experiences to someone who genuinely takes the time to care, and claim that a systemized "pain club" network would be therapeutic for all athletes undergoing the recovery experience. As Frank suggests, having someone bear "witness" to a story about trauma gives "voice to the body, so that the changed body can become once again familiar in these stories" (1995, p.2). In the proposed "pain club" support network, the athletes would learn about themselves as well as others, in the process of expressing their own story and listening to those of others.

Also theoretically influential is Nixon's (1993ab; 1994ab; 1996) description of athletic identity and how it is developed from youth, resulting in a subculture of risk that is continually pervasive and propagated over time. Respondents describe powerful support systems and irresistible social, cultural and peer influences on pain, risk and

injury management, and participation in general. Specifically, athletic identity, as defined by Brewer, Van Raalte and Linder (1993), is the degree to which an individual athlete identifies with the athlete role. For the majority of the athletes in this study, an athletic identity appears to be at the apex of their identity hierarchy. As a consequence, loss or disruption of this identity is extremely difficult to cope with. Thus, as a strategy or style to cope, most of the athletes opted for what I referred to as a recovery narrative within their injury story. This style of narrative is directly comparable to Frank's (1995) restitution narrative, within which the individual's sole desire is to return to the former body-self. This desire is set against, or narratively linked to the unwillingness of the athlete to integrate what it means to be injured into her sense of self.

Coping Strategies of Athletes When Faced with Injury or Pain

Within the recovery or restitution narrative form, an athlete will tend to use the strategies outlined by Young and White (1999) to cope with pain and injury. Feeling a responsibility to themselves and their team to return to performance, athletes tend to depersonalize and conceal pain (and even injury), and often "fake" restitution or a restored body. This behaviour is most likely when an athlete feels that her role on the team is in jeopardy, or when she perceives that teammates, coaches and others in her support network are questioning her degree of pain or level of injury. Athletes also referred to being mentally incapable of sitting on the sidelines, because they yearned for the competition and physical thrill of the game. Risking one's body implies an ethic, one of a profound submersion within an athletic identity. This submersion also frames the

athlete's personal limits, the way that they consider the probability of injury, and the way in which they consider their injured body as a separate and disassociated entity.

Perspectives on Injury and the Influence of "Significant Others" (the Socialization Experiences of Athletes)

When exploring how the athletes were socialized into the sport, my findings are consistent with those of Nixon (1992; 1993ab; 1994ab; 1996). Athletes cited strong ties to parents, coaches, and teammates throughout their participation, all influential in the development of their sporting demeanour. As Heywood and Dworkin (2003) suggest, "larger cultural valuations of behaviours, perceived support and discouragement, institutional opportunities, and the availability of circulating imagery play an immense role in whether or not such desires take hold, stick, grow, or halt" (p.157). In this sense, the subculture appears to be much stronger than, though not isolated from, general cultural influences. The influence of the sport subculture appears to be strongest when the athlete is surrounded by significant others who participate or encourage participation within the sport, when the athlete is exposed to the subculture at a young age for a prolonged period of time, especially at a high competitive level, and for athletes who have few outside responsibilities or interests separate from the sport altogether. Submersion within this subculture or athletic identity appears to weaken as athletes age, gain experience, and have work, school, family, or other responsibilities that are beginning to be compromised.

Cool Pose and Pain Tolerance

In particular, in a multicultural society (such as that found in urban cities in Canada), 'cultural' ties are more likely to be fluid, evolving and flexible. Families may maintain their ethnic affiliation and traditions in many ways, but are also quick to incorporate Western (or culturally specific Canadian) practices, particularly when it allows their children a higher level of opportunity. This opportunity often comes in the form of activities that are not necessarily delineated by gender. While strong ethnic/cultural ties did not exist in my sample (given that all respondents were at least second generation Canadian), there is some evidence to suggest that cultural ties do, to some extent, determine the level of opportunity available (i.e., parents expose their children to certain sports and/or options to participate, potentially based on their social and cultural background and socio-economic class). However, once participation begins and immersion and socialization into the sport subculture occurs, perspectives toward pain and injury appear to be primarily formed based on the athletic peer culture influences and not larger cultural/ethnic ties. From these interviews, there is no evidence that these women use sport as a form of cultural expression or resistance—unlike the use of a "cool pose" by young African-American males (Majors & Billson, 1992). However, although it was not visible in this specific context, sport may very well be a place where women express themselves culturally and ethnically, or where they present multiple forms of identities simultaneously.

Masculinity vs. Femininity With Respect to Pain and Injury—Resistance, Transgression or Incorporation?

All of the female soccer players that were interviewed for this project denied facing any discrimination or barriers that were based purely on their gender. They spoke of finding only motivation within the socially constructed implication that boys are better at sports. These women deny being deprived of opportunities and options because they were female, saying that perhaps their mothers encountered those problems in an earlier generation. It seems that these athletes indeed came of age and exist in a time where they do not feel the need to perform “femininity,” or make excuses for the fact that they are better at their sport than most men. Young and White (1995; 1999) and Theberge (1997) suggest that the fact that women are incorporating rather than resisting (what they call) masculinist sport behaviours (e.g., physicality and risk-taking) is somewhat problematic because of the compromise to health that occurs. It is important, however, to distinguish that within the sport context these athletes appear to see themselves as athletes only—not as masculine or feminine. While they may not define themselves as feminists, they live in the third wave era—where masculinity and femininity are beginning to be seen as the socially constructed categories that they are, and thus an athletic female identity represents multiplicity (Heywood & Drake, 1997) and can have aspects of second wave defined “masculinity” without its oppressive qualities, or negative connotations.

It is only logical that competitive female athletes have similar attitudes toward pain and injury as male athletes. The majority of adult elite female athletes in this study had only male role models growing up, and given exposure to so-called masculinist sport imagery, these women would naturally internalize the demonstrated pain and injury behaviour (including stoicism and risk-taking) in order to emulate the only available and visible standard. This, in turn, has only been perpetuated as women procured elite

sporting opportunities and excelled in an ever-expanding spotlight—the successful sporting women are the ones who behave “like men.” Thus, young aspiring female athletes with these female role models will seek to emulate them, seeing the behaviour as neither masculine nor “macho,” but “sporting” and necessary in order to achieve and excel. This may in fact be viewed as a negative incorporation of a male model of sport, or as women adopting undesirable “male” behaviours, but I argue that physicality and risk-taking through pain and resulting in injury is only problematic if it is uncritically accepted and undertaken. Young and White (1995) suggest that while male and female athletes may have similar techniques and strategies to cope with injury and pain, females adhere to the strategies to a slightly lesser degree. It is possible that this development of personal limits is where a gender difference lies, if one exists.

Athlete Characteristics and Perspectives on Injury

Visible in this particular study, the women spoke of risk-taking and using pain coping strategies similar to those expected from athletes with strong athletic identities, but only to a point. This point varied from individual to individual, and all of the athletes spoke of different reasons for developing their limit (i.e., characteristics including: age, level of competition, number of repeated injuries, consequences for life activities outside of soccer, other responsibilities affected, etc). For example, limits begin to evolve and develop as athletes start to get older and have school, work, family or other responsibilities, within which sustaining an athletic injury would disrupt their daily lives. Also, if an athlete endures multiple injuries and finds the recovery process more draining

and/or ineffective each time, she may be less likely to attempt to return to the same level or intensity of competition.

Young and White (1999) claim that female athletes are just as likely as males to expose themselves to physical risk and play through pain, and that if there is a difference between the ways that male and female athletes appear to understand pain and injury, it is only a matter of degree. Perhaps this individual limit is the measure of the “degree” that women buy into physicality and contact sport, and how they use certain strategies to hide and conceal pain. However, it is more likely that this is a decision based on the individual—the strength of his or her athletic identity—and is not based solely on gender but on the multiple other factors contributing to the strength and formation of an athlete’s athletic identity in a female peer contact sport culture.

Chapter 6

Conclusion and Recommendations

This study addressed several gaps in the existing literature by concentrating on women and their experiences with injury in the female peer culture of competitive soccer. Most revealing is the tendency for these women to move through an almost delineated process of narrative styles during an injury experience and recovery, even within the re-telling of the experience. While all of the incidents were unique and experienced personally and differently, athletic identity and the “healthfulness” of competitive sport were only questioned by one of the interviewed athletes. Her story more widely fell under a chaotic category of narrative, and she found herself stuck in a cycle of repeated and unpredictable injuries. Other athletes only referred to chaotic elements of their story while waiting for surgery or the actual experience of the injury. Speaking to the idea of superstition and not wanting to “jinx” themselves and their bodies, some athletes did not want to go into detail about their injuries. Others, frustrated by a repeated and previously endured injury, attempted to place or locate blame for the occurrence of the injury, or for inadequate recovery. Overall, a chaotic (or helpless) narrative style was generally elusive; athletes slipped into chaos only briefly within their stories, and then emerged or returned to thoughts of restitution, recovery and participation.

Methodologically, this study is important because it provides firsthand interpretations of pain and risk through the personal narratives of the women involved. Providing less structure within the interview process allowed for a natural flow of information and experiences—those that the athletes themselves saw as informative, useful, or that resulted from a dynamic interaction between the athlete and her narrated

event (the injury). In extrapolating findings, I have attempted to use the athletes' own words as evidence of their perspectives—providing my interpretation within a discussion, but leaving the reader (and athlete) the room to re-interpret or extract further or contradictory meanings. By exploring narrative stories, respondents reveal the way that they truly think about risk, pain and injury, and the female competitive sport culture within which they are immersed.

As the interviewed athletes revealed, they were not entirely uncritical of the risks that they were undertaking through their competitive sport participation. Even if unconscious, a risk assessment is performed, and all participants accept that level of risk because the positives outweigh only a potential negative. However, by nature of their inclusion in this study, these women had all experienced that potential negative with the reality of an injury. Given their injury experience (as varied as it was for each athlete), many offered practical suggestions to make the traumatic experience more bearable. While the women repeatedly referred to strong support networks within their sport, many spoke of developing an internal support system within health care and the rehabilitation process. They often saw their injury experience as being beyond the scope of their social support network within the sport, and thus found only limited support from those who (to them) seemed only to want to see the athlete as strong and/or healthy. Thus, one of the practical suggestions made was for an addition of a counsellor/sport psychologist type figure within a physiotherapy environment, to ensure that the mental and emotional aspect of the injury and being injured was addressed, in order to motivate the athlete and provide extra support during rehabilitation. Another practical suggestion was the development of a “pain club” or network of individuals/athletes who have undergone,

overcome, or adapted to similar injuries. Rehab clinics or health care professionals could refer the suffering athlete to people who have suffered or are suffering similarly, in order for the athlete to receive support from an acceptable or reliable source.

There is obviously some validity to this proposed “pain club,” or to what Albert Schweitzer (c.f. Frank, 1995) terms “empathetic relations,” or a “brotherhood of those who bear the mark of pain” (p.35). In this case, a sisterhood of those who bear the mark of pain from sport related injury would likely provide the support needed for recovery or adaptation, when this support is unavailable from other sources. However, since membership to the “pain club” comes at the high price of experiencing injury and pain, it is an exclusive (although ultimately undesirable) affiliation that promotes awareness only to those who have completed their initiation. Thus, while it may be a positive idea to make the experience of injury less traumatic, it is neither preventative nor educational to those taking risks and not yet affected by injury. On the whole, the suggestions for attention to this issue and the reaction of athletes to this study in general demonstrate an interesting and perplexing combination of awareness and reflexivity, alongside a nearly unquestioned commitment to competitive sport.

Limitations

While evidence exists to support several of the conclusions identified above, there are some considerations to now keep in mind with respect to generalisability. One consideration is that the constructs of risk, pain, and injury were never defined within the study (neither by the researcher nor the participants). This lack of precision is potentially problematic because each construct is subjectively defined, individually interpreted and

experienced. As Sparkes and Smith (2002a) suggest, this deficiency in clarity ignores heterogeneity, and the fact that each term might (and probably does) mean different things to different people, particularly athletes. I suggest that given the use of narrative methodology in this study, the athletes had the autonomy to individually define and express what each concept meant to them within their injury stories, and thus present an advantageous reflection of how risk, pain and injury are qualitatively and actually viewed. Future research may find it beneficial to get the athletes to explicitly express what each concept means to them when conducting research of this nature.

Also, while my findings suggest that the athletic culture of risk is so strong and pervasive that it appears to overpower traditional cultural and ethnic influences, my sample consists of athletes who have continued to compete and excel in sport over a long period of time—not those who chose perhaps never to begin, or continue beyond a certain point due to cultural and/or institutional reasons. For this reason, it is likely that these athletes had a commitment to an athletic identity—and that traditional cultural barriers may have already been dealt with. Also indicative that cultural influences were not intensively explored is that the majority of my sample was Caucasian and Canadian born, with only a few exceptions. The sample was not more diverse (as was originally planned) purely because of availability. The majority of competitive female soccer players in the Vancouver area are white, Canadian, and middle-class. This demographic may very well be culturally influenced, but in order to discover cultural motivations and predispositions I would need to interview female non-participants with various ethnic backgrounds in the same age group as those in my sample. In the same vein, the findings discussed above with respect to gender differences (or lack thereof) are difficult to claim

in a global manner since no males were included in the study sample. In order to better understand the interaction between risk-taking, individual limits, and gender, I would have to interview similarly socially located competitive male soccer players with the same method.

Implications for future research

An extremely relevant contribution to the sociological study of risk, pain and injury has recently been published in the form of a compilation of cutting edge research articles that explore causes, experiences and outcomes of sport-related pain and injury (Young, 2004). As an interpretive qualitative study attempting to uncover the varied ways in which risk, pain and injury are directly experienced, my particular study fits into Young's (2004) research category of "anticipating, living with, and recovering from injury" (p. 9). Young (2004) suggests that as female sport expands, and as sport opportunity for girls and women increases, female experiences of sport injury will also amplify, and "understanding the full ramifications of these experiences will require more consistent research efforts by sociologists of sport" (p. 11). I have attempted to address several gaps in knowledge outlined in Young (2004), with the use of narrative techniques in order to emphasize the pain and injury experiences of female competitive athletes. As Donnelly (2004) suggests, in order to understand the culture of risk, it is necessary to understand both the individual decision and the social context in which it is taken. Pain and injury are endured "because of the way in which sport is played and administered (i.e., with what is expected of athletes to succeed, and what, concomitantly, athletes are taught to expect of themselves) as the nature of the game itself" (Young, 2004, p.20).

Thus, future research needs uncover how the sport ethic is internalized over time and competitive level, by studying: young and child athletes, non-elite athletes, the potentially influential role of the media, and cultural and ethnic influences and expression within the sport socialization process. Future exploration could, also, use this same data and more thoroughly investigate narrative techniques and how the athletes construct and frame their story—perhaps pinpointing tensions between participants’ rational accounts of crises recorded in their interview transcriptions and their discernible emotions during the actual interview (visible within accompanying fieldnotes).

Another implication for this research is the need for a shift from a curative to a preventative paradigm within the approach toward sports injuries. As White (2004) recommends, “rather than merely developing reactive ways of treating injuries once they have been sustained, there is a serious need to proactively work toward preventing injury, and developing effective preventative strategies” (p.326). This preventative tactic starts with the mental and physical education of citizens (both athletes and the general public) to be critical consumers of the sports, fitness and leisure industries, and to be aware of the potential repercussions of violent, high-risk, contact sport. One feasible strategy is to make painful sports injuries both visible and palpable, and to gradually replace the discourse of inevitable pain in sport with one that affirms physical and emotional health. This strategy involves the development of counternarratives within the domain of sport to destabilize, deconstruct, challenge and provide alternatives to the dominant masculinist discourses that currently circulate and dominate. Sport policy needs to address the issue of pervasive sport injury in a non-gendered, non-essentialist manner in an attempt to neither “silence” women’s experiences nor “feminize” those of men—but to promote the

idea of a culture of precaution (Safai, 2004) with the ultimate goal of healthy and life-long participation.

In closing

My hope with this thesis “story” is that it, as an act of witness, is able to highlight some of the narrative identity dilemmas and constraints that these injured athletes encounter on a daily basis. I also hope that this exploratory research will encourage further inquiry into issues and interpretations of risk, pain, injury and suffering and promote awareness of alternative repertoires of pain and injury language in athletic subculture.

References

- Achebe, N. (2002). Nwando Achebe—daughter, wife, and guest—A researcher at the crossroads. *Journal of Women's History*, 14(3), 9-31.
- Anderson, K. & Jack, D.C. (1991). Learning to Listen: Interview Techniques and Analyses. In S. Gluck & D. Patai (Eds.), *Women's words: The feminist practice of oral history* (pp. 11-26). London: Routledge.
- Becker, G. (1997). *Disrupted lives*. Los Angeles, CA: University of California Press.
- Berger, L. (2001). Inside out: Narrative autoethnography as a path toward rapport. *Qualitative Inquiry* 7(4), 504-518.
- Borland, K. (1991). 'That's not what I said': Interpretive conflict in oral narrative research. In S. Gluck & D. Patai (Eds.), *Women's words: The feminist practice of oral history* (pp. 63-75). London: Routledge.
- Bourdieu, P. (1977). *Outline of a theory of practice*. Cambridge: Cambridge University Press.
- Bourdieu, P. (1978). Sport and social class. *Social Science Information* 17(6), 819-840.
- Bourdieu, P. (1984). *Distinction: A social critique of the judgement of taste*. London: Routledge.
- Brewer, B., Van Raalte, J. & Linder, D. (1993). Athletic identity: Hercules' muscles or Achilles' heel? *International Journal of Sport Psychology* 24(3), 237-254.
- Bruner, J. (1990). *Acts of meaning*. Cambridge, MA: Harvard University Press.
- Bryshun, J. & Young, K. (1999). Sport-related hazing: An inquiry into male and female involvement. In P. White & K. Young (Eds.), *Sport and gender in Canada* (pp. 269-292). Toronto, ON: Oxford University Press.

- Bury, M. (1982). Chronic illness as a biographical disruption. *Sociology of Health and Illness* 4(2), 167-182.
- Connell, R.W. (1987). *Gender and power*. Stanford, CA: Stanford University Press.
- Cubbin, C. & Smith, G.S. (2002). Socioeconomic inequalities in injury: Critical issues in design and analysis. *Annual Review of Public Health* 23, 349-375.
- DeVault, M. (1999). *Liberating method: Feminism and social research*. Philadelphia, PA: Temple University Press.
- Donnelly, P. (2004). Sport and risk culture. In K. Young (Ed.), *Sporting bodies, damaged selves: Sociological studies of sports related injury* (pp. 29-58). Oxford: Elsevier.
- Fowler, B. (1997). *Pierre Bourdieu and cultural theory: Critical investigations*. Thousand Oaks, CA: Sage.
- Fowler, B. (2000). *Reading Bourdieu on society and culture*. Oxford: Blackwell.
- Frank, A. (1991). *At the will of the body: Reflections on illness*. Boston, MA: Houghton Mifflin.
- Frank, A. (1995). *The wounded storyteller: Body, illness and ethics*. Chicago, IL: University of Chicago Press.
- Glaser, B.G. & Strauss, A.L. (1967). *The discovery of grounded theory: Strategies for qualitative research*. Chicago, IL: Aldine Publishing Company.
- Good, M.D., Brodwin, P.E., Good, B.J. & Kleinman, A. (1992). *Pain as human experience: An anthropological perspective*. Berkeley, CA: University of California Press.
- Hall, M.A. (1993). Feminism, theory, and the body. *Journal of Sport and Social*

Issues 17(2), 98-105.

Hall, M.A. (1996). *Feminism and sporting bodies: Essays on theory and practice.*

Champaign, IL: Human Kinetics.

Hammersley, M. & Atkinson, P. (1995). *Ethnography: Principals and practice.* New York, NY: Routledge.

Heywood, L. & Drake, J. (1997). *Third wave agenda: Being feminist, doing feminism.* Minneapolis, MN: University of Minnesota Press.

Heywood, L. & Dworkin, S.L. (2003). *Built to win: The female athlete as cultural icon.* Minneapolis, MN: University of Minnesota Press.

Hill-Collins, P. (1999). Learning from outsider within: The sociological significance of Black Feminist thought. In S. Hesse-Biber, C. Gilmartin & R. Lydenberg (Eds.), *Feminist approaches to theory and methodology* (pp. 155-178). London: Oxford.

Hughes, R. & Coakley, J. (1991). Positive deviance among athletes: The implications of overconformity to the sport ethic. *Sociology of Sport Journal* 8(4), 307-325.

Jenkins, R. (1992). *Pierre Bourdieu.* London: Routledge.

Kelly, M. & Field, D. (1996). Medical sociology, chronic illness and the body. *Sociology of Health and Illness* 18(5), 241-257.

Laberge, S. & Sankoff, D. (1988). Physical activities, body habitus, and lifestyles. In J. Harvey & H. Cantelon (Eds.), *Not just a game: Essays in Canadian sport sociology* (pp. 267-286). Ottawa, ON: University of Ottawa Press.

Majors, R. (1990). Cool pose: Black masculinity and sports. In M. Messner & D. Sabo (Eds.), *Sport, men and the gender order: Critical feminist perspectives* (pp. 109-114). Champaign, IL: Human Kinetics.

- Majors, R. & Billson, J. (1992). *Cool pose: The dilemmas of Black manhood*. New York, NY: Lexington Books.
- Mays, N. & Pope, C. (2000). Quality in qualitative health research. In C. Pope & N. Mays (Eds.), *Qualitative research in health care* (pp. 89-101). London: BMJ Books.
- McDermott, L. (1996). Toward a feminist understanding of physicality within the context of women's physically active and sporting lives. *Sociology of Sport Journal* 13(1), 12-30.
- Messner, M. (1992). *Power at play: Sports and the problem of masculinity*. Boston, MA: Beacon.
- Messner, M. & Sabo, D. (Eds.). (1990). *Sport, men and the gender order: Critical feminist perspectives*. Champaign, IL: Human Kinetics.
- Mueller, F., Cantu, R. & Van Camp, S. (1996). *Catastrophic injuries in high school and college sports*. Champaign, IL: Human Kinetics.
- Neversen, N. & White, P. (2002). Muscular, bruised and sweaty bodies...This is not Barbie territory. *Canadian Woman Studies* 21, 44-50.
- Nixon, H.L. (1992). A social network analysis of influences on athletes to play with pain and injuries. *Journal of Sport and Social Issues* 16(2), 127-135.
- Nixon, H.L. (1993a). Accepting the risks of pain and injury in sport: mediated cultural influences on playing hurt. *Sociology of Sport Journal* 10(2), 183-196.
- Nixon, H.L. (1993b). Social network analysis in sport: emphasizing social structure in sport sociology. *Sociology of Sport Journal* 10(3), 315-321.
- Nixon, H.L. (1994a). Coaches' views of risk, pain, and injury in sport, with special

- reference to gender differences. *Sociology of Sport Journal* 11(1), 79-87.
- Nixon, H.L. (1994b). Social pressure, social support, and help seeking for pain and injuries in college sports networks. *Journal of Sport and Social Issues* 18(4), 340-355.
- Nixon, H.L. (1996). Explaining pain and injury attitudes and experiences in sport in terms of gender, race, and sports status factors. *Journal of Sport and Social Issues* 20(1), 33-44.
- Personal Narratives Group (Eds.). (1989). *Interpreting women's lives: Feminist theory and personal narratives*. Indianapolis, IN: Indiana University Press.
- Razack, S. (2000). Your place or mine? Transnational feminist collaboration. In A. Calliste & G. Dei (Eds.), *Anti-racist feminism* (pp. 39-53). New York, NY: Fernwood.
- Reinharz, S. (1992). Feminist ethnography. In *Feminist methods in social research* (pp. 46-75). London: Oxford.
- Reissman, C.K. (1990). Strategic uses of narrative in the presentation of self and illness. *Social Science and Medicine* 30(11), 1195-1200.
- Reissman, C.K. (1993). *Narrative analysis*. London: Sage.
- Roderick, M. (1998). The sociology of risk, pain and injury: A comment on the work of Howard L. Nixon. *Sociology of Sport Journal* 15(1), 64-79.
- Rosenwald, G.C. & Ochberg, R. (Eds.). (1992). *Storied lives: The cultural politics of self-understanding*. New Haven, CT: Yale University Press.
- Sabo, D. (2004). The politics of sports injury: Hierarchy, power, and the pain principle. In K. Young (Ed.), *Sporting bodies, damaged selves: Sociological studies of*

- sports related injury* (pp. 59-80). Oxford: Elsevier.
- Sabo, D. & Panepinto, J. (1990). Football ritual and the social reproduction of masculinity. In M. Messner & D. Sabo (Eds.), *Sport, men, and the gender order: Critical feminist perspectives* (pp. 115-127). Champaign, IL: Human Kinetics.
- Safai, P. (2004). Negotiating with risk: Exploring the role of the sports medicine clinician. In K. Young (Ed.), *Sporting bodies, damaged selves: Sociological studies of sports related injury* (pp. 269-286). Oxford: Elsevier.
- Sherif, B. (2001). The ambiguity of boundaries in the fieldwork experience: Establishing rapport and negotiating insider/outsider status. *Qualitative Inquiry* 7(4), 436-447.
- Shilling, S. (1993). *The body and social theory*. Thousand Oaks, CA: Sage.
- Sparkes, A.C. & Smith, B. (2002a). Men, sport, spinal cord injury and the construction of coherence: Narrative practices in action. *Qualitative Research* 2(2), 143-171.
- Sparkes, A.C. & Smith, B. (2002b). Sport, spinal cord injury, embodied masculinities, and the dilemmas of narrative identity. *Men and Masculinities* 4(3), 258-285.
- Sparkes, A.C. & Smith, B. (2003). Men, sport, spinal cord injury and narrative time. *Qualitative Research* 3(3), 295-320.
- Strauss, A.L. & Corbin, J.M. (1998). *Basics of qualitative research: Techniques and procedures for developing grounded theory*. Thousand Oaks, CA: Sage.
- Theberge, N. (1995). Gender, sport, and the construction of community: A case study from women's ice hockey. *Sociology of Sport Journal* 12(4), 389-402.
- Theberge, N. (1997). It's part of the game: Physicality and the production of gender in

- women's hockey. *Gender & Society* 11(1), 69-87.
- Turner, B.S. (1992). *Regulating bodies: Essays in medical sociology*. London: Routledge.
- Turner, B.S. & Wainwright, S.P. (2003). Corps de Ballet: The case of the injured ballet dancer. *Sociology of Health and Illness* 25(4), 269-288.
- White, P. (2004). The costs of injury from sport, exercise and physical activity. In K. Young (Ed.), *Sporting bodies, damaged selves: Sociological studies of sports related injury* (pp. 309-331). Oxford: Elsevier.
- White, P. & Young, K. (1999). Is sport injury gendered? In P. White & K. Young (Eds.), *Sport and gender in Canada* (pp. 69-84). Toronto, ON: Oxford University Press.
- Widdance Twine, F. (2000). Racial ideologies and racial methodologies. In F. Widdance Twine & J. Warren (Eds.), *Racing research, researching race: Methodological dilemmas in critical race studies* (pp. 87-102). Thousand Oaks, CA: Sage.
- Williams, G. (1984). The genesis of chronic illness: Narrative re-construction. *Sociology of Health and Illness* 6(2), 175-200.
- Williams, L. (1994). Sportswomen in Black and White: Sports history from an Afro-American perspective. In P. Creedon (Ed.), *Women, media and sport: Challenging gender values* (Part one). London: Sage.
- Williams, S.J. (1996). Medical sociology, chronic illness and the body: A rejoinder to Michael Kelly and David Field. *Sociology of Health and Illness* 18(5): 699-709.
- Wilson, B. (1999). "Cool Pose" Incorporated: The marketing of Black masculinity in

- Canadian NBA coverage. In P. White & K. Young (Eds.), *Sport and gender in Canada* (pp. 232-253). Toronto, ON: Oxford University Press.
- Wilson, B. & Sparks, R. (1999). Impacts of black athlete media portrayals on Canadian youth. *Canadian Journal of Communication*, 24(4), 589-627.
- Young, K. (1989). Narrative embodiments: Enclaves of the self in the realm of medicine. In J. Shotter & K. J. Gergen (Eds.), *Texts of identity* (pp. 152-165). London: Sage.
- Young, K. (2004). Sports-related pain and injury: Sociological notes. In K. Young (Ed.), *Sporting bodies, damaged selves: Sociological studies of sports related injury* (pp. 1-25). Oxford: Elsevier.
- Young, K. & White, P. (1995). Sport, physical danger, and injury: The experience of elite women athletes. *Journal of Sport and Social Issues* 19(1), 45-61.
- Young, K. & White, P. (1999). Threats to sports careers: Elite athletes talk about injury and pain. In J. Coakley & P. Donnelly (Eds.), *Inside sports* (pp. 203-213). London: Routledge.
- Young, K., White, P. & McTeer, W. (1994). Body talk: Male athletes reflect on sport, injury, and pain. *Sociology of Sport Journal* 11(2), 175-194.

Appendix B: Information and Consent Form

INFORMATION AND CONSENT SHEET

Study Title: Female Competitive Athletes and the Social Experience of Pain and Injury

Brief Description of the Study: This study aims to find out more about the experiences and perspectives of those who have sustained a severe or debilitating injury while participating in competitive sport.

In particular, I am interested in finding out more about:

- the ways that athletes talk about, and make sense of, their injury experience
- details on how and why athletes started participating in the sport
- athlete's perspectives on their body, on the injured body, and on how sport affects the body

The hope is that the study results can be used to help researchers, practitioners and policy-makers more effectively understand the social and psychological experience of injury within sport. For athletes such as yourself, the hope is that the information discovered allows you to recognize a common ground with your fellow athletes, and that the process may help you to make sense of your body and your injury experience by sharing it in your own words.

The study is for completion of an M.A. thesis, and is conducted through the School of Human Kinetics at the University of British Columbia. The graduate student investigator is Meridith Griffin, a Masters candidate in the area of Leisure and Sport Management. This project is funded by a Canada Graduate Master's Scholarship, awarded through the Social Sciences and Humanities Research Council of Canada.

The Interview and Your Participation: Your participation in this study would include 2 interviews. Each interview would take approximately one hour. The interviews would take place approximately one week apart. The interviews will be recorded on a cassette recorder.

Confidentiality: Your participation in the study is confidential. The transcripts from the data will be secured by password on a computer and the audiotapes will be secured in a locked cabinet. An assigned identification number will match your questionnaire to your interview transcript, ensuring that your name is not associated with any of the data. You will not be identified by name in any report emerging from this study.

Appendix C: Biographical Information Questionnaire

ID #: _____

QUESTIONNAIRE: BIOGRAPHICAL INFORMATION

Study Title: Female Competitive Athletes and the Social Experience of Pain and Injury

Instructions: The following questions are intended to obtain some background information about you. Answer all questions as accurately as you can. If it is unclear what is being asked, please ask for help or clarification from the researcher.

1. Age: _____ (years)
2. How long have you lived in Canada? _____ (years)
If you were not born in Canada, how old were you when you first moved to Canada? _____ (years)
3. What is your ethnic background? _____
4. What is your education level? (check in each column as appropriate)
Some high school _____
Finished high school _____
Some college _____
College diploma _____
Some university _____
University degree _____
Other (please specify) _____
5. Please identify your occupation. (This includes part-time work):

6. How long have you played competitive soccer? _____ (years)
7. At what competitive level have you participated? (check in each column as appropriate).
Regional competitive _____
College _____
University _____
Provincial _____
National _____
Semi-professional _____
Professional _____

Version: October 18, 2004—Page 1 of 1

Appendix D: Interview Guide

(version—January 11, 2005)

Female Competitive Athletes and the Social Experience of Pain and Injury

The following questions represent an overarching agenda for multiple interviews with study participants. The questions will be pursued flexibly and may be altered and added to over time as different themes and patterns emerge in the data.

Interview #1:

- Tell me the “story” of how you got injured—the injury that most affected you, or discuss more than one. (the actual physical events that occurred).
- Describe your recovery and rehabilitation experiences.
- How would you describe this experience?
 - How did it make you feel about yourself?
 - How did it make you feel about your body?
- How did others react to the injury? (teammates, coaches, parents, friends...? e.g., sympathy, anger, shock, support, etc)
- What was it like to watch others compete while your injury prevented you from doing so?
- Are you participating now?
 - If so, were you fully recovered when you began competing again? What is your attitude toward re-injury? Do you play with any hesitation or fear in certain situations on the field?
 - If not, do you plan to return to competition? What is your attitude toward re-injury?
- Do you think this injury will affect your performance in competition? If so, how?
- Do you think this injury will have any effect on you in the long-term? (physically, emotionally/mentally...?)

Interview #2:

- How old were you when you started playing soccer?
- How did you start participating...? Who encouraged you to begin?
- Did you ever feel limited/constrained in your early or continual participation?
- Describe any events, scenarios, encounters that affected your sporting participation (positive or negative).
- Describe any important early influences in your soccer career (i.e., parents, coaches, peers)?
 - Why was this person so important?
 - How did this person regard/treat the presence of pain and/or injury within the sport?
 - Can you remember and describe any events/situations that would reveal or demonstrate his/her attitude toward pain and injury? (i.e., you or a teammate sustaining a minor injury while participating and his/her reaction?)
- Why did you continue to play—describe the motivations and desire that resulted in you continuing to participate? Did they come from internal or external sources? How?
- Who encouraged and supported you the most within the sport?
- Is it common for women in your family to participate in competitive/contact sport? What about the men?
- Describe whether anyone in your family (nuclear, blended, or extended) questioned your commitment to sport? Did/do you discern a difference in attitude toward participation based on gender?
- Did you give up other activities in order to pursue soccer? How did you justify the choices you made at the time? Have you ever regretted not pursuing other sporting and non-sporting avenues?
- Was there anyone who discouraged you from participating—describe any instances or scenarios where you felt discouraged from participating.
- Describe the “make-up” of your support system—are/were most of your friends within, or outside of, your soccer environment? Why?
- Do you think that playing competitive soccer is a healthy activity? What is your definition of “healthy”?

- What are your views on pain tolerance and competition?
- What is your mental and/or physical reaction when you know you are playing a rough/violent opponent?
- How did/do you, personally, deal with your own pain?
- How do you view the role that trainers, sports med clinics, rehab centres and physiotherapists play for injured athletes? Did anyone ask you to express or discuss your emotional or psychological reaction to your injury in the recovery process? Who do/would you feel comfortable talking to about this?
- Do you feel that participating in soccer at a competitive level enabled or constrained your opportunities in other realms? Did it create more opportunities for you—sporting or otherwise—through contacts made, or a form of employment?
- Do you think that participating at a competitive level taught you values and abilities you can transfer to other areas of life? (Describe potential values/abilities that you believe your participation fostered or developed—any specific examples?)
- How widespread do you think pain and injury are in your sport? (Do you think that this is at all problematic?)
- Do you think that competing can potentially be dangerous? How?

If so, what makes it worth the risk for you? For your teammates?
(Do you think that other's motivations and reasons for participating despite risk differ from yours? How?)