“Walking the fine line?” : Young people, sporting risk, health and embodied identities

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"WALKING THE FINE LINE?": YOUNG PEOPLE, SPORTING RISK, HEALTH AND EMBODIED IDENTITIES

by

Lara Killick

A Doctoral Thesis

Submitted in partial fulfillment of the requirements for the award of Doctor of Philosophy of Loughborough University

MAY 2009

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Abstract

Contrary to the pervasive ideology linking sport and good health a substantial body of sociological literature suggests that adult sports participation is occurring in a ‘culture of risk’ which glorifies pain, rationalises risk and promotes the practice of playing hurt (Messner, 1990; Nixon, 1992; Curry 1993; Pike, 2000; Roderick et al, 2000; Safai, 2003; Howe, 2004; Young, 2004a; Liston et al, 2006). Using this corpus of knowledge as a point of departure, this study directs attention towards young people’s sporting risk encounters within the specific context of school sport. Guided by a process-sociological framework (Elias, 1978, 1991, 2000 [1939]), it offers an insight into the ways in which young people interpret, experience and manage sporting risk and episodes of sporting pain and injury whilst at school. The research draws on data generated by 1,651 young people aged between ten and sixteen years old using a three-phase data collection programme. The programme incorporated self-report questionnaires, semi-structured interviews and group-based creative tasks and was conducted in six secondary schools located in “Churchill”, a major English conurbation. The findings suggest that school sport worlds (re)produce two entwined, yet competing sets of beliefs, attitudes and practices related to sporting pain and injury and are best described as webs of risks and precaution and protectionism. Rather than adopting a more cautious approach to pain and injury the data indicates that this cluster of young people frequently play hurt, normalise injury and engage in forms of ‘injury talk’ that discredit episodes of sporting pain. In so doing, they may be placing their short and long-term physical, psychological, social and moral health in jeopardy. However, it is argued that this collection of sporting practices are highly valued by young people and are integral to the ways in which they assign and perform a range of dissecting and fluid embodied identities. Notwithstanding the potential for sporting risk encounters to engender damaging, disrupting and debilitating outcomes, the data also emphasises the potential for these experiences to act as important spaces in which young people are able to probe their bodily limits, develop corporeal knowledge and experience pleasurable emotions (Maguire, 1991a). This thesis draws attention to the duality of sport and calls for a more reality-congruent approach to the sport-health-risk-youth nexus in the development of future (school) sport worlds.

Keywords: Young people, sporting risk, health, embodied identities, playing hurt, exciting significance, process-sociology.
Acknowledgements

This PhD has been a marathon of the highest order and I would not have got to the end without the love and support of numerous people. Dad, Julia and Gareth; you have been there in the best of times and worst of times. Whilst I still don’t think that I can tell you ‘the point’ of all this, here it is, all 338 pages of it. Dad, I’m off to get a “proper job” now, I promise.

Joe, I don’t think I have the words to thank you for all your support, patience and wisdom over the past four years. It has, without doubt, been an inspiration to have you as my supervisor and I can only hope that I have done you proud. This moment of “exiting significance” [sic] is one I’ll treasure.

Thanks must also go to Professor John Evans, for keeping this research on the straight and narrow and Professor Eric Dunning for pushing me to think so hard that it hurt. To Professor Chris Shilling and Dr Michael Atkinson for keeping me on my toes in my Viva and providing such constructive feedback. There are two other members of staff at Loughborough who warrant a special mention. Paul McGahey -that I made it this far is, in no small part, down to your unwavering support and continued understanding - and Martin Ashby- my all round questionnaire guru and fellow lover of cricket, your patience, time and commitment to my research knew no bounds. Thank you does not go far enough, you are both heroes in my book.

I have been lucky enough to spend the last four years in the company of so many fantastic sociological imaginations, who always had time to help me clear my latest hurdle. Emma and the Stewman, I would have given up after the first bend without you. Your friendship, encouragement, eternal optimism that ‘things will get brighter’ and supply of tea and tissues were never-ending. You had my back and for that I will be eternally grateful. Thanks also to all the residents of ZZ 116 especially John Kelly, Jung Woo Lee, Marie Dannhaeuser, Andrea Scott and the PESP crowd, Laura Ward, Rachel Allwood, Erin Minotis; Long may the walls be yellow and the kettle be on! The BSA crew, Ruth Lewis, Mark Doidge, Mike Bracher, Beth Simmonds, Kate Woodthorpe, Carrie Dunn, Jim Lusted, Rob Lake, George Turner, Tom Gibbons and Sandra Harris- you guys have given me some of the best memories of my PG days, thank you so much for the never-ending support and motivation. The cohorts of “deviance” and MSOMS between 2005-2008, especially Alex Channon, Chris Matthews, Oli Williams and Bekki Youell, you guys remind me why I started this in the first place, truly my inspiration, you will go onto such bigger and better things.

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I couldn’t have got down the final 100m without my US “family”, Jenn, the Grandparents, all the Lawrence crowd. You weathered the tears and the frustration
and helped me bring the whole damn thing together. It’s finally over and here’s to celebrating the ‘Red Lyon way’. Bring on August 29th, its gonna hurt.

Last but by no means least, I have to thank all of those at the six schools who gave up their valuable time to help co-ordinate this research. I can’t name you, but you know who you are! Without your commitment there would be no PhD. The biggest thank you of all goes to Justine, Taylor, Samantha, Rosie, Ellie, Maddie, Beth, Susan, Anna, Zoë, Christina, Saskia, Louise, Ella, Spiro, Tyra, Dani, Kylie, Elvis, Fred, James, Billy, Teddy, Richard, Stevie, Nigel, Ian, Roxie, Courtney, David, Dan, Ben, Sam, Mercedes, Cassie, Rachel, Steven and Phil. I only hope that I did your experiences justice. Thank you for teaching me what “rawly” means and reminding me why you should never listen to people who tell you not to work with kids or animals.

There are two people I wish could see the fruition of all the work, to them I dedicate this thesis.

Ena Killick (1914 – 2004)
David Asquith (1978 – 1997)

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<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>BMI</td>
<td>Body Mass Index</td>
</tr>
<tr>
<td>DCMS</td>
<td>Department of Culture, Media and Sport</td>
</tr>
<tr>
<td>DiELL</td>
<td>Department for Education and Lifelong Learning</td>
</tr>
<tr>
<td>DoES</td>
<td>Department for Education and Skills</td>
</tr>
<tr>
<td>DoH</td>
<td>Department of Health</td>
</tr>
<tr>
<td>ECB</td>
<td>England and Wales Cricket Board</td>
</tr>
<tr>
<td>ECSC</td>
<td>Extra-Curricula Sports Clubs</td>
</tr>
<tr>
<td>IRB</td>
<td>International Rugby Board</td>
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<tr>
<td>KS3</td>
<td>Key Stage Three</td>
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<td>LEA</td>
<td>Local Education Authority</td>
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<tr>
<td>NCPE</td>
<td>National Curriculum for Physical Education</td>
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<td>OPSI</td>
<td>Office for Public Sector Information</td>
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<td>PE</td>
<td>Physical Education</td>
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<td>PSHEE</td>
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<td>PT</td>
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<tr>
<td>QCA</td>
<td>Qualifications and Curriculum Authority</td>
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<td>WHO</td>
<td>World Health Organisation</td>
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**Pseudonyms**

<table>
<thead>
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<th>Description</th>
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<tr>
<td>Churchill</td>
<td>Conurbation in which research took place</td>
</tr>
<tr>
<td>Pitt</td>
<td>Local Education Authority (1)</td>
</tr>
<tr>
<td>Wilson</td>
<td>Local Education Authority (2)</td>
</tr>
<tr>
<td>Asquith</td>
<td>Local Education Authority (3)</td>
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<tr>
<td>Pitt Park School</td>
<td>Single-sex female state school</td>
</tr>
<tr>
<td>Pitt Valley School</td>
<td>Single-sex male state school</td>
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<td>Pitt Community School</td>
<td>Co-educational state school</td>
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<td>Wilson High</td>
<td>Single-sex female independent school</td>
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<tr>
<td>Royal Wilson School</td>
<td>Single-sex male independent school</td>
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<tr>
<td>Asquith High</td>
<td>Co-educational independent school</td>
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Chapter 1:
Introduction

In March 2004 Tessa Jowell, the then-Secretary of State for Culture, Media and Sport, addressed delegates of the 6th annual Sports College Conference in the UK. During her speech, Ms Jowell emphasised the central role of the State physical education (PE) system in addressing growing concerns about childhood obesity and physical activity rates amongst the UK population. She declared that schools:

Are at the centre of what it is we are trying to do.
You are the foundation, the very bedrock of what we are trying to build in sport in this country. The Government is committed to sport. Why? Sport is good in itself. But it also has many other benefits.
...our last Manifesto said a good sport policy is a good health policy, a good crime reduction policy, a good way to build communities. It is just that.
You will understand and none of us can escape it — we face an epidemic of obesity, especially in young people...getting the active habit is a key prevention strategy and needs to begin in school (Jowell, 2004: emphasis added).

Five months later Ms Jowell announced Labour’s plans to increase competitive sport provision within UK schools¹ (BBC News, 2004). Her announcement was made eleven days into the 2004 Athens Olympics, in which Great Britain eventually won thirty medals (IOC, 2004). During her television appearance, Ms Jowell stated:

What is important is that the more children who play sport, and the more sports they play; the more likely it is they are going to discover a talent.

These speeches highlight the explicit mobilisation of PE and achievement sport to meet the dual targets of talent identification and health promotion (Kirk, 2004, 2006). Five years have passed since Ms Jowell’s two appearances, during which time, there has been a marked increase in the number of newspaper articles espousing the positive role sport can play in the moral panic surrounding obesity, a proliferation of

¹ Where appropriate the blanket term of UK schools is used to refer to schools in England, Wales, Scotland and Northern Ireland. In light of the devolution process and the subsequent creation of the Scottish Parliament and National Assembly for Wales (Cynulliad Cenedlaethol Cymru), where necessary the thesis will be more specific and refer to English schools.
new government polices that champion the role of PE and sport in directly targeting a host of social ‘problems’ and an ongoing growth in the sport-health industry (DCMS, 2004, 2005; Davies, 2005; Sport England, 2005a & b; Respect Task Force, 2006; Bates, 2007; Smith-Maguire, 2007). These events reflect a series of assumptions made about the relationships between sport, health, sporting excellence and physical education within Western societies and serve as a useful introduction to this research (Kirk & Gorley, 2000; Maguire, 2004).

1.1 Addressing a gap in the literature: Purpose and intent of the research

These events, which promulgate the positive correlation between sport, health and PE, are grounded in a long-standing ideology connecting sport and good health, which research suggests spans both generational and cultural boundaries (Mangan, 1998 [1986]; Hargreaves, 1994; Waddington, 2000). Whilst this correlation may appear, at first glance, to be overwhelming and incontrovertible the public policies and academic literature that promote achievement sport as an appropriate agent to address various social ‘problems’ are premised on a very one-sided perception of sport. That is, they emphasise the health and social benefits of sporting cultures whilst largely ignoring their “very limiting, often painful downside” (Messner & Sabo, 1990: 14).

Recent literature to emerge from the sociology of sport provides a platform for the critical examination of this dominant sport-health ideology (see Young, 2004a; Loland et al, 2006). Whilst sociologists remain mindful of the positive physical, social, emotional and cultural benefits associated with human sporting performances, the adoption of a sociological approach nevertheless probes the “duality of sport” (Eitzen, 2006: 1). A growing corpus of evidence suggests that rather than receiving wholesale health benefits from sports participation, some adults may be placing their long-term physical, psychological, moral and social health at risk through their sporting activity (see Curry, 1993; Nixon, 1993a, 2004; Pike, 2000; Roderick et al, 2000; Howe, 2001; Charlesworth, 2002; Young, 2004a).

The identification of a “public culture of risk, pain and injury” (Nixon, 1994a: 79) lies at the heart of this body of work concerned with the “dark side” of sporting

achievements (Eitzen, 2006: 75). A more detailed engagement with the literature is provided in Chapter Three, but as means of an introduction, it contends that sports participation occurs in a “cultural context that glorifies risk and normalises pain, injuries and playing hurt” (Nixon, 1994a: 79). Research demonstrates the willingness of elite and recreational adult athletes to:

Repeatedly place their bodies at risk by training while they are in pain, competing while they are injured or returning to sport before they are fully recovered (Charlesworth & Young, 2004: 163).

Furthermore, it illuminates forms of athletic “injury talk” (Young et al, 1994: 182) that serve to discredit, dismiss and depersonalise sporting pain and highlights the devastating emotional repercussions injuries carry for these athletes (Pike, 2000; Sparkes & Smith, 2002; Smith & Sparkes, 2004, 2005). Aspects of this sporting ‘culture of risk’ have been explored in the context of professional (Nixon, 1993a; Howe, 2001; Frey et al, 2004; Roderick, 2004; 2006b), university (Walk, 1997; Charlesworth, 2002; Safai, 2003; Liston et al, 2006) and recreational (Pike, 2000) sport. Notwithstanding a few noticeable exceptions (see Fine, 1987; Ryan, 1995; Malcom, 2006; Killick, 2007), a dearth of sociological literature related to young people currently exists within the field. Drawing on a process-sociological framework, it is the intention of this thesis to continue efforts to address this disparity in research through an examination of young people’s sporting risk encounters at secondary school. Its primary aim is to determine whether a sporting ‘culture of risk’ extends to this social milieu and the implications this may have for the ways in which young people ‘make sense’ of their sporting risk, pain and injury experiences.

Approaching this research from a process-sociological perspective necessitates two interconnected ground-clearing steps. First, it is necessary to map out the web of interdependent people, activity spaces and types of activities that produce school sport

2 This study utilises the term ‘young people’ to refer to the individuals involved in this project. Within the existing literature ten to sixteen year olds have be identified as ‘children’ (in accordance with the United Nations categorisation); ‘adolescents’, ‘youth’ or any combination of these terms. Debates around the social construction and classification of childhood occupies a large volume of literature (see James & Prout, 1997; Corsaro, 2005) and several of the central fault lines will be discussed in Chapter Two. For the purpose of this study, and in line with the theoretical approach utilised within, the term ‘young people’ is used to reflect the interdependency and plurality of people in their totality. Where the terms children, childhood or youth are used, this is merely to maintain consistency with the source literature.
(see Chapter Five). This process moves the research foci away from (injured) individuals-in-isolation towards the “ever-changing mechanisms of social interweaving” and (young) people in their plurality (Korte, 2001: 13). The second ground-clearing step explores this cluster of young people’s interpretation of (sporting) risk, pain and injury. This task involves mapping out their frameworks of understanding and locating these contemporary frameworks in their socio-historical context (see Chapter Six). Both of these steps bring to the fore the “problem of human interdependencies” and focus the research gaze firmly on the:

- Personal interdependencies, and above all emotional bonds between people, as agents which knit society together (Elias, 1978: 134, 137).

Since it is neither possible nor desirable to detach people from these interdependent relationships and examine either in isolation, in order to address the research question, this study magnifies three aspects of these relationships and explores them in situ (Elias, 1978). These are:

i) The cultural messages and practices mediated through school sport

ii) Young people’s embodied performance of sporting risk encounters at school

iii) The significance of young people’s sporting practices in broader identity politics.

In so doing, this research maps out the terrain of school sport with a view to teasing out the relationships that shape, and are shaped by, the ways in which young people experience and make sense of their sporting risk encounters. Only through a sociological examination of these relationships is it possible to explore whether young people’s participation in school sport is occurring in a ‘culture of risk’ and it’s interplay with the educational and health-affirming rhetoric of the NCPE.

**Setting the conceptual parameters**

As part of this Introduction, it is necessary to clarify, more precisely, the parameters of this research and clearly operationalise the term ‘school sport’. These qualifying statements are necessary given the conceptual differences between sport and physical activity and the range of settings in which young people may be physically active through sport at school (Waddington, 2000; Fox & Harris, 2003). Whilst notions of
sport and physical activity have become synonymous with one another in contemporary Western societies they remain conceptually distinct phenomena (Waddington, 2000). For the purposes of this research, physical activity is defined as “moderate, rhythmic and regular exercise” and encompasses activities such as brisk walking, jogging or recreational swimming (Smith and Jacobson, 1988: 126). In contrast, the concept of sport refers to “structured, goal-orientated, competitive, contest-based, ludic physical activity” (McPherson et al, 1989: 15). The institutionalised, competitive nature of achievement sport combined with the multiple intrinsic and extrinsic rewards bound up in sporting participation creates “a considerably more complex social activity” than the broad concept of physical activity (Waddington, 2000: 21).

Despite continued scholarly assertion that these two are conceptually distinct they are frequently conflated. Within UK schools, sports activities are considered suitable and adequate vehicles to promote physical activity by many practitioners (see Green, 2002; Ward et al, 2008) and policy makers (DCMS, 2000, 2004, 2005, 2006; DfES, 2004; DoH, 1992, 1999, 2008; Sport England, 2005a). At both KS3 and KS4 the NCPE unequivocally identifies the promotion of healthy lifestyles as one of its central aims and names sporting activities as appropriate means to achieve this (QCA, 2007a & b). The health benefits associated with physical activity are unproblematically bestowed upon achievement sport despite the fundamentally different, and more complex, set of social relations and patterns of activity involved in sports. This research probes whether this (un)intended conflation of sport and physical activity gives rise to a ‘gap’ between the rhetoric surrounding sport and the lived experiences of young sport performers at school.

Furthermore, it is possible to identify a range of settings in which young people can be physically active through sport3. This research focuses specifically on two of these, young people’s structured sports training in their school PE lessons and extra-curricula sports clubs (ECSC). It draws on the process-sociological concept of “sport

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3 For example, informal sports activities in communal areas (e.g. gardens, streets, parks, fitness gyms), structured sports training and competitions in PE and ECSC and structured sports training and competitions at formal sports clubs (at local, regional, national or international levels).
"Walking the fine line?": Young people, sporting risk, health and embodied identities.


worlds" to bring into clearer focus the parameters of this study (Maguire et al, 2002: xiii). Maguire and colleagues (2002: viii) posit that sport is a:

Form of collective action, involving a host of different people, connected in particular networks and creating particular forms of sport products and performances.

They draw attention to the people involved in producing sport, the activities in question and the spaces in which these activities take place and argue that, together these people, places and performances form “sport worlds” (Maguire et al, 2002: xiii). Moving beyond these features, they also emphasis the temporal (past and present) and comparative (local and global) dimensions of sport worlds. In so doing, several overlapping forms of sport performances (e.g. elite, recreational, extreme, school) can be identified resulting in the existence of several overlapping “sport worlds”. Moreover, these dissecting sport worlds are deeply embedded in ongoing, long-term, global social processes characterised by diminishing contrasts and increasing varieties and consist of (un)intended and (un)planned actions and outcomes (Goudsblom, 1977; Maguire, 1994). The concept of ‘sport worlds’ shares several commonalities with Weber’s (1949: 90) notion of ‘ideal types’ in that they are formed by the:

Synthesis of a great many diffuse, discrete, more or less present and occasionally absent concrete individual phenomena.

However, unlike Weber’s model ‘sport worlds’ are “not artificial structures imposed by the investigator on the people being observed...they are just as real as the people forming them” (Maguire, 1988: 189). For the purpose of this research, ‘school sport worlds’ relate to the network of people, embodied ideologies and activities, which together create sport performances and products within PE lessons and ECSC. Further consideration of the theoretical assumptions to underpin this framework for understanding the “intimate and extensive relations” between sport, culture and society is conducted in Chapter Three (Maguire et al, 2002: xix).

The decision to focus on young people’s risk encounters within school sport worlds is based on several factors. Existing research has concentrated almost exclusively on the experiences of elite sports performers (e.g. Roderick et al, 2000; Howe, 2004) or those over the age of eighteen who engage in sport on a voluntary basis (e.g. Pike,
2000; Charlesworth, 2002). Directing attention to school sport worlds explores a further set of social relations through which sport products and performances are created (Maguire et al, 2002). Evidence indicates that over 6.7 million young people in England take part in a wide range of sporting activities every week as part of their compulsory NCPE provision (National Audit Office, 2005). Furthermore, school sport worlds house a diverse population of young people, spanning a range of ages and ethnicities and including an array of sporting and socio-economic backgrounds (see Chapter Five). Therefore, directing attention at these worlds permits an exploration of the interplay between a “complex amalgam” of social identities and sporting risk encounters (Maguire, 1993: 46). In addition, schools have been identified as “totally pedagogised micro-societies in which health education is everywhere and everyone’s concern” and PE has been charged with the task of addressing the nation’s health ‘problems’ (Evans et al, 2008: 6). The political and cultural terrain of school sport worlds is reviewed in more detail in Chapter Two but given the centrality of sport in young people’s educational curricula and the role it is perceived to play in the attainment of ‘healthy lifestyles’, it appears necessary to subject the sport-health nexus within school sport worlds to further study.

1.2 Research objectives

The research objectives driving this study are threefold. In the first instance, it seeks to make a specific contribution to the field through its extensive exploration of young people’s sporting risk encounters in their school sport worlds. Young (2004b: 18; emphasis added) notes an oversight in existing research and policy literature and suggests that:

> Despite the fact that sports injury is clearly not restricted to adult participation, the physically and emotionally painful ramifications of injury for young and child athletes, and the extent to which sport might be abusive to children’s bodies, has been almost entirely ignored.

The unique contribution made by this thesis relates to this disparity in data. In contrast to existing studies, in which adults who have been enmeshed in sports worlds for long periods of time and often at an elite level comprise the population under scrutiny, this research focuses on young people in the educational environment of school sport. It seeks to shed light on the experiences of this previously marginalised group and
continue efforts to address gaps in our understanding. In so doing this research brings into clearer focus certain aspects of sporting risk encounters and opens up new lines of enquiry previously obscured.

Secondly, it seeks to contribute to ongoing and fruitful conceptual debates surrounding sporting risk encounters (Roderick, 1998; Nixon, 1998). Several theoretical frameworks have been employed to probe athletic experiences of risk, pain and injury including, but not limited to, matters of victimisation (Young, 1991), the influence of athletic social networks (Nixon, 1992), the positive deviance thesis (Hughes & Coakley, 1991) and the management of athletic self-identities (Pike, 2000). Whilst this study recognises and commends the efforts of these researchers to "propel [pain and injury] research into a more central place" in the field, it questions whether the existing frameworks for understanding are equipped to deal with the distinct tensions at play when we engage with issues surrounding young people, risk and school sport (Nixon, 2004: 82). Drawing on an uninterrupted dialogue between theory and evidence, it offers a process-sociological framework as a means to extend our understanding of sporting risk encounters in this context (Maguire, 1988). The central principles and conceptual tools integral to this approach are outlined more fully in Chapter Three.

The final research objective connects to policy implications and recommendations. A recent Sport England (2005a) initiative posits that "thirty minutes of 'Everyday Sport' can dramatically improve your happiness and health" yet academic research has shown that sports participation may incur debilitating injuries that have a significant impact on the physical, psychological and social health of the participants (Curry, 1993; Gilbourne, 2002; Smith & Sparkes, 2004, 2005; Sparkes, 1996a; Sparkes & Smith, 2002). The intention of this study is to peel back the rhetoric surrounding the sport-good health nexus and explore young people's actual experiences of sport and sports injury. The objective is to undertake a more "reality-congruent" approach to the role of sport in the promotion of physical activity and healthy lifestyles (Van Krieken, 1998: 72). The results of which may be used to inform policy decisions related to sport's position in health promotion initiatives, the educational practices of PE teachers, coaches and volunteers and the future development of school sport worlds.
In order to meet these objectives, a three-phase data collection programme involving 1,651 young people aged between ten and sixteen years old was conducted in six secondary schools. These six schools represented the range of educational institutions in England and were located in ‘Churchill’, a major English conurbation. The research strategy draws on recent developments in the sociology of childhood (see James & Prout, 1997), which recognise young people as active social agents, acknowledge their capacity to shape decision-making processes and highlight their capability for meaningful participation in research (Lloyd-Smith & Tarr, 2000; Greene & Hogan, 2006). The data collection programme was designed to facilitate young people’s voices within the research process and provide a space for the participants to recount their sporting risk, pain and injury experiences using their own frameworks of reference rather than those prescribed by the adult researcher or significant others (e.g. guardians⁴, PE teachers, coaches) (see Greig & Taylor, 1999; Christensen & James, 2000; Lewis & Lindsay, 2000; Sharmen et al, 2000; Lewis, 2003; Fraser et al, 2004; Clark & Moss, 2005). It involved a multi-method approach incorporating both traditional and creative methodological tools. Phase One consisted of a 26-item self-report questionnaire completed by 1,651 young people. Phase Two comprised of a battery of semi-structured interviews with thirty-eight young people during which they also undertook two photo elicitation tasks. The final phase involved a range of creative group tasks and was completed by ninety-eight of the participants during their PSHEE lessons. Chapter Four deals more explicitly with the underlying methodological principles, ethical concerns and administration of this programme.

1.3 Summary

While a substantive amount of research attention (see Young, 2004a; Loland et al, 2006) has been directed towards the experiences of adult sports performers, there remains a pressing need to examine the cultural context in which young people’s school sports participation occurs. Maguire (2004:300) argues that:

The pursuit of performance efficacy in achievement sport is damaging in specific anthropological, natural scientific and sociological

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⁴ The term ‘guardian’ is used to reflect the myriad of parental influences in the lives of contemporary young people including but not limited to mother, father, co-parent, step-parent, foster parent or other relatives (e.g. aunts, uncles or grandparents) (Cheal, 2002).
Despite this argument, achievement sport remains a cornerstone of PE curricula in the UK and is frequently employed to promote and encourage life-long healthy life-styles both in and outside of schools (DfES, 2004; Sport England, 2005a, 2008, 2009; QCA, 2007a & b). Unintended consequences of this process may include the promotion of a sporting ‘culture of risk’ within the supposedly health-affirming and educational context of PE and ECSC and young people’s over-conformity to an embodied sports ethic that promotes the uncritical acceptance of sporting risk and the practice of playing hurt (Hughes & Coakley, 1991). Far from emphasising the human development potential of sport (see Vanden-Auweele et al, 2006), this dominant body culture may be placing people’s short and long-term health at risk from a young age. Drawing on the experiences of 1,651 young people aged between ten and sixteen years old and guided by a process-sociological framework, this research examines several interconnected dimensions of sporting risk, pain and injury. These represent the processes by which young people come to understand, know, perform and make sense of their sporting risk encounters within the context of school sport. Locating this cluster of young people firmly within the webs of interdependency in which they are enmeshed, this research seeks to explore the degree to which a sporting ‘culture of risk’ extends to school sport worlds.
Chapter Two:

“It’s all about eating the right foods and doing a lot of exercise, right?”: The health-risk-youth nexus in school sport worlds

Shifting the research foci towards young people in their school sport worlds highlights three contextual and conceptual issues that require attention. The first of these relates to ‘health’. Sporting pain and injury can be positioned within a broader framework encapsulating physical, social and mental dimensions of health and well-being (WHO, 1946). As will be shown, ‘health’ has gained increasing cultural currency over the last twenty years and currently represents one of the foremost organisational, regulative and instructional concepts in contemporary Western societies (see Rich et al, in press). UK schools, and PE more specifically, are centrally placed in ongoing debates around health, youth and a perceived obesity ‘epidemic’ (Evans et al, 2008). This chapter briefly explores the sociogenesis of this PE-health-sport nexus in both State and Independent schools and outlines the implications of the current health climate for the ways in which young people understand and make sense of their bodies. A further feature of the cultural and political landscape in which this research is located, is the proliferation and social significance of ‘risk’ (Lupton, 1999a & b). This chapter briefly examines the sociogenesis of ‘risk’ and highlights the significance of ‘risk’ to the “cultural politics of childhood” and the ways in which we understand young people-adult relations (James & James, 2004: 6). The chapter concludes by mapping out efforts made to move towards a sociology of sporting risk (Pike & Maguire, 2003; Safai & Donnelly, 2007). In so doing, it draws attention to the relationship between ‘risk’, embodied emotions and the legislation governing sports activities in schools.

2.1 Health, sport and UK schools

‘Health’, as a regulative, organisational and instructional concept, has gained increasing cultural currency over the last twenty years and as a result has become the focus of much critical research (see Rich et al, in press; Evans et al, 2004a; 2008 Gard & Wright, 2005; Campos, 2004). This research demonstrates how the call to ‘be healthy’ has become a “ubiquitous motif” of everyday life in contemporary Western
societies (Nettleton, 1995: 1). Constant messages espousing the moral imperative to make the ‘right’ health choices and commit to acquiring a ‘healthy lifestyle’ bombard young people on a daily basis (see Saguy & Almeling, 2008). Newspaper headlines regularly scream the ‘dangers’ of the perceived growing rate of childhood obesity whilst TV programmes such as “Jamie Oliver’s School Dinners”, “The Biggest Loser” and “Celebrity Fit Club” emphasis individual responsibility and tie the production of slim, fit, toned bodies to the moral imperative of being a ‘healthy citizen’ (Gard & Wright, 2005).

A socio-historical analysis of ‘health’ reveals a significant shift in the social and cultural parameters of this concept over the last century. We have begun to move away from understanding health as merely the ‘absence of disease’ towards more holistic definitions, which encompass notions of well-being in addition to physical, mental and social dimensions. The World Health Organisation (1946: 100) currently define health as a “state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” and the Ottawa Charter posits that “to reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment” (WHO, 1986: 1). Health has come to be “regarded more as a product of social and behavioural factors than as a purely biological phenomenon” (Nettleton, 1995: 37). This process has included an increased recognition of the ways in which lay people, rather than medical ‘experts’, make sense of their lived, embodied experiences of ‘health’ and in so doing, a multitude of overlapping interpretations of health amongst the lay population have been uncovered (Davis & Dew, 1999; Wright & Burrows, 2004).

In order to make sense of the different ways in which people interpret health, a typology incorporating four broad definitions has been utilised by medical sociologists (see Figure 2.1.1).
"Walking the fine line?": Young people, sporting risk, health and embodied identities.

Figure 2.1.1: Typology of health

<table>
<thead>
<tr>
<th>‘Negative’ health</th>
<th>‘Positive’ health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understands health as the absence of disease (Calnan, 1987).</td>
<td>Approaches health as complete social, mental and physical well-being (e.g. WHO definition) (Netleton, 1995)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>‘Functional’ health</th>
<th>‘Experiential’ health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stresses the ability of the body to participate in ‘normal’ social roles (Parsons, 1979)</td>
<td>Acknowledges the importance of health to an individual’s sense of self (Kelman, 1975)</td>
</tr>
</tbody>
</table>

Research stresses the overlapping nature of these categories since we are likely to draw on several of these definitions simultaneously in our efforts to ‘make sense’ of health (Herzlich, 1973; Williams, 1983). Moreover, data suggests that our understandings of health are contoured along class (Blaxter, 1983; Scrambler & Higgs, 1999; Marmot, 2003; Williams, 2003), gender (Annandale & Hunt, 1990; Bird & Ricker, 1999; Evans et al, 2004b; Rich et al, 2004; Robertson, 2006) and ethnic (Howlett et al, 1992; Nazroo, 1998; LaVeist, 2005; Dew & Matheson, 2008) lines. Chapter Nine draws attention to the definitions of health utilised by this cluster of young people in their efforts to ‘make sense’ of their (injured) sporting bodies.

Notwithstanding the above observations, a dominant set of beliefs, attitudes and behaviours about what constitutes health, how it should be measured and managed and whose health knowledge is considered valid has been identified within contemporary Western societies. The term ‘healthism’, coined by the political economist Robert Crawford (1980), has come to represent this hegemonic set of ideologies, practices and discourses around health and the production, medicalisation, management and surveillance of ‘healthy’ bodies. Whilst the full scope of healthism need not detain us here, it encapsulates several assumptions that are pertinent for this study and require further attention.

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*I use ‘discourse’ to represent language and narratives. It is not intended to reflect the scope of the concept within post-structural or post-modern theoretical frameworks.*
The first of these relates to the processes of defining and measuring 'health'. Within healthism, health is presented as a "self-evident good" (Johns & Tinning, 2006:397) and is understood as a relatively unified, coherent concept underpinned by the twin notions of biomedicine and individualism (Rail & Beausoleil, 2003). Drawing on the central assumptions of these two positions, healthism considers the human body analogous with a machine and situates health 'problems' firmly within an individual's lifestyle choices (Johns & Tinning, 2006). Health is thus understood via a "doctrine of specific aetiology" in which the physiological body is taken as the locus of explanation, perception, diagnosis and intervention (Nettleton, 1995: 3). In addition, since lifestyles are considered under the complete control of the individual in question, health is envisioned as something that everybody can do something about and are packaged as "private issues of character" (Rail & Beausoleil, 2003: 6). In so doing, structural, material and collective contexts of health are neglected in favour of isolated individual factors, most noticeably personal diet and exercise habits (Chang & Christakis, 2002). The significant contouring of health experiences along class, gender, age or ethnic lines is obscured (Gard, 2004).

The notion of 'health' espoused by healthism is strongly connected to:

Personal practices associated with the body—specifically eating and exercise but also smoking, drinking and taking drugs (Wright & Burrows, 2004: 226).

To 'be healthy' is to engage in the 'right' amount of exercise, eliminate 'bad' foods from our daily diet and balance our 'lifestyle budgets' (Department of Health and Human Services, 2008a & b). Little recognition is given to aspects of health that fall outside of this exercise-diet-health nexus. The relationship between exercise and health is conceived in a very simplistic, unreflexive manner within the healthism ideology. Gard and Wright (2001: 536) identify this relationship as the "triplex of exercise=fitness=health" whereby exercise equates to fitness, which in turn always equates to health. As will be shown in Chapter Nine, this triplex carries important implications for the ways in which this cluster of young people understand their own, and other's, sporting bodies.
Moreover, healthism promotes the utilisation of people’s weight and physical appearance (rather than their functional ability) as the primary ‘markers’ of health, with the underlying assumption that we are able to read and interpret the health of an individual ‘off their body’ (Burrows & Wright, 2004a). The attainment of a specific body shape, size and weight is synonymous with ‘being healthy’. More precisely, the ‘healthy’ body is toned, active and (for women) slender and has been achieved through the hard work and dedication of its ‘owner’ (Tinning, 1985). Tools such Body Mass Index (BMI) contribute to the pathologisation of a particular weight range as ‘normal’ and become part of a “metric... which can be, and is, used by children to classify themselves and their peers” (Shilling, 2008a: xiii). Whilst, failure to adhere to the central tenets of healthism rarely results in legal sanctions researchers argue that we are nevertheless engaged in self-surveillance practices that sanction inactivity and gluttonous eating habits whilst reinforcing the disciplined world of healthy eating (Evans et al, 2008). This is connected to a shift away from collective responsibility for health on the part of the State towards a position where personal good health is “conceived as a controllable certainty for which individuals assume total responsibility” (Johns & Tinning, 2006: 398).

This process squarely locates the responsibility to ‘be healthy’ at the feet of the individual in question. In so doing, health has “become a new form of corporeal (self) control” and the embodied emotions of shame, guilt and blame have become “intimately tied” to an individual’s failure to exhibit such control (Rail & Beausoleil, 2003: 5). Health initiatives outline ‘right’ and ‘wrong’ ways of eating, behaving and looking and centralise an individual’s responsibility and personal choice to adhere to these messages (Campos, 2004). Research identifies a concomitant culture of blame, in which failure to accept, actively pursue and embody a ‘healthy status’ is considered a mark of moral degeneration, laziness, greed and self-indulgence (Gordon, 2000). Responses such as this are commonly observed on obesity-related blogs and online commentaries:

Apart from a few special cases the vast majority of over-weight or FAT adults (and I am unconcerned about treading on eggshells here), have only themselves to blame. It comes down to sheer

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6 Extensive discussion of the validity, reliability and limitations of BMI as a measurement of health has been undertaken elsewhere (see Campos, 2004; Gard & Wright, 2005).
laziness. Laziness when it comes to taking adequate exercise, and laziness when it comes to eating a correct, healthy diet. However by far the biggest criminals of all are the selfish, irresponsible, ignorant parents who feed their children, high fat, high sugar, high salt diets; establishing poor eating habits early in their lives. Parents that have brought up their children in this way and caused them to become FAT should be prosecuted. Period! (Vincent, 2008: emphasis added).

Indeed, Evans et al (2008: 38) argue that failure to embody a healthy lifestyle, most noticeably through the process of being overweight or obese, is “interpreted as an outward sign of neglect of one’s corporeal self; a condition considered as shameful, dirty or irresponsibly ill”.

Integral to this culture of blame is a ‘panoptican of health’ infused with tacit assumptions about normality, well-being and the quality of human existence. Researchers have identified multiple practices that serve to monitor and control people’s health behaviours and reinforce the notion that to be ‘thin’ is to be ‘healthy’ (Rich et al, 2004; Gard & Wright, 2005; Burrows & Wright, 2007). Within the specific context of schools, these practices have taken the form of lifestyle charts, food diaries, fitness and BMI tests in PE and the restriction of certain foods at canteens. Throughout their school lives, young people are learning particular ways of talking, thinking and feeling about their bodies, diets and exercise and are increasingly being “supplied with the tools to perform surveillant practices on themselves” (Burrows & Wright, 2007; 6). These practices promote the need for young people to demonstrate, in an active and obvious manner, their adherence to the central tenants of healthism to the extent that the pursuit of a healthy lifestyle is understood as a core dimension of responsible citizenship (Wright & Burrows, 2004). The powerful and damaging social consequences that result from a failure to meet this moral imperative have been highlighted at length in the critical obesity literature (see Rich et al, 2004, in press; Evans et al, 2008). However, to date there has been little exploration of the ways in which young people monitor and manage a specific dimension of their health experiences; their sports-related pain and injury. Chapters Six to Nine engage with these issues in further detail with Chapter Nine in particular,
addressing the stigmatisation associated with being ‘fat’ and its position as a central rationale in some young people’s decision to play hurt in PE.

The final dimension of healthism that requires brief attention at this point relates to the production of knowledge around health. Through a variety of sources we are regularly informed that the UK, as a nation, is the ‘fattest it has ever been’; that we are in the grips of a ‘global obesity epidemic’ and that failure to take responsibility and effect change endangers our wellbeing, the health of future generations and the environment (WHO, 2000; Lemonick, 2004; Wintour, 2006; Smith, 2008; Taylor, 2009). Within these reports ‘voices’ from medical and scientific communities provide ‘evidence’ testifying to the growing rates of obesity, particularly amongst young people, and implore the need for immediate action (see Donaldson, 2008).

Particular forms of health knowledge(s) are constructed as certain, undisputable scientific facts that are universally applicable to the global population (Campos, 2004; Gard & Wright, 2005). Despite a substantial volume of research indicating the uncertain foundations of the scientific evidence fuelling healthism, solid claims are made about the speed at which obesity is ‘spreading’, the adverse consequences that will inevitably follow and the specific lifestyle changes required to halt the slide into the dark abbess of poor health (Gard, 2004; Furedi, 2005a; Campos et al, 2006; Burrows & Wright, 2007). Moreover, healthism is associated with the emergence of health ‘experts’ and an associated “corporate colonization of health” (Rail & Beausoleil, 2003: 1). Public health practitioners, members of the medical profession and others with vested interests make ‘claims of truth’ around health and mobilise these claims for strategic purposes (Lupton, 1995). Given the powerful status accorded to the medical profession in the contemporary Western World, knowledge generated by these experts “comes to be considered ‘the thinkable’ and ‘sacred’” (Evans et al, 2008: 20). ‘Valid’ health knowledge thus becomes the domain and property of those individuals identified as ‘experts’. Lay understandings of health and people’s embodied experiences become marginalised against the dominant understanding of health and the body outlined previously (Oliver & Lalik, 2004; Rich et al, 2004). That is not to claim, however, that cultural spaces for resistance are non-existent. The growth of the Internet in particular has offered significant space for people to resist, challenge and critically engage with the dominant ideologies and
practices of healthism (Miah & Rich, 2008; Rich & Miah, 2009). Indeed, this study seeks to explore how and in what ways school sport may offer a space for both the reinforcement and resistance of healthism.

"Healthy Schools": The position of schools, PE and achievement sport in UK health promotion policies

Given the emergence and continued domination of healthism, with its concurrent assertion that we are in the grips of a global obesity “crisis”, frequent calls for targeted efforts to promote physical activity amongst young people are heard (see Sallis et al., 2000; MacKinnon, 2002; Cavil et al., 2006). Schools have been identified as “the primary institution” responsible for promoting activity within this group in society (Cale & Harris, 2005: 162: emphasis added). To justify the positioning of schools over and above other societal institutions such as the family, several rationales are offered by key stakeholders (e.g. policy makers, researchers and teachers). In the first instance, schools are identified as the most appropriate setting for the promotion of ‘healthy lifestyles’ on the basis that they offer sustained contact with young people. Fox and Harris (2003) argue that schools represent one of the few settings where the full range of the socio-economic spectrum can be accessed and where young people’s exposure to ‘healthy messages’ can be guaranteed. Moreover, they emphasise the volume of young people’s lives spent within the school setting (approx. 6½ hours per day) and stress the influential capacity of this environment. The ability of school-based health intervention initiatives to reach broader audiences beyond the targeted pupils is also promoted. The potential for these initiatives to influence the behaviour, attitudes and knowledge base of others within school figurations such as teachers, ancillary staff, governors and guardians is considered further justification for their nationwide implementation. Despite inconclusive data surrounding the effectiveness of such initiatives (see Harris & Retallack, 2008), the assumption that schools have ‘great potential’ to address the health ‘problems’ of the nation remains (see DfELL, 2008).

Within UK schools the promotion of ‘healthy lifestyles’ and the mediation of messages around health traditionally fell within the remit of personal and social education (PSE) curricula (Best, 1999, 2000). Healthy living was, but one aspect, of PSE’s multi-faceted social education programme. However, an explicit repositioning
of health promotion within the curriculum has been observed over the last twenty years. The renaming of PSE to its current title of personal, social, health and economic education (PSHEE) in 2000 demonstrates the more prominent position now accorded to health education (MacDonald, 2009). Indeed, ‘understanding physical health and well-being’ has recently been identified as one of six principle learning areas in radical educational reforms due to be implemented in English and Welsh primary schools in 2009 (Rose, 2008). However, evidence suggests that health education is no longer confined solely to the PSHEE curriculum (see Evans et al, 2004a). Health promotion strategies infuse many areas of school life including those outside the formal curriculum. For example, ‘walking bus’ schemes backed by a £15 million investment from the UK government encourage young people to walk to school rather than be driven in cars in an attempt to address the perceived increase in childhood obesity levels (DirectGov, 2006). Evans et al (2008: 6) stress the “inescapable presence” of health education across all aspects of school life. In so doing, they argue that schools have “become totally pedagogised micro-societies (TMPS) in which health education is everywhere and everyone’s concern” (Evans et al, 2008: 6).

Notwithstanding Evans et al’s observation, PE in particular has been identified by the media (Bee, 2004; Riegel, 2005; BBC News, 2007), academic literature (see Cale 2002) and governmental policy (see DoH 1992, 1999; DCMS 2000, 2005; DfES 2004) as the “ideal site” to promote the virtues of regular physical activity and health to young people (Sallis & McKenzie, 1991: 124). The NCPE explicitly positions healthy, active lifestyles as a “key concept” and making informed choices about these lifestyles as an “essential skill” underpinning PE at both KS3 and KS4 (QCA, 2007a: 190). Cale and Harris’s (2005: 166: emphasis added) statement below reflects the unquestioned assumption that PE plays a central role the promotion of physical activity to young people:

There is no doubt that the PE curriculum has a key role to play in providing appropriate physical activity opportunities, information and guidance to

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7 The remaining five are ‘understanding English, communication and languages’, ‘mathematical understanding’, ‘scientific and technological understanding’, ‘human, social and environmental understanding and ‘understanding the arts and design’ (Rose, 2008). Traditional subjects such as history and geography no longer feature as stand alone subjects and will be taught via the six themed learning areas.
young people, and in encouraging and empowering young people to make informed lifestyle choices.

The connection between PE and health education is neither new nor unique to the UK. The relationship between the two has a long history spanning both cultural and generational boundaries (Mangan, 1998 [1986]). However, it must be noted that this relationship has intensified in light of the broader cultural moral panics around health in recent years. PE has been seen as simultaneously the solution to, and the source of, the contemporary health ‘crisis’ and the so-called “obesity time bomb” (Smithers, 2005; Ofsted, 2006; Marsh & Harrison, 2006). An examination of the socio-historical development of PE reveals a discipline characterised by a ‘crisis of purpose’ involving long-term struggles over what counts as “valid PE” and “culturally legitimate” ways of knowing, understanding and making sense of bodies, individuals, social order and society (Evans, 1990: 156). Since its inception, PE has been the recipient of repeated scrutiny related to its value and station within the UK State education system⁸. Research demonstrates how advocating a positive relationship between PE and health has been an integral strategy in the discipline’s ongoing efforts to justify and legitimise its existence, a point to which I return on the following page (Kirk, 1990; Evans, 1990).

Moreover, achievement sport and team games in particular are viewed by many PE teachers “as a *sine qua non* of the PE curriculum” (Green, 2002: 65) and “the main vehicle for health promotion” (Green, 2000: 123). Whilst the specific activities of aqua-aerobics, weight-training, jogging and power-walking (rather than sport) are offered by the NCPE as suitable forms of physical activity to meet its health-related attainment targets, research suggests that PE teachers demonstrate continued reliance on sport to deliver these targets (Ward *et al*, 2008). The use of sport to promote physical activity and health in schools represents a ‘slippage’ between formal policy directives and actual teaching practice (Penney & Evans, 1997). This ‘slippage’ carries important implications for this study given that the degree to which participating in sport is ‘healthy’ is subject to significant debate (see Chapter Three). The activities and networks of social relations that constitute achievement sport vary

⁸ PE within Independent institutions has experienced a subtly different journey and is addressed on page 24.
considerably from physical activity and the distinct values, behaviours and attitudes normalised within sport worlds may be placing participants’ short and long-term health in jeopardy (Hughes & Coakley, 1991).

Developing a (g)rounded understanding of the ideological relationship between PE, sport and health is aided by a contemplation of this nexus over time. In so doing, attention is drawn to several interweaving long-term social processes that together have given rise to the central position of PE in the current health climate and the more explicit use of elite sport as a frame of reference for PE and health promotion initiatives (Green, 2000; 2002; Kirk, 2004). This requires further discussion.

Understanding the PE-health-sport nexus in English State schools.

Prior to World War II, PE in English State schools utilised a similar system to that observed in Scandinavian countries (Kirk, 1998). Lessons consisted predominately of mass organised drill exercises, callisthenics and gymnastics. The primary function of which was to prepare pupils for the physical rigours of warfare and to maintain the collective health, fitness and functional capacity of the nation. The Allied victory in World War II and the subsequent creation of the United Nations altered the global political landscape and carried significant implications for the purpose and role of PT. The legitimate status of the subject, via its links with the military, diminished and its position within the State education system became more perilous. PT was also under threat as a result of subtle yet important shifts in the broader educational landscape.

The post-war educational terrain was characterised by an analytical philosophy in which educational knowledge was viewed as essentially theoretical or intellectual rather than practical (Carr, 2007; Hirst, 1998). Through this lens, the process of education was fundamentally concerned with ‘knowing that’ rather than ‘knowing how’ and educational knowledge was understood as being “essentially academic” (Reid, 1996a: 95: original emphasis). It created a context in which advocates of PT were confronted by questions such as ‘what is the educational value or significance of physical activity?’ and ‘what part, if any, has PT to play in the general education of a

9 These lessons reflected the core ideals of physical training (PT) rather than physical education as we understand the term today (Kirk, 1998)
person?” (Carr, 1979). In order to justify and legitimise its position as an academic educational subject advocates of PT had to demonstrate its concern with the acquisition and mastery of theoretical knowledge rather than merely the physical training of the body (Reid, 1997).

Faced with these intertwined dilemmas, the discipline shifted away from physical training towards physical education. Drawing on the Muscular Christianity model evident in the 19th century public schools, PE was mobilised to teach the motor skills, techniques and principles “upon which practical ability and performance in sport is said to be founded” (Green, 1998: 127: original emphasis). In this context, PE emphasised the acquisition of skill, the contribution of sport to health and the development of moral and spiritual ‘character’ (Mangan, 1998 [1986]; Holt, 1990; Watson et al, 2005). Sport and games came to occupy the “ideological high ground” within PE and attained the epithet of ‘traditional’ PE, thus reinforcing a sport-PE nexus (Green, 1998: 136).

This shift in philosophical underpinnings coincided with a large influx of male teachers into the PE system, a process that served to marginalise a distinctive female influence in PE and reinforce the position of sport-based activities at the cornerstone of the curricula (Fletcher, 1984). Indeed, several researchers identify this post-war period as a watershed in the relationship between State school PE and sport performance (Kirk, 1992; Reid, 1996b; Green, 1998; Kirk & Gorely, 2000). Despite ongoing academic debates surrounding the ‘ideal’ relationship between PE and sport performance (see Kirk & Gorely, 2000; Maguire, 2004) the past sixty years have seen a solidifying of the marriage between PE and achievement sport to a position wherein the subject is viewed as the foundation of sporting excellence by many (Thompson, 1993; Scottish Sports Council, 1994; DoNH, 1995).

Strengthening the PE-achievement sport nexus served to avert, to some degree, the immediate ‘crisis’ of the post-war period. However, the 1980’s saw the re-emergence of PE as a subject ‘under attack’ (Evans, 1990). The political ideology of Margaret Thatcher’s Conservative Government combined with the 1988 Educational Reform Act had wide-reaching implications for the discipline. Declining standards of PE, the sale of playing fields and the cessation of competitive sports days at many schools

were used as evidence of a subject ‘in crisis’ (see Kirk, 1990). The degree to which this ‘crisis’ was manufactured to secure PE’s representation within the new National Curriculum has since been debated (see Evans, 1990). However, once again advocates of PE found themselves embroiled in a “veritable battleground over attempts to define the subject” and had to demonstrate PE’s broader social, political and educational worth (Kirk, 1992: 242).

The PE-Sport nexus remained a powerful strategy in this regard. The moral panic surrounding the decline in competitive sport and its replacement with ‘wet’, liberal, non-competitive activities served to legitimate the subject since it illustrated, highlighted and represented all that was ‘wrong’ with the State education system in Britain at the time (Evans, 1990). Moreover, raising standards of PE was seen as integral to reversing the general decline in England’s performance in global sports events. Falling standards in PE and several Thatcherite policies (e.g. the sale of school playing fields) were seen as the source of England’s relative failure on the national cricket, football, rugby and Olympic stages (Cowdrey, 1999; DCMS, 2006; Powell, 2008). The publication of “Sport: Raising the Game” in 1995 represented a significant shift in the perceived priorities of PE (Green & Oakley, 2001). It secured PE’s position at the centre of strategies designed to engage more people in sport and raise the profile and achievements of UK teams on a global scale. London’s recent successful bid to secure the 2012 Olympics has returned the collective educational gaze to the PE-sport nexus. Bid documents and subsequent government policies and advertisements related to the event reassert the rhetoric connecting PE to both Olympic medal success and the development of a healthy nation (see www.getset.london2012.com).

The connection between PE and the current global health ‘crisis’ has further reinforced its cultural, political and educational worth. The implicit connection between PE, sport and health has long been evident in State schools (Kirk, 1992). However, an intensification of this relationship has been observed in recent years. As noted previously, PE has been identified as simultaneously both the solution to, and cause of, the current ‘obesity epidemic’. PE, as a discipline, has largely embraced both of these standpoints. Its position as a solution to current health concerns carries clear cultural currency. However, its identity as a source of the obesity ‘crisis’ also
reinforces PE’s primary position in health discourses, funding programmes and future endeavours to ‘address the health of the nation’. This dual identity offers a win-win situation for advocates of PE in the ongoing ‘crisis of purpose’. Should the health of the nation improve, PE (as the solution) can claim responsibility. However, in the event that the health of the nation worsens, PE (as the source) can be held accountable and calls for its continued presence in the National Curriculum are legitimised.

Understanding the PE-health-sport nexus in English Independent schools.

Aspects of the political, ideological and cultural terrains of Independent schools in England are subtly different from their State counterparts. As such, the development of a PE-health-sport nexus in this context differs, in part, from that described above. Given that this study explores young people’s experiences in both institutions it is necessary that a consideration of the socio-historic journey of PE in Independent schools is also undertaken. In contrast to its development in the State school system, PE has not been subjected to the same scrutiny and ‘crisis of purpose’. Independent schools remain outside the jurisdiction of the National Curriculum and whilst changes to this document have undoubtedly influenced their curricula, their relative freedom from the State has been integral to the ways in which PE has developed within these schools. However, this observation alone does not explain the different status and position accorded to PE in non-state regulated schools and it is to the historical development of PE within these institutions that attention now turns.

Far from being constructed as a ‘marginal’ subject PE held the “pride of place in the pedagogical priorities” of Public schools in the 19th Century (Mangan, 1998 [1986]: 18). PE and the concomitant ‘Games Ethic’ were integral components of status battles in and between schools and were firmly entrenched in the educational philosophy of these institutions during this period (Dunning & Sheard, 1979; Mangan, 2000). The rebirth of English Public schools in the 19th century occurred against a backdrop of several intertwined long-term processes, each of which was a necessary

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10 For the purposes of this study, the term Independent refers to any school that is not subject to the conditions of ‘State-maintained status’. The term ‘Public School’ is used to refer to specific independent schools whose history can be traced back to the 19th century. The most famous of which are the nine schools identified in the Clarendon Commission (Eton, Rugby, Harrow, Charterhouse, Winchester, Shrewsbury, Westminster, St Paul’s and Merchant Taylors) (Mangan, 2000).
but insufficient social condition predating the rise and diffusion of Public school ideals. These processes have been explored at length elsewhere (see Dunning & Sheard, 1979; Mangan, 2000) and for the purposes of this chapter can be summarised as the growth of the professional middle classes, the rise of an industrial aristocracy, a growing preoccupation with Britain overseas and the need for moral reformation within the existing Public school system.

It has been argued that "the most striking feature of the evolving Public schools [was] the emphasis on, and importance attributed to, competitive team sports" (Rothblatt, 2000: xix). Against the general background of social change and ill discipline alluded to above, Games were purposefully and deliberately assimilated into the formal curriculum of the Public schools. Suitable facilities were built, headmasters insisted on pupil involvement and staff participation was expected (Dunning & Sheard, 1979). The emergence of a legitimating rhetoric known as the "Games Ethic" was also observed (Mangan, 1998 [1986]). Games were viewed as a potent means of social regulation and perhaps more importantly, as an effective site for character formation (Mangan, 2000)11.

The 'Games Ethic' "embraced a complex set of ideas and feelings deliberately and carefully crafted through ritual and symbol" that promoted the virtues of bodily education (Mangan, 2000: 6). At its heart was the belief that "true education was an indivisible whole, affecting body, mind and soul" (Mangan, 2000: 37). Therefore, sound educational practice necessarily involved the simultaneous training of heart, body and mind. To this end, physical exercise was viewed as:

A highly effective means of inculcating valuable instrumental and impressive educational goals: physical and moral courage, loyalty and cooperation, the capacity to act fairly and take defeat well, the ability to both command and obey (Mangan, 2000: 9).

Team games, in particular those whose success depended on the united efforts, courage and endurance of the players, were viewed as the perfect vehicle by which to

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11 It should be noted however, that progression towards conformity, in so far as the games ethic is concerned, was uneven across the various Public Schools. It was dependent on the wealth of the schools, the speed at which facilities were erected, the enthusiasm of the pupils and the philosophies, inclinations and power of the individual headmasters and staff (Mangan, 2000).
do this. As such, the emergent model of education involved the inseparable coexistence of physical exercise (in the form of team games) and academic learning.

The gentlemanly ideals of the 19th century upper and middle classes underpinned the 'Games Ethic'. Here character was prioritised over intellect, overt moneymaking was viewed as squalid and scholarship was subordinate to physical fitness (Richards, 2000). The celebration of 'bloods' and the system of school colours involving dress and privilege gradings granted significant status and power to those who demonstrated athletic prowess (Hibbert, 1998; Potter, 1998). Prestigious house and old boys matches, school songs and the elevation of sporting housemasters served to reinforce this 'cult of athleticism' (Mangan, 2000). Sustained through various cultural practices, rituals, symbolic rewards and sanctions the 'games ethic' became the "wheel round which the moral values turned" (Worsley, 1940: 107).

Moreover, the rise of the British Empire put a premium on the personal qualities that sat at the heart of the 'Games Ethic'. Via their physical education, public school boys supposedly "learnt inter alia the basic tools of imperial command: courage, endurance, assertion, control and self-control" (Mangan, 1998 [1986]: 18). Where State school PT programmes were designed to produce men who could withstand the physical rigours of trench warfare, Independent schools were expected to develop the leaders of these armies. Therefore, educational emphasis was placed on the development of character, physique, intelligence, manners and information with the objective of producing a "grand breed of men for the service of the British nation" (Almond, 1882: 57). By the end of the 19th century, Games represented a compulsory dimension of the curriculum at most Public schools and the Games Ethic was firmly entrenched in the educational philosophies of these institutions.

However, subscription to the 'Games Ethic' was not merely the demonstration of an individual's moral discipline and control over their 'self'. It was also symbolic of mastery over others. Via military, missionary and trade routes, the central tenets of the 'Games Ethic' were diffused across the expanding British Empire and became "the manifestation of moral supremacy of white Motherland and her Dominions over black, brown and yellow 'races' and ultimately over the Kaiser's Germany" (Mangan, 1998 [1986]: 51). Nonetheless, the growth and diffusion of these ideals did not
continue unabated. As with the State system, the post-World War II period represented a time of significant change for Independent schools. The gentlemanly ideals encased within the Games Ethic no longer best reflected the characteristics and attributes required to succeed in life. As has already been discussed, the changing global political and cultural landscape post World War II carried significant implications for the direction of education in the UK. It must be noted, however, that the decline in the potency of the ‘Games Ethic’ did not happen overnight nor has it disappeared completely. Its deterioration was gradual and the residue of some of it’s more deeply embedded assumptions remain in various facets of 21st Century life. For example, many health promotion initiatives remain grounded in the belief that a healthy mind resides in a healthy body (e.g. Sport England, 2005a).

Despite a relative diminishing of the Games Ethic, PE has maintained a central position within Independent school curricula. As will be shown in the forthcoming chapters, PE remains a highly valued social space, which provides a means of distinction both within and between schools. Moreover, Independent schools are not impervious to recent moral panics around health and the broader cultural messages of Healthism, both of which reinforce the perceived importance of PE and young people’s involvement in physical activity. Indeed, research has demonstrated that the performative cultures of the middle classes and their associated cultural spaces are powerful germination environments for the uptake of damaging health messages (Evans et al, 2004b; Rich et al, 2004). Independent schools, like their State-run counterparts are experienced as TPMS and pupils at these schools are similarly constructed as “at risk” in terms of a whole host of health ‘problems’ (Burrows & Wright, 2004b). It is to a discussion of the concept of risk and subsequently, young people as an ‘at risk’ social category, that this chapter now turns.

2.2 Risk, young people and school sport worlds

It has been argued that ‘risk’, alongside ‘health’, has emerged as one of the fundamental organisational, instructional and regulative concepts of contemporary society (Giddens, 1990; Foucault, 1991; Beck, 1992; Lupton, 1999a & b). The term ‘risk’ has come to represent:

A phenomenon that has the potential to deliver substantial harm, whether or not the probability of this harm eventuating is estimable (Lupton, 1999a: 9)

Yet a historical analysis of the parameters of ‘risk’ reveals significant changes in its social meaning and cultural value over the last four centuries (Mythen, 2008). Research suggests that this term initially related to maritime travel and referred to the likely occurrence of natural hazards such as storms, floods or tsunamis (Ewald, 1991; Wilkinson, 2001). In this context, ‘risk’ reflected the possibility of ‘objective’ hazards considered outside the realm of human responsibility or fault.

However, the 18th Century represented a significant shift in the way in which risk was defined¹². During this time, the meaning and application of the term extended beyond the exclusive domain of the natural world with a movement towards ‘risk’ as a “consequence of human action” (Lupton, 1999a: 6). Underpinned by the core assumptions of Enlightenment, it was held that social worlds, like their natural counterparts, followed systematic laws that allowed the outcomes of human interactions to be measured, calculated and predicted. Thus, phenomenon previously recognised as ‘accidental’ or ‘fated’ and therefore outside human control were now understood as:

Systematically caused, statistically describable and in that sense ‘predictable’ types of events, which can therefore also be subjected to supra-individual and political rules of recognition, compensation and avoidance (Beck, 1992: 99).

This notion of ‘risk’ transformed “a radically indeterminate cosmos into a manageable one, through the myth of calculability” (Reddy, 1996: 237). It permitted a different perspective of social worlds and offered new ways to make sense of a host of inherently chaotic and confusing uncertainties associated with everyday life. A science of ‘probability’ and associated statistical tools were developed to calculate deviations from the norm and address social disorder through rationalised

¹² The 18th century has been identified as the emergence of the modern period or modernity. Defined as “the institutions and modes of behaviour established first of all in post-feudal Britain, but which in the 20th century increasingly have become world-historical in their impact”, modernity is characterised by the Industrial revolution, the emergence of capitalism and the principles of Enlightenment (Giddens, 1991: 14-15).
measurements and systematic ordering (Lupton, 1999b). This lead to the assumption that, given adequate knowledge about the phenomena, it was possible to present accurate and scientific judgements of the risks faced, how they should be managed and ultimately how to predict them. This conceptualisation allowed for the identification of both ‘good’ and ‘bad’ risks since it simply denoted “the probability of something happening, combined with the magnitude of associated losses or gains” (Lupton, 1999a: 8). The residue of some of these modernist ideas remains in contemporary techno-scientific approaches to ‘risk’. Evident in disciplines such as engineering, economics, biomedicine and certain schools of psychology, this framework focuses predominantly on identifying particular risks, mapping their causal factors, building predictive models of risk relations and proposing methods to limit the effect of these (e.g. Herrenkohl et al, 2000; Tully et al, 2006).

However, further developments in the conceptualisation of ‘risk’ have been associated with ‘late’ (or post) modernity (Giddens, 1991)\textsuperscript{13}. Broadly speaking, three different theoretical frameworks have been used to explore the concept of risk in recent times. Mary Douglas’s (1985, 1990, 1992) cultural anthropological approach, Ulrich Beck’s (1992, 1994, 1995) ‘risk society’ and Michel Foucault’s (1991) writings on ‘governmentality’ all critically engage with the modernist techno-scientific model described above. Their work has done much to advance our understanding of the ways in which ‘risk’ is conceptualised, experienced, mediated and managed in late modernity. Whilst each of these writers offers a different perspective on ‘risk’ there is “clear evidence of similar concerns, foci and epistemological underpinnings in their work” (Lupton, 1999b: 1). The fundamental point of departure for all three is the rejection of ‘risk’ as an unproblematic, absolute and universal ‘fact’ (Lupton, 1999b). Albeit to differing degrees, the writers emphasise the socially constructed foundations of ‘risk’ and draw attention to the cultural and historical contexts in which practices are defined as ‘risky’. This position is reflected in Ewald’s (1991: 199: original emphasis) claim that:

\textsuperscript{13} Significant debate exists as to the meaning, scope and philosophical implications of the terms ‘late modernity’ or ‘postmodernity’ (see for example the 1995 Benhabib-Butler debate). For the purpose of this research, late modernity refers to an extension of the social processes that shaped and guided ‘modernity’ (Giddens, 1991). Whilst it is impossible to identify a concrete ‘start’ of late modernity and the concomitant ‘end’ of modernity, it loosely refers to the late 20\textsuperscript{th} century to the present day.
Nothing is a risk in itself; there is no risk in reality... anything *can* be a risk; it all depends on how one analyses the danger, considers the event.

Notwithstanding this claim, the distinctions between ‘good’ and ‘bad’ risks appear to have diminished. Contemporary understandings of ‘risk’ have become synonymous with danger and the threat of potential harm (Fox, 1999). Moreover, present-day notions of ‘risk’ are infused with uncertainty, fear and insecurity in ways that differ dramatically from previous manifestations (Lupton, 1999a). Commentators note that our everyday lives are characterised by cultural fragmentation, continued questioning of established thoughts, expressions and practices and ongoing dissection of traditional norms (Lytotard, 1984; Featherstone, 1991; Harvey, 2004). As such, it is argued that expressions of risk reflect this uncertain terrain of life in late modernity (Giddens, 1990; Beck, 1992; Lash & Urry, 1994). Massumi (1993: 24) contends that we live in a state of constant, vague, low-level fear which operates as “a kind of background radiation” permeating every aspect of our existence. Indeed, Beck’s (1995) risk society thesis is predicated on the proliferation of risk in post-industrial societies. He highlights the changing ‘face’ of hazards affecting ‘pre- industrial’, ‘industrial’ and ‘risk’ societies and argues that the “manufactured risks” of late modernity are “more catastrophic” than the natural hazards that prevailed in previous eras (Beck, 1995: 100).

Despite evidence suggesting otherwise, we are universally constructed as being ‘at high risk’ from various different ‘agents’ (Gard, 2004). This permanent, universal state of ‘risk’ is often manifested through moral panics, which over-inflate the potential consequences of socially constructed ‘risky’ behaviours and engenders embodied cultures of fear and distrust (Goode & Ben-Yehuda, 1994; Thompson, 1998; Cohen, 2002; Campos, 2004). The landscape of the Western world post 9-11 provides a powerful example of the impact such moral panics may have on the ways in which we perceive, understand, experience and construct meaning around our bodies and relations with others. The continual fear or possibility of further terrorist attacks has resulted in increased surveillance of local, national and international borders and an increasing distrust and fear of ‘otherness’ (Barnaby, 2003; Furedi, 2005a; Beck, 2006; Mythen & Walklate, 2006). The contemporary moral panic around “globesity” (WHO, 2008) discussed previously, has spawned a similar
increase in surveillance techniques and been associated with a congruent belief
around the universal ‘threat’ of becoming obese (Furedi, 2005a). Both examples
highlight the increasingly globalised nature of ‘risk’ and point towards the importance
of ‘the body’ in our understanding of what constitutes ‘risky’ practice and the process
of being considered ‘at risk’ (Gard & Wright, 2001, 2005).

Like health, the concept of risk is mobilised along instructional, regulative and
political lines. The symbolic use of ‘risk’ to cast blame on individual people and
castigate particular social groups has been noted. Douglas (1985, 1990, 1992) draws
attention to the ways in which ‘risk’ is mobilised to establish and maintain cultural
boundaries in and between social groups. The label ‘risky’ is assigned to those who,
via their beliefs, practices or appearance, represent a “threat to the integrity of one’s
own physical body or to the symbolic body of the community or society to which one
belongs” (Lupton, 1999b: 3). To be labelled ‘risky’ or ‘at risk’ thus designates the
individual or group with the status of ‘dangerous other’. This process separates the
danger of ‘them’ from the relatively safety of ‘us’. In this context, risk acts as a locus
of blame through which contaminating and polluting social practices can be filtered
(Douglas, 1969). The powerful and damaging consequences of being labelled ‘at
risk’ have been explored in depth in the critical literature, particularly in the context
of health (see Oliver, 2006; Rich & Evans, 2005; Evans et al, 2008). Within this
study, Chapter Six engages with the young people’s frameworks for understanding
(sporting) risk, whilst Chapter Seven explores some of the ways in which these ideas
about risk are being (re)produced within school sport worlds.

**Young people, adults and risk relations**

Research suggests that risk anxieties concerning young people help shape our
understandings of them and serve to maintain boundaries between young people and
adults (Golden, 2005). Outside of academic debates, there appears to be a strong
cultural emphasis on marking the boundaries between adulthood, youth and childhood
(see Christensen & James, 2000). In so doing, childhood/children are understood as
distinctly different to adulthood/adults (Jackson, 1982). These understandings
conceptualise childhood as an “unproblematic descriptor of a biological phase” and a
universal cherished space associated with playful innocence and social naivety (James

& James, 2004: 13). Through this lens, children are viewed as passive, social dependents that transform into adults either at the age of sixteen (the legal working age in the UK) or eighteen (the point at which the UK Children's Act (OPSI, 2004) and the Office of the United Nations High Commissioner for Human Rights (1989) delineate the 'end' of childhood). This position is underpinned by a set of assumptions that suggests that we (as competent, knowledgeable adults) need to 'protect' children, that they do not possess the skills required to navigate our complex social worlds and that the risks affecting children are inherently more grave and serious than those faced by adults (James & James, 2004; Wyness, 2006; Evans et al., 2008).

Jackson and Scott (1999:86) argue that the specific risks we perceive children to face serve to “define the characteristics of childhood and the ‘nature’ of children themselves”. Thomson and Scott (1990) suggest that children are located within an older, protective discourse, which identifies them as vulnerable innocents to be shielded from the dangers of the wider social and implicitly adult world. The combination of broader risk anxieties surrounding children and the desire to protect these ‘vulnerable innocents’ engenders a preoccupation with prevention, vigilance and surveillance (Scott & Freeman, 1995; Green, 1997). Within sport we can observe attempts to ‘protect’ children from a number of risks associated with sporting participation, most notably the physical risk of injury. Rules and regulations designed to prevent physical injuries have been introduced at youth levels in a number of sports. For example, legislation in English and Welsh cricket includes the compulsory wearing of helmets when batting for all cricketers under the age of eighteen (ECB, 2008a). Equally, some government policies that target children such as ‘Sport for All’ are designed to minimise social and emotional risks associated with sport (see www.sportengland.org.uk). Their emphasis on social inclusion, fair play and providing opportunities for all attempt to ‘protect’ children from aspects of sport that may appear exclusionary and discriminatory. Indeed, competitive sports days have been removed at many schools across the country on this basis (Sims, 2006).

Drawing on recent developments in the sociology of childhood (see James and Prout, 1997; Christensen & James, 2001; Corsaro, 2005), this research rejects the static dichotomisation of childhood/adulthood and children/adults and moves towards a position that recognises 'childhood' as a “particular cultural phrasing of the early part
of the life course, historically and politically contingent and subject to change" (James & James, 2004: 13). To mark its distinction from the former, this study replaces the term 'children' with 'young people' in order to better reflect the interdependency and plurality of people in process (Mennell, 1992). However, it does not take up a position of biological nominalism in which physiological processes of maturation are at best marginalised and at worst, completely ignored (Shilling, 2008b). Rather it draws on the Eliasian (1987a) notion of 'the hinge' to acknowledge that young people's "competencies and skills are, to some degree shaped by the 'facts' of their ongoing physiological and psychological development" as well as the socio-historical and cultural context in which their lives play out (James & James, 2004: 18: see also Chapter Three).

The work of Elias (1998, 2000 [1939]) stresses the importance of placing current understandings of young people-adult relations, as well as the risks we/they face, in their socio-historical context. Elias's (1998) paper entitled "The Civilising of Parents" covers much theoretical ground. For the purpose of this discussion it is helpful to distil his argument down to two critical points. The first, relates to decreasing "threshold[s] of sensibility" within guardian-child relations (Elias, 1998: 192). Research suggests that the treatment of young people in earlier times is, in many respects, much different to today (Aries, 1962; DeMause, 1974). Historical documents indicate that, during antiquity, infanticide was an accepted and everyday occurrence and the 'gap' between adults and young people was far smaller than observed in contemporary times14 (DeMause, 1974). Elias (1998: 197) argues that:

Slowly during the early modern period, children were removed from the adult world and their lives isolated on their own island of youth within society.

In mapping out this process Elias draws attention the second of his critical points, the nature of power relations between young people and adults. He argues that the relationship between adults and young people is essentially "a relation of domination...with a highly unequal balance of power" (Elias, 1998: 194). At no point does Elias (1998: 195) infer that these power relations are absolute, instead he stresses

14 For example, it was common for parents and their children to share beds for many years and young people were put to work at a much younger age (Aries, 1962; DeMause, 1974; Elias, 1998)
the “reciprocity of power chances” in and between these two groups of people. Indeed, abstract ideas of ‘the child’ as a ‘powerless dependent’ may be in conflict with the actuality of young people and their lived experiences, enmeshed as they are in ever changing webs of interdependency (Elias, 1978). Within the scope of this study, negotiations surrounding young people’s sporting risk encounters provide a situational and empirical example of the complex negotiations undertaken between adults and young people within their everyday lives (see Chapter Seven). Further engagement with these observations is undertaken in Chapter Three (as part of a broader introduction to the theoretical framework guiding this study) and Chapter Four (as part of a discussion concerning methodologies, ethics and young people).

2.3 Towards a sociology of sporting risk

In 1999, Lupton (1999a) outlined six major categories of ‘risk’ that dominated the contemporary social terrain. These were environmental (e.g. climate change), lifestyle (e.g. obesity), medical (e.g. side effects from surgery), interpersonal (e.g. intimate relationships), economic (e.g. unemployment) and criminal risks (e.g. being a participant or victim of crime). Whilst Lupton’s typology is helpful in mapping out the changing ‘face’ of risk through various epochs a more sophisticated dialogue between the sociology of risk and sociology of sport is required to fully explore the conceptual issues raised by this study. Two papers in particular have sought to open these lines of communication (see Pike and Maguire, 2003; Safai and Donnelly, 2007) and their contribution to the field is now explored.

Typology of sporting risk

Pike and Maguire (2003: 242) offer a typology of sporting risk incorporating “external” and “internal” dimensions. They identify ‘external’ risks as those arising from industrial and technological developments and ‘internal’ risks as those “resultant from lifestyle choices possibly in a quest of excitement/exciting significance” (Pike and Maguire, 2003: 242). In so doing, they direct attention towards an aspect of risk that has been largely overlooked in existing sports literature, that of risk as an embodied emotion integral to processes of self-realisation and actualisation, a point to
which I return in due course (Lyng, 1990; Maguire, 1991a). Pike and Maguire (2003: 235) also identify three "social realms" that require examination to produce a (g)rounded picture of (sporting) risk encounters (see Figure 2.2.1). These realms can be summarised as 'the stage' (the physical and structural setting of the activity), 'the play' (the physical activity itself) and 'the performance' (the athlete's attitude and action on experiencing an injury).

Figure 2.2.1: Injury risk in women's sport: A model of contributory factors.

Pike and Maguire’s (2003) model identifies key elements of sporting risk encounters and assists in efforts to understand how athletes define the 'risk status' of their activities, why they may embody the core tenets of a sporting 'culture of risk' and how they make sense of their behaviours (see Chapter Three). This study draws on Pike and Maguire's model to inform the scope of the research and make sense of young people’s sporting risk encounters. As such, a little more needs to be said about the three 'risk zones' housed within Figure 2.2.1.
**Risk Zone 1:** The 'stage' relates to the broad context of sports injury. This zone incorporates both the physical and structural setting of the social (sporting) interactions. The first is concerned with the physical space/place of sport. Pike and Maguire (2003: 237) identify four categories of sport, all of which are evident in school sport worlds:

1) Individual competitive sports: symbolizing a person's mastery over their opponent (e.g. badminton)
2) Competition against one's own potential: symbolically representing the attempt to master oneself (e.g. learning gymnastics or dance routines)
3) Team games, symbolizing collective potential and group achievement (e.g. rugby, football, hockey, netball)
4) Conquest sports: mastering nature or technology with the high elements of risk and danger, being less symbolic and more "real" (e.g. ski-ing)

They argue that the different physical settings of these four sport forms contribute to nuanced risk encounters and call for a recognition for these subtle differences in future research. The model also recognises the structural setting of sports encounters as a contributory factor in physical risk (injury) experiences. Research suggests that both professional and amateur athletes adhere to the central tenets of a sporting culture of risk (see Chapter Three). As such, the authors look beyond the professional/amateur status of the individual and give primacy to two additional structural elements that appear to both constrain and enable risk-taking behaviour; the status of the sport and the presence of significant others. Despite the lack of financial rewards in non-professional sport, Pike and Maguire (2003: 238) argue that the desire for sporting competence and identification as an athlete "clearly creates an environment where success is crucial, with the costs that this entails". Furthermore, given the increased likely of success due to smaller participation rates they posit that "athletes are likely to take risks in order to be remembered for their athletic achievement" (Pike and Maguire, 2003: 238).

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12 Conquest sports were not present in State school sport provision. They were however offered as ECSC at the three independent schools.
Moreover, Pike and Maguire (2003: 239) suggest that structural differences in relation to the provision of sports medicine and coaching knowledge may also contour athletic risk encounters, with the observation that:

‘Amateur’ sports of this kind [rowing] are reliant upon volunteer and unqualified coaches... as a result; many of the rowers placed their trust in their (unqualified) coaches for medical advice and injury treatment. The implication being that influential members of non-professional sport worlds may be dispensing advice to athletes from a position of limited medical knowledge and expertise. These observations are explored empirically in the context of school sport worlds in Chapter Seven.

Risk Zone 2: The ‘play’ relates to the sporting activity itself. While general definitions of sport-types are available (e.g. McPherson et al, 1989), Pike and Maguire (2003: 240) argue that there is “a need to define sporting activities with specific reference to injury risk”. To this end, the authors identify two phases within this zone, preparation (training) and participation (competition), and suggest that different risks may be encountered during each phase. Three dimensions of the participation phase are identified as particularly significant to the risk encounter:

1) The physicality of the activity
2) Interactions between individuals or teams
3) The duration of the activity.

Pike’s (2000) research suggests that rowers classify their sporting performance as ‘less risky’ than other sports on the basis of its non-contact status. Furthermore, Pike and Maguire (2003) recognise the team environment of their activity as a potential risk factor in relation to injury management. They stress the importance of team expectations on athletes’ perception of injury and response to injury experiences. That is not to say that individual sports do not involve the expectation to ‘play hurt’. But rather, that the nature of these expectations may be experienced in different ways. In addition, their data showed that the female rowers were more likely to play hurt when the race length was short since it’s “only a 500 metre course” (Sally cited in

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16 See also Walk (1997), Safai (2003) and Malcolm & Sheard (2002).
Pike & Maguire, 2003: 242). Whilst, longer races were associated with an increased risk of primary intrinsic injuries brought about by overuse and poor preparation.

**Risk Zone 3:** The *performance* of risk-taking behaviour represents the final zone. Pike and Maguire separate the ‘performance’ into two distinct but inter-related areas, the athlete’s *attitude towards* injury and their *action on* injury. A discussion of these two dimensions forms the basis of Chapter Three. In order to avoid repetition, it is to the second of the two papers to open lines of communication between the sociologies of risk and sport that attention now turns.

**Risk-sport relations**

Safai and Donnelly (2007: 1) identify sport as a relatively unique case study in risk-relations on the basis that sport is “one of the few areas of social life to run counter to the prevailing message of risk aversion”. They raise six interconnected theses as an interpretive framework to approach the study of sporting risk. These theses are:

1) Risk and the sociology of emotions
2) Sport and the risk-safety-industrial complex
3) Unintended consequences of safety
4) Risk and responsibility
5) Risk and social control
6) Culture of risk & culture of precaution

Although the cases studies used to inform Safai and Donnelly’s framework relate entirely to adult sporting subcultures, the six theses assist efforts to understand the distinct tensions at play within school sport worlds and require further consideration at this juncture. This section explores some of the issues raised by theses one and four and Chapter Three addresses those raised by thesis six\(^\text{17}\).

**Thesis one - Risk and the sociology of the emotions:** The emotional dimension of risk has become increasingly evident in contemporary understandings and

\(^{17}\) Thesis five has been addressed, indirectly, by Section 2.2 and although they may raise some pertinent lines of enquiry, theses two and three remain beyond the scope of this research. Future research efforts could engage with them more fully.
manifestations of the term. Safai and Donnelly (2007) identify risk as an emotional ‘state’ and centralise the articulation of shame, anxiety and fear in this regard. Existing sports-specific literature has highlighted a common emotional response associated with the consequences of sporting risk encounters (e.g. periods of inactivity). Feelings of denial, disbelief, anger, frustration, shame and uncertainty have been identified as integral aspects of recovery from injuries (see Chapter Three). However, Maguire and colleagues (2002: 182) note that “when people think of sport and the emotions there is a tendency to think of the immediate participant, to focus on how the individual athlete feels”. Much less is said about the ways in which emotions are collectively shared, experienced, presented and managed. To this end, Maguire (1991a) explores the notion of sporting risk as an embodied, emotional process\textsuperscript{18}. The process-sociological approach advocated by Maguire (1992: 96) centralises the need to study people “in their totality” and positions “the connection between biological changes and social development” at the heart of discussions related to sporting risk encounters. This perspective contends that human beings:

\begin{itemize}
  \item Have a natural disposition to regulate themselves
  \item but they also have to learn to regulate themselves according to the social habitus (Maguire, 1991a: 27).
\end{itemize}

One aspect of this (un)learned self regulation to which Maguire refers is the “tension balance between emotional impulses and emotion controlling counter-impulses” (Wouters, 1989: 103). Elias (2000 [1939]) argued that stricter codes demarcating acceptable displays of emotion have emerged as part as long-term civilising processes in Western cultures. These long-term processes involve a:

\begin{itemize}
  \item continuous refinement of manners and social standards, together with an increase in social pressure on people to exercise stricter, more even, and continuous self-control over their feelings and behaviour (Sheard, 1999: 182).
\end{itemize}

An unintended consequence of this unplanned process appears to be the emergence of increasingly “unexciting societies” and the “general pacification of social spaces” (Atkinson, 2002: 48). This ‘pacification’ over time has resulted in “a collective need

\textsuperscript{18} The embodied nature of risk has been a focus of broader risk literature for some time (see for example Lyng, 1990; Kavanagh & Broom, 1998; Robertson, 2000). This is, in part, a result of the contemporary obsession with health and the subsequent identification of ‘health risks’.
to devise and institutionalise cultural activities that strike a balance between personal pleasure and restraint” (Atkinson & Young, 2005: 341).

Several researchers (see Elias & Dunning, 1986; Maguire, 1992; Dunning, 1999; Sheard, 1999; Atkinson, 2002) have identified leisure and sporting activities as one “social enclave in which socially approved moderate excitement could be aroused and expressed” (Maguire, 1992: 104). In so doing, they argue that “sport and leisure pursuits perform a de-routinizing function in all societies via the de-controlling of emotional controls” (Dunning, 1999: 30 original emphasis). The pleasurable excitement created by this ‘controlled decontrolling’ of emotions fulfils our “socially conditioned psychological need” to experience a form of spontaneous, elementary and pleasurable excitement (Mennell, 1992: 142). That is, for the moments when we are playing sport, watching sport or recalling our memories of past sporting encounters we succeed in our “quest for excitement” (Elias & Dunning, 1986).

However, Elias and Dunning’s (1986) “quest for excitement” thesis only goes so far in providing an explanation why athletes play hurt and take, what appear to be irrational risks with their bodies and their present and future health. Maguire (1992: 108) commends the work done by these authors, however he notes a number of areas that require “re-emphases”. To this end, he develops the line of enquiry initiated by the ‘quest for excitement’ thesis and advocates the concept of “quest for exciting significance” (Maguire, 1991a: 29). Maguire’s contribution is not merely a matter of semantics; rather he brings to the fore issues of embodiment and probes the symbolic value of sporting emotions. This shift in conceptualisation is significant in that it ‘places’ the sporting ‘culture of risk’ more firmly ‘inside’ sporting bodies and emphases how “people’s biological, psychological and socio-cultural dimensions interweave and find expression in social (sporting) acts” (Maguire, 1993: 34).

Maguire (1992) is critical of Elias and Dunning’s reliance on Freudian psychology and stresses the need for greater dialogue with symbolic interactionist and phenomenological research. His argument is built on the foundation that Elias and Dunning only capture part, albeit an important part, of the character of sports and leisure experiences. He calls for greater attention to be paid to the self-realisation dimension of identify formation in sport and focuses on the exploration of three
interrelated aspects to achieve this. These are i) examinations of the body as a vehicle of pleasure and self-expression; ii) the investigation of face-to-face interactions in which the presentation of self and the management of impressions are central; and finally iii) enquiries around the organisation, technologicalisation and surveillance of disciplined bodies (Maguire, 1992). Maguire does not advocate the wholehearted adoption of a symbolic interactionist perspective but does highlight the importance of this framework. Incorporating the central tenets of ‘quest for excitement’ whilst simultaneously highlighting the centrality of performativity, Maguire’s reorientation of thinking opens new lines of enquiry within risk, pain and injury studies.

The notion of ‘exciting significance’ raises questions about the role of ‘risk’ and risk-taking behaviours in the construction of meanings around sport and sporting identities (Maguire, 1991a, 1992; Atkinson & Young, 2005; Atkinson, 2008). It has been argued that in modern societies we feel increasingly alienated from our bodies and removed from ‘feeling’ our emotions in an embodied way (Lyng, 1990). Engaging with the ‘quest for exciting significance’ sensitises this research to the possibility that sporting risk, pain and injury experiences may be a means by which we relocate ourselves within our bodies and test and push our bodily limits. That is, through our pain and injury experiences we seek out a sense of ‘significance’ and ‘being’. Whilst sporting risk is often presented by several key stakeholders as a negative phenomenon that should be minimised or avoided at every opportunity, narratives of sport performers highlight an enjoyable dimension to their sporting risk encounters. Alex (2007) describes the “truly soul awakening experience” of his first sky-dive:

This is where I struggle to find the words to describe to you just how exhilarating these moments feel, and even if I had the words, I don’t think they would be adequate. The sound is deafening as we accelerate to terminal velocity. I turn to both my instructors and they grin back at me like two lunatics. We freefall for about 45 seconds, these moments were so brief and yet I learned so much- a truly soul awakening experience!

Elias and Dunning (1986: 100) centralise such risks in the attraction and function of sporting activities with their contention that:

The risk – going to the brink- is constitutive for many leisure activities. It often forms an integral part of the enjoyment.
In so doing, Elias, Dunning and Maguire challenge late-modernist understanding of risk as solely negative and sharpen focus on ‘the body’, in both the act of ‘doing’ sport and consequent efforts to theorise these experiences (see also Lyng, 1990; Frey, 1991). However, few researchers have yet to empirically explore the notion of sporting risk or pain as ‘pleasurable’, an avenue for self-expression or a means by which athletes can extend their understanding of their bodies. Chapters Seven and Eight seek to address this disparity in research and locate young people’s sporting risk encounters within broader processes related to this “quest for exciting significance” (Maguire, 1991a: 29).

**Thesis four - Risk and responsibility:** The fourth thesis in Safai and Donnelly’s (2007) framework draws attention to a specific feature of school sport worlds. In addressing the issue of risk and responsibility, they illuminate the legal parameters of risk-sport relations. UK schools and their employees are bound by civil law to protect the young people in their care (Moore, 2000; Gardiner et al, 2006). This protection extends to young people’s participation in sport during PE and ECSC. Sports law, in relation to young people, is predominately concerned with cases of physical and sexual child abuse and child exploitation (Gardiner et al, 2006). Whilst injuries obtained through the process of playing sport could conceivably fall under these categories, they are rarely understood through this legal framework. Indeed, Ryan (1995: 198-199) argues that sporting pain and injury encounters are a “legal, even celebrated [form of] child abuse”.

In the context of criminal law, sporting pain and injury experiences are problematic on the basis of formal and informal sanctioning of brutality in particular sports (e.g. rugby) and notions of intent and consent (Gardiner et al, 2006). Given the context of this study, it is the issue of consent that is of particular interest. In light of the compulsory nature of school sport, the degree to which young people exercise consent and agree to the level of “interpersonal contact [that occurs in sport] beyond that which occurs in most other activities in life” is debatable (Gardiner et al, 2006: 595). Moreover, there is little legal discussion around the type or volume of acts consented to or the playing cultures of particular sports. Indeed, UK law operates to protect sport

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participants from prosecution on that basis that discouraging involvement in sport is viewed as counter-productive to public interests (Criminal Justice Act, 1972).

Civil law offers an alternative legal space for the discussion of sports-related pain and injury. The Law of Tort exists to compensate the victim rather than punish the perpetrator (Gardiner et al. 2006). Schools, LEA's and other organisations responsible for the well-being of young people fall under the jurisdiction of this civil law. In the school context, teachers, coaches and volunteers are deemed to be acting in loco parentis (Moore, 2000). As such, they are legally responsible for any young person in their care and must adhere to two principals - the duty of care and the avoidance of negligence. Negligence, in the legal sense, is deemed to have occurred when the "defendant failed to observe the necessary standard of care owed to the claimant and that this negligent act caused the claimant's injuries" (Gardiner et al., 2006: 630). In the context of sports law the term relates specifically to cases involving player-player negligence. However, it can be extended to cover coaches, supervisors and teachers via "vicarious liability" (Gardiner et al., 2006: 643). Whilst there remains no legal requirement for PE teachers to hold any specific qualifications to teach PE the NCPE includes several safeguards designed to avoid situations of negligence (Moore, 2000). For example, the document contains programmes of study designed to help teachers determine whether activities are suitable for the young people in their care (QCA, 2007a & b). In the case of PE and ECSC, 'duty of care' covers four distinct areas:

1) Training and instruction
2) Supervision
3) Equipment and facilities
4) Teacher participation in games

Young people are legally entitled to expect proper instructions during their physical activities, 'adequate' supervision from the adults responsible for them (e.g. PE teachers or coaches) and a suitable standard of equipment and appropriate spaces to undertake their activities (Moore, 2000). In addition, duty of care is breached in situations where teachers participate in activities involving contact skills. The legal conception of sport-risk relations may contribute to athletes' continued normalisation and acceptance of sporting risk, pain and injury. Moreover, the legal framework of in loco parentis may shape the way in which we conceptualise young people-adult
relations in this context in that it reinforces an understanding of young people as “passive representatives of the future generation” (Prout & James, 1997: 13).

2.4 Summary

The shift in research focus away from adult participants in voluntary or occupational sport worlds towards young people in school brings into clearer focus the political and cultural backdrop against which their sporting participation takes place. The current moral panic around “globesity” (WHO, 2008) and the increasing conceptualisation of young people as an “at risk” category in society have provided advocates of PE with a legitimate voice in their on-going ‘crisis of purpose’ (Evans, 1990). However, the unreflexive mobilisation of achievement sport by sports performers, practioners, policy makers and the mass media to promote ‘healthy’ lifestyles carries significant implications for this study. As the following chapter will attest the culture of achievement sport may be placing athletes’ short and long-term health at risk. Notwithstanding this observation, this chapter has also highlighted some of the dangers that may result in drawing on notions of ‘risk’ as wholly negative and under the complete control of the individual in question. Maguire (1991a) and Lyng (1990) encourage a broader approach to the study of risk and reject the a priori assumption that sporting risk, pain and injuries are wholly negative experiences. Engagement with this perspective ensures that the analysis is sensitised to the possibility that some young people may derive significant pleasure, enjoyment and corporeal rewards from these experiences.
Chapter Three:

“A public culture of risk, pain and injury”: Critical analysis of existing research

Despite Tessa Jowell’s (2004) assertion that “sport is good in itself” a substantial body of sociological literature attests to the divisive, destructive and discriminatory aspects of some sport worlds (see Messner & Sabo, 1990; Maguire et al, 2002; Eitzen, 2006). Within this corpus of work, the study of sporting pain and injury represents one of the fastest growing areas of research (see Young, 2004a; Loland et al, 2006). Central to the field is the identification of a “public culture of risk, pain and injury” in sport (Nixon, 1994a: 79). Given the dearth of literature related specifically to young people, this chapter will consider the characteristics of this sporting ‘culture of risk’ as it relates to adult sport worlds. The practice of “playing hurt” (Roderick et al, 2000: 165), the development of “injury talk” (Young et al, 1994: 182) and the emotional journey that accompanies periods of inactivity post-injury (Pike, 2000) will be given particular attention. Recent additions to the literature (see Walk, 1997; Pike, 2000; Safai, 2003; Pike & Maguire, 2003; Charlesworth & Young, 2004; Singer, 2004; Theberge, 2006) have begun to probe the homogeneity of this culture and it’s intersection with gender and the contributions made by these studies will be reviewed in brief. This chapter concludes with an exploration of the theoretical frameworks used to make sense of athletes’ “uncritical commitment to playing sports with pain and injury” and advocates the use of a process-sociological framework to further advance our understanding (Coakley, 2003: 167). However, it begins by exploring some of the issues raised when thinking sociologically about pain and injury.

3.1 Pain and injury: Definitions and manifestations

To date, theories of pain and understandings of injury have been largely dominated by biomedical models and their emphasis on neurophysiology and pain pathways (see Descartes, 1664; Keele, 1957; Ekstrand et al, 1983; Van Mechelen et al, 1992). Within this paradigm, pain and injury are understood predominately in physiological
terms\textsuperscript{20}. Pain is broadly conceptualised as a ‘sensation’, governed by the deterministic laws of the physical world and injury is approached as a static concept related only to the physical “damage to the body caused by mechanical stress” (Howe, 2004: 91). Whilst, biomedical models have \textit{undeniably} generated valuable practical knowledge about pain and injury the degree to which they adequately capture the multi-faceted and embodied realities of lived pain and injury \textit{experiences} in their totality is questionable.

\textbf{Thinking sociologically about pain}

Efforts to dislodge pain from the exclusive jurisdiction of biomedicine have occurred predominantly within the field of sociology (see Freund, 1990; Morris, 1991; Williams \& Bendelow, 1998; Roderick, 2006a). Notwithstanding the valuable contribution of biomedical models, several writers have called for a:

\begin{quote}
Far more sophisticated model of pain...one which locates individuals within their social and cultural contexts and which allows for the inclusion of feelings and emotions (Bendelow \& Williams: 1995: 146).
\end{quote}

Thinking sociologically about (sports-related) pain and injury places traditional understandings about the relationships between mind-body, nature-culture and reason-emotion under scrutiny. The reorientation of our thinking to explore pain as an embodied lived experience containing several interdependent dimensions addresses some of the central weaknesses evident in biomedical models. Attention is drawn to aspects of pain shrouded or neglected by biomedical approaches; namely the social, psychological, historical and cultural dimensions of pain experiences. From a sociological perspective, pain is approached as simultaneously “physical \textit{and} emotional, biological \textit{and} cultural, even spiritual \textit{and} existential” (Bendelow \& Williams, 1995: 160: emphasis added). The physiology of pain, given primacy within biomedical models, becomes only one aspect of a broader, interconnected phenomenon. Thus, we move away from an understanding of pain as purely physiological towards one that recognises the position of these complex embodied

\textsuperscript{20} Some efforts have been made to incorporate a psychological dimension to pain via Gate-Control theory (Melzack \& Wall, 1965; Wall \& Melzack, 1984). Whilst we observe an increased emphasis on the psychological and cognitive variables involved in the pain process, it remains questionable whether Melzack and Wall truly move away from a biologically determinist position since they continue to neglect the broader ‘pain networks’ through which our frameworks for understanding emerge, develop and are (re)produced.
experiences at the “intersection between biology and culture” (Bendelow & Williams, 1995: 139). This endeavour necessitates engagement with the process-sociological concept of “the hinge”, that is the complex interplay between biological evolution and social development, a point discussed further in Section 3.4 (Elias: 1987a: 350).

A central tenet of sociological approaches is the desire to transcend the “strait jacket of traditional dualistic thinking” (Bendelow & Williams, 1995: 147) and tackle the “myth of two pains” (Morris, 1990: 9). Morris (1990: 27) argues that mental and physical pain need to be understood “not as rigidly divided but rather...inextricably bound up with each other”. Artificially separating the two only limits a comprehensive exploration of this embodied emotion that necessarily involves physical and mental dimensions (Shilling, 2008b). Furthermore, some sociological approaches probe the conceptualisation of pain as a wholly “unpleasant sensation” (Howe, 2004: 74). Chapter Two drew attention to the potential for risk encounters to act as a “vehicle for pleasure and self-expression” (Maguire, 1991a: 32) and it is possible that sporting pain may also be experienced in this way (see Bale, 2006; Pringle, 2007)21. Indeed, Synder (1974: 366) argues that sport makes for a “unique natural laboratory” to explore such concerns on the basis of its inherent physicality and pervasiveness in contemporary Western societies.

**Typologies of pain**

A growing body of empirical research demonstrates the social dimension of pain experiences and suggests that different cultural groups may conceptualise and perceive pain in different ways (see Koos, 1954; Zborowski, 1958 [1952]; Kotarba, 1983; Curry, 1993; Pike, 2000; Howe, 2001; Charlesworth & Young, 2004). Notwithstanding “the richness and diversity of the subjective experiences of pain”, several researchers have identified common classifications of pain within their participants’ discourses (Loland, 2006: 57). Kotarba (1983) delineated between acute and chronic pain on the basis of its duration, Helman (1990) drew on the visibility of the experience to distinguish between public and private pain, whilst Howe (2004) separated positive (e.g. exertion) pain from negative (e.g. marker of injury) on the

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21 The notion of pleasurable pain in this context is comparable to research conducted in relation to sadomasochism (Kleinplatz & Moser, 2006; Weinberg, 2006).
basis of the social meaning attached to the experience. Whilst the intricacies of these typologies need not detain this review here, they contain a number of conceptual elements that require expansion.

The first of these relates to a processual understanding of pain experiences. Kotarba (1983) conceptualised the suffering of chronic pain as a ‘career’ and Young (2004b) identifies three stages in the pain-affliction process: the onset of pain (becoming), the pain experience itself (being) and returning to a pain-free existence (recovering). This approach avoids the pervasive tendency to conceptually reduce pain processes to two dichotomous states whereby you are either ‘in pain’ or ‘pain-free’. Rather, the stages become ‘snapshots’ of an ongoing process. Kotarba (1983: 21-22) also illuminated the inherently private dimension of pain experiences and drew attention to people’s “search for meaning during experiences of embodied distress” along with the role played by significant others in this regard.

Scarry (1985) and Helman (1990) develop this line of enquiry in their respective explorations of the body and pain. They consider pain a form of ‘private data’ and explore the problems of expressing pain and the task of bringing it from the realm of the ‘unknown’ to the ‘known’. Scarry (1985) probes the difficulty in expressing that which is often ‘invisible’ and explores some of the political consequences of this inexpressibility. Helman (1990:158) explored the manner in which people communicate their pain to others and comments on our “pain behaviours”. Helman (1990) argues that pain behaviours may be both voluntary and involuntary and are manifested through changes in body activity, non-verbal signs of distress or verbal language. That is not to say however, that these behaviours always involve the individual expressing their pain or removing themselves from its perceived cause. As will be highlighted in Section 3.2 and Chapter Eight, (young) athletes frequently and routinely shield episodes of pain and injury from others in their attempt to continue their involvement in sport and maintain a host of embodied identities.

Thinking sociologically about sports injury

The concept of ‘injury’ has received similar, though not as extensive, theoretical attention (see Finch, 1997; Junge & Dvorak, 2000; Ekstrand & Karlsson, 2003; Howe,
2004; Fuller et al, 2006). For over a decade, the trend in clinical research studies has been to utilise a definition of sports injury provided by the National Athletic Injury Registration System (NAIRS) in America. NAIRS define a sports injury as something that "limits athletic participation for at least a day after the day of the onset" (Van Mechelen et al, 1992: 82). However, this definition is problematic as athletes often continue to participate with conditions that, outside of the sports environment, would result in periods of inactivity (see Section 3.2).

Efforts have been made within the sports physiology community to address this issue. In 2005, an Injury Consensus Group was established by the Swiss Federation Internationale de Football Association Medical Assessment and Research Centre (F-MARC) with the intention of evaluating previous attempts to define sports-related injuries (Fuller et al, 2006). In light of their findings, the following definition of sports injury is now promoted by F-MARC:

Any physical complaint sustained by a player that results from a match or training, irrespective of the need for medical attention or time loss from activities (Fuller et al, 2006: 193)

However, as with definitions of pain grounded in biomedical assumptions these attempts to define sports injury also fail to fully grasp the breadth of injury experiences. Sociological approaches posit that injuries are not merely physiological conditions but like pain, contain important psychological, historical and cultural dimensions (Sparkes, 1996a & b; Pike, 2000; Shilling, 2008b).

Shilling (2003: 4: original emphasis) asserts that in the modern, affluent West there is a tendency for the body to be viewed as a "project, which should be worked at and accomplished as part of an individual's self-identity". Research presents acute sports injuries as 'disruptions' to these ongoing 'body projects' since they potentially "prevent the body from carrying out the functions which are necessary in order to maintain an embodied identity as an athlete" (Pike & Maguire, 2003: 233), whilst chronic pain or injury episodes become "fatal flaws" that must be contained, managed and ultimately dismissed (Sparkes, 1996a; 463). Drawing on the work of Rintala (1991), Pike (2000: 24) interprets sporting pain and injury as a form of bodily "betrayal" since it is the athletes':
Own body which is hurting them, and so the sufferer may distance their self from their body. In so doing, the body becomes vulnerable to further abuse, since it is no longer seen as ‘belonging’ to the individual.

Section 3.2 explores some of the interpretative techniques used by athletes to discredit their sporting pain and injury experiences and highlights the artificial separation of mind-body within these.

Despite the athletes’ attempts to disembody their sporting pain, the work completed by Pike (2000), Sparkes (1996a & b) and Shilling (2003, 2008b) reinforces the notion that we are simultaneously biological and social beings. They highlight the significance of the sporting body and subsequent sport injuries, for both our physical existence and individual and collective sense of identity(s). In accordance with this position, any framework for understanding sports injuries must extend beyond the physiological damage ‘to the body’ and consider the embodied experience of injury, which like pain, may comprise of several interdependent dimensions. Moreover, drawing on the notion of “quest for exciting significance”, research concerned with the impact of sports injuries on ongoing body projects should remain sensitive to the possibility that these experiences may cultivate embodied identities as well as disrupt them (Maguire, 1991a: 29). As such, this research questions whether young people conceptualise the injury process as a ‘disruption’ to both their participation in sport and their burgeoning sense of identity(s) and/or whether they mobilise and value these risk encounters as a means to develop aspects of their embodied identities? Chapters Seven, Eight and Nine address this question empirically.

3.2 Pain, injury and a sporting ‘culture of risk’

Shrouded by the ideological assumption that ‘sport is wholly good for you’, athletic pain and injury experiences have only recently been accorded significant social scientific attention (see Young, 2004a; Loland et al, 2006). Whilst, White (2004: 309) concludes that the available epidemiological information on the cost and incidence of sports injuries in the UK is “inconsistent, far from complete and merits further attention” his research does suggests that pain and injury are both statistically and socially normal experiences for adults involved in regular sporting activity (see also
Curry, 1993; Watson, 1993; Kujala et al, 1993; Conn et al, 2003). The most recent large-scale study conducted in the UK estimated that in England and Wales 19.3 million new sports injuries, and a further 10.4 million recurrent injuries, occur each year (Sports Council, 1991). The report estimates the direct treatment costs to be £422 million, with lost production costs (e.g. sick days taken as a result of sport injury) placed at £575 million (Sports Council, 1991: 25,31). Although dated, these findings point towards the scale, incidence and cost of sports injuries within England and Wales alone.

Furthermore, drawing on several ethnographic studies (Kotarba, 1983; Ewald & Jiobu, 1985; Sabo, 1986) and a content analysis of Sports Illustrated22, Nixon (1994a: 79: emphasis added) asserts that “athletic participation occurs in a cultural context that glorifies risk and normalises pain, injuries and playing hurt”. Subsequent research has identified several broad characteristics of this sporting ‘culture of risk’ including athletes’ uncritical acceptance and normalisation of sporting pain and injury (Curry, 1993), their practice of “playing hurt” (Roderick et al, 2000: 165), forms of ‘injury talk’ (Young et al, 1994) and a common emotional response to injury (Pike, 2000). These broad features will now be explored.

**Characteristics of a sporting ‘culture of risk’**

The foremost characteristic of the sporting ‘culture of risk’ appears to be the practice of playing through pain and with known injuries, commonly referred to as “playing hurt” (Roderick et al, 2000: 165). A substantial body of sociological research across a number of sports23 provides empirical evidence which demonstrates:

- a willingness of athletes...to repeatedly place their bodies at risk by training while they are in pain, competing while they are injured or by returning to sport before they are fully recovered (Charlesworth & Young, 2004: 163).

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22 Sports Illustrated is a weekly American sports magazine with a weekly readership of approx. 23 million adults.

23 Including but not limited to rugby union (Howe, 2001), rugby league (Liston et al, 2006), association football (Roderick et al, 2000), rowing (Pike, 2000), cycling (Albert, 1999), softball (Malcom, 2006), ballet (Turner & Wainwright, 2003) and triathlon (Atkinson, 2008).
It would be erroneous to assume however, that the injuries tolerated by these athletes are solely the result of accidental actions inflicted on them by others. Connected to ‘playing hurt’ is the consensual ‘trade’ in pain, evident in particular sports, in which participants’ bodies are “routinely turned into a weapon to be used against other bodies” (Messner, 1990: 23). During the course of their participation, these athletes both ‘give’ and ‘receive’ pain since “the body-as-weapon ultimately results in violence against one’s own body” (Messner, 1990: 211). Indeed, research suggests that the physical risk taken by these athletes is one of the core attractions for both players and spectators of these particular forms of sport (Frey, 1991).

The processes of ‘playing hurt’ and ‘trading’ in pain appear to be highly valued and respected by many athletes, coaches, fans, support staff and media representatives (Nixon, 1993a, 1994a). Demonstrations of a stoic character in the face of pain and a desire to push through injuries receive high accolades from others. For example, in the 2007 Carling Cup final, the Chelsea Captain John Terry was rendered unconscious and taken to hospital after an accidental kick to the face by an opposing player. He was subsequently dubbed “Ironman JT” by his teammates and “Superman” by the media when he checked himself out of hospital three hours later to join the post-match celebrations (Collins, 2007: 38). Conversely, failure to maintain a ‘game face’ (Zurcher, 1982) and conform to the “pain principle” (Messner, 1992: 72) often results in the stigmatisation of the athlete, a questioning of their status and sexual identity and a consequent devaluation of their sense of self-identity:

I was hurt. I couldn’t play, and I got flak from everybody. The coach [said], “Are you faking it?” and I was in the whirlpool and [a team-mate] came in and said “You fucking pussy!... That hurt more than the injury” (Bill cited in Messner, 1992: 72)

Alongside ‘playing hurt’ a common emotional process has been exhibited by athletes during periods of inactivity post-injury. Studies have reported athletes’ expression of shame, guilt, uncertainty and frustration during periods of inactivity (Pike & Maguire, 2003; Charlesworth & Young, 2004). Pike (2000: 22) suggests that emotions usually progress from:

24 Namely brutal body contact sports such as rugby union/league, American football and ice hockey.
Feelings of denial or disbelief, followed by anger (directed at self and others) and bargaining (for example, a few days rest and some physiotherapy will cure all)...followed by a true sense of loss and depression.

As will be demonstrated in Chapter Nine, the strength of the emotional response appears to be strongly linked to the degree to which the athlete is immersed in the sporting subculture and the relative value they place on their continued involvement in sport (Hughes & Coakley, 1991).

Athletes attempt to rationalise these attitudes towards pain and injury through their conceptualisation of them as both justifiable and unavoidable parts of the game (Curry, 1993; Frey et al, 2004). When discussing the depletion of the England rugby union team due to injury during their 2007 World Cup campaign, Johnny Wilkinson (2007: 94: emphasis added) writes:

None of this is meant to sound like an excuse, it is just plain fact. It [getting injured] is what happens in professional rugby. Our medical team did an outstanding job in France and we had many others who were carrying knocks into matches and whose game would have been marginally compromised because of it. That is just a balance that we strike in this sport.

Researchers have uncovered a range of interpretative strategies used by athletes to “disregard [the] risk of physical harm and to normalize pain and disablement as part of the sport experience” and these are summarised overleaf in Figure 3.2.1 (Young et al, 1994: 176).
Figure 3.2.1: “Injury talk” techniques.

<table>
<thead>
<tr>
<th>Hidden pain</th>
<th>Disrespected pain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain is hidden from significant others, ensuring the athlete promotes the image of a fully-fit, injury free competitor.</td>
<td>The athlete adopts an attitude of irreverence toward the pain and prioritise some forms of pain over others.</td>
</tr>
</tbody>
</table>
| “The ankle she had injured in July was sore. She decided not to make an issue of it with Jenna [physiotherapist]. There was no point in giving Coach another reason to cut her. She would play through the pain. She could tie the skate tighter, no one would know”  
  (Turco, 1999:60: emphasis added) | “So what that I had fractured my back? I could still walk. I could deal with the pain”  
  (Ryan, 1995: 36) |
| Unwelcomed pain                      | Depersonalised pain                        |
| Pain is described as a demoraliser and approached as something to be overcome. | Athletes develop a way of talking and thinking about pain that dichotomises the relationship between self-body, ownership of the pain is transferred to the body part rather than the athlete. |
| “It don’t hurt, boy! It don’t hurt unless you let it! Suck up that pain”  
  (Oppenheimer, 1991: 66) | “For 3 weeks I’d been running in water and riding a bike – I was in great shape. I just had this niggly bloody heel that hurt to put on the ground...I knew I had a stress fracture. Anyway I ran the race. I finished but pulled up hobbling – a tendon had come away with a piece of bone attached to it”  
  (Mills in Stratford, 1988: 139: emphasis added) |

These “techniques of neutralization” (Sykes & Matza, 1957: 664) serve to defuse pain’s potentially destabilising, uncertain and disruptive effect on both the athletes’ ability to continue and their sense of self. In so doing, they allow athletes to make sense of, and legitimise, the physical and mental manifestations of pain connected to their sporting activities. Whilst due attention has been paid to the ways in which athletes negotiate and manage the disruptive elements of their risk encounters much less has been said about the potentially self-realising and expressive dimensions of sporting risk experiences. Chapters Seven and Eight draw on the narratives of the young people interviewed to explore these previously neglected areas.

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Nixon's (1992, 1993a) early research infers that this 'culture of risk' in sport is both widespread and relatively homogenous. However, several researchers have used his work as a point of departure and suggest that the ways in which athletes engage with sporting risk, pain and injury are perhaps more complex than initially suggested (Walk, 1997; Roderick, 1998; Safai, 2003; Pike & Maguire, 2003; Charlesworth & Young, 2004; Singer, 2004; Theberge, 2006). To date, two central lines of enquiry have been explored. The first returns attention to the six thesis of risk-sport relations introduced in Chapter Two, whilst the second probes the risk-sport-gender nexus.

Developing a sporting 'culture of risk': Questioning it's homogeneity?

Safai (2003: 131) contends that the 'culture of risk' is "not as homogenous and all encompassing" as the early research implied. Through her study of sport medicine clinicians and injured athletes in Canadian Intercollegiate sport Safai (2003: 127) indicated a level of negotiation between the clinicians and athletes over the athlete's injury experiences and concluded that:

a 'culture of risk' was reinforced under certain circumstances during negotiation, but was also tempered by the existence of a 'culture of precaution' that worked to resist those influences.

Her evidence suggested that, as well as reinforcing core elements of a 'culture of risk' the environment of Canadian Intercollegiate sport is also a site in which concern and caution for the health and welfare of student athletes is voiced.

This picture sits in contrast to the "conspiratorial alliance of coaches, athletic administrators, sports medicine personnel and others" presented by Nixon (Walk, 1997: 23). Safai (2003, 2004) challenges Nixon's (1992) presentation of athletes as 'dupes' who are coerced into playing through pain against their 'rational judgement'. Walk (1997) draws similar conclusions in his study of student-athlete trainers (SATS) and advocates caution in the conceptualisation of athletes as 'dupes' who have no degree of sovereignty over the treatment of their own bodies. He argues that:

It should be anticipated that even a sportsnet may be characterised by flaws in its system of control, related negotiation and conflict, and some measure of freedom for its members, even those with the least amount of power - in the present case,
student athletes and student athletic trainers (Walk, 1997: 50; emphasis added).

In so doing, both researchers temper claims made by Nixon (1992, 1993a) in relation to the homogeneity of the sporting 'culture of risk' and point towards the existence of a coherent counter-culture of precaution in North American intercollegiate sport. Chapter Seven engages with these observations and explores the cultural messages concerned with sporting risk, pain and injury mediated through school sport worlds.

Developing a sporting 'culture of risk': Intersecting bodies

In addition to the advances made by Safai (2003, 2004) and Walk (1997), other researchers have begun to explore the interplay between the ‘culture of risk’ and various dimensions of intersecting bodies (see Gard & Meyenn, 2000; Light & Kirk, 2000; Pike & Maguire, 2003; Charlesworth & Young, 2004; Singer, 2004; Theberge, 2006). The majority of efforts undertaken have tended to probe only one stratifying aspect in isolation from others. To date, the gender-pain-injury nexus has been accorded the most research attention. Much less has been said about the relationships between a sporting ‘culture of risk’, social class, age and ethnicity.

Initial studies into sporting pain and injury were borne out of a broader research agenda related to sports violence and focused almost exclusively on the experiences of male athletes (Sabo, 1986; Messner, 1990; Young et al, 1994; White & Young, 1997). A central aim of this literature was to explore “how participation in physically demanding sport, with its potential and actual injurious outcomes, both challenges and reinforces dominant notions of masculinity” (Young et al, 1994: 175). In so doing, it highlighted the ways in which pain and injury experiences were used by male athletes to develop particular embodied masculine identities (see White & Young, 1997). The ability to play hurt, trade-in pain and maintain a stoic demeanour in the face of injury were identified as both “primary masculinity-validating experiences” (Dubbert, 1979: 164) and central to hegemonic ideas about what it means to be a ‘real’ man (Messner, 1990). These observations lead researchers to consider gender “a key determinant of sports injury and the costs of injury to the individual and society as a whole” (White

26 The notable exception being Pike (2000), who explicitly addresses issues of both gender and standard of participation in her research.

& Young, 1997: 15). However, this conclusion was drawn on the basis of empirical data related only to male athletes. In light of this, several researchers directed their attention towards exploring “what it means to be an injured female athlete” (Charlesworth & Young, 2004: 163: emphasis added) and questioned how women’s experiences of sporting pain and injury “resonate with larger ideological issues of gender legitimacy and power” (Young & White, 1995: 45).

The literature has begun to identify clear overlaps between the narratives of female and male athletes. Evidence suggests that female athletes, like their male counterparts, play hurt, undergo similar emotional responses to periods of inactivity and draw on comparable methods of ‘injury talk’ to neutralise pain and minimise the impact it has on their performance, sense of identity and chance of success (Pike, 2000; Charlesworth & Young, 2004). In addition, the rationale provided by female athletes to justify their decisions to play hurt strongly aligned with the data to emerge from male-centred research (Young & White, 1995). In light of these observations and to temper the strength of previous claims, it has been suggested, “while pain and injury are likely to be linked to gender socialization processes, they may also be a product of socialization into a sport culture per se” (Charlesworth & Young, 2004: 178). This should not be read as a dismissal of gender as an important dimension of pain and injury experiences. Rather, it represented a call for further research to explore the subtle ways in which gender may contour pain and injury experiences.

Upon reviewing the extant literature, it is evident that there has been a surprising neglect of the intersection between social class, sporting pain and injury experiences on both a theoretical and empirical level. Where studies have engaged with this issue, it has been limited to the context of a particular form of white, middle class masculinity (Gard & Meyenn, 2000; Light & Kirk, 2000). However, drawing on the work of Bourdieu (1986) suggests that sporting pain and injury practices may be a significant means by which ‘distinction’ is gained and maintained in and between different social classes. For Bourdieu, the sociological enterprise involves connecting specific (sporting) practices to the “tastes and preferences of social groups and to assess the ‘rewards’ accruing relative to the type of ‘investment’ made” (Jarvie & Maguire, 1994: 184). It is possible that different classes, gender and ethnic groups have different ‘tastes’ for playing hurt, putting their bodies ‘on the line’ and stoically
accepting the painful ramifications of their actions but the role of sporting pain and injury practices in distinction processes has yet to be explored in any great depth within the sociology of sport literature. A similar case of neglect can be made with regard to age and ethnicity. As such it is the intention of this research to probe some of these neglected intersections through its examination of young people’s sporting risk encounters\textsuperscript{27}.

3.3 Making sense of a sporting ‘culture of risk’

Several conceptual frameworks have been employed to make sense of athletes’ adherence to this ‘culture of risk’. These have included matters of victimisation (Young, 1991), the influence of athletic social networks (Nixon, 1992), issues of ‘edgework’ (Lyng, 1990), the positive deviance thesis (Hughes \& Coakley, 1991) and the management of athletic self-identities (Pike, 2000). It has also been suggested that sporting experiences of pain and injury play a central role in the creation and maintenance of hegemonic masculine identities (Sabo, 1986; Messner, 1990, 1992; Messner \& Sabo, 1990; Young \textit{et al}, 1994). Given their prominence in the existing literature, specific attention will be accorded to a critical examination of the positive deviance thesis (Hughes \& Coakley, 1991), a symbolic interactionist approach (Pike, 2000) and Nixon’s (1992) model of ‘sportsnets’. Notwithstanding the valuable contributions these frameworks have made to the field, several limitations in their theoretical foundations can be identified. As such, the case for utilising a process-sociological approach to more adequately explore sporting pain and injury experiences “in the round” will be made in Section 3.4 (Maguire, 1991b: 190).

\textbf{Positive deviance: A ‘culture of risk’ and over-conformity to the ‘sports ethic’}

Hughes and Coakley (1991) located the behaviours associated with the ‘culture of risk’ within a broad framework related to deviancy in sport and society. Challenging traditional understandings of deviance in mainstream sociology and criminology, they drew a distinction between positive and negative forms of deviant behaviour (see Figure 3.3.1).

\textsuperscript{27} Efforts to advance understandings of the class-risk-sport nexus were restricted following the unfortunate withdrawal of two of the State schools halfway through the data collection period (see Chapter Ten).
Hughes and Coakley (1991) positioned sporting practices such as playing hurt in the realm of ‘positive deviance’. In so doing, they recognise that the behaviours outlined in Section 3.2 do not constitute a rejection of, or under-conformity to, a set of social norms. Rather they represent over-conformity to “the sports ethic”, a relatively universal set of ideas about what it means to be an athlete (Hughes & Coakley, 1991: 307).

Hughes and Coakley (1991: 309-310) described the ‘sports ethic’ as the criteria by which we define what it means to be a ‘real’ athlete and identified four critical elements to this concept:

1. Making sacrifices for ‘the game’
2. Striving for distinction
3. Accepting risks and playing through pain
4. Refusing to accept limits in the pursuit of possibilities
The third of these clearly relates to this topic of this research, however all four elements may impact on the ways in which athletes engage with pain and injury during their sporting lives. For example, playing hurt may be interpreted as a necessary bodily sacrifice to achieve excellence and the onset of pain may be dismissed as a ‘limit’, which athletes must overcome in their pursuit of success. The ‘sports ethic’ represents an over-arching framework within which the following efforts to make sense of a sporting ‘culture of risk’ can be located.

**A symbolic interactionist approach: Engaging further with a ‘culture of risk’ and the quest for an athletic self**

Hughes & Coakley (1991) connect the acceptance of sporting risk, pain and injury to the processes of creating, maintaining, performing and managing athletic identities. Several researchers have drawn on a symbolic interactionist (SI) perspective to further probe this connection (Pike, 2000; Pike & Maguire, 2003; Sparkes, 1996a, 1998, 1999). Their evidence suggests that failure to (over)conform to the core beliefs of the sports ethic places individuals’ embodied athletic identity at risk and renders them vulnerable to stigmatisation. Pike (2000) also highlights the importance of significant others (in her study, most noticeably male coaches) and embodied emotions in this process, both of which should be commended. She draws on Goffman’s (1959) theatrical metaphor, in which he presented the ‘self’ as a product of the dramatic interaction between the ‘actor’ (in this instance the injured athlete) and their ‘audience’ (for example, coaches, medical staff, spectators, fellow athletes) and referred to social life as constituting of a ‘front stage’, ‘back stage’ and ‘outside’, to explicate her findings. However, in so doing both Goffman and Pike fail to place these ‘actors’, ‘audiences’, ‘stages’ and ‘performances’ on their (socio-historical) foundations. This study argues that whilst the dramaturgical dimensions of pain and injury experiences should form part of any attempt to understand sporting pain and injury, the emphasis on presentation of self and individuals’ quest for athletic identity within the SI tradition represents a necessary, yet insufficient consideration of these experiences in their totality. A framework that locates these contemporary athletic performances in the broader, long-term social processes and figurations in which we are enmeshed is required to develop a more (g)rounded picture of the ‘culture of risk’ (Elias, 1978).

Social network analysis: A ‘culture of risk’ and ‘sportsnets’

Nixon (1992, 1993a, 2004) extends the analysis of a sporting ‘culture of risk’ beyond an individual’s quest for athletic identity and begins to incorporate the broader social interactions in which the athlete is located. He draws heavily on a social network approach to aid understanding of elite athletes’ rationale for enduring “the sheer physical and mental anguish of pushing [themselves] through the pain barrier time and time again” (Stratford, 1988: 67). The intention of Nixon’s (1992: 127-128) approach is to map out the “relations among persons, positions, roles or social units” and to display the ways in which these interactions reinforce “cultural and interpersonal messages exhorting and encouraging [athletes] to play with pain or injuries”. Nixon (1992: 133) conceptualises these networks of interaction as “sportsnets” and presents them as isolated, closed networks “structured to limit, block, deflect or discredit contact with people who might challenge the nature of risk in sport”. As such he argues that the acceptance of risk, pain and injury are continually reinforced and rarely challenged, fostering the belief that playing hurt is the only viable option open to the athletes.

Research conducted within this framework draws important attention to the structural environment in which sporting pain and injury take place and the ways in which interconnected structural constraints, inducements and processes of institutional rationalisation mediate messages around playing hurt (Nixon, 2004). However, a critical examination of Nixon’s theoretical position has been provided by Roderick (1998). Whilst he remains sensitive to the constraints within which all social scientists operate, Roderick (1998) highlights particular limitations in Nixon’s approach. These can be summarised around four themes, the:

i) Scope and reification of ‘sportsnets’
ii) Conceptualisation of power relations with them
iii) Neglect of processes of social development
iv) Relative lack of engagement with processes of socialisation.

It remains unnecessary to revisit all of these at this juncture. However, given the research objectives of this study, a brief discussion related to the Nixon’s (1992)
conceptualisation of power relations and his neglect of socio-historical considerations is warranted.

Nixon’s research (1992; 1993b) presented athletes as relatively powerless within sportsnets. He conceptualised athletes as passive receivers of cultural messages to play hurt and in so doing, implied that the relational bonds between athletes and other members of sportsnets are unidirectional. Nixon (1992: 130: emphasis added) states that:

In the sportsnet, athletes find a subculture with implicit and explicit messages about risk, pain and injury that provide biased support. The structural location of athletes in sportsnets, as receivers rather than sources of these messages, makes it difficult for them to challenge the message.

This portrayal of athletes as ‘cultural dupes’ presents a narrow interpretation of power relations within sport worlds. It does not consider the possibility that athletes may be active social agents who engage in both intra- and interpersonal negotiations during their injury experiences (Safai, 2003). As noted previously, recent research dismisses the notion of athletes as wholly powerless with the strong suggestion that athletes, medical staff and coaches actively negotiate many different aspects of the injury process (Walk, 1997; Malcolm & Sheard, 2002; Safai, 2003). When we consider that the ‘athletes’ in this study are young people it further highlights the potentially restrictive nature of Nixon’s framework. If we establish a priori young people as wholly powerless, due to their status as athletes and on the basis of their age, we may be closing important lines of enquiry that explore the contested, negotiated dimensions of sporting risk encounters (see Chapter Seven).

A further point for consideration is the failure of both approaches outlined thus far to engage with socio-historical dimensions of pain and injury experiences. Within a SI framework, primacy is given to the immediate, intimate social interactions between the athletes and others. Whilst it admirably draws attention to the social construction of athletic identities and the importance of performed aspects of sporting risk encounters there remains a comparative disregard of the interconnected physiological and socio-historical dimensions of athletes’ experiences. Equally, Nixon’s framework implies that sportsnets operate in relative isolation from long-term socio-historical
developments and have a relatively high degree of autonomy from broader, global processes (Roderick, 1998). This study is grounded in the premise that each generation inherits a social world that has emerged from the past and is continually ‘in process’ (Elias, 2000 [1939]). As will be argued in Section 3.4, failure to engage with “sociological mechanisms of inheritance” masks a fundamental dimension of our lived experiences and again, restricts the development of more holistic understandings of sporting risk encounters (Elias & Scotson, 1994: 174).

Finally, Nixon’s framework conceptualises pain and injury solely as a reflection of the ‘dark side’ of sports participation (Eitzen, 2006). This action may serve to create an artificial dichotomy between pleasure and pain and potentially limits the exploration of the “opportunities for personal transformation and character development” that may be offered by sporting risk encounters (Lyng, 2005:6). Drawing on a two-way dialogue between theory and evidence, this is identified as a significant oversight in existing sports-specific research. Notwithstanding these observations, this research recognises and commends the above efforts to “propel [pain and injury] research into a more central place in the field of sport sociology” (Nixon, 2004: 82). However, in light of the critiques outlined above, it offers a process-sociological framework as an alternative means to make sense of sporting pain and injury. In so doing, its intention is not to devalue the contribution others have made in significantly advancing our knowledge within this field. Rather it seeks to probe the lines of enquiry opened by existing research using a framework that is sensitive to young peoples’ sporting risk encounters ‘in the round’ (Maguire, 1991b).

3.4 Making sense of a sporting ‘culture of risk’: A process-sociological framework

This study draws on a process-sociological perspective to sensitise the analysis to the notion that “sport, people’s bodies, bodies of people and the civilising process interweave” (Maguire, 1993: 44). In so doing, it addresses several of the theoretical impasses identified in Section 3.3. The interrelated conceptual tools of “the hinge” (Elias, 1987a: 350), sport worlds (Maguire et al, 2002), habitus (Elias, 2000 [1939]) and the “quest for exciting significance” (Maguire, 1991a: 29) are of particular importance. Together they form an interconnected framework that is able to grapple
more adequately with the complex interplay between the social, physiological, historical, psychological and cultural dimensions of sporting risk encounters.

Introduced in Section 3.1, the concept of ‘the hinge’ represents a fundamental theoretical assumption underpinning this study. Whilst research has surmised that “reactions to pain are not simply involuntary and instinctual, but are determined in part, by the social context in which pain occurs” (Howe, 2004: 75: emphasis added), the notion of ‘the hinge’ provides a more sophisticated engagement with the relationship between unlearned (biological) and learned (social) aspects of pain experiences. Using the study of human emotions as a space to explore these theoretical ideas, Elias (1987a) identified a dovetailing between biological processes of maturation and social processes of learning. He presented these two aspects which constitute ‘the hinge’ as “different but wholly inseparable” and argued that the steering of human conduct is always the result of an intimate interweaving between the two (Elias, 1987a: 341). Moreover, Elias (1987a) asserts that we are driven to socially learn by our biological make up and in turn, our social learning influences our biological condition. As such, this process involves a two-way dialogue between biology and culture. Sensitivity to the ‘hinge’ positions sporting pain as an embodied social experience that involve a complex dovetailing of physiological pain pathways and “learned social standards of controlling one’s drives and emotions” (Elias, 1987a: 348). In the context of this study, attention is therefore drawn to the processes by which young people learn to internalise, control and regulate the unlearned dimensions of their sporting pain and injury experiences and the potential reward/harm they stand to gain from this endeavour.

It is here that we can connect ‘the hinge’ to the Eliasian concept of habitus. In so doing, one is encouraged to probe beyond the conscious, planned and considered responses to sporting risk encounters and to explore the dimensions of our identities.

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28 This should not be read as the definitive word on the topic. To claim so would be to act in a distinctly un-Eliasian manner. The utilisation of this framework reflects efforts to move towards building a body of knowledge that more adequately captures pain and injury experiences ‘in the round’ (Maguire, 1991b).

29 The concept of habitus is also strongly associated with the French sociologist, Pierre Bourdieu. Several subtle, yet important differences between the two interpretations of habitus can be noted (see King, 2005). In keeping with the theoretical framework guiding this research, the Eliasian reading of habitus is used.
that are deep-set, habitual and beneath the conscious surface\(^{30}\). Through the dovetailing of biological processes of maturation and social processes of learning we internalise messages about the manners, customs, styles and behaviours that are valued by particular communities. These ‘lesson’s’ become so ingrained in our embodied practices that they are forgotten in any conscious sense yet they continue to shape, and be shaped, by our changing relationships with others throughout our lives (Mennell, 1992). This form of sedimented embodied social learning has been conceptualised as our ‘habitus’ and it is argued that, over time, these ‘sleeping memories’ begin to act as an “automatic, blindly functioning apparatus of self-control” which structure but do not determine our actions, thoughts and feelings (Elias, 2000 [1939]: 368). Given that the communities in which we ‘learn’ are contoured along class, gender, ethnicity, sexuality and other lines, it is argued that the development of habitus is similarly stratified. Whilst the development of ‘habitus’ is neither uniform nor homogenous those “who occupy the same position within the social world tend to have a similar habitus” (Jarvie & Maguire, 1994: 190).

The concept of ‘habitus’ is concerned with more than merely the embodied habitualisation of behaviours. It draws attention to a strong socio-historical dimension to peoples’ behaviours and the development of the social worlds in which we live. Sensitising this research to the concept of ‘habitus’ stresses the notion that “people are processes too” (Mennell, 1992: 265). The development of ‘habitus’ is presented as a continuous process that operates on two levels; the development of habitus within an individual’s lifespan, and, across generations as part of long term civilizing processes (Elias, 2000 [1939]). In relation to the first, Elias (2000 [1939]: 454-5) asserts that the development of our embodied socio-psychological make-up begins at birth and continues throughout our entire lives:

> Although the self-steering of a person, malleable during childhood, solidifies and hardens as he [sic] grows up, it never ceases to be entirely affected by his changing relations with others throughout his life.

\(^{30}\) As with the two dimensions of ‘the hinge’, it is also important that the two aspects of our personality discussed here, the conscious and the ‘sleeping’, are understood as intimately interwoven rather than existing separate from one another or mutually exclusive.
Our formative years are identified as the most impressionable phases of our habitus development. As such, it appears imperative that we explore how and why particular behaviours, attitudes and social practices become part of our ‘second nature’ during this time. Moreover, if our habitus is bound up in social interactions with others it is necessary to examine the social conditions and relationships in which (young) people’s habitus emerge. Indeed we cannot adequately understand one without the other. Young people’s educational environment has been identified as a significant social space through which we learn, internalise and begin to embody particular social practices and ideologies (Apple, 1995). Research recognises school sport worlds as important sites for the construction, legitimisation and internalisation of ‘gender appropriate’ behaviours (Dewar, 1987; Brown, 1999; Flintoff & Scraton, 2001). As such it appears prudent to explore young people’s sporting risk encounters within this specific set of social relations.

The second level on which habitus can be seen to develop, over time and across generations, also impacts on this study. Whilst lengthy, Elias’s (2000 [1939]: 441) observations are insightful:

The behaviour patterns of our society, imprinted on individuals from early childhood as a kind of second nature and kept alive in them by powerful and increasingly strictly organised social control, are to be explained...not in terms of general, a-historical human purposes but as something which has evolved from the totality of Western history, from the specific forms of behaviour that developed in its course and the forces of integration which transformed and propagated them.

Since the formation of habitus is a function of social relationships and these relationships are dynamic, fluid and constantly in flux, it is logical that the long-term development of habitus shares some form of correspondence with the historical development of social interdependencies. Engaging with the development of habitus across generations highlights a socio-historical dimension to sporting risk encounters that has hitherto been ignored by research. In so doing, the long-term, processual nature of human development is emphasised.
Within “The Civilising Process”, Elias (2000 [1939]) traced the development of particular social behaviours within individual life spans, the social moves of groups across time and space. His findings suggested that we are bound up in long-term civilising processes and thus we inherit a social world from the past, which, for present purposes, contains specific ideas about sporting risk, pain and injury. A process-sociological framework rejects the assumption that we enter our sporting participation tabulae rasa, untouched by our upbringing, our immediate social environment and the complex web of social relations that have come before us. Rather, it advocates that we are born into pre-existing, dynamic knowledge streams and that our experiences of sporting pain and injury are influenced by meaning systems inherited from previous generations.

Whilst researchers have applied the Eliasian notion of habitus to a range of subject areas from PE teachers everyday 'philosophies' (Green, 2002) to the social encounters within seventeenth and eighteen century French society (Brown, 2002), it has yet to be incorporated into a study concerned with sporting risk encounters. As previously discussed, much of the existing literature in this field has focused on athlete’s perception and lived experiences of sports injury (see Pike & Maguire, 2003; Sparkes, 1996a, 1998). Notwithstanding the valuable contribution this research has made to the body of knowledge concerned with sporting pain and injury, it has yet to probe beyond the immediate, superficial portion of athletes’ sporting practices. Such an oversight gains particular currency given the adult-centred nature of existing sports-specific research since their pain and injury behaviours may be deeply habitualised by this point in their athletic careers. Exploring a person’s embodied habitus can be identified as one of the most challenging and difficult tasks in sociological research yet it may tell us much about the individual’s personal history, their relative position in relation to others and enable us to map out broader classifications, codes and practices which shape, and are shaped by, sporting risk encounters.

Engagement with the interrelated concepts of ‘the hinge’ and habitus returns attention to some of the theoretical cul-de-sacs identified in Section 3.3. One of these is the very way in which people and their relationship with each other are conceptualised in

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31 Further discussion of the epistemological issues raised here are undertaken in Chapter Four.
existing sports-specific literature. Whilst both a SI and social network approach correctly identify the social interactions of athletes as important, the manner in which this is done is inherently restrictive. The tacit assumption underlying both of these positions is that individuals are ‘closed’ beings, somehow isolated and distinct from one another, who then connect and interact with others. The framework presented here challenges this image of people as “we-less-I’s” with the conception of human beings as *hominem aperti* (Elias, 1987b: 266). It moves away from an egocentric view of people as singular, separate entities towards an understanding of people as interdependent beings ‘in plurality’.

One consequence of this conceptual shift is the identification of a relational foundation to people’s sense of personal identities. Elias contends (1991) that our conception of ‘self’ can only be understood in the context of our relationships with others. For example, ‘I’ only becomes meaningful in the context of ‘you’, ‘we’ and ‘them’ (Elias, 1991). As a result, our sense of ‘self’ is at once fluid, dynamic, in a continual state of flux and can only be understood in the context of our position among other open people with whom we are bonded in a variety of ways. It follows that the ways in which young people develop an understanding of themselves as individuals, athletes or being ‘in pain’ are contoured by their interdependent relationships with other young people, teachers, coaches, guardians and medical staff. So how can we best conceptualise these relationships in the context of sporting risk encounters? As argued previously, the concept of a sportsnet is incapable of fully engaging with the issues raised by the interconnected tools of ‘the hinge’, habitus and *hominem aperti*. This study offers the concept of “sport worlds” (Maguire et al, 2002: xiii) to better make sense of “people-in-dynamic-interdependence” (Mennell, 1992:94). As discussed in Chapter One, sport worlds consist of the activity settings, people, ideologies and practices that together create different forms of sport products and performances (Maguire et al, 2002). They are grounded in the twin notions of long-term social processes and the largely unforeseen and unplanned foundations of these developments (Goudsblom, 1977).

Within sport worlds, the “host of different people, connected in particular networks” are of central importance (Maguire et al, 2002: xvii). These ‘networks’ represent the web of interdependent people bonded together in a variety of ways and in differing
degrees of intensity. The central premise here is that “people are born into, develop within, help create and finally die, in networks of interdependencies with fellow human beings” (Jarvie & Maguire, 1994: 132). This position asserts that these webs of interdependencies do not exist separate and somehow distinct from those who form them. In so doing, the concept of sport worlds helps to “break through the brittle façade of reifying concepts which obscure and distort our understanding of our own life in society” (Elias, 1978: 15). In the context of this study, it involves a shift away from an egocentric (young) person-centred approach and a movement towards one where (young) people in their plurality are the central foci.

On a superficial level, the concept of ‘sportsnets’ and ‘sport worlds’ appear similar. They are both concerned with mapping out the social terrain of the athletes and focus explicitly on the myriad of interconnected relationships within which athletic risk encounters take place. However, there are several subtle but critical differences in the conceptual foundations of these two models. The first of which relates to the differences between the term interaction as it is conceptualised within sportsnets and interdependence, as it is understood within sport worlds (Roderick, 1998). In the context of sportsnets, interaction refers to the intimate face-to-face contact between its members, for example an athlete and the coach (Nixon, 1992). The concept of interdependence broadens the scope of this network of interpersonal connections. It acknowledges that people are connected to others “with whom they never interact, never meet and are affected by the activities of people far down a line of interdependence” (Mennell, 1992: 95: emphasis added). As discussed, young people’s sporting risk encounters take place in a context that is shaped by governmental policies; mediated messages from elite global sports worlds, the residue of meaning systems inherited from the past as well as the young people’s immediate face-to-face interactions. This subtle, yet important shift from the study of interaction towards the study of interdependence permits the development of a more holistic understanding of the young people’s sporting practices.

Furthermore, Nixon (1992: 130) describes sportsnets as “collusive, closed systems” that attempt to “isolate” athletes from “external social contact”. In so doing, he implies that is it possible to be ‘excluded’ from sportsnets and to exist somehow outside and separate from both the relationships ‘contained’ within and the ‘external
social world’. A process-sociological perspective would argue that neither is truly possible, save those who live in complete isolation from human life (Elias, 1978). In comparison, sport worlds are depicted as ‘open’ webs of people with “permeable boundaries” (Maguire et al, 2002: xix). As such, rather than existing ‘in’ or ‘outside’ of a sportsnet, you simply move to a more or less peripheral position within any number of overlapping and dissecting sports worlds.

In connection, the shift towards ‘sport worlds’ brings power relations to the fore and engages with the more problematic aspects of Nixon’s conceptualisation of power highlighted previously. A process-sociological framework presents power as polymorphous, multi-faceted and a “structural characteristic of the flow of every figuration” (Elias, 1978: 131). Elias (1978: 131) argues that:

> at the core of changing figurations – indeed the very hub of the figuration process – is a fluctuating, tensile equilibrium, a balance of power moving to and fro, inclining first to one side and then to the other.

Thus, power is approached as a “concept of relationship” rather than a “concept of substance” (Elias, 1978: 131). This conceptual shift carries important implications for this study. In contrast to the top-down exertion of power by coaches, medical staff and others on athletes (as presented within a sportsnet), a process-sociological framework depicts the same set of social relations as a “flexible lattice-work of tensions” (Elias, 1978: 130). That is not to say, however, that athletes are free to manipulate the ‘direction’ of sport worlds at will, since “from this independence of people arises an order sui generis, an order more compelling and stronger than the will and reason of the individual peoples comprising it” (Elias, 2000 [1939]: 366).

The explicit focus on coercion within Nixon’s framework limits discussions to the constraining, exploitative dimensions of sporting risk encounters. Underpinned by the Eliasian understanding of power outlined above, the notion of sport worlds emphasises both the constraining and enabling aspects of people’s relationships (Mennell, 1992). In so doing, this framework is able to explore the potential of sporting risk encounters to act as spaces for resistance, self-expression and personal development (Maguire, 1991a, 1992; Atkinson, 2008). This is particularly important
considering the broader position of young people within the social world and the relatively restricted power chances accorded to them (Elias, 1998).

The closely intertwined concepts of "quest for exciting significance" (Maguire, 1991a: 29) and "stratifying bodies" (Maguire, 1993: 46) introduced in Chapter Two offer significant assistance when grappling with these issues. Drawing on the notion of 'exciting significance' provides a theoretical space that can deal with the potential for self-expression, self realisation and pleasure offered by sporting risk encounters and the idea that these experiences are bound and contoured by webs of interdependent relationships inherited from the past and which are continually modified by the (un)intended consequences of (un)intended actions of the present (Maguire, 1992). Additionally, the notion of "stratifying bodies" is concerned with the development of meaningful embodied identities and sensitises the study to the myriad of intersecting identities that constitute "sporting bodies and bodies of sporting people" (Maguire, 1993: 46).

3.5 Summary

Viewed in conjunction with Chapter Two, the pertinent literature reviewed herein serves two purposes. First, it provides compelling evidence that (adult) participation in a range of sports is occurring in a 'culture of risk' that promotes the glorification of pain, the rationalisation of risk and the practice of playing hurt (see Messner & Sabo, 1990; Curry, 1993; Nixon, 1992, 1994b, 2004; Roderick et al, 2000; Pike, 2000; Howe, 2001; Charlesworth, 2002; Liston et al, 2006; Aalten, 2007; Atkinson, 2008). In so doing, it challenges the unreflective assumption that participating in sport is 'wholly good for you' and raises questions about the current mobilisation of sport in health-promotion initiatives and PE programmes. These connect with Maguire's (2004: 299) claim that a broader “sports-industrial complex” has emerged as the dominant model shaping modern sport. He argues that the fundamental principles of achievement sport, manifested through the sport ethic, are themselves inherently destructive to athletes' bodies (Maguire, 2004). Maguire’s observations pose

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33 As stated previously, we should not view the theoretical tools discussed here as conceptually separate or isolated from one another. They remain closely intertwined with the previously discussed concepts of 'the hinge', habitus and figurations. It is vital to retain the image of them as 'clusters' of overlapping conceptual ideas.
important questions about the ethical position of achievement sport in PE and the
development of future sports worlds and Chapter Ten engages further with this set of
issues.

Secondly, this chapter examined several of the theoretical frameworks used to make
sense of a sporting 'culture of risk' and highlights their respective strengths and
weaknesses. Drawing particularly on the commendable efforts of researchers such as
Nixon (1992, 1993a & b, 1994a & b, 1996a & b; 2004), Sparkes (1996a & b), Pike
(2000, 2005) and Safai (2003, 2004) this study identifies several aspects of sporting
risk encounters that remain, as yet, unexplored. Central to these is the intersection of
age and the 'culture of risk' and the potential for sports-related pain and injury
experiences to offer spaces for resistance and self-expression (Maguire, 1991a). This
chapter lays the foundation for the adoption of a process-sociological approach and
argues that engaging our process-sociological imagination may assist in efforts to
circumvent several theoretical impasses identified in other approaches. In so doing, it
is hoped that this research will provide an incremental contribution to the corpus of
knowledge concerned with sporting risk encounters.
Chapter Four:

Methodological Issues

The purpose of this chapter is threefold. It opens by introducing the methodological principles underpinning this study. Particular attention is paid to the aim of sociological research, the notion that knowledge is processual and the role of values in research (Elias, 1971a & b, 1978; Mennell, 1992; Maguire, 1988, 1995; Mansfield, 2008). This is followed by a critical discussion of the ethical concerns encountered when working with participants under the age of eighteen. The chapter concludes with a detailed examination of the three-phase data collection programme used to generate data.

4.1 Process-sociology and methodological principles

A process-sociological approach represents a departure from traditional ontological and epistemological debates (see Elias 1971a & b). It calls for a re-orientation of thinking that places, at its centre, an “uninterrupted two-way traffic” between theoretical insights and empirical evidence (Maguire, 1988: 188). This section introduces the core principles of an Eliasian approach more fully and outlines the ways in which this framework represents a deviation from conventional methodological positions.

Process-sociology: The fourth research movement?

Social researchers have long engaged in ardent disputes concerning methodological principles (see Searle, 2004). From these debates, two opposing research paradigms have emerged. These can be broadly identified as the ‘realist’ and ‘constructionist’ paradigms (Mason, 1996; Bryman, 2001; Gratton & Jones, 2004). Perceived ontological and epistemological incommensurability represents the “central point of orientation” in their continued separation (Bryman, 2001: 16). In short, the realist paradigm contends that “social entities can, and should be considered objective

Kuhn (1962, 1977) popularised the idea of a paradigm. Here the term has been used to “represent the set of beliefs, values and assumptions that a community of researchers has in common regarding the nature and conduct of research” (Johnson & Onwuegbuzie, 2004: 24).
entities that have external reality to social actors", whilst the constructivist paradigm asserts that social entities “can, and should be considered social constructions built up from the perceptions of social actors” (Bryman, 2001: 16). These contrasting assumptions about the nature of ‘reality’ underpin the division of inductive/deductive approaches, quantitative/qualitative methods and objective/subjective value positions (May, 2001). Both paradigms have come to be connected with, and in some cases committed to, particular methodological tools. However, the degree to which these ‘commitments’ are steadfast, sacrosanct or indeed necessary has been subject to much debate (Howe, 1988, 1992; Bryman, 2001).

A central feature of the ‘paradigm wars’ has been the relentless focus on the differences between the two research cultures (e.g. Smith & Heshusius, 2004). However, more recently we can observe the emergence of a third paradigm, which explores the compatibility and potential integration of realist and constructionist positions (Brewer & Hunter, 1989; Howe, 1992; Tashakkori & Teddlie, 2003). This task necessarily involves a rejection of the “incompatibility thesis” (Howe, 1988: 10) and is driven by the desire to “legitimate the use of multiple approaches in answering research questions” (Johnson & Onwuegbuzie, 2004: 17). As such, this perspective has been described as the “integrative” (Johnson & Onwuegbuzie, 2004: 24) or “pluralist” (Mingers, 2001: 240) paradigm.

This study commends the efforts of those working within an integrative paradigm to unlock the restraints of the realist-constructionist disputes, both on a theoretical and practical level. Their efforts share much common ground with a process-sociological position. However, a more radical reorientation of thinking is required to move beyond the “divisive, ultimately sterile disputes that have so often characterised sociology in the past” (Dunning, 1986: 17). To this end, an Eliasian framework resolutely rejects the mutual exclusivity of static categories such as ontology/epistemology, induction/deduction, quantitative/qualitative and objective/subjective. Attention is redirected away from the “narrow question of methodology in the social sciences” towards the “broader relation of human knowledge and behaviour as a whole” (Mennell, 1992: 160). Issues of ontology and

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35 The realist paradigm is conventionally connected with quantitative techniques whilst the constructionist is more commonly associated with qualitative tools (Gratton & Jones, 2004).
epistemology are approached as interdependent aspects of the same process, that of the study of human relations (Bloyce, 2004). This shift in thinking is more adequately conceptualised as a movement towards fusion rather than integration (Maguire, 1995)\textsuperscript{36}. In this way, it may be possible to position a process-sociological framework as the “fourth wave” or fourth research movement. Several ‘distinguishing hallmarks’ of this approach have been identified and these require further elaboration at this stage. As with all aspects of process-sociological theory it important that these ‘hallmarks’ are viewed as interconnected and interdependent, rather than a disparate set of ideas.

The aim is ‘discovery’

Throughout his research, Elias offered clear and unequivocal statements on the fundamental goal of sociological enquiry. According to Elias (1978: 52), the role of sociological enquiry is to establish “more certainly a piece of knowledge which previously rested on relatively insecure foundations” (Elias, 1978: 52: emphasis added). The role of sociologists then becomes the ‘dismantling’ of knowledge claims with a relatively high emotive fantasy content through the interwoven processes of observation and theory formation (Elias, 1971a \& b; Maguire, 1995). However, this position does not advocate the existence of an absolute fund of knowledge, separate and distinct from researchers, just ‘waiting’ to be discovered. This would represent a ‘slippage’ back into conventional dichotomous modes of thinking. An Eliasian framework replaces traditional static, dichotomous concepts (e.g. truth/falseshood) with a continuum containing a “whole range of balances” along which we can locate human knowledge claims at any given time and space (Elias, 1971a: 162).

\textsuperscript{36} This process of fusion may itself be part of a long-term ongoing process, which at the time of writing is only at a very early stage of development.
This continuum represents the notion of ‘blending’ without the implication that there is an absolute position in either direction. Of central concern is the relative position between ideas with a “relatively high emotive fantasy content representing a high degree of involvement” and those with a “relatively high reality content representing a high degree of detachment” (Elias, 1971a: 162).

For Elias (1971a: 161), the discipline of sociology has long been engaged in practices of “philosophical over-extension”. In short, he argued that a “strong current of philosophical nominalism...swamps and obscures epistemological thought” resulting in misleading, ultimately futile questions about the nature of reality (Elias, 1978: 23). Adopting an Eliasian approach requires the replacement of conventional questions such as ‘what is reality?’ with a more reality-congruent set of epistemological concerns related to the processes by which we come to believe that ‘something is real’. Indeed, Maguire (1988) argues that the sociological endeavour is far more complex than a simple ‘fact’ gathering exercise. It involves a constant, yet ever-changing interplay “between theoretical insight and empirical particulars” (Maguire,
1988: 192), the negotiation of “a balance and blend of emotional involvement in and detachment from topics of research” (Mansfield, 2008: 95) and an awareness that:

No human being is a beginning; that everyone stands on the shoulders of others from whom he [sic] has learnt an already acquired fund of knowledge which he may extend if he can (Elias, 1971a: 165).

Knowledge as processual

At the very heart of a process-sociological framework is the deceptively simple idea that “no one can start from scratch; everyone must start where others left off” (Elias, 1987b: 34). Here, knowledge ceases to be viewed as a static concept. Instead it is understood as the dynamic, contested processes that extend “the fund of human symbols to areas not covered by it before” (Elias, 1986a: 20). This conception of knowledge as processual sits in direct contradiction to many contemporary theories of knowledge that have, for the most part, abandoned developmental, comparative approaches in favour of short-term, today-centred perspectives (Elias, 1971a; Maguire, 1995). This “retreat into the present” has narrowed potential opportunities to advance human understanding (Elias, 1987b: 223). As such, a process-sociological framework calls for greater attention to be paid to the “acquisition of knowledge as a process which surpasses the life span and the capacity for discovery of a single individual” (Elias, 1971a: 165). The findings generated herein do not presume to offer the definitive word on young people’s sporting risk encounters. Rather they represented a modest “advance in relation to previous models” which “can be ‘verified as well as ‘falsified’ and “can be revised, modified, rejected, partially or wholly” (Elias, 1971b: 358: italics added).

Uninterrupted two-way dialogue between theory and evidence

During all stages of the research process research researchers are confronted with the relationship between theory and evidence (Elias, 1978; Mason, 1996). The nature of this relationship is of central importance to this study. Drawing on specific aspects of
Auguste Comte’s (1798-1851) *Cours de Philosophie Positive*\(^{38}\), an Eliasian approach strongly advocates “the constant cross-fertilization of theoretical reasoning and empirical research” (Dunning, 1986: 7). The processes of theory formation and empirical enquiry are considered “interwoven and indivisible” (Maguire, 1988: 188). Thus, the very foundations of a process-sociological position are formed “in and through the experience of research itself” (Elias, 1986a: 20).

One dimension of this task is the simultaneous rejection of forms of abstract empiricism and hetronomous evaluations (Goudsblom, 1977; Dunning, 1986; Maguire, 1988). That is not to suggest that this approach is a form of “vacuous interactionism”, whereby everything is considered as important as everything else (Maguire, 1988: 189). It is simply the assertion that, the process by which particular aspects of stratified life are identified as relatively more or less important than others at that point in time should be achieved through an intimate interweaving of theory and evidence. In this way, it remains sensitive to the notion of “stratifying bodies” and seeks to avoid the reductionist compartmentalisation of people; a process that serves to distort the myriad of ways in which we experience our lives as part of complex webs of interdependence (Maguire, 1993: 46). This approach stresses the careful consideration of research strategies to ensure that they neither block nor distort, on the basis of *a priori* judgements, particular features of people’s lived experiences (Elias, 1971a).

**A detour via detachment**

A further ‘hallmark’ that requires attention is the process-sociological critique of objectivity-subjectivity debates and the role of values in research (Mennell & Goudsblom, 1998). Operating within the confines of the static polarities of ‘objective’ or ‘subjective’ renders knowledge as existing within one of two diametrically opposed states. As Elias (1971b: 364) observed, within this model knowledge is perceived to exist either in “a state of absolute independence from the

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\(^{38}\) Although many of Comte’s ideas have been subjected to critical analysis, to label him an ‘arch-positivist’ and dismiss his work completely, obscures many of the important sociological issues his work raised, most notably his commitment to demonstrate the interdependent relationship between theory and evidence (See Elias, 1978).
conditions of the group where it is used or produced” (objectivity) or in “a state of absolute dependence on these conditions” (subjectivity).

A process-sociological position resolutely rejects this dichotomy and offers the concept of involvement-detachment as a means to “steer the boat between the Scylla of philosophical absolutism and the Charybdis of sociological relativism” (Elias, 1971b: 358). Involvement-detachment recognises that “however much the object-orientation of knowledge may outweigh its subject-orientation [and vice versa], the latter never disappears” (Elias, 1971b: 366). We, therefore, move away from an either/or position towards “a continuum along which blends of ‘involvement’ and ‘detachment’ are located” (Mennell, 1992: 160). In this way, the model does not simply replicate the traditional objective-subjective divide.

The sociological problem in research is, therefore, to “determine the continuum of evaluation and attempt to employ an appropriate degree of detachment in the evaluative process” (Mansfield, 2008: 105). This process has been referred to as a “detour via detachment” (Elias, 1987b: 6). Yet it must be made clear that this ‘detour’ does not represent an ability, or even a desire on the part of the researcher, to complete detach themselves from their social biography. Elias and colleagues strongly advocate that complete detachment is neither achievable nor desirable (Maguire, 1988; Dunning, 1992). As Mansfield (2005: 132: italics added) explains, engaging in detour behaviour is “a means of avoiding, as far as possible, the encroachment of emotional evaluations, personal fantasies and the short-term interests of individuals or groups upon the work of researchers”.

Issues of involvement-detachment have generated heated debate amongst academics (see Dunning, 1992, Hargreaves 1992, Colwell, 1999; Liston, 2006; Mansfield, 2008). The main faultlines have been the potential synthesis of figurational and feminist positions and the role of values and evaluation in research. Particular criticism has been made of the perceived failure of process sociologists to identify how to undertake a detour-via-detachment (see Hargreaves, 1992). Elias (1986a: 25) himself acknowledged the problems at hand:

I am not unaware of the difficulties inherent in an approach which requires a fairly high level of detachment, of distancing oneself from one’s object.
Maguire (1988) offers some useful guidelines in this respect and a fruitful feminist-informed dialogue between Mansfield-Colwell-Liston has achieved much in exploring the complex nuances of Elias’s ideas. Maguire (1988: 190) suggested that the "process of self distancing" is facilitated by the adoption of particular writing styles and the use of personal pro-nouns to better represent the ever-changing I-We-They balance. The researcher is required to place themselves in the position of "not knowing" and engage fully with their own set of assumptions and social biography (Elias, 1987b: xxxvii-xxxviii). This reflexive awareness is an integral part of shifting towards a position of greater detachment. In this regard, process sociologists could draw more effectively on feminist-informed research to better understand reflexive practices. The issues encountered in the process of engaging in "detour behaviour" within this research are considered more fully in Chapter Ten (Mansfield, 2005:132).

4.2 Social research, ethics and young people

Despite a recent upturn in research attention, young people remain among the groups that have been most excluded from social research (Alderson & Morrow, 2004; Donnelly, 2003). The relative marginalisation of youth can be explained, in part, by traditional understandings of young people as somehow ‘other’ and childhood as a precursor to, and distinctly separate from, the ‘real’ adult world (Qvortrup et al, 1994; James & Prout, 1997). However, the last twenty years has signified a conceptual shift in the study of youth. Across the Western world several interwoven ongoing political movements have given rise to a set of social conditions that recognise the importance of ‘making heard’ voices that were previously silenced (Greene & Hill, 2006.) For example, feminist-informed critiques of society, sociology and sociological methodologies more specifically have informed the growing recognition of young people in research and the emergence of a ‘new’, more distinct sociology of childhood (Christensen & Prout, 2006).

The United Nations Convention on the Rights of the Child (UNCRC) ratified in 1989 represented a watershed in the “global articulation of children’s rights as human

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39 That is not to say that feminists have privileged access to reflexive awareness. I simply allude to the observation that the practical applications of this principle have been subjected to more substantial theorising from feminist researchers.
rights” (Farrell, 2005: 167). The combination of increased public prominence given to young people’s rights, the development of a more clearly defined sociology of childhood and the continued re-evaluation of adult-youth relations has lead to a “reappraisal of appropriate ways to carry out research with young people” (Hill, 2006: 61). In short, the emphasis has shifted from research on young people to research with young people. Two interconnected themes have emerged from this refocus; young people’s right to participate in research and their right to protection within research (see Christensen & James, 2000; Lewis & Lindsay, 2000; Alderson & Morrow, 2004; Farrell, 2005; Greene & Hogan, 2006). Exploring young people’s sporting risk encounters necessitated engagement with both of these themes.

**Issues of participation and the facilitation of young people’s voices**

The ‘new' sociology of childhood moves away from the image of young people as passive, uninformed dependents, possessions of adults and objects of research through the assertion that young people are active citizens who have a basic right to be respected and included in all aspects of society (Lloyd-Smith & Tarr, 2000). In so doing, value is conferred on young people’s experiential lives. This necessitates an ability to access and explore the complexities of their lived experiences whilst the process of making young people’s views visible and audible in social research becomes of paramount importance (Australia Law Reform Commission, 1997; Alderson & Morrow, 2004). Subsequently, there has been a move towards greater inclusion of young people in all stages of the research process. Studies are beginning to explore the ways in which young people can be involved in the development of research questions, the design and implementation of research strategies and the dissemination of data (Smith et al, 2002).

The three-phase data collection programme utilised herein was underpinned by a desire to facilitate young people’s voices and maximise their authentic involvement in the project. It recognises that “listening to children...is central to recognising and respecting their worth” and research tools were selected on the basis of their ability to

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40 Existing literature refers to the “giving” of voice to young people (e.g. Grover, 2004). Such language implicitly reinforces the powerlessness of youth and carries much political currency. The term facilitation has been used purposefully to more adequately reflect the dynamic power relations between young people and adults.
meet this aim (Alderson & Morrow, 2004: 7). However, efforts to fully incorporate the young people into every stage of the research process were constrained by the demands of the schools and the resources available for the project.

Whilst it is accepted that increasing young people’s involvement will strengthen some aspects of research, “we cannot take it for granted that participation in research is always in their interests” (Alderson & Morrow, 2004: 7). The relative ‘liberation’ of young people through the democratisation of the research process raises important issues surrounding the protection of those involved. Ethics, as a set of “guidelines for thoughtful considerations within and about the specific contexts”, permeate all aspects of the research process and require further consideration at this juncture (Edwards & Alldred, 1999: 266).

**Developing an ethical research strategy**

The emergence of a distinct ‘sociology of childhood’ has seen a concomitant consideration of the relationship between ethics, research and young people (see Farrell, 2005). The need for ethical controls over research became a critical issue post-WWII and the Nuremburg Code remains the basic ethical checklist for all research involving human beings (Office of Human Subjects Research, 2008 [1949]).

Driven by the increased inclusion of young people in research, the need for additional ethical procedures has been debated extensively in the literature. Christensen and James (2000) reject the distinction made between adults and young people through their assertion that ethical decisions relate to all research scenarios, not just those involving participants under the age of eighteen. They highlight the dangers of overemphasising differences between adults and young people, which may exacerbate their sense of vulnerability (see David et al, 2001).

Notwithstanding this concern, this study argues that some differences need to be recognised and accounted for in the research process (Hill, 2006). The most pertinent of these relate to power relations within research interactions. The existence of a

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41 This study recognises the multifaceted power relations involved in the research process, consequently these concerns relate to both the protection of the young people and the researcher.
power imbalance weighted towards the researcher rather than the ‘researched’ is not unique to contexts involving young people. It is a part of an:

Inevitable power discrepancy inherent in the social role of the researcher, due in large part to his/her special knowledge and responsibility in defining the conditions of the research (Kimmel, 1988: 42).

However, the relative size of the power imbalance in this particular set of relations must be recognised and never abused. That is not to infer, however, that young people are completely powerless within research interactions. Indeed, several researchers have demonstrated the skill of some young people to challenge power imbalances via processes of subterfuge, subversion and resistance (Harris, 1998; Humphries & Martin, 2000).

In light of the above, the research strategy described in section 4.3 is underpinned by Alderson’s (1995) framework for ethical research involving young people and the Statement of Ethical Practice for the British Sociological Association42. Alderson’s (1995) framework promotes the ongoing consideration of ethical questions throughout the duration of the research project and centres around four topics. The first of these, entitled ‘young people as active participants’, reflects an understanding of ‘children’ as young people. The second, relates to issues of ‘consent and choice’. It focuses on the need to gain informed consent from those involved and present them with the choice to decline involvement at multiple points throughout the project. With respect to this study, initial access to the young people was granted in loco parentis by the gatekeeper at each school (Hyams, 1997). The option to abstain from Phase One was offered to all participants and accepted by 4% (n= 136). Informed consent was requested from the young people and their guardians at three further points during the study. The procedure for so doing is detailed in Section 4.3. The option to abstain from Phases Two and Three were offered to the participants prior to and at the conclusion of each phase.

Related to issues of ‘consent and choice’ is the third principle, ‘minimisation of possible harm or distress’. The threat of physical harm to the young people and

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42 Prior to Phase One, an extensive ethical clearance process was administered by Loughborough University (Appendix I).
researcher was considered minimal. Data collection was conducted during school hours, in public school spaces and under the surveillance of school staff. Inline with UK child protection legislation, the researcher obtained a Criminal Records Bureau (CRB) check prior to Phase One. Beyond the risk of physical harm, further consideration of potential emotional and social distress was necessary. The researcher maintained close and continued contact with staff from the pastoral units at each school in the event that follow-up care was required. This action necessitated careful negotiation with the final principle related to 'privacy and confidentiality'.

Hill (2006) identified three levels (public, network and third-party) on which these concerns operate. Phase One data was protected by the defacto-anonymity resultant from the aggregation of cases into numerical form and the young people involved in Phases Two and Three chose their own pseudonyms to protect their identities (Pole & Lampard, 2002). Drawing on the anti-bullying policies at each school, clear guidelines as to the limits of confidentiality were provided verbally to all those involved in Phases Two and Three and the pastoral care units at each school provided support in this matter.

4.3 Developing a research strategy using process-sociological principles

Whilst considerable attention has been paid to explicating the fundamental tenets of process-sociology, much less has been written about the process of conducting research within this perspective. That is not to say that process sociologists have remained silent on the matter of methodological tools, but rather that this framework stresses the “adequacy of evidence” rather than fetishising the methods by which the evidence is generated (Maguire, 1988: 190). Elias (1986a: 22) asserted, “sociologists have to discover for themselves which methods of research are best suited to the making of discoveries in their particular field of enquires”. This framework does not advocate the use of one particular method over another but rather, encourages researchers to make selections on the basis of research-specific demands.

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43 Due to unforeseen circumstances and in consultation with the pastoral care unit at Asquith High, one of the students involved in Phase Two at this school was removed from this study. All data pertaining to this student has been removed from the dataset.

44 Three notable exceptions can be identified (Maguire, 1988, 1995; Bloyce, 2004).
Selecting the research tools

It is perhaps unsurprising, given the socio-historical emphasis of the framework that the use of archival evidence has become synonymous with a process-sociological approach (Dunning et al, 2004). However, to pigeonhole process-sociology in this way would do it a disservice since Maguire (1988: 190) concludes, "evidence can be gained by a variety of methods". A growing volume of empirical research has been directed towards the study of sporting pain and injury (see Young, 2004a) and there remains no consensus or universally accepted means by which to generate data on this topic. A variety of methods have been employed in the field ranging from self-report questionnaires (Nixon, 1994a), photographic elicitation (Curry & Strauss, 1994), semi-structured interviews (Charlesworth, 2002) and a combination of questionnaires and ethnography (Pike, 2000). The tools developed for this study were informed by the practices of existing research and organised into the three-phase programme (see Figure 4.3.1). Drawing on the principles of triangulation, it is important to view this programme as a set of interconnected phases that worked together to offset the relative limitations of each methodological tool in isolation (Hammersley, 1996; Bryman, 2001, Gorard & Cook, 2007).

Figure 4.3.1: The three-phase data collection programme

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45 Research conducted by those who are sympathetic to this framework has drawn on a variety of tools ranging from ethnography (Atkinson, 2000), interviews (Roderick, 2006a & b) and mixed-methods (Malcolm & Sheard, 2002).
Phase One\textsuperscript{46} needed to establish contact with the young people, generate demographic information about the sample and act as a thematic guide for the following phases. A self-report questionnaire was considered the most appropriate tool to address these aims. This selection was made on the basis of several perceived advantages which are well documented in the research methods literature (see Bryman, 2001; Fowler, 2002). In short, questionnaires were highly suitable to the specific ethical and practical demands of the research sites. They enabled access to a large number of young people and offered a relatively unobtrusive, unthreatening, anonymous form of data generation (Pole & Lampard, 2002).

The fundamental disadvantage of the questionnaires was their inability to explore the processes by which young people make sense of their pain and injury experiences (May, 2001). They limited the opportunity for the young people to frame their responses in their own terms of reference as the options presented to them were preordained by the researcher and written in a language that had not been constructed by them. However, given that Phase One was designed to perform a descriptive, demographic function, questionnaires remained the most appropriate tool to generate this type of data from a large sample. Drawing on the principles of facilitation (Hammersley, 1996), Phases Two and Three provided space to explore the “myriad of differences in people’s attitudes and the meanings which they confer on events” (May, 2001: 112).

Phase Two\textsuperscript{47} was designed to explore the thematic strands identified through Phase One in greater detail. May (2001: 120) observed that “interviews yield rich insights into people’s biographies, experiences, opinions values, aspirations, attitudes and feelings” in a manner which questionnaires cannot replicate. As such, a battery of three semi-structured interviews was selected as the appropriate tool. This form of interview has been described as a “conversation with a purpose” and permitted the expansion of questionnaire responses, provided clarification and probed the ways in which the young people made sense of their risk, pain and injury experiences (Burgess, 1988). Importantly, the young people were able to discuss topics using their own frames of reference whilst the informal schedule guiding the conversation

\textsuperscript{46} See Appendix II for all documentation related to Phase One
\textsuperscript{47} See Appendix III for all documentation related to Phase Two
permitted a degree of comparability between participants. Two tasks involving visual material were incorporated into the interview schedule. They prompted discussion, explored the interviewee’s reaction to visual representation of sports injury and probed the meanings ascribed to injury experiences.

As with Phase One, semi-structured interviews carry several limitations and these are discussed in depth in the literature (see Bryman, 2001; May, 2001). A core concern with interviews, and unobtrusive methods more broadly, is the issue of “reactivity” (Bryman, 1988: 112). Bryman’s (1988: 112) commentary on ‘reactivity’ is worth quoting at length:

> The most striking problem which besets both groups of practitioners [qualitative and quantitative] is that of reactivity- the reaction on the part of those being investigated to the investigator and his/her research instruments... [They] create an awareness on the part of the subjects [sic] that they are being investigated; the problem of reactivity draws attention to the possibility that this awareness creates a variety of undesirable consequences in that people’s behaviour or responses may not be indicative of their normal behaviour or views.

Several researchers have drawn attention to the notion that what people say they do is often very different from what they actually do (Lapiere, 1934; May, 2001). In so doing, they draw attention to the difficulty of empirical explorations of ‘habitus’.

> If social attitudes are to conceptualised as partially integrated habit sets which will be operative under specific circumstances and lead to a particular pattern of adjustment they must, in the main, e derived from a study of human beings in actual social situations (Lapiere, 1934: 237)

This study acknowledges that Phases One and Two did not allow for the examination of young people’s actual behaviour when faced with injury or injured team-mates.

Given the limitations of Phases One and Two, it was initially envisaged that Phase Three would consist of a period of ethnographic research at the six schools. However, given the potentially sensitive nature of the data, the schools denied access

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48 See Appendix IV for all documentation related to Phase Three
to PE classes to observe the young people ‘in action’. The introduction of an ethnographic element to the data collection programme therefore remained beyond the scope of this study and subsequently limits discussion to young people’s *recalled* experience of risk encounters.

In light of the restrictions faced, classroom-based group tasks were selected as a suitable alternate. They represented a shift from the individualised tools used in Phases One and Two towards research methods that better reflect our position within “complex and overlapping social, familial and collegiate networks” (Kitzinger, 2004: 272). Drawing on the basic principles of focus groups (Bryman, 2001) and participatory research (Lykes, 2001), the tasks permitted the incorporation of creative and interactive research tools into the programme. In addition to the traditional advantages associated with group-based methods (see Basch, 1987), classroom-based small group tasks offered several benefits in relation to the ethical concerns raised in Section 4.2. For example, research suggests that small group settings offer “a safe peer environment….and help to redress the power imbalance between adult and child that exists in one-to-one interviews” (Hennessy & Heary, 2006: 237). The tasks facilitated the sharing of experiences and opinions amongst a group of peers. In so doing, Phase Three recognised the young people as ‘experts’ and presented them with a more central role in the research process (Levine & Zimmerman, 1996).

**Selecting the research sites**

The population of this study can be identified as young people aged between ten and sixteen years old who attended secondary school in the South East region of ‘Churchill’ during 2007. This geographical location was selected due to the author’s knowledge of, and access to, the area. From the population, six schools were selected to take part in this study. A list of all secondary schools in the region was obtained from the three local authorities responsible for this geographical area. The schools were categorised on the basis of their fee-paying and co-educational status to enable the exploration of the stratifying concepts of class and gender. Eight categories were identified (see Figure 4.3.2).
Figure 4.3.2: Categories of school within ‘Churchill’

<table>
<thead>
<tr>
<th>Female single-sex state schools (Pitt Park School)</th>
<th>Male single-sex state schools (Pitt Valley School)</th>
<th>Co-educational state schools (Pitt Community School)</th>
<th>Co-educational MLD(^9) &amp; SLD(^{50}) state schools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female single-sex independent schools (Wilson High)</td>
<td>Male single-sex independent schools (Royal Wilson School)</td>
<td>Co-educational independent schools (Asquith High)</td>
<td>Co-educational MLD &amp; SLD independent schools</td>
</tr>
</tbody>
</table>

One school from each category, with the exception of the MLD and SLD specialist categories, was selected for the study\(^51\). The schools were selected using a non-probability, maximum variation method whereby “the researcher makes theoretically informed decisions as to whom to include in their sample” and whom to exclude (Pole & Lampard, 2002: 36). Efforts were made to select comparative schools, for example those that offered similar volumes of sport or had similar class sizes. For the purposes of transparency, it must be noted that the author had been a pupil of Pitt Park School in her formative years.

**Pilot studies**

I originally became interested in the study of sporting risk, pain and injury in 1999 when exploring potential topics for my undergraduate dissertation at Durham University. I undertook a study which explored the gender-risk-pain-injury nexus in hockey. Data was generated via self-report questionnaires and semi-structured interviews with elite and recreational hockey players at the university. In March 2005, I returned to academia to complete my MA at the University of Leicester. My thesis involved the use of self-report questionnaires and a number of semi-structured interviews with young people. Although neither were formal pilot studies for this current research project, the experiences gained through them (particularly the MA thesis) directly informed my data collection practice in this current study.

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\(^{49}\) Moderate Learning Difficulties

\(^{50}\) Severe Learning Difficulties

\(^{51}\) Schools categorised as MLD or SLD specialist schools were excluded from the study on the basis of an inadequately trained researcher and insufficient financial resources.
Phase One was piloted in a single-sex female independent school located in ‘Churchill’ (School P). The questionnaire was piloted with fifteen volunteers (five from each year group). On completion, individual and group feedback was recorded. Topics such as the structure, style, content and time taken to complete the questionnaire were discussed. Detailed feedback notes were recorded and appropriate changes were made to the questionnaire in light of the student feedback. Restricted financial resources and saturated school schedules prohibited the formal piloting of Phases Two and Three.

Phase One

Selecting the young people: The programme was designed to facilitate the exploration of gender, class, age and standard of participation differences. Phase One involved all young people in Years 7, 9 and 11 at the six schools. The use of maximum variation sampling contrasts with existing literature in the field (see Nixon, 1992; Young et al, 1994; Young & White, 1995; Walk, 1997; Charlesworth & Young, 2004). These studies utilised deviant case sampling, whereby individuals whose experiences are highly distinctive in relation to pain and injury are selected. The generation of data across a spectrum of sporting participation, age, ethnicity, class and genders minimises the distortive impact of deviant case sampling, remains sensitive to the notion of stratifying bodies and facilitates an exploration of sporting pain and injury ‘in the round’ (Maguire, 1993:46).

Designing Phase One: The content of the questionnaire was guided by the review of literature. Central themes were identified and organised around six sections:

   a) Demographic information  
   b) Participation in Sport  
   c) Use of Protective Equipment  
   d) Injury History/Response to Injury  
   e) Sports Injury Knowledge  
   f) Attitudes towards Risk, Pain and Injury

The structure of the questionnaire was informed by Gallup’s (1947) systematic approach and the options provided in questions B1 and D1 were drawn from statistical data related to young people’s sporting participation and injury history (Sport England & MORI, 2003; SGMA International, 2003; Fox & Richards, 2004).
The layout of the questionnaire was determined by the demands of the computer scanning software used to code the data and a member of Loughborough University’s Professional Development Team (PDT) assisted in this matter.

**Administering Phase One:** The questionnaires (n=3023) were delivered to each site in bundles of class size. A standardised cover sheet detailing information about the project and correct procedure for completing the questionnaire was affixed to each bundle. The gatekeeper maintained autonomy over the distribution. In all cases, the questionnaires were distributed via form tutors and completed during morning registrations. Questionnaires were returned to the researcher via the school reception. A response rate of 55% (n=1651) was achieved. The remaining 45% can be accounted for in the following ways; questionnaires not distributed by Pitt Community School (28%), student absence (13%), abstinence (4%) and invalid questionnaires (0.003%). On receipt, questionnaires underwent preparation for computer scanning and a member of the PDT scanned them on site at Loughborough University. Scanned data was collated and returned to the researcher in the form of SPSS data files. To address concerns related to the validity of the responses the questionnaires underwent a rigorous inspection prior to coding.

**Analysing Phase One data:** The sampling method chosen directly impacted upon the techniques used to analyse the numerical data generated. Rejection of random sampling methods prevented the use of inferential statistics and rendered the use of techniques akin to the Pearson chi-square test invalid (Clegg, 1990). Cross tabulation analysis was sufficient to achieve the aims of Phase One and SPSS was used to manage the quantitative datasets.

**Phase Two**

**Selecting the young people:** 20% (n=325) of the sample indicated their willingness to be involved in Phase Two via their questionnaires. A purposive sampling method was used to select interviewees. Each school was dealt with independently. Questionnaires were separated into their respective year groups and were categorised
on the basis of the respondent’s sporting background. Three categories were devised to represent the broad spectrum evident in the sample:

i) Limited involvement (PE lessons only)
ii) Recreational involvement (ECSC, school team and club team)
iii) Elite involvement (County level and above)

One person from each category was selected. A reserve was also identified in anticipation of any problems. At the co-educational schools, one male and one female participant (and reserve) were selected from each category. The demographic data of the wider sample guided the selections. A total of thirty-eight young people were involved in Phase Two.

**Designing Phase Two:** involved the creation of two interconnected tools; a 3-stage interview schedule and two photographic tasks. Evidence suggests that successful interviews are dependent on the facilitation of an environment in which the participant feels comfortable (May, 2001). The fundamental purpose of conducting a battery of three interviews with each participant was to develop a trusting relationship with them and encourage a greater degree of engagement with the interview process. In so doing, the intention was to circumvent some of the problems associated with poor researcher-interviewee relations (Bryman, 1988).

The content of the interviews were led by themes to emerge from Phase One and can be summarised as:

a) Sport-Risk-Health nexus
b) Experiences of sporting pain and injury
c) Knowledge around the diagnosis, treatment and return from sporting pain and injury

In light of their semi-structured nature, the interview schedule was designed to act as a flexible, thematic guide to prompt discussion rather than a prescriptive, fixed directive. As in Phase One, the schedule was informed by Gallup’s (1947) systematic approach to facilitate a non-threatening environment for both the participants and researcher.

Two photographic tasks were conducted in the final interview. Drawing on data from Phase One, ten sports injuries covering the range of those experienced by the sample
were selected. Photographs of these injuries were sourced from accredited Internet sites to ensure authenticity and credibility (Scott, 1990). The first task involved the interviewee categorising the pictures using their own frames of reference. The number of categories and their description were recorded on a task sheet. The second task involved the participant ranking the pictures in order of seriousness. Again, their response was recorded on the task sheet and several questions were posed to the interviewee on the basis of their decision.

Administering Phase Two: Pitt Park School, Wilson High, Royal Wilson School and Asquith High were involved in Phase Two. A list of interviewees was emailed to the respective gatekeepers for ethical approval. At each site, full access to those selected was granted. A letter of consent was distributed to the young people's guardians via official school channels. Compulsory guardian consent was obtained for all participants involved in Phase Two. Pitt Park, Wilson High and Asquith High permitted the withdrawal of students from timetabled lessons and the interviews were conducted concurrently throughout the school day. At these sites, the researcher spent one day per week at each school across a three-week period. Royal Wilson School did not permit the withdrawal of pupils from lesson time. As such, interviews were conducted during pre-school, lunch and after-school timeslots across a three-week period. A continuity of scheduling was maintained at all sites (e.g. same day, same timeslot) to minimise confusion and reduce the resource input of the gatekeepers. The location of interviews varied across the sites. All interviews were digitally recorded and transcribed ad verbatim.

Phase Three

Selecting the young people: Each school was dealt with independently and a purposive sampling method was used to select the classes involved in Phase Three. Using Phase One data the classes with the smallest percentage of participant abstinence were identified. A shortlist of three classes per year group was offered to the gatekeeper. The selections were guided by the demographic profile of the school.

52 Pitt Valley School were unable to participate in Phases Two and Three following the death of a pupil on school property in a gang-related incident. Phases Two and Three could not be completed at Pitt Community School, following the mid-research resignation of the gatekeeper.
The final selection was made in conjunction with the gatekeeper and was influenced by factors such as exam preparation and school trips. Consent to conduct Phase Three was granted by the gatekeepers *in loco parentis*.

**Designing Phase Three:** Phase Three was designed to probe avenues of enquiry identified in previous phases. It consisted of twelve classroom-based group tasks located around the following themes:

- a) Definitions of health
- b) Definitions of risk
- c) What makes a successful athlete?
- d) Sport-risk nexus
- e) Sport-health nexus
- f) Categorising sports injuries
- g) Significant others in pain-injury experiences

The structure of each task was drawn directly from an analysis of Phase One and Two data. Drawing on pedagogical good practice, each task contained a maximum of four open questions to maintain the participants' concentration and focus (Kyriacou, 1997). Each task was designed to stimulate discussion and provide creative outlets for the young people to express their opinions. Four of the tasks involved the use of photographic material sourced from accredited Internet image sites.

**Administering Phase Three:** Phase Three was conducted over a six-week period at Asquith High and Pitt Park School. At the latter, Phase Three was undertaken by each class during two fifty minute PSHEE lessons. Due to a lack of formal PSHEE provision at independent schools, pupils at Asquith High completed Phase Three during their form periods. At both sites, the researcher was responsible for conducting the group tasks. Form tutors remained in attendance at all times, maintaining a minimal presence during the tasks. The option to abstain from Phase Three was given to, and declined by, all participants. Each class was split into (self-selected) groups of four and were issued with their task materials. Task sheets were distributed randomly and the groups were able to proceed at their own pace. A discussion period was scheduled at the start and end of each session. Fieldnotes and photographs were taken to supplement the data generated.

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53 Wilson High and Royal Wilson School declined access to PSHEE lessons on the basis of oversaturated timetables.
4.4 Summary

In summary, drawing on a process-sociological framework “commits researchers to a rather agile intellectual life” in which we must establish a balance between “intellectual detachment” and “intimate contact” with our research (Maguire, 1988: 188). The data collection programme designed for this study sought to reflect the processual nature of knowledge production, permit the generation of data from a broad spectrum of young people and maximise, where possible, young people’s authentic involvement in the research process. I reflect more fully on utilising a process-sociological framework to approach my research and my experiences in the field in Chapter Ten. However, this methodological position reinforces the notion that I, as a sociological researcher, am simply part of ongoing long-term processes of knowledge development. As such, I acknowledge that my research will never represent the final or definitive word on young people’s sporting risk encounters. All it can claim to do is make a contribution to the growing corpus of knowledge around sporting pain and injury and represent the ‘truth’ in so far as I know, for “tomorrow it may be discovered that there are still elements of the fantasy in our present ideas” (Elias, 1978: 23). This notion of ‘fantasy’ is many-layered and incorporates aspects of individual dreams/wish fulfilment, imaginative expression, metaphysical speculation and collective belief-systems and ideologies (Elias, 1978). Given the plethora of means by which ‘fantasy-laden thinking’ may encroach on the research endeavour, the conclusions drawn by this thesis can be “verified by detailed observations, and if necessary revised” by others (Elias, 1978: 23).
Chapter Five:

Introducing the young people and their school sport worlds

Before engaging in any substantive discussion around the ways in which young people experience and make sense of their sporting risk encounters, it is first necessary to introduce the young people involved in this study and map out the broad terrain of their school sport worlds (Maguire et al, 2002). This chapter provides a backdrop to the forthcoming discussion chapters and is designed to contextualise the young people’s injury narratives. It begins by describing the demographic profile of the sample before outlining the landscape of the school sport worlds at the six research sites. This task involves establishing the identity of the interdependent people who together create school sport products and performances and outlining the structural and physical settings in which school sport takes place (Maguire et al, 2002; Pike & Maguire, 2003). The chapter concludes with a commentary on sports injury trends within these worlds. This final section reports on the epidemiology of the injuries suffered by this group of ten to sixteen year olds during their involvement in school sport. In so doing, the data challenges the perception of sport as wholly health-affirming.

5.1 Demographic profile of the participants

A total of 1,651 young people were involved in this study. Guided by the methodological framework introduced in Chapter Four, an inclusive demographic profile was attained. 54% (n=891) of the participants were female and 46% (n=760) were male. The ethnic profile of the young people was relatively consistent with national and local averages, as shown in Figure 5.1.154.

54 The sample showed a higher percentage of non-white ethnicities than the trend indicated by the census data. However, the census data was collected over 8 years ago in 2001 and relates to individuals over the age of sixteen. It is therefore used as a guide to the ethnic background of young people in “Churchill” rather than a static target.
Figure 5.1.1: Ethnic profile of the participants

<table>
<thead>
<tr>
<th>Ethnic group</th>
<th>Sample</th>
<th>National</th>
<th>&quot;Pitt&quot;</th>
<th>&quot;Wilson&quot;</th>
<th>&quot;Asquith&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>White descent</td>
<td>68%</td>
<td>92%</td>
<td>91%</td>
<td>70%</td>
<td>77%</td>
</tr>
<tr>
<td>Black descent</td>
<td>10%</td>
<td>2%</td>
<td>3%</td>
<td>13%</td>
<td>7%</td>
</tr>
<tr>
<td>Asian descent</td>
<td>10%</td>
<td>5%</td>
<td>3%</td>
<td>11%</td>
<td>7%</td>
</tr>
<tr>
<td>Of mixed descent</td>
<td>8%</td>
<td>1%</td>
<td>2%</td>
<td>4%</td>
<td>3%</td>
</tr>
<tr>
<td>Other</td>
<td>4%</td>
<td>1%</td>
<td>1%</td>
<td>3%</td>
<td>2%</td>
</tr>
</tbody>
</table>

(Source: www.neighbourhood.statistics.gov.uk)

As outlined in Chapter Four, data was generated from young people in school Year’s 7, 9 and 11. 40% (n=657) of the participants were in Year 7 and were aged between ten and twelve years old. 29% (n=481) were in Year 9 and were aged between thirteen and fourteen years old. The remaining 31% (n=513) were in Year 11 and were aged between fifteen and sixteen years old.

61% (n=1002) of the participants attended state schools and 39% (n=649) attended independent institutions. The larger state school contribution is a result of their bigger class and school sizes. Due consideration of this disparity in contribution was accounted for during the data analysis. A broad range of sporting backgrounds are represented within the group, as shown overleaf in Figure 5.1.2.
80% (n=1,092) of the young people participate in some form of formal sporting activity outside of compulsory PE provision. 31% (n=516) participate in a sporting activity at club level and a further 13% (n=214) play elite representative sport at county level or above. 100% of the participants take part in sporting activities via their compulsory PE provision and schools are the sole site for sports participation for 53% (n=867) of them. These findings demonstrate the importance of exploring pain and injury experiences in the specific spatiality of school sport. Engaging with sports participation in this setting directs attention at the experiences of a broad range of young people rather than the elite few. Moreover, it probes young peoples' risk encounters in their compulsory educational environment rather than their voluntary sports participation outside of school.

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55 Formal sporting activity refers to organised sports clubs and representative sport only. Informal activities (e.g. pick-up game of football with friends in the park/skateboarding) and physical activity (e.g. bike riding) are not included.
5.2 Introducing young people’s school sport worlds

The notion of school “sport worlds” helped to organise, navigate and make sense of the data generated by this study (Maguire et al., 2002: xiii). An introduction to its theoretical foundations was undertaken in Chapter Three and it is to the terrain of these sport worlds at the six research sites that attention now turns. The data highlights several characteristics consistent across the six schools. Two distinct activity settings (PE lessons & ECSC) and a relatively consistent network of people emerged from the data. Several aspects that are distinct to particular schools (e.g. the range of sports offered) are also identified. Broadly speaking, these distinctions are contoured along gender and class lines. The following section examines both the commonalities and nuanced differences of the school sport worlds at these six institutions.

School sport worlds: Mapping out the web of interdependent people

Understanding sport worlds as “networks or figurations of interdependent groups of people” rather than mere activity ‘spaces’ emphasises the myriad of different people involved in the production of sport (Maguire et al., 2002: xvi). Given the relative lack of research related to young people’s sporting risk encounters in this context, it is necessary to say a little more about the membership of school sport worlds more specifically. Drawing on the web of interdependent people to emerge from the data, a heuristic representation of a school sports world is shown overleaf in Figure 5.2.1. The dotted line surrounding the model represents the “permeable boundaries” of this network of people and communicates that school sport worlds overlap and dissect other sport and physical activity worlds (e.g. elite or recreational sport worlds) (Maguire et al., 2002: xix).
Members of school sport worlds are connected in a variety of overlapping ways ranging from institutional authority (e.g. PE teacher-pupil) to affective bonds (e.g. guardian-daughter). However, the strength of these bonds is not universal and the spatial and temporal dimensions of these relationships is emphasised in the young people’s narratives. The data demonstrates that different people are more or less important than others within these worlds at different times and in different activity settings. For example, PE teachers are identified by 39% (n=645) of the young people as pivotal figures in the treatment of sports injuries during PE lessons. The proximity of PE teachers to the incident and their perceived authority are important in this regard. When Rosie, a Year 9 pupil from Pitt Park School gets hurt in PE the first person she informs is her PE teacher, Ms Clinton, because:

they’re the teachers and they’re overlooking the game, they’re the ones who are in like, charge of you. So you go to them and they decide, like, whether it’s serious or not, and you go down to the medical room if it is [sic].

56 The act of placing the members of school sport worlds in a static model such as this potentially reduces the dynamic, fluid membership of these worlds to a set of static relationships. However, for the purposes of discussion it is helpful to map out the complex set of relationships contained within, with the understanding that the relationships depicted are constantly in flux.
In this example, Ms Clinton is Rosie’s central source of information in the diagnostic process and acts as a gatekeeper to further medical care, a point to which I return in Chapter Seven.

However, in a different spatial context the relative status of PE teachers was diminished. During ECSC the young people rely on others they consider to be more competent or knowledgeable than PE teachers. Depending on the young person in question these ‘more knowledgeable’ individuals could be their friends, guardians, specialist sport coaches, formal medical staff or a combination of the above. In Anna’s case she draws on advice from her club tennis coach and guardians rather than her PE teachers if she gets hurt during her extra-curricula tennis club:

I would take on their (PE teachers) advice but I wouldn’t necessarily always follow it... whereas I would listen to people like my coach or the physio or my mum and dad because they have a good idea about how I play and how serious the injury is.

Chapter Seven pays particular attention to the relationships that emerge as more or less ‘important’ during the different stages of the injury process (becoming, being and recovering) and explores the implications of these observations for those involved.

The data also suggests that in the context of sporting risk encounters, the power chances accorded to the young people within this study are not evenly distributed (Mennell, 1992). They are shaped by, and simultaneously shape, the relative position of the (injured) young person within their school sport world. In this regard, four interconnected sporting figurations within these worlds, contoured along young people’s level of sporting participation, emerged from the data. Attention now turns to an exploration of these four interconnected networks of people.

Sporting figurations within school sport worlds

In contrast with existing research, which has predominately focused on performers operating within a single level of participation (e.g. recreational rowers, Pike 2000) the sports world explored within this study contains a collection of people with different sporting backgrounds. For example at Asquith High Ben, an aspiring actor, plays rugby in PE classes alongside young men who train three times a week with
their school and club teams whilst at Wilson High Kylie, an elite netballer, shares a court in her ECSC club with girls who only take part in netball at school. Within this blend of sporting backgrounds, four overlapping and intersecting matrices of people emerge and these can be identified as:

i) Compulsory school sport figuration
ii) Extra-curricula sport figuration
iii) Club sport figuration
iv) Elite sport figuration

Drawing on Weber’s (1949) notion of ideal types these groupings represent conceptual abstractions that highlight the generic features of specific social formations within school sport worlds. The following overview of these four networks of people has been formed by the “synthesis of a great many diffuse, discrete, more of less present and occasionally absent concrete individual phenomena” (Weber, 1949: 90). As such, no one school will conform completely to this model since it is unlikely that these ideal types empirically exist in their totality “anywhere in reality” (Weber, 1949: 90). Rather they are yardsticks against which it is possible to compare and contrast other empirical cases since each school is a “distillation of these principle features” (Jarvie & Maguire, 1994: 47). However, unlike Weber’s (1964) ideal types they are not designed to derive causal explanations for social phenomena. They are merely offered as a framework by which to navigate the fluid and dynamic chains of interdependency that constitute school sport worlds. Given the interconnected nature of these chains of people it is not possible (or desirable) to identify concrete, absolute boundaries between the four. However, as highlighted above several broad characteristics can be associated with each and these will be now be explored in turn.

The compulsory school sport figuration contains the young people whose participation in formal sport occurs only through their compulsory school sport provision. Figure 5.2.2 demonstrates the relative strength of the relationships within this web of interdependency. PE teachers, friends and guardians are identified as important ‘players’. Whilst coaches, opposing school teams, spectators and umpires are considered far less important since this group of young people are not involved in competitive sport outside of school and therefore do not come into direct contact with

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these individuals. Medical staff such as doctors and physiotherapists also occupy peripheral positions with this particular matrix of people as the young people tend to experience fewer sports injuries than those who participate at higher levels (see section 5.3).

**Figure 5.2.2: Compulsory school sport figuration: Relational dynamics**

On a bi-weekly basis, this group of young people participate in a broad range of sporting activities through their PE curricula. However, in comparison with the other groups, participating in sport is identified as a relatively unimportant aspect of their lives. For example, Maddie, a Year 9 pupil at Pitt Park School reflects that sport is “not as important” in her life because of her involvement in other forms of physical activity:

I feel like I just do a lot of walking and I do swimming, and so. I do ‘do’ sport at school, but I don’t do it in the way of games and competing and things like that...its not like I would base my life around sport at all.
Indeed, only 17% (n=56) of the young people in this matrix of people strongly agreed that playing sport is important to them. That is not to say however, that their limited participation reflects a lack of interest in sport more broadly. Fred, a Year 7 pupil at Royal Wilson School and member of the compulsory school sport figuration, talks of his interest in rugby as a spectator rather than a participant:

It’s not that I don’t like rugby, I mean, its ok, I quite like watching it, it’s exciting sometimes. I just don’t want to be the one at the bottom of the pile. I don’t get hurt if I watch on TV, well unless I fall over going to turn the TV on {laughs}, which I would probably do {laughs}.

In the context of this study, it is interesting to note that the pain and injury experiences connected with rugby represent Fred’s primary reason for him disliking playing this particular game. As reflected in Fred’s narrative, this group of people tend to engage with sport as spectators rather than participants. They are more likely to watch televised sport (22%) or family members play sport (6%) then they are to participate in sporting activities outside of school (0%). As such this group of young people develop their understandings of sporting pain and injury predominately through their observations of others (see Chapter Seven).

The general attitude towards PE within this web of people is primarily positive. Many of the young people spoke of enjoying PE on the basis that it represents a break from their routinised, sedentary classroom based lessons. Teddy, a thirteen year old member of the compulsory school sport figuration at Royal Wilson School, enjoys the range of sports offered by his school and the chance to have “a break from normal lessons”. He describes how:

It’s nice to try anything, have a go at everything, see what you like. Cos I don’t mind sport {pause} I quite like sports, it’s just that I’m not very good at some of them... I do kind of enjoy PE cos it’s just kind of a break from normal lessons and that’s great I think.

However, several dissenting voices are also audible within this group. Spiro, a shy Year 9 pupil at Wilson High, spoke explicitly of her dislike of PE. Her experience of being “last pick” for activities and her perceived physical incompetence is the source of her animosity towards the subject:
I really don't like PE. I always get picked last for teams and stuff. Everyone knows I'm not very good at it. I'd rather just sit and watch.

Similarly, Maddie expresses a dislike of PE because she gets “put on the spot quite a lot and they [PE teachers] will push you to do something that you really don’t like”. Both Spiro and Maddie’s narratives allude to a social risk dimension to their school sport experiences and further consideration of this risk component is undertaken in Chapter Six.

The extra-curricula sport figuration contains young people whose highest level of formal sports participation are their school-based ECSC. In relation to the compulsory school sport figuration, a subtle shift in those who constitute the ‘important’ relationships is observed (see Figure 5.2.3).

Figure 5.2.3: Extra-curricula sport: Relational dynamics

Guardians and PE teachers remain central figures. However, opposing school teams, spectators and match officials become relatively more important as this group of young people compete in a variety of local and national school tournaments. They also demonstrate a growing connection with sport. In comparison to 17% of the compulsory school sport figuration, 36% (n=198) of this group strongly agreed that playing sport was important to them. Many of them maintain involvement in more
than one sport and draw on the perceived health and social benefits of their activities to explain why they attend ECSC. Christina, an eleven year old member of Wilson High’s U-12 netball, hockey and rounders teams, describes why she attends the after-school netball club:

Cos I’m really good at it...and the teachers are really nice, they make you do loads of warm-up which makes you feel more comfortable and they’re really fair and don’t pick on people...also, I’m scared to get fat. Cos you don’t get to do anything, you just lie in bed and if I was obese I would just lie there {pause} but I don’t want to get obese, so I want to be active and going to netball club helps that.

This ‘threat’ of obesity is a core concern for many of the young people regardless of their position within their school sports worlds. The connection between the obesity ‘crisis’ and sporting risk encounters is revisited in Chapter Nine.

Christina’s narrative also points towards the importance of demonstrating sporting competency for those within this web of people. She attends and enjoys her ECSC because she’s “really good at it”. The demonstration of (physical) competency is a means of distinguishing between “them” - the “not very sporty people” (Samantha) - and ‘us’ - “you know, the ones that got to all the clubs and, like, are really good at sport and stuff” (Courtney). The last of my interviews with Courtney was scheduled during her PE class and she conducted the interview in her PE kit. I noticed a badge sown onto her gym skirt and asked her about it:

They’re my school colours. You get them if you play on the School A teams, which I do for hockey. I haven’t got one for netball yet as I’m only on the B’ team.

Courtney’s membership of Asquith High’s U12 ‘A’ team in hockey provides her with symbolic capital in the form of her school colours, which she is expected to proudly display on her gym skirt (Bourdieu, 1986). The presentation of sports colours also resonates with aspects of the “Games Ethic” outlined in Chapter Two (Mangan, 1998 [1986]).

Membership of the extra-curricula figuration is a source of status and power for this group of young people within their broader school worlds. The achievements of
school sports teams are highly valued within all six schools. This is particularly evident in the three Independent institutions. These schools heavily emphasise their sporting achievements in their prospectuses and symbolic evidence of their success in the form of trophies, honours boards and framed team photographs line the corridors and reception areas of these institutions (see Figure 5.2.4 & Figure 5.2.5).

Figure 5.2.4: Wilson High’s sports trophy cabinet

Figure 5.2.5: Main corridor of Royal Wilson School

57 Photographs from the field. Copyright over these images is held by Lara Killick. Please do not reprint unless permission has been sought and granted from the author.
Indeed, visible manifestations of sporting pain and injury also serve as sources of symbolic capital in these school sport worlds (Bourdieu, 1986). Thus, through their involvement in ECSC this group of young people are able to distinguish themselves from other less ‘sporty’ individuals and begin to carve out a distinct identity for themselves within their school. A greater theoretical engagement with the role played by sporting risk encounters in the construction, performance and maintenance of these identities is undertaken in Chapter Nine.

The **club sport figuration** contains young people who are involved in formal sports clubs outside of school. Many also attend ECSC run by their schools. In comparison to the two networks of interdependent people discussed thus far, a noticeable shift in the relational dynamics within club sport figurations is evident in the data.

Figure 5.2.6: Club sport figuration: Relational dynamics

As demonstrated in Figure 5.2.6, the position of PE teachers is relatively diminished in relation to individuals who “know more” (Roxie). Qualified, sport specialist coaches and formal medical clinicians (e.g. doctors and physiotherapists) move into a position of greater influence. Whilst neither specialist coaches or medical clinicians are present during PE or ECSC the young people within this web of interdependency draw on the knowledge, expertise and advice provided *outside* of their school sport
worlds when making decisions within them. The permeability of school sport worlds' boundaries is evident here and this observation is particularly important when we consider the management of sports injuries in this context (see Chapter Seven).

In addition, a process of increased specialisation is observed within this matrix. This group of young people tend to focus on one or two sports and begin to demonstrate a greater immersion in sports subcultures. Those who play sport at club level frequently claimed ownership over their chosen sport, describing their primary activity as "my sport". For example, Billy, a thirteen year old club squash player from Royal Wilson School talks animatedly about the importance of squash in his life:

Squash is my sport, its like, Squash is the sport to me, I really like squash. I collect all the magazines for it and...every week I go to the squash club, we always have inter-club tournaments.

Indeed, 64% (n=328) of this group strongly agreed that playing sport was important to them. Continued participation in sport becomes more integral to the identity politics of this cluster of young people. As will be demonstrated in Chapter Nine, the young people's developing sense of self is more closely tied to their continued participation and involvement in their chosen sport(s) than in the two previous networks.

Young people in the elite sport figuration display the strongest connection with sport. They are members of formal sports clubs outside of school and play at an elite, representative level. Many of them also attend ECSC. The relational dynamics are noticeably different to the other three networks of people explored thus far (see Figure 5.2.7). Coaches and formal medical clinicians are significant 'players' and the young people themselves began to move into positions of 'expert'. In contrast, PE teachers and guardians are identified as more peripheral figures.
Due to the increased commitment demanded from this level of participation, many of the young people are engaged in the process of specialisation and focus on only one sport outside of school. Steven, a sixteen year old elite go-kart racer from Asquith High, reflects on the impact of his racing on his involvement in other sports:

When I was younger I used to do loads after school and stuff, but now, I don’t do any other sports because I am never really here, because of my racing I am away. I am always committed at the weekends to doing fitness or racing or whatever.

Those participating in elite sport demonstrate a higher level of commitment and dedication to training and maintaining their position as an elite performer. 80% (n=170) of this group strongly agreed that playing sport is important to them. Continued involvement in ‘their’ sport is integral to their sense of self and in this regard the onset of injury represents a “fatal flaw” which has to be managed (Sparkes, 1996a: 463). Kylie talks about the ‘pain’ of not playing being greater than any pain she would face as a result of injury:

I’ve played sport since I was so young and it’s made me who I am...Sunday [National School Championship final] means the world to all of us and we are so looking forward to it and if I had to sit on the sideline [due to injury], that’d be far more painful than not playing last night.
However, their position within school sport worlds as an ‘elite’ performer accords them a particular status within the school teams. Kylie, who was suffering from a knee injury at the time of her interview, continued on to speak of her fear “that I’ve let my team down” but “not about losing my place on the [school] team, cos I know that I’m the goal attack”. In comparison, those within the other figurations like Roxie, spoke of “being scared I’ll lose my place on the team” when injured. The contrast between Kylie and Roxie offers just one example of the different ways in which young people understand, experience and make sense of their sporting risk encounters. The data suggests that such experiences are shaped by, and consequently shape, the young people’s relative position within their school sport worlds and the forthcoming discussion chapters engage with these complexities in greater detail.

For the purpose of analysis, these four webs of interdependency have been separated. However, they should not be approached as static, wholly distinct groups of people. In the same way that sports worlds have “permeable boundaries” so too do the webs of people within these worlds (Maguire et al, 2002: xix). Membership of these four groups is not fixed and young people demonstrate an ability to move in and between groups via the appropriation of particular sporting practices, behaviours and attitudes. For example, Cassie, a Year 11 pupil at Asquith High, had spent three years as part of a netball club outside of school however she recently quit the club and no longer considers herself a “sporty person” as she only participates in sport during her PE lessons. In this example, Cassie has shifted from the club sport figuration to a compulsory school sport one. Comparatively, Rachel demonstrates the process involved in moving through various sporting networks during her progression from a novice footballer to an academy player:

I just kept progressing, I started playing with a friend and then from there I just kind of got started, to like centre of excellence, academy for Asquith United and then I started playing county and then moved from county to further academy {smiles}. But I was, unfortunately, I was too small to play for England {looked really despondent}.

These findings encourage us to consider not only the relations between adults and young people but also those between different groups of young people. The
dynamism and fluidity of these webs of relations is revisited in Chapter Seven, where the focus of discussion shifts to the production of knowledge around injury at different stages of the injury process.

Sport worlds necessarily involve both webs of interdependent people and specific activity settings and spaces. Pike and Maguire (2003) emphasise the importance of these activity settings for the ways in which we understand sporting risk. They posit that the physical and structural settings of sports encounters “contribute to injury risk in sports” (Pike & Maguire, 2003: 236). Having mapped out the characteristics of those people involved in the production of school sport, attention now turns to the two distinct activity settings. For discussion purposes it has been helpful to separate the ‘people’ from the ‘places’, however it is important to note that these two dimensions are interdependent and together form our understanding of school sport worlds.

Activity setting 1: PE

All six schools met the government target of 90 minutes of PE at KS3 (Year 7 & 9). Whilst no formal targets are in place at KS4 all six schools incorporate a compulsory games period (minimum 1 hour) into their Year 11 timetable. The timetabled allocation of PE is uniform across all schools. Year’s 7 and 9 follow a prescribed schedule of activities in line with the demands of the NCPE, whilst Year 11 pupils are able to choose from a list of options.

Scheduled PE lessons at the six schools incorporate a range of twenty-seven sporting activities as shown in Figure 5.2.8. Traditional Western sport forms dominate the curricula timetable.

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58 Year 7 & 9: 2 double periods of PE per week.
Year 11: 1 double period of PE per week.
As demonstrated by Figure 5.2.8, sports provision is contoured along gender and class lines. Hargreaves (1994: 152) asserts that the development of PE in secondary schools has long been characterised by "images of difference" and remains a primary site for the reproduction of an "ideology of gender difference". An extensive body of feminist literature (see Delamont, 1980; Flintoff, 1990; Scraton, 1992; Penny, 2002) has explored the gendering of PE in secondary schools and draws attention to the development of 'male-appropriate' and 'female-appropriate' activities. At all six sites, the provision of sport within the curricula reflects these traditional divisions. Female participation in PE is lead by traditionally acceptable 'female' sports (e.g.

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59 Henceforth referred to as football.
77% of the young women participated in netball in PE & hockey, 73%) and aesthetic sport forms (e.g. gymnastics, 64% & dance, 49%). Activities with traditional 'masculine' associations (e.g. football, cricket and rugby) did appear in the females' PE schedule at the two co-educational schools. However, fewer young women participate in these activities in comparison to traditional activities such as netball, hockey and dance. A reverse trend is observed in male PE provision and participation. Here, contact sports such as football (63%), rugby (53%) and basketball (71%) dominate, whilst participation in aesthetic sport forms such as dance (3%) and trampolining (6%) are much lower. Sports such as athletics, badminton and cross-country are offered at all six schools and recorded relatively equal gender participation rates.

A larger range of sports is offered at the three Independent Schools and these include activities such as martial arts, water-polo and golf. Comparatively, the timetables at Pitt Park, Pitt Valley and Pitt Community Schools are restricted to 'traditional' sports such as hockey, athletics, tennis, badminton, football, rugby, cricket and netball. Due to limited facilities at the three State schools, PE lessons involve both on-site and off-site activities. In contrast, the range of facilities available at the three Independent Schools permit all PE lessons to take place on-site. Moreover, a higher involvement in resource-intensive sports is observed at the Independent schools (see Figure 5.2.9).

Figure 5.2.9: PE provision of resource-intensive activities

<table>
<thead>
<tr>
<th>Sport</th>
<th>State School participation</th>
<th>Independent School participation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Swimming</td>
<td>5% (n=50)</td>
<td>61% (n=396)</td>
</tr>
<tr>
<td>Going to the gym</td>
<td>14% (n=144)</td>
<td>41% (n=265)</td>
</tr>
<tr>
<td>Water-polo</td>
<td>0</td>
<td>25% (n=163)</td>
</tr>
<tr>
<td>Outdoor Pursuits</td>
<td>0</td>
<td>13% (n=87)</td>
</tr>
</tbody>
</table>

All three Independent schools have on-site swimming pool and gym facilities in contrast to the State schools, whose pupils have to access local community facilities at least 2 miles away. As such, certain activities (e.g. swimming) are restricted to Year 11 pupils at the state schools. These observations highlight that whilst the quantity of timetabled PE is standardised across the six schools, the quality, choice and diversity of activities varied significantly.
An increasing drop-out rate from sporting activities outside of school between the ages of ten and sixteen is noted, with the exception of attendance at fitness gyms (see Figure 5.2.10). This may be explained by the age restrictions operating in many fitness gym facilities in Churchill. In line with international safety guidelines, young people under the age of sixteen are not permitted to utilise the weight training facilities at most fitness gyms in Pitt, Asquith or Wilson (see Parker, 2003). Year 11 pupils turning sixteen years old and being able to access these facilities may explain, in part, the trend observed in Figure 5.2.10.

Figure 5.2.10: Age and out-of-school sporting participation

The data reveals several rationales for the participants’ disengagement with sport. Those who had recently quit club or elite level representation frequently spoke of growing disillusionment with their training and competition schedules. Louise, a fourteen year old former club swimmer gave up swimming “about 6 months ago cos it took over my life”. Similarly, Sam, a Year 9 pupil who formerly represented Asquith in gymnastic aquatic diving cites the increased routinisation of his practice sessions as his central reason for leaving the sport:
I used to do gymnastic diving for Asquith but it got a bit repetitive just doing the same thing over and over again. So I quit.

Moreover, the impact of broader performance and perfection codes within school cultures are also evident in the young people’s narratives (Evans et al., 2008). Tyra, a sixteen year old former club tennis player, stopped her involvement in a variety of sports two years ago. She describes the growing pressures and demands of her school life as she nears her GCSE exam period as a reason for her choice:

I just don’t feel I have enough time to do. I have to do my work and I really enjoy extra-curricular activities or whatever so I don’t want to just do work but then it just feels like...because I did, I did used to have swimming on Saturdays and then I used to like dance and gym after schools, hockey after school and at the weekends, tennis after school and at the weekend and then its just like, everything took over. This is what I used to do in like year, until about Year 9 and in primary school but then when it got to GCSEs I just didn’t have time to do it anymore.

Indeed, the fear of failing exams is granted similar risk status to drugs, unprotected sex and knife crime by the young people interviewed (see Chapter Six). The increased pressures of examinations, assessments and expectations impinge on Tyra’s ability to continue her involvement in formal sport outside of PE and her sporting activities became ‘expendable’ in the face of these more pressing ‘risks’.

Finally, the risk of pain and injury is also offered as a rationale for increasing dropout rates. Samantha, a Year 7 pupil from Pitt Park School connects her recent injury experience when learning to ski with her scout group with her decision to cease her involvement in this activity:

I went to scouts for a day, a ski-ing trip, they had no snow it was just a ski-ing slope. And I was in the beginners, and I fell over, and someone skied over my arm and I broke my wrist, so {pause} I’ll never be doing that again {wry grin}.

In the context of drop-out rates, a further risk dimension, social risk, was identified in the data and it represents a far greater concern for some of the young people interviewed, than the physical risks identified above by Samantha. Ellie, a Year 9
attendee at Pitt Park's after-school athletics club, explains why she is no longer interested in doing any other forms of sport at school:

I kinda stopped cos, I dunno, if there's more people better than you then you stop. Cos they [PE teachers] want the people that are better so you don't really want to be doing something that you're not really good at, and are going to come last at, or not do very well at. I guess I just drop it straight away; I won't really work at it.

The social risk dimension identified in Ellie's narrative is a common feature of young people's sporting narratives and the multifaceted nature of (sporting) risk is revisited in more detail in Chapter Six.

**Activity setting 2: Extra-curricula sport**

All six schools offer some form of ECSC each day (Monday-Friday). Royal Wilson School also schedule these activities at the weekends. In line with the PE trends identified previously, the diversity of ECSC offered by the Independent Schools (n=32) is greater than the State school provision (n=14) and the types of sports offered are contoured along gender lines (see Figure 5.2.11).
66% (n=1,088) of the participants have attended some form of ECSC whilst at secondary school. Involvement in these activities represents the highest standard of sporting participation for 33% (n=544) of the young people surveyed. Of this group, 68% (n=367) were female and 32% (n=177) were male. No statistical differences between ethnic groups are noted. The most popular ECSC for the young men are the team sports of football (22% of young men attended this activity), rugby (21%), cricket (16%) and hockey (12%). Comparatively, netball (21%), hockey (14%), rounders (13%) and dance (11%) are the most popular activities for the young
women. Higher participation rates were recorded at the Independent Schools across all activities.

Attitudes towards compulsory and extra-curricula sport

Not discounting the observations made earlier with regard to dropout rates, the general attitudes towards PE and ECSC amongst this group of young people are positive. They identify PE lessons as “a change from normal school stuff” (Dani) and a part of school life that was “not work, but a chance to get away from the classroom” (Ian). They separate PE from the routinised, pressurised “mental work of proper lessons” (Ella) and place a high value on this time. Taking part in school sport was identified as a pleasurable and attractive pastime for many of the young people interviewed (see Figure 5.2.12).

Figure 5.2.12:

Several dimensions of their sporting activities were identified as pleasurable. The inherent physicality of sport was important in this regard (Elia & Dunning, 1986). PE and ECSC were identified as pleasurable on the basis that they offer a chance to

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develop new corporeal skills and ways of knowing their bodies (Shilling, 2003). Taylor, a twelve year old member Pitt Park School’s U-12 netball team excitedly explains her rationale for choosing PE as her favourite subject:

I like learning stuff and it probably sounds really weird but when they [PE teachers] say something you don’t know and then you learn it, it is actually really cool and you feel like ‘wow’ and if you can actually do it you feel like ‘WOW!’ {big grin}.

The older pupils identified PE lessons as particularly enjoyable on the basis that they represent a space in which they are able to exercise a degree of relative autonomy in their routinised and regulated school lives. Cassie’s explanation of this is worth quoting at length:

I think as you get older it sort of, it all sort of changes for you. Because up until Year 10 its compulsory, you will do this sport and this, and it’s ok but now I’m in Year 11 so you get like ten choices of what things you want to do and so, like at the moment, its really good because, like, in the sunny weather you can do rounders which is really cool. It can be really fun and ... I really like it. Because it sort of means that I don’t have to do any sports that I don’t really enjoy. Like netball I said got really tedious after being forced to do it but now if I really enjoy something I can do it for a certain period of time until like my opinions change or something.

This relative ‘freedom’ offered by the choice of activities is one of the principle sources of pleasure associated with PE lessons by the Year 11 pupils and presents them with an opportunity to express aspects of their identity (Bourdieu, 1986). Rachel describes how she is currently petitioning the PE department at Asquith High to introduce a girls’ football team. She explained the importance of her involvement in football to distinguish herself from the “girly girls”:

Well, I’m not one of the girly girls, you know, I play football with the boys at lunchtimes sometimes. They know I play for Asquith United, so they are ok with me playing. I just wish we could have a girls’ team here.

Rachel continues on to connect her enjoyment of football to it’s potential for self-expression. She:
Just love[s] the fact that you can go out and you can enjoy yourself and you can express yourself through sport instead of like, writing. And its physical, you know you’ve done something when you come off the pitch all sweaty.

Similarly, Saskia, a Year 7 pupil at Wilson High, enjoys gymnastics in PE because “you can sort of be yourself when the music comes on”. Furthermore, for many of the young people interviewed, PE is a space in which they could “have a laugh and stuff” (Justine) and spend time with their friends. Saskia considers PE one of her favourite lessons because:

I like being with my friends, cos my best friends aren’t in the same class as me and sometimes we mix in PE.

The opportunity to spend time with her friends, many of whom she is separated from during her school day plays an important role in Saskia’s enjoyment of PE. Similarly, sociability is an important factor in the young people’s attendance of ECSC. Nigel, a member of Royal Wilson School’s U-16 hockey team describes his rationale for “loving” hockey:

You know, you’re part of a team. I’ve made loads of mates through sport and I like the challenge, I’m representing the school and we have tough games.

Furthermore, the symbolic value of being part of these school sports team and the social distinction accorded to “sporty people” (Maddie) is identified as important in this regard (Bourdieu, 1986). Involvement in ECSC is a means by which young people are able to develop particular (valued) identities within their school (sport) worlds. Dan, the captain of the U-12 rugby team at Asquith High proudly wears his captain’s badge on his school blazer and admitted during his interview that “it feels nice cos everyone looks up to me”. Similarly, Courtney describes the sense of self-satisfaction she gets from being able to demonstrate a skill she has learnt during her after-school gymnastics club that many others in her PE class could not do:

Yeah, I love them [her afterschool clubs]. [Int. what is it about them that you love?] Well, I like when you demonstrate things, like, according to Sir cos he saw me in gymnastics club, I do quite good handstands and I demonstrated and everyone was like ‘oh wow, you’re really good’. I like that.
Connected to Courtney’s account is the notion of school sport as means to discipline young people’s bodies (Kirk, 1998). Whilst PE lessons were seen as a “chance to get away from the classroom”, they nevertheless involved a form of ‘work’; that of work on the body (Shilling, 2003). A specific appeal of PE (and sport as part of PE) was the opportunity to “get your muscles working…doing exercise that’s fun, *it’ll make you thin*” (Justine). Several of the young people interviewed stress the importance of these two activity settings in addressing the “problem with obesity” (Teddy). Taylor describes how PE:

is important because I don’t want to be older and fat and unhealthy and everything. I want to be fine when I am older.

The desire to maintain “the cycle of fat in and fat out” (Courtney) is identified as a principle reason for playing hurt during PE and ECSC and is explored more fully in Chapter Nine.

A considerable body of literature exists to suggest that school sport worlds are also a site for surveillance and the monitoring of young people’s bodies (Evans *et al.*, 2008; Webb *et al.*, 2004). The data emphasised young people’s sense of being “on show” and “pressured” during PE, leading them to feel “uncomfortable” and “embarrassed” in this context (see Figure 5.2.13).
Figure 5.2.13: I feel... when I am playing sport at school (Year 7, Pitt Park School)

Figure 5.2.13 returns attention to the social risk component of young people’s sport encounters and will be addressed in further detail in Chapter Six.

5.3 “Yeah, I broke my leg in PE last year”: Sport injury trends in school sport worlds

Notwithstanding the previous assertion that young people’s sporting pain and injury experiences have been sociologically under-researched, studies emanating from sports medicine have begun efforts to map out quantitative sports injury trends amongst young people (see Garrick & Requa, 1978; Tursz & Crost, 1986; Sorensen et al, 1996; Grimmer, 1999; Taylor & Attia, 2000; Adirim & Cheng, 2003). The specific spatiality of school sport has been subjected to embryonic analysis (Abernethy & MacAuley, 2003; Abermathy et al, 2003). These studies identify several groups of people including young men, those involved in contact sports and younger pupils as ‘high-risk’ in terms of both injury incidence and severity. Given the research aims of this study it is necessary to say a little more about the sports injury trends recorded in relation to this particular group of young people.

100% (n=1,651) of the participants had experienced some form of physical injury through their involvement in school sport. Thirty-two different types of sports injuries

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were sustained during PE and ECSC by this cluster of young people. The most common were bruises (experienced by 83% of the participants), grazes (69%), twisted ankles (56%), cuts (52%) and tight muscles (43%). Experiencing ‘soreness’ in various parts of their bodies including their backs (40%), knees (26%) and elbows (22%) was also common. The young people’s experiences were not solely limited to these ‘minor’ injuries. 639 cases of broken bones (38% of sample), 279 cases of concussion (20%) and 276 cases of fractured bones (20%) were recorded. The majority of the conditions reported in Phase One are medically classified as acute injuries (see Knight, 2008; Prentice, 2006). However, chronic injuries more commonly associated with over-training or over-use were also experienced by some of the young people surveyed. Shin splints were reported by 7% (n=97) of the participants and a further 9% (n=145) had been diagnosed with Osgood Schlatter disease or Sever’s disease. Both of these conditions are associated with adolescence and may be the result of over-use (see Engebretsen & Bahr, 2004; Grontvedt, 2004).

Experiencing sports-related pain and injury was statistically ‘normal’ for this group of young people and five of those involved in Phase Two were carrying visible injuries during their interviews. Kylie (Year 11, elite netballer, Wilson High) was wearing a knee brace following recent complaints with her knee ligaments and Dan (Year 7, club rugby player and U12 school team captain, Asquith High) had his right shoulder in a sling after dislocating his collarbone in a club rugby match at the weekend. At Royal Wilson School, Billy (Year 9, club squash player) had a broken wrist after falling off a vaulting horse during his school rowing team’s circuit training, Richard (Year 9, elite footballer) was on crutches due to surgery on his knee following a tackle in a recent club game and Nigel (Year 11, club hockey player) had a black eye as a result of being hit by a ball during school hockey training. A further two participants drew attention to their current (invisible) injuries. Beth (Year 11, club gymnast, Pitt Park School) was currently involved in on-going physiotherapy after she “landed funny at training and it shunted through my back” and Ella (Year 9, club hockey player and swimmer, Wilson High) was under-going physiotherapy for a dislocated patella.

The categories minor/major and serious/not so serious were used by the young people in their interviews. These categories should not be interpreted as absolute, fixed groupings but rather they reflect the negotiated typology of sport injuries that will be outlined in Chapter Six.
As noted previously, medical research has identified several ‘high-risk’ groups in relation to sports injuries (see Grimmer, 1999). In light of these findings a brief commentary on the stratifying concepts of gender, age and level of participation is warranted. Limited differences in the types of injuries reported by the young men and young women were noted. However, the young men recorded a higher incidence of injury across eleven of the thirty-two injuries recorded. Those with the largest deviation are shown below in Figure 5.3.1.

Figure 5.3.1: Gender and incidence of injury.

<table>
<thead>
<tr>
<th>Injury</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black eye</td>
<td>47% (n=263)</td>
<td>30% (n=250)</td>
</tr>
<tr>
<td>Concussion</td>
<td>27% (n=149)</td>
<td>16% (n=130)</td>
</tr>
<tr>
<td>Swollen knee(s)</td>
<td>33% (183)</td>
<td>22% (n=179)</td>
</tr>
<tr>
<td>Dislocated Shoulder</td>
<td>13% (n=72)</td>
<td>7% (55%)</td>
</tr>
<tr>
<td>Osgood Schlatter Disease</td>
<td>10% (n=58)</td>
<td>5% (n=41)</td>
</tr>
</tbody>
</table>

The young men’s higher injury rates may be indicative of the types of sport participated in by this group. Contact sports such as rugby, football and basketball were particularly popular amongst this group of young men. These sports have been connected with not only particular injuries (e.g. concussion) but also higher injury rates than those activities popular with the young women (Spinks & McClure, 2007). Moreover, they are sports that are predicated on the successful utilisation of violence (Messner, 1990) and the normalisation and acceptance of “the pain principle” (Sabo, 1986). As discussed in Chapter Three, research connects brutal body contact sports (e.g. rugby) with both a particularly strong adherence to the core elements of a ‘culture of risk’ and the construction of hegemonic masculine identities (Messner, 1990; Sabo & Panepinto, 1990; Howe, 2001; Frey et al, 2004; Liston et al, 2006). Further reflection on the gendered nuances of the sporting ‘culture of risk’ is undertaken in Chapter Nine.

In contrast with Australian research data, which reported a “significantly higher risk of Year 7 students injuring themselves when compared to Year 10 students”, the data indicated higher incidences of injury amongst the Year 11 students surveyed (Grimmer, 1999: 2: emphasis added). With the exception of bruises, grazes and cuts,
the Year 11 students reported higher injury rates across all injury types and a selection are shown in Figure 5.3.2.

Figure 5.3.2: Sports injury rates across the age groups.

The trend depicted in Figure 5.3.2 coincided with an increased dropout from sport. The observed increase in sports injuries amongst Year 11 pupils, despite a concurrent reduction in volume of young people participating in formal sport in this year group, may reflect a combination of interdependent social and biological processes of maturation (Elias, 1987a).

The data suggests that many young people who remain involved in sport worlds engage more fully in processes of specialisation, intensification of competition and develop more committed athletic identities as they get older (see Chapter Nine). Alongside which, the rules and regulations that govern their activities are often structured on an age-grade basis and are designed to protect the developing bodies of pre-adolescent and adolescent young people. For example, age-grade rugby limits the activities of the scrum from U7 to U19 levels (Welsh Rugby Union, 2008). Similarly,
age-grade cricket limits the number of overs a bowler is permitted to bowl in any one match and enforces the compulsory wearing of protective helmets for those young cricketers under the age of eighteen (ECB, 2008a). Both of these age-grade distinctions are underpinned by assumptions about young peoples’ physical capabilities at these different age groups and are designed to “protect our young... during their formative years” (ECB, 2008b). In the case of rugby, the process of moving through the age-grades towards full contact and contested scrums has been shown to have some impact on the epidemiology of rugby injuries (Lee & Garraway, 1996; Silver, 2002; Yard & Comstock, 2006).

Furthermore, sociological research has identified elite sport as a “high risk” vocation in terms of physical injury rates (Young, 1991; Roderick et al, 2000). In line with these findings, higher incidences of injury for elite participants compared to those within the compulsory school sport figuration were observed in the data.

Figure 5.3.3: Level of participation and incidence of injury

![Graph showing the incidence of various injuries at different levels of participation.](image-url)
This trend reflects both, a more intense and frequent involvement in sporting activities and, as will be discussed further in Chapter Nine, a greater commitment to the sports ethic by those within club and elite figurations (Hughes & Coakley, 1991). However, access to more formalised, medical knowledge related to sports injury is greater amongst elite and club performers and this may serve to temper mediated messages associated with the sporting 'culture of risk' (see Chapter Seven).

5.4 Summary

This chapter offers an insight into the landscape of school sport worlds (Maguire et al, 2002). It highlights the intricate web of interdependent people and the structural and physical activity settings that together produce school sport products and performances. Drawing on Weber's (1949) notion of ideal types, four overlapping figurations of young people are identified within these sport worlds. These groupings represent the diversity of young people's sporting activity patterns and the shifting identities of those considered significant in their sports encounters. This model will be drawn upon in the remaining chapters to navigate the dissecting and complex relationships in which the participants are enmeshed.

In conjunction with Chapter Three, this chapter offers further evidence to suggest that participation in sport may yield both positive and negative health outcomes for (young) participants. 100% (n=1651) of the young people surveyed have experienced some form of physical injury through their involvement in school sport. Thirty-two different forms of sports injury were reported, including both acute and chronic conditions. However, the questionnaire data can only provide a partial snapshot of young people's sporting risk encounters within their school sport worlds. The following four discussion chapters synthesis the data generated in Phases One, Two and Three to consider the ways in which young people 'understand', 'know', 'perform' and 'make sense' of their sporting risk encounters.
Chapter Six:

“Whatever doesn’t kill you makes you stronger”: Young people’s frameworks for understanding sporting risk encounters

The data presented in Chapter Five demonstrates that the endurance of pain and repeated recovery from injury is not the sole concern of elite, adult sport performers. Indeed, Young (2004c: xvii) observed, “if one is engaged in sport, one is likely also engaged in the acknowledgement of pain”. Sam’s chronicle of sports injuries reinforces this observation further:

I’ve had quite a lot of phat\(^3\) things happen to me
I’ve broken both my arms, both legs, had quite a lot of strains, fractures on both my thumbs, I’ve been concussed many times. I’ve had every injury there is really {laughs}. I’ve had tight muscles, twisted ankles, they happen a lot, like I twist it, rotate it {shows me} and ice it to get it better every time I play. I get black eyes from being in the scrums and stuff and cuts, bruises, stuff like that.

Sam’s lengthy sports injury history spanning four broken bones, multiple fractures, several concussions, continual twisted ankles, strained muscles, repeated black eyes and various cuts and bruises illuminates the extensive experience some young people have as a result of their regular and continued participation in sport. Moreover, his comments allude to the practices of ‘playing hurt’ and the normalisation of injury, both of which have been associated with a sporting ‘culture of risk’ (see Chapter Three).

Working within the context of school sport worlds, the remaining chapters map out four dimensions of young people’s sporting risk encounters. These components represent the interconnected aspects of ‘understanding’, ‘knowing’, ‘performing’, and ‘making sense’ of these experiences. For analytical purposes they have been separated and will be addressed in turn. However, they are interwoven and it is imperative that they are viewed as a set of interdependent threads, which together form (young

\(^3\) Phat’ translates to amazing, awesome and desirable.
people's) embodied understandings of being 'at risk', 'in pain' or injured in this context. This chapter addresses young people's frameworks for 'understanding' sporting risk, pain and injury. As noted in Chapter Three, studies emanating from the sociology of sport have focused primarily on the responses to, and management of, sporting pain and injury (see White & Young, 1997; Roderick et al, 2000; Liston et al, 2006). To date, they have accorded less attention to the social construction of these concepts. That is, how and in what ways athletes define (sporting) 'risk', 'pain' and 'injury'. In light of the desire to facilitate the voices of young people through this research (see Chapter Four), and to avoid a priori assumptions about their frames of reference, an outline of the dominant definitions to emerge from the data is provided.

6.1 “Risk is just part of life, you just have to deal with it”: Understanding (sporting) risk

Risk is whatever is defined as risky at a particular time, in a particular place, by a particular group of people (Frey, 1991: 139).

In light of Frey's observation it is pertinent to begin with a brief exploration of the ways in which this cluster of young people define 'risk' and as part of this exercise, whether they perceive sporting activity at school to be a 'risky' endeavour. Two interrelated understandings of risk as a broad concept emerged from the data. The first of these equates risk with danger, whilst the second considers both acceptable and unacceptable manifestations of risk.

Risk as danger

The most prominent understanding of risk evident in the young people's narratives connected 'risk' to physical danger and the actual or potential occurrence of negative events. Rosie, a Year 9 pupil from Pitt Park School, refers to risk as "just what sort of dangers you're at". Similarly Anna, a Year 11 pupil from the same school, expresses risk as "danger or something that could go wrong". The concept is used to describe incidences that could result in physical harm to yourself or others. Susan interprets risk as a "warning" of future harm and explains that:

Risk, is in, like, a lot of things...it is mainly about getting hurt or causing harm to your self. I see it
as a warning to prevent you having problems for yourself and others around you.

Here, the application of ‘risk’ extends to incidences of potential harm as well as those that have already occurred. Several of the interviewees equate risk with the “possibility that you could get hurt” (Taylor) and the likelihood that “something bad might happen or come about, it’s only a chance and it might not actually happen” (Teddy). As a result, social practices or events that involve both actual and potential injurious outcomes are open to the label of ‘risky’. Figures 6.1.1 and 6.1.2 depict some of the behaviours identified as ‘risk’ by pupils from Pitt Park School.

Figure 6.1.164: What does the word ‘risk’ mean to you? (Year 9)

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Figures 6.1.1 and 6.1.2 demonstrate the centrality of health (in the form of unhealthy diets, obesity, heart disease, sexually transmitted diseases) and crime (e.g. being mugged) in this group of young people’s perception of risk. Both of these have been identified in sociological literature as principal manifestations of risk in contemporary society (see Tulloch, 1999; Gard & Wright, 2001; Campos, 2004). In particular, the appearance of “unhealthy diets, risk of heart disease, obesity etc” reflects the degree to which healthism ideologies have infused the lives of young people and the importance of the body in communicating and understanding ‘risk’. As discussed further in Chapter Nine the desire to evade certain health risks (e.g. obesity) may indeed be encouraging some young people to ‘play hurt’ during their sporting participation.

The notion of risk as a “danger possibility” (Ben) carried wholly negative connotations for the young people. Activities identified as “mega risky” (Fred) are perceived as socially undesirable and worthy of critical judgment. ‘Mega risky’

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activities included taking illegal drugs, unsafe sex and lying to the police and involvement in such activities is interpreted as a symbol of one’s weak moral character and a demonstration of intellectual inferiority. In the following extract, Courtney was very vocal in her opinion of drug-users, an act she identifies as “the most risky thing you can do”:

Definitely taking drugs, cos my Mum brought us all up, and my Dad and my Step-Dad, to never ever {raises voice} take drugs and that’s its the worst possible thing you could do. In my family there are some laws. There’s no motorbikes, cos they’re very dangerous, no lying, definitely and no drugs. No drugs, it’s the worst, it’s number one on the list. No drugs {raises voice}. It’s the worst thing you can possible imagine, I think they’re awful and so dangerous. People who do drugs are just so dumb, I don’t understand, we all know that they’re bad for you, so why do they do it? They’re just stupid.

Courtney’s definition of drugs is, in itself, reflective of the socially constructed nature of ‘risk’ and echoes broader moral panics around particular substances (Ben-Yehuda, 1990). To Courtney, the term ‘drugs’ relates to “you know, the worst stuff, marijuana, coke, ecstasy and heroin”. With the exception of marijuana (a Class B drug) the substances listed by Courtney are all currently classified Class A on the basis that they are “most likely to cause harm” (Home Office, 2009). Moreover, they are also the subject of numerous social education initiatives and viewed by certain groups as the “scourge of society” (Coaker, 2006). Despite their potentially fatal side effects, substances such as tobacco and alcohol are absent from Courtney’s classification of drugs. While she does identify smoking as “nasty, cos you’ll get really unhealthy and ill” and getting drunk as “silly, cos you don’t know what you are doing” she does not subject those who partake in these activities to the same degree of judgement. Restorative substances such as medicine or painkillers are also absent from Courtney’s classification of ‘drugs’ on the basis that “they make you feel better”.

However, as will be discussed risk status was neither static nor uniform. Most notably, the classification of particular behaviours was contoured along age lines.
In line with existing research (see Douglas, 1969; Evans et al 2008) and as Courtney demonstrates, the labelling of ‘risky’ behaviours and ‘at risk’ categories is mobilised by some of those interviewed as a means of establishing boundaries and distinctions between ‘us’ (the ‘safe’ individuals) and ‘them’ (the ‘risky’ individuals). To be labelled ‘risky’ rendered the individual or group in question as somehow ‘other’ and to be feared. Roxie, a Year 7 pupil from Asquith High comments on her mother’s reaction to the word ‘risk’:

My mum doesn’t say it. She doesn’t like that word. She thinks it’s a really bad word. Risky people do bad things, like getting in trouble with the police for something.

In both Courtney and Roxie’s narratives their parents mobilise the label of ‘risky’ to stigmatise people and sets of behaviours they view as a threat to the fabric of social order. In so doing, Courtney and Roxie’s notions of risk are established through their relationships with others, in these examples their parents.

Figure 6.1.3 (overleaf) depicts the host of relationships through which this cluster of young people are learning what constitutes ‘risk’ and ‘risky’ behaviours. Of note, is the central position accorded to ‘the media’, a source of information that has been critiqued at length for it’s selective coverage of risk and its inflation of certain risks (see Singer & Endrery, 1993; Critcher, 2003). Both of which serve to create ‘cultures of blame/victimisation’, moral panics and mass hysteria. 67.

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67 The current moral panic surrounding “swine flu” is a prime example of this process; with school closures, UK governmental health warnings and daily updates of ‘new’ cases being tracked and reported on by the media at length (see Booth, 2009; Conner, 2009; Staff reporters, 2009).
In addition, within this framework the notion of risk operated as a technique of self-surveillance. Many of those interviewed made reference to “the problem with obesity” (Teddy) and the belief that “people are getting fatter” (Richard). They perceive this ‘risk’ of obesity as ever-present and stress the necessity to continually engage in self-surveillance practices to ensure they remain ‘fat free’. Zoe, a Year 7 pupil from Wilson High describes her attempts to ‘be healthy’:

I really don’t want to end up unfit and fat {pause} so I watch what I eat, like I try not to have chocolate and pizza and stuff and I weight myself most days, just to check, y’know, that I am not getting fat. Because everyone says that is what is going to happen, if I eat what I want and just be lazy and watch TV.

However, this was not the only framework for understanding ‘risk’ to emerge the data. Alongside the notion of ‘risk as danger’ exists a further definition that elicits a different response, one associated with respect, bravery and pride. This alternative framework emphasises the self-realisation potential of certain risk-taking behaviours and can be connected to the “quest for exciting significance” introduced in Chapter Two (Maguire, 1991a: 29).
(Un)Acceptable risks

In contrast to the unilateral understanding of risk as ‘danger’, some of those interviewed delineate between two potential outcomes of ‘risky’ behaviour and thus moved towards a two-dimensional model of understanding. As before, risk is approached through the medium of chance, however, this involves an acknowledgement that both positively valued and negatively valued outcomes are possible. Tyra, a Year 11 pupil from Wilson High, describes risk as being akin to “flipping a coin, you either win or lose”. On the one hand she describes how:

If you’re rock-climbing then you have to be willing to take a risk, but it’s worth it cos you get to do something really cool and see really cool stuff, that most people can’t.

Whilst on the other she acknowledges, “risks can be bad too, like risks to your health, like smoking and stuff”. Tyra clearly demarcates between ‘good’ (acceptable) and ‘bad’ (unacceptable) risks. In so doing, her framework for defining risk challenges, in part, the hegemonic risk-danger-threat nexus outlined previously.

Parallel to the previous framework, ‘bad’ risks are associated with ‘danger’ and ‘dangerous behaviours’ such as walking home late at night, unprotected sex and obesity (Phase 3 poster). As before, these risks are socially undesirable and represent a negative deviation from what the young people identify as ‘normal’ or ‘safe’. However, risk is not wholly symbolic of cultural degeneration or threat. ‘Good’ risks involve “taking a 50/50 chance” (Ellie) with the possibility of a positively valued outcome. Buying a house, playing sport and choosing subjects for GCSE’s and A’ Levels are all identified as ‘acceptable’ risks by those interviewed. This form of risk-taking involves “doing something maybe you wouldn’t normally do to gain something out of it” (Ian) and as such is also seen as a deviation from the norm. However, acceptable risk encounters and those involved in them are not subjected to the same degree of moral judgement or criticism. Rather than being viewed as morally or intellectually deficient, athletes who are “risky, but in a good way” (Kylie) through the process of placing their bodies on the line or making tactical decisions (both forms of acceptable risks) are identified as “proper sportsmen [sic]” (Anna) and considered positive role models.
A degree of uncertainty is integral to these ‘good’ risk encounters and they are approached as simultaneously exciting and something to fear. Saskia describes ‘good’ risks in the following way:

It means you’re not certain about whether it’s going to be right or wrong and that is scary, but it’s kinda exciting sometimes, you just don’t know what is going to happen. You might make an idiot out of yourself, you might hurt yourself or something really cool might happen.

She illustrates a more pleasurable dimension to risk-taking encounters with the suggestion that this process can be both frightening and exciting. Process-sociologists have recognised a human “need to experience a kind of spontaneous, elementary, unreflective yet pleasurable excitement” and position sports encounters as a viable vehicle by which this “quest for exciting significance” can be achieved (Maguire, 1991a: 28-29). This research concurs with the process-sociological claim that sporting risk encounters offer (young) people the opportunity to “go to the brink” and further explores this process in Chapter Eight (Elias & Dunning, 1986: 100)69. Saskia also alludes to a social dimension to her risk encounter with her reference to making “an idiot” of herself. In so doing, she illuminates two of the four additional themes connected to defining ‘risk’ to emerge from the young people’s narratives.

“There’s always risks, it’s just about what you want to manage”: Issues of plurality, pleasure, pervasiveness and risk relations.

Both of the frameworks introduced echo definitions of risk outlined in existing sociological literature (see Chapter Two). Themes of chance, danger and uncertainty are strongly associated with Beck’s (1991) risk society thesis whilst the illumination of risk as a means of establishing social boundaries, enacting effective stigmatisation and operating as a form of self-surveillance resonate with both Douglas’s (1969) model of risk-purity-blame and Foucault’s (1995) post-structuralist stance. In

69 However, this thesis does not support Elias and Dunning’s (1986: 80) contention that sport, as a form of mimetic excitement, “is socially and personally without danger”. The sport injury histories of this group of young people in combination with high-profile cases such as Leicester Tiger’s Matt Hampson or Loughborough University student Dan James remind us that the injurious outcomes of sport are wholly real. Both of these young men sustained broken necks during rugby training sessions with their respective teams. In both cases they were rendered paralysed from the neck down and confined to wheelchairs. Dan James, aged 23, subsequently travelled to Switzerland for an assisted suicide (see www.matthampson.co.uk ; Brown, 2008).
addition, four further themes were noted in the data. The first of which, relates to the plurality of risk.

Sporting risk is most noticeably manifested through the physical domain. It is strongly associated with the possibility of injury or the onset of pain and connects with the understanding of ‘risk as danger’ and associated physical harm introduced above. Phil’s conceptualisation of the risks connected to his favourite activity, indoor rock-climbing, is symptomatic of the young people’s response when asked explicitly what types of risk(s) they associate with their own sporting participation. He emphasises the physical risks involved in rock-climbing:

Well, you can fall and you can hurt yourself. I have only fallen about three times, I think, over the year I have been doing it, but you can fall and hurt yourself. That’s the risk I take.

Similarly Ian, an elite golfer from Royal Wilson School asserts that “our risk is pain”.

Notwithstanding the young people’s explicit and continued reference to a physical dimension of (sporting) risk encounters, further elements can be identified. Whilst never explicitly labelled a form of risk the fear of ‘losing face’ is palpable in the data (Goffman, 1972). Taylor, a member of Pitt Park School’s U-12 netball team describes her fears of embarrassing herself prior to PE lessons:

[I’m worried about] embarrassing myself. I’m not really that type of person that goes ‘oh I might break a leg’. I’ll just go and do it. The only thing I don’t like is embarrassing myself.

Involvement in school sport is a socially risky endeavour for many of those interviewed. Their bodies communicate sporting (in)competence through the way they look, move and perform skills. As such, young people’s sporting bodies are communicative bodies that may be vulnerable to stigmatisation when they demonstrate sporting (in)competence70 (Goffman, 1963; Frank, 1991; Maguire 1993; Shilling, 2008b). Phil’s recollection of games lessons at prep school in conjunction

70 The recent case related to the bullying of Tom Daley, the 14 year old diver who represented Great Britain in the 2008 Olympics, at his secondary school suggests that this stigmatisation is not restricted solely to those who demonstrate incompetence in PE but may also be a lived experience for those at the other end of the performance spectrum (see de Bruxelles & Easton, 2009).
with his more recent experience of playing football in PE highlights this compelling social risk dimension in his school sport experiences:

I’ve got some good friends in Year 10, but I was a bit of a loner in prep school and games always presented a chance {pause} you know, you get that, that sort of segregation and you get the bad people all stuck down one end, that was me. People can make you feel really bad and stuff... But football always represented a chance [that I would mess up], because there’s always people on the sidelines shouting at you...that’s why I always muck up in football because I was always thinking ‘concentrate, don’t muck up, this could be your chance now, don’t muck up {long pause} oh you mucked up, Phil you idiot, argh, argh’ {repeatedly bashed the side of his head with his hand}.

The significance of their sporting risk encounters to the development of a host of embodied identities, including an incompetent athletic identity is revisited in Chapter Nine.

Although not as prominent in the data, psychological and moral dimensions of (sporting) risk are also evident. Beth eludes to the psychological risks some performers, including herself, may take in the course of their sporting lives:

But sport can be quite risky, sometimes. [Lara: what sort of risks do you think are involved?] For me, injuring yourself, probably mental as well, if you are really hard on yourself, like I am if I mess up badly, you might just go a bit too far.

Equally, Teddy identifies a moral aspect to elite sports performers’ quest for gold medals, although he is quick to distance “average” sport from this dimension:

Sport’s not particularly risky, it just depends what happens in sport, because some people take sport so seriously that they kind of cheat, you know, drug themselves and kind of, kill themselves just to try and win a gold medal, that sort of thing, and that’s just {pause} that is risky. But playing just average sport isn’t that risky, it’s just fun and exercise.

It can be argued that that each and every risk encounter contains a dynamic interweaving of the four dimensions presented (see Figure 6.1.4). Figure 6.1.4 is
designed to complement Pike and Maguire's (2003) model introduced in Chapter Two. Whilst, Pike and Maguire (2003) map out the factors that contribute to, and shape, sporting risk encounters, Figure 6.1.4 is concerned with the various components that interweave to form our understanding and embodied experience of (sporting) risk itself.

Figure 6.1.4: Dimensions of (sporting) risk

It is helpful to draw on Richard's recent experience of a knee injury to explore this model more fully. Richard is a thirteen year old elite footballer from Royal Wilson School. At the time of interview he was on crutches following recent knee surgery. He'd been playing in an important Cup game for his club, in the process of which he was the recipient of a poor tackle that left him in considerable pain. His initial response was to play on since "there was only five minutes to go until half time". However, he was unable to stand and his coach assisted him off the pitch. At the end of the game, Richard's father took him to hospital "just to get checked out, y'know, just in case". The diagnosis was severe damage to the right menisci and he underwent "minor reconstructive surgery" on his knee. This was not the first time Richard had injured this area of his body through his involvement in football. During his interview, he makes reference to multiple knee injuries, most of which he has "just picked up, from knocks and stuff in games, the usual things".

Richard's sporting risk encounter (playing in the cup game) involves the interplay of all four of the risk dimensions introduced above. His participation in the game has a

71 This model is not intended to represent the final word on the matter. It simply reflects the four dimensions of risk to emerge from this group of young people's narratives. Further research is required to ascertain the ability of this model to be applied to other non-sporting risk encounters and/or other sport worlds.
clear physical (physiological) risk dimension manifested through the possibility of injury. On this occasion, the risk is realised in the form of a poor tackle, which resulted in considerable damage to his knee and reconstructive surgery. It also contains a social dimension. Richard describes the importance of his continued involvement in football to his sense of self:

Football's kinda everything, I mean I love it so much, it would be well weird not to be able to play. I'm not sure what I would do. I just don't want to think about that ever happening, but with this stupid thing {points to his knee} well it's making me think more {goes quite for a while}.

Following this injury Richard is left contemplating the fragility of his body and his (in)ability to identify as a 'footballer' (Sparkes, 1996a & b). His extensive knee injury history occupies his thoughts and influences his ability to focus prior to, during and after matches. This represents the psychological dimension to his risk encounter. In contrast to many of the other young people interviewed, Richard's pre-match thoughts centre on the possibility of injury:

I mean recently, well this year, I've had many knee injuries in this right knee, so when I'm getting ready, I do think about it more than normal. I do go 'is my knee gonna be ok?' and 'is it gonna hold up?'

The final dimension of Richard's risk encounter is highlighted by his recollection of an episode that followed his untimely removal from the match:

At half time, we all talked about it. My coach was mad, I was out of the game. He'd [the player] been going in hard loads and taken a few of us out, me the worst {pause} we really didn't like it. So we made sure he didn't finish the game, Simon took him out big time. He got a yellow for it, but we all knew it was worth it, he got what he deserved.

The decision to enact retribution can be interpreted as a moral dimension to Richard's risk encounter. Simon, one of Richard's team mates, 'traded' in pain to ensure that the player responsible for Richard's injury “got what he deserved”. In so doing, attention is drawn to the reciprocal exchange of pain between the players and the emergence of a pain network within this sports world (Messner, 1990).
Acknowledging the existence of all four dimensions of risk is vital. The tendency of particular paradigms (e.g. biomedicine) to consider sporting risk as solely physical is inherently reductive and masks important dimensions of risk encounters. Developing an understanding of their interplay is crucial in capturing the complexities of risk in its totality. In a similar vein, the conceptualisation of risk as an experience to be managed, reduced and ultimately avoided may also obscure further socially significant aspects of these encounters. One of which, the mobilisation of risk encounters to develop corporeal knowledge, connects to a “quest for exciting significance” and is explored further in subsequent chapters (Maguire, 1991a: 29).

As noted previously, the differentiation between (un)acceptable risks illuminates a risk-pleasure nexus overlooked by the more restrictive ‘risk as danger’ framework. The narratives of some of those interviewed indicate the potential of risk encounters to be both undesirable and pleasurable. Perhaps unsurprisingly positive outcomes from the “50/50” (Ellie) encounters were identified as pleasurable experiences. Louise, a Year 9 pupil at Wilson High recalled her parents’ positive reaction to their recent house sale, an event she identified as ‘risky’:

> When I came home from school, my Mum and Dad were home and were really excited. We had taken a risk trying to sell our house {pause} they had said something about it might have lost us loads of money, but Mum and Dad sold it and we were able to buy this other house that we all loved. We even had some money left over so I could paint my room, it was awesome.

However, the connection between pleasure and risk was not limited to merely the outcome of these encounters. Some of those interviewed indicated that the lived experience of risk-taking was pleasurable in and of itself (Lyng, 1990, 2005). Ian, an outgoing, confident Year 11 pupil from Royal Wilson School recollected his illicit attendance at a recent rock concert and his subsequent involvement in the ‘wall of death’:

> So, there’s two of us. Me and my mate Nick and we go to this concert. Well, I say ‘go to the concert’ but what I mean is, we sneaked off to this concert, I told my mum I was staying at his and he told his mum that he was staying at mine. It was awesome, y’know such a buzz cos we kept
thinking at any moment we would get caught. It's not that I can't go to concerts, it's just Mum didn't want me to go to this one cos it was up in the city in this dodgy place and she was worried. Anyway, we go and um, have you heard of 'Wall of Death'? [Lara: No, what's that?] Well, it happens at heavy metal concerts, it's where on a particularly, like, heavy tune, they [the crowd] split into half, some people go one side, half people go on the other and they run into each other. So we were doing that together, Nick against me in amongst it all. I was well wired as the huge wall of people ran at us, but he ducked as we go to hit, so I went flying straight over the top and smashed into the wall on the other side. I was buzzing so much, it didn't hurt at the time, but then it really did. Now it's on YouTube and everyone has seen it, it's quite cool even the Sports Masters find it really funny {laughs}.

Ian was incredibly animated during the recounting of the event and the enjoyment and excitement he felt throughout his risk encounter was palpable. Such risk experiences were positioned as a core feature of full and exciting lives. Tyra and Kylie, both Year II pupils at Wilson High were passionate about the role of risk encounters in this regard. Tyra argued that "you gotta take risks" since

If you don't, then you're not gonna do it and you're not gonna experience things, you'll just hear it from other people.

Similarly, Kylie keenly stressed "you have to take risks in life to have maximum enjoyment of it".

This risk-pleasure connection was particularly evident in the narratives of Year 11 pupils and may be indicative of a broader quest for relative autonomy (see Chapter Seven). All three of these sixteen year olds interpreted risk encounters as a means to gain 'life experience' and develop experiential knowledge about themselves and their bodily capabilities. Research suggests that such observations are not unique to this group of young people (Lyng, 2005). Lay (adult) accounts attesting to the pleasure of particular leisure or work practices can be found on an array of internet blogs (e.g. http://wordpress.com/tag/skydiving/) and both Lyng (1990) and Maguire (1991a) offer theoretical insight into this phenomenon. Involvement in sport, primarily as
participants, was identified as one of the central sites for pleasurable risk encounters by this cluster of young people. However, just as Featherstone and Wernick (1995) demonstrate that aging is a social process contoured along class lines, so to may risk-taking. The withdrawal of Pitt Valley and Pitt Community schools mind-way through the research prevents a more empirical examination of this observation. However, the circumstances in which Pitt Valley School withdrew from the study, the death of a pupil on school property in a gang-related knife incident, highlights the potential for definitions and experiences of (un)acceptable risks to be shaped by class lines. Notwithstanding this observation, the specific appeal of sport as part of quests for exciting significance and relative autonomy is considered further in Chapters Seven and Eight.

Those who interpret risk encounters as a site of potential pleasure also display a somewhat critical attitude towards risk-aversion practices. Cassie drew on a sporting example to elucidate her opinion. She commented on the increasing legislation surrounding sport and questioned the necessity for further restrictions. She reflected that:

For hundreds of years everyone has been doing all this stuff without safety equipment or special nets and stuff. All this new legislation is just making it harder to play sports.

That adults predominantly enact such restrictions was a point of contention for Cassie. She freely acknowledged sport’s potential to result in physical injury, drawing on her own injury history to demonstrate her appreciation of the risks involved. However, she stressed the importance of agency in decisions to engage in such ‘risky’ behaviours. Her frustration was only heightened in situations whereby the adults’ perception of risk was higher than her own72. In the following extract Cassie illuminates PE teachers’ fear of litigation in school sport worlds and the restrictive impact this has had on her experience of sport in PE:

We’re always being told ‘tie your shoelaces; it’s a health risk. Tie your shoelaces, we might get sued’

72 The risk and environment conditions in which these perceptions are voiced are also culturally defined. Recent school closures in England following one inch of snow contrast strongly with the experiences of American and Canadian pupils who regularly attend school in far more severe weather conditions. The ‘risks’ facing pupils attending schools in war-torn areas of the globe such as Israel and Palestine differs once more.
Her narrative alludes to the existence of a culture of protectionism within school sport worlds that may be embedded in broader risk-aversion trends (see Chapter Seven). Cassie’s commentary also returns attention to the “permeable boundaries” of school sport worlds (Maguire et al, 2002: xix). In so doing, it reinforces their inseparability from the broader cultural milieu, which social commentators have argued is defined by an ever-increasing preoccupation with risk analysis and risk management (Giddens, 1990; Beck, 1992; Lupton, 1999a & b).

Indeed, many of the young people interviewed understood ‘risk’ as a universal feature of their everyday lives. Spanning both tangible, immediate events such as failing exams and more shadowy, distant ‘threats’ for example those posed by terrorism; risk was conceptualised as being “in everything” (Elvis) and “everywhere” (Rosie). The ubiquitous nature of risk and young people’s assertion that “it is just something we have to manage” (Kylie) resonate with an Eliasian interpretation of risk as a feature of the webs of interdependency in which we are enmeshed (see Chapter Ten). Whilst they attach risk to “every part of everyday life” (Beth) those interviewed do not consider activities to be infused with identical degrees of risk. They differentiate between “super risky” (Zoe), “very risky” (Courtney), “kinda risky” (Taylor) and “low risk” (Nigel) events. As such, the young people’s understanding of ‘risk’ as an omnipresent aspect of human existence is filtered through a continuum along which different social situations are positioned in relation to each other. This continuum oscillates between “mega risky” (Fred) and “not particularly risky” (Teddy) poles and assists in the process of demarcating between different risk encounters. Activities are compared, labelled and understood in the face of other ‘more risky’ endeavours and positioned along the continuum accordingly.

Those social interactions towards the ‘mega risky’ end of the spectrum tend to constitute the ‘unacceptable’ risks outlined previously. Figure 6.1.5 provides a visual
representation of the “mega risky” pole offered by a group of Year 11 students at Asquith High.

Figure 6.1.5: Example of “mega risky” pole of risk continuum (Year 11, Asquith High)

The positioning of particular activities was contoured along age lines and demonstrated a situational dimension to risk relations. Year 7 pupils positioned activities such as playing on train tracks and walking through alleyways at midnight towards the ‘mega risky’ end of the spectrum (Phase 3 poster). Similarly, they identified specific groups of people such as ‘chavs’ 

In this context ‘chavs’ refers to the group in society traditionally identified as ‘low working class’.
Moreover, this continuum appears to assist the young people in their efforts to make sense of risk as an everyday experience. Steven, a fifteen year old elite go-kart racer from Asquith High alludes to the potentially overwhelming capacity of ‘risk’:

If I stopped to think about it, then I probably wouldn’t get out of bed. There is so much bad stuff going on. Y’know, I could get stabbed like that kid round the corner, I could get hit by a bus, I could get blown up on a bus. If I thought about those things too much, I would never do anything. I know when I am racing that I could get hurt, but y’know, if I do, I do. It’s just one of those things. It’s not as bad as the rest of that stuff.

Both the moral panics and objective conditions of knife crime and terrorism, something in the forefront of Churchill life at the time of the interviews, have clearly shaped Steven’s understanding of ‘risk’. In Steven’s case, the continuum operated as a coping strategy to neutralise the potentially paralysing impact of risk and to offer some form of rationalisation for both the physical risks inherent in his chosen sport and his everyday life as a resident of Churchill. Across the board, the young people positioned sport towards the ‘less risky’ end of the spectrum. They feel that sporting risks are “not really as dangerous, as like, the outside world” (Fred) and pale in comparison against the ‘risk’ of being “mugged, stabbed or shot” (Phase 3 Poster). It is to the relative acceptance of sporting risks against this backdrop of “life or death situations, y’ know, like getting stabbed n’ stuff” (Mercedes) that attention now turns.

Accepting physical risk in school sport worlds

Notwithstanding the earlier call to recognise the multidimensional character of risk, the relative acceptance of physical risks in school sport worlds requires further discussion. As noted in Chapter Three, several studies have revealed a near ubiquitous acceptance of physical risk within elite and recreational adult sporting environments (see Young, 2004a). Data from this study suggests that the widespread acceptance of sporting physical risks extends to young people in a school sport context. 71% (n=1,172) of the young people surveyed indicate that they accept the
risk of injury so that they are able to play sport. Indeed, 41% (n=679) of the participants indicate strong agreement with this statement.

The young people’s attitudes were not grounded in a lack of awareness or knowledge around the potential for serious harm. As demonstrated by Sam, considerable awareness of the inherent physical risks involved in sport was shown by the most of those interviewed:

There’s always gonna be injuries in any sport and rugby has more injuries than others. So you’ve got to be able to face the fact that you could get quite injured and hurt and you have to face the fact that you could break your neck and be dead for the rest of your life, no-one wants to face that really, but they’ll play rugby and face the facts that it’s the sort of thing that might happen.

As discussed in Chapter Five, many of the participants had experienced multiple injuries as a result of their own involvement in sport and therefore were developing experiential knowledge of sport’s potentially hazardous physical outcomes. In addition, they are developing this awareness through their consumption of sport via the media and as spectators.

The young people interviewed understood sporting physical risk as socially acceptable and “something you just have to live with” (Dan). They rationalised the existence and their subsequent acceptance of it in several ways. In the first instance, many of them drew on the notion of risk as a universal and inevitable feature of everyday life discussed previously. Kylie concludes, “there’s a risk with everything you do in life to be honest, you just have to deal with it”. She spoke at length of her

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75 The use of the term ‘acceptance’ in this context returns attention to the value laden assumptions connected to risk. Couching the physical dimension of sporting risk encounters in such a way should not be read as an interpretation of sporting risk as wholly negative experiences that must merely be accepted, tolerated and managed. This analysis remains mindful of the assertion that engaging with (sporting) physical risk and the subsequent pain and injury experiences may provide a space in which young people can probe their bodily limits and experience pleasurable emotions (see Chapter Eight).

76 For example, in the wake of Liu Xiang’s failure to complete the first round in the men’s 100m hurdles at the Beijing 2008 Olympics, Nike released an advert that read “Love Competition, Love Risking your Pride, Love Winning it Back, Love Giving it Everything You’ve Got, Love the Glory, Love the Pain, Love Sport even when it breaks your heart” (see www.nike.com). Whilst beyond the scope of this particular study, the data suggests that an exploration of young people’s consumption of sporting risk, pain and injury via the media, sport commercials and as sports spectators warrants further specific attention.
awareness of the potentially injurious consequences of her involvement in netball. However, she continually referenced probability and chance in her assessment of sports-related risk and was adamant in her conclusion that:

You know the risks involved in it [sport]. You know if you're gonna [get hurt]. You know that when you jump off that building there is a risk, or when you jump out of that plane that the parachute might not open, that one time in how ever many million, and that you might be that person that suffers because of it. But {pause} how likely is it to happen? And how much are you going to enjoy it in comparison?... I think in relation to sport there's always the risk that you'll get injured but it's just one of those things, you have to take risks in life to have maximum enjoyment of it.

Those interviewed weighed up the potential gain(s) from their continued involvement in sport against the possible hazardous outcomes from placing their body and future health in jeopardy. Kylie helps to illuminate this with her supposition that:

there's always a risk when you go on that court... in my life, there's always risks, but it's just about what you want to manage... the physical side effects are just not relevant to me.

She actively weighs up the potential likelihood that she will get hurt against the fact that “you’ll have a really good time and enjoy yourself, you might win a few games”. For Kylie, it is a question of “balancing up the risk”. Similarly, Rachel reflects on her cost-benefit-risk assessments. For Rachel, the potential ‘benefits’ of her involvement in sport negate the possible physical risks and help to neutralise (physical) risk as a potential distraction:

Football is risky, because sometimes you can get really bad injuries, like, you might not be able to walk, might not be able to do anything. But it’s the fun that takes the risk away, so at the same time that there is a risk, but you are enjoying what you are doing so you don’t think about it, it just erases from your mind.

These cost-benefit assessments are not unique to sport. Dani, explained how she viewed the acceptance of (physical) risk as necessary if she wanted to partake in any pleasurable activities:
Because nothing’s that good in life, you can’t have fun without killing yourself...you can’t have fun in different situations without maybe getting hurt, and it’s worth it.

Moreover, sporting risks were filtered through the risk continuum outlined previously. This practice enabled the young people to pass off their involvement in sport as ‘acceptable’ in the face of larger, more ‘unacceptable’ risks. Viewed as a form of mimetic excitement, participation in sport was rationalised as simply not as risky as “the real world” (Zoe) (Elias & Dunning, 1986).

Furthermore, through this process a continuum of risks within sport emerges from the data. Depicted in Figure 6.1.6, this “risk-a-meter” delineates between more and less ‘risky’ sport forms.

Figure 6.1.677: Sporting ‘risk-a-meter’ (Year 7, Asquith High).

This “risk-a-meter” corroborates several aspects of Pike and Maguire’s (2003) model of contributory factors. Akin to Pike’s (2000) rowers, this cluster of young people consider non-contact (e.g. swimming) and individual (e.g. badminton) sports less risky than conquest (e.g. ski-ing) and team (e.g. rugby, football and hockey) sports.

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77 Copyright over this image held by Lara Killick. Please do not reprint unless permission has been sought and granted from the author.
Whilst the need to accept the possibility of injury has been linked to particular sporting subcultures (see Smith, 1983; Messner, 1990), young people’s acceptance of physical risk is evident across several sports including but not limited to hockey, netball, rugby, football, dance, tennis and rock-climbing. As Ian indicates, “you have to know that if you do play sport that something like that is probably going to happen”. Indeed, demonstrating an acceptance of risks is recognised as an essential part of “being sporty” (Samantha). This connects to the ‘sport ethic’ in which the acceptance of physical risk is crucial to the development of athletic identities (Hughes & Coakley, 1991). The ‘performance’ of risk is revisited in Chapters Eight and Nine however it is to an analysis of (sporting) pain that this chapter now turns.

6.2 “You are the only one who can feel the pain that you are going through”: Understanding (sporting) pain.

The strong association made between risk and pain was evident throughout the young people’s narratives. They understood pain sensations as a central outcome of risk experiences (both acceptable and unacceptable). The presence of pain assisted them in the process of determining what counts as ‘risky’ behaviour. Referring back to Figure 6.1.5 (page 146) as an example, several of the participants locate knife crime, gun crime and road danger towards the “mega risky” pole of the continuum, in part, because of the fact that “when they happen to you they really hurt, its painful getting stabbed or shot y’know {wry grin} and they will hurt for a long time after, especially if you are dead” (Reece, group member in Phase 3). Notwithstanding Reece’s jocular tone regarding death as a potential outcome of these events, pain is identified as one of the possible outcomes of risk experiences. But what did the young people mean when they referred to ‘pain’ in this context?

The data suggests that this cluster of young people understand pain as a physical sensation that occurs in instances of injury or damage to their bodies. Dani concludes that:

The pain in your body kind of lets you know how something is. So if it’s a little twinge, then it shouldn’t be something that will hurt you, but if it is something that really hurts then you shouldn’t go and play anymore cos you might hurt yourself.
Such sentiments echo a Cartesian understanding of the relationship between mind and body, with the young people interviewed viewing pain as a form of communication between the two. According to this group of young people, pain sensations are a means by which ‘the body’ communicates to ‘the mind’ that something is wrong. Given this interpretation, it is reasonable to assume that in the onset of the physical sensations defined as ‘pain’, the young people would cease the activity seen to be ‘causing’ them. However, as will be shown in Chapter Eight, they frequently chose to play on through instances of sporting pain. Indeed, the ability to “push through the pain barrier” (Phil) is highly valued by those interviewed and viewed as a necessary practice in the pursuit of an athletic identity (see Chapter Nine).

In addition to its interpretation as a marker of physiological damage, those interviewed also use the presence of pain to assess the severity of this damage:

Well, if it hurts a lot, if it hurts a lot, [you] gotta go to the hospital, you know it’s a big thing (Elvis)

If it keeps hurting when I’m playing then like, I know something is up with it. If it just hurts once and then doesn’t hurt ever again, then its just fine really (Justine)

[A] major injury is when something has a long term effect, like when it hurts for a long time (Ellie).

As Elvis, Justine and Ellie demonstrate, sports injuries are considered “major” (Billy) if the initial pain sensation is intense, occurs repeatedly or is present for a longer period of time.

In this context, the presence of pain, as a form of corporeal communication, assists young people in the diagnosis and prognosis of their injuries (see Section 6.3). However, their process of determining which sensations ‘count’ as ‘pain’ is complex. Those interviewed rarely bestow ‘pain’ status on the sensation associated with exertion. Maddie describes exertion as “more like a struggle than a pain thing”. In reference to Figure 6.2.1, both Beth and Rosie draw a distinction between exertion and pain.
I'm not sure it is pain, she looks like she is just running really hard and really trying. She looks like she is at the end of the race, so its like the last sprint, trying to give it really hard. I think that's different...cos she's sort of really pushing herself and it'll go once you've stopped and rested and things (Rosie).

I don't think she was in pain in that one, I just thought she was kind of reaching the end of her race maybe, and she is getting tired, I think she is struggling to get to the end, I think that is very last minute and she is trying to reach the line. I think she is more kind of mentally thinking 'I have to get to the end' and that is why she has that face on. I don't think she is in any physical pain like he is {gestures to other pictures} (Beth).

Figure 6.2.1: Kelly Holmes ⁷⁸

Beth’s comments also reflect the “myth of two pains” discussed previously in Chapter Three (Morris, 1990: 9). Many of the young people interviewed conceptualise ‘physical’ and ‘mental’ pain as wholly distinct and separate. For them, physical pain is indicative of physiological damage and belongs ‘to the body’, whilst mental ‘pain’ encapsulates emotions, feelings and is ‘of the mind’. James uses Figures 6.2.2 and 6.2.3 to juxtapose his understanding of the relationship (or lack thereof) between the two:

It’s different, because this [Figure 6.2.2] one’s a pure, like, kind of serious really sharp pain and in this one [Figure 6.2.3] it’s mostly pain from exhaustion and like, how sad they feel.

⁷⁸ Source: http://news.bbc.co.uk/sport1/low/athletics/photo_galleries/4171502.stm
Similarly, Billy connects Figure 6.2.3 with an emotional state that contrasts with the ‘physical pain’ shown in the image of Terry Butcher:

[I see] Dismay, anger, frustration probably {pause} disappointment, no doubt, they don’t really compare that much {gestures to Figure 6.3.3}, its more feelings inside rather than pain, I think. You know, they are emotions. Not happiness though. Its different, pain you can physically feel, but emotions, they’re more inside your own head. Pain is something worse.

Both Billy and James allude to the ‘value’ or relative status positions of the two pains. Those interviewed consistently positioned mental pain beneath its physical counterpart on the basis that it’s “just not as bad, it just doesn’t hurt as much” (Christina). Some of them even questioned the existence of ‘mental’ pain given its veritable lack of physical manifestations. On seeing Figure 6.2.4 (overleaf), Sam recalled how, at the time, he “thought she was just making it all up, cos she wasn’t winning”. He continued to suggest:

I can’t see nothing wrong with the body itself, so maybe something wrong with the mental side of it. She hasn’t got the passion or the energy to go on with it.

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79 Source: http://assets.espn.go.com/i/mag/2008issues/051908/time_blood.jpg
80 Source: http://www.soccer-weblog.com/50226711/images/englandpensagain.jpg
Given that he couldn't see any physical damage to her body Sam questions the ontology of Radcliffe's pain and concludes, "it's not really an injury". This observation carries important implications for the ways in which young people interpret 'mental' pain experiences and the subsequent value or status awarded to those suffering from mental illness. Whilst outside the scope of this thesis the observation that young people draw on a pain hierarchy to position 'mental' manifestations of sporting pain beneath 'physical' is worthy of further study.

Furthermore, this cluster of young people understands pain as a form of private body knowledge accessible only to the person 'in pain'. Susan describes how:

You know yourself best. No one can say to you 'oh your leg is in this much pain' because they are not you and so don't know how much pain you are in.

Through their pain behaviours and forms of pain talk they are able to publicise this 'private data' and the social meanings attached to this process are discussed further in Chapter Eight. However, the private nature of certain pain experiences is problematic for those interviewed. In cases where pain behaviours have a visible source or

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manifestation (e.g. Terry Butcher’s head wound) few questions are raised about the ontological status of pain since those interviewed felt it “speaks for itself” (Fred). However, in instances where they attempt to bring ‘invisible’ pain into the known a more complex set of issues emerges. Rosie highlights some of these in her following description:

I think sometimes you have pains, a lot of the time if the injury sort of bleeding or something, people take it more seriously and then there’s sort of pains, sort of, inside you, like if you’ve got a really bad stitch or heart pain and people say, like, ‘oh you’re really unfit or something’. It could be serious and they don’t take it serious.

She continued to explain that:

I think often you can get more upset when it’s something that people don’t take seriously. Like, you’ve hurt yourself inside and I think that makes you more upset because people just think you’re {pause} faking it {pause} and really being a wuss and you’re not really. You’ve actually got pains inside of you.

Rosie’s commentary suggests the process of bringing pain into the ‘known’ is not without its social risk, particularly in cases where there is no visible manifestation of their pain. These concerns are revisited in Chapter Eight where the performance of pain in the school sport context is considered in more detail.

Whilst those interviewed view sports-related pain as an inevitable feature of their school sport worlds, it serves a dual function. Several of them describe sporting pain as both demoralising and motivating. For some, their pain experiences restrict their potential enjoyment of the activity in question. Ella describes how:

I don’t really like golf that much. My brother likes it so I get dragged along. I went for a few lessons but it hurts my back. It’s hard to have fun when it’s boring and it hurts.

The construction of pain as a demoraliser is particularly evident in the data generated by those in the compulsory school sport figuration. Both Samantha and Teddy spoke of disliking hockey and not wanting to get involved in that activity during PE on the basis that it hurt:
I'm not really that into hockey, [it] just hurts my back when you bend over with the stick a lot. I try to "forget my PE kit" when I know we have hockey {laughs} (Samantha)

Not sure that I like hockey that much. Cos of past experiences...being hit in the shins with hockey sticks that come out of nowhere and grazing myself, tripping over other people's sticks. I mean I'm not really scared of injury. It happens to everyone {pause} I just don't really enjoy it. You know what I mean {pause} yeah, I don't really like hockey that much (Teddy)

Conversely, several of those interviewed located towards the elite end of the performance spectrum appear to mobilise the onset (or potential onset) of pain as a form of motivation and a means to get fired up and "in the zone" (Orlick, 2007; Atkinson, 2008). Mercedes describes a situation in which her pain experience helped her to enter "the zone" in a recent county netball match:

When I play for 'Churchill', it's quite vicious, so sometimes you get pushed over and you know, you graze your knee or get a bit of bruising and it hurts...usually it's the other person who hurts me, like last week, I jumped up and was like 'OW!' the girl defending me jumped and landed on my toe. I didn't come off cos I didn't think it was that bad, but then I looked on the coach on the way home and it was quite bad, really bruised and swollen. But at the time, it just made me mad. I guess it gives me adrenaline to play a bit better

In this context, the onset of pain motivated Mercedes to achieve a better performance. Mercedes' recollection encourages a movement away from an understanding of pain as a wholly negative experience. The construction of pain as wholly negative negates the possibility that these experiences may be a potential site for self-realisation or self-expression. Some of the young people's narratives reveal an interpretation of pain as a positive, exciting, pleasurable experience used to help develop personal knowledge of their corporeal possibilities and limits (see Section 8.2). Indeed, Sam identifies the reciprocal exchange of pain that lies at the heart of rugby as his "favourite bit" of the game:

I love the contact, releasing anger, it's a lot of energy and I love being with my team and going
in for rugby tackles and releasing energy. My favorite bit is tackling. [Lara: what is it about tackling you like?] When it hurts, it gives you an adrenaline rush. It’s phat, I love it. Like, you work out if you can take it or not.

Furthermore, the process of overcoming pain and demonstrating an ability to push through it provides some of those interviewed with a sense of achievement and self-satisfaction (see Section 8.2). Steven describes how the processes of knowing pain, experiencing pain and overcoming pain have helped to develop his self-confidence and as a consequence, his skills as an elite go-kart racer:

I also find that I am, like, a lot stronger in myself. I have more confidence to do things. I have a lot more guts than I used to. For example, in a rugby game, you know people back out of a tackle because they see a big guy, but I have confidence that I am big and strong and could take them out. It helps you get confident throughout and helps you speed up as well, cos you are not scared anymore, which helps a massive amount.

This data encourages the reconsideration of pain as solely part of the “dark-side” of sports participation and suggests that sporting pain experiences offer some young people an opportunity to develop their self-confidence and express some degree of autonomy over their own bodies (Eitzen, 2006: 75). In this regard, sporting pain experiences are a valuable resource for young people to probe their corporeal limits, a point to which I return in Chapter Seven.

6.3 “Well you get injuries that are, like, really serious and then you get little ones”: Understanding (sports) injuries

Biomedical definitions of sports injury tend to rely on clinical frames of reference and time loss from activities to determine what counts as a sports ‘injury’ (see Chapter Three). However, the data generated by this study strongly indicates that young people construct more complex ways of understanding, defining and categorising sports injuries. The young people interviewed move beyond an understanding of sport injuries as merely physiological damage to the body that results in time away from training or competition. Their narratives suggest that what ‘counts’ as a sports ‘injury’ is situationally dependent and subject to negotiation.
The data reveals a two-stage definitional process utilised by those interviewed to define and categorise sports injuries. The first stage involves granting ‘injury’ status to particular ailments. Those interviewed draw on several qualifying factors to determine what conditions can be ‘(dis)counted’ as sports injuries. Once injury status is granted, they then appear to categorise injuries on the basis of their perceived seriousness (stage two). In so doing, a hierarchy along which they position ‘major’ and ‘minor’ injuries emerges from this web of young people. This hierarchy is used to inform their sporting practices, both when personally experiencing such injuries and engaging with injured others (see Chapter Eight). It offers a further example of the ways in which young people’s understanding of their social worlds is developed through their interdependent relationships.

**Stage One: Granting injury status**

The data suggests that in order for an aliment to be defined as a sport injury and the (young) athlete be granted ‘injured’ status their condition has to meet a minimum of three criteria:

i) Visible physical harm to the body
ii) A necessary presence of pain
iii) The onset of pain or physical harm has to manifest during the activity

This cluster of young people understands sports injuries to be wholly physical and separate and distinct from forms of mental ‘injury’ or anguish. Susan describes a sports injury as:

*Something that causes you harm or physical pain. A sporting injury is physical pain, not so much mental pain because that is another area but something that is causing you pain or discomfort in any way.*

A similar separation of mind and body was noted and discussed previously in relation to pain and many of the points raised remain applicable now. As with pain, the visibility of their physical harm is integral to the definitional process. A lack of visible physical damage tended to result in the dismissal of the aliment as “not really an injury” (Sam). The Cartesian dualism permeating young people’s initial definition
of sports injuries raises questions about the ontological status of sports injuries in cases where the damage is not immediately visible. It renders young people vulnerable to dismissing ‘invisible’ injuries such as concussion or long-term overuse injuries (e.g. shin splints) that may have no visible symptoms or causes. This may contribute to the practice of playing hurt since they are unlikely to stop playing if they do not consider themselves injured.

Susan’s definition also highlights the second criteria, the necessary presence of pain. As discussed previously, the presence of pain was used by those interviewed as an ontological indicator of injury. Elvis concludes, “if it hurts, it’s injured”, whilst Billy comments that “you can feel them [injuries], the pain, that’s when you know you are injured”. Aliments that do not induce pain sensations or those whose ‘pain’ is not recognised are passed off as “just little things” (Ellie). As such, they are not granted injury status and the response to them is often limited.

Finally, the onset of pain or occurrence of physical harm has to occur during the sporting activity for an ailment to be defined as “sports injury”, demonstrated here by both Rosie and Anna:

>A [sports] injury is if you’ve hurt yourself or cut yourself in some way, while playing sport, and it’s influenced by playing sport (Rosie)

If you are playing a sport and during that time you hurt yourself and you find it hard to play again or it affects your performance in a bad way (Anna)

The young people’s definitional model does not consider the delayed onset of pain or the possibility that pain might not be present when injured. Again, this may render them vulnerable to playing through conditions that either present their symptoms post-activity or have limited associated pain.
Stage Two: Constructing an injury hierarchy

The second stage involves a process of categorisation that delineates between “proper injuries” (Samantha) and “just little things” (Ellie). Two common categories of “serious” (James) / “major” (Stevie) and “not-so-serious” (Maddie) / “minor” (Roxie) emerge from the data (see Figure 6.3.1).

Figure 6.3.1: Stevie’s categorisation of sports injuries

Injuries labelled ‘serious’ include a broken neck (Taylor), brain damage (Dan) and concussion (Anna). Whilst, ‘not so serious’ injuries include twisted ankles (Ellie), sprains (David), fractured fingers (Kylie), tight muscles (Louise), bruises (Beth) and black eyes (Nigel). Those interviewed draw on several intersecting factors to determine if an injury is ‘serious’ and subsequently, what constitutes an ‘appropriate’ response to this injury (see Figure 6.3.2).
Figure 6.3.2: Classifying sports injuries.

<table>
<thead>
<tr>
<th>Qualifying factor</th>
<th>Towards “Serious”</th>
<th>Towards “Not so Serious”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visibility</td>
<td>Visible damage</td>
<td>No/limited visible manifestations</td>
</tr>
<tr>
<td>Frequency of occurrence</td>
<td>Rare</td>
<td>Happens a lot</td>
</tr>
<tr>
<td>Location (1)</td>
<td>Head/Neck</td>
<td>Rest of body</td>
</tr>
<tr>
<td>Location (2)</td>
<td>Internal</td>
<td>External</td>
</tr>
<tr>
<td>Impact on performance</td>
<td>Can’t continue under any circumstances</td>
<td>Can play on</td>
</tr>
<tr>
<td>Impact on mobility</td>
<td>Can’t walk</td>
<td>Can still walk</td>
</tr>
<tr>
<td>Impact on mortality</td>
<td>Threatens quality of life</td>
<td>Doesn’t have longer term impact</td>
</tr>
<tr>
<td>Pain Behaviours</td>
<td>Visible/intense</td>
<td>Limited/none</td>
</tr>
<tr>
<td>Reaction of others</td>
<td>Shocked, worried,</td>
<td>No ‘fuss’</td>
</tr>
<tr>
<td>Persistence of pain</td>
<td>Longer than two days after onset</td>
<td>Pain passes quickly (normally within a few moments)</td>
</tr>
<tr>
<td>Medical Involvement</td>
<td>Needs hospital attention</td>
<td>Treatment can be self-administered</td>
</tr>
<tr>
<td>Recovery period</td>
<td>Longer than a week</td>
<td>Immediate/a week</td>
</tr>
</tbody>
</table>

They ranked injuries according to a combination of these qualifying factors and in relation to other potential outcomes. For example, Phil delineates between three different types of injuries:

I would say this pile are pretty heavy injuries. Life threatening even. [These ones] I would say medium. They are heavy, I mean if this happened to someone I knew, they would stop, but in the context of the other pictures they are medium. And [these ones] people would stop playing but in the context of the other injuries they would be the lightest.

In a similar process to the risk continuum discussed previously, a hierarchy of sports injury emerges from the data (see Figure 6.3.3).
As with the risk continuum, these hierarchies are shaped by the biography of the individual in question, their position within their school sport world and broader socio-historical understandings of pain and injury. Fred, a member of the compulsory school sport figuration considers Figure 6.3.4 (overleaf) “really serious” as “it’s a broken leg and his bone’s sticking out, I think that speaks for itself”. Comparatively, Rosie, an elite competitor, identifies Busst’s injury as “not too bad” since “the leg, it’s just completely snapped but he will be able to play football again after a while”.

Figure 6.3.3: Samantha’s hierarchy of sports injuries
Fred and Rosie’s conflicting categorisations of Busst’s injury reflect their contrasting positions within their school sports world. As a competitor immersed in the elite figuration, Rosie demonstrates a greater adherence to the ‘sports ethic’, a set of embodied practices that reject injury as obstacle in the pursuit of success (Hughes & Coakley, 1991). Fred’s comments reflect a far less intense normalisation process since he considers the broken leg “really serious” and a justifiable reason to “stop and never play again” (Fred). Furthermore, those injuries considered ‘serious’ by this cluster of young people are likely to differ dramatically from those considered ‘serious’ in earlier epochs. Elias (1986b) mapped out the mimetic distance between ‘games contests’ and ‘battle contests’ from Ancient Greece to modern-day sport. In so doing he demonstrated that death and debilitating injuries were a common feature of early sport forms and the “internalized inhibitions against physical violence were lower” than the present day (Mennell, 1992: 145). In light of these observations, it is unlikely that the ‘serious’ injuries associated with contemporary modern sport would have been labelled in the same way by Roman gladiators, medieval knights or Public schoolboys from the 19th century. Whilst mapping out the sociogenesis of ‘serious’ sports injuries remained beyond the scope of this research, this task is critical to the development of knowledge about sports injuries and could form the foundation of a future study.

82 http://img.thesun.co.uk/multimedia/archive/00354/david_busst_manutd_354272a.jpg. (Emphasis added)
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82 http://img.thesun.co.uk/multimedia/archive/00354/david_busst_manutd_354272a.jpg. (Emphasis added)
Similarly, a broad analysis of the qualifying factors outlined in Figure 6.3.2 lies beyond the parameters of this thesis, but a brief discussion of those drawn upon most frequently by the young people begins to demonstrate the ways in which their understandings of ‘serious’ injuries are developed through the interdependent relationships in which they are enmeshed. The three most common factors evident in the young people’s narrative are the:

i) Visibility of the injury and associated pain behaviours

ii) Location of the injury

iii) Impact of the aliment on mortality and sporting performance.

In this context ‘visibility’ relates to two different aspects, discernable physical damage and obvious pain behaviours. Those cases in which both are highly visible are positioned further up the hierarchy. For example, all thirty-nine of the interviewees placed the image of Terry Butcher (Figure 6.2.2) towards the top of their hierarchies on the basis of Butcher’s clearly visible blood loss. Taylor’s response to Figure 6.2.2 is symptomatic of their reaction to this form of injury:

Wow, that looks really scary, like a horror movie, cos, like, there’s blood everywhere, gushing about and stuff, it’s all down his white t-shirt and stuff and he’s got it all down his face.

Taylor’s unease and apparent distaste at the sight of blood can be made “more intelligible” if her reaction is situated in the context of long-term civilising processes in which we are enmeshed (Sheard, 1997: 32). A central aspect of Elias’ (1986b, 2000 [1939]) civilising process is the long-term decline in people’s propensity for obtaining pleasure from violence, both as participants and spectators. Sheard (1997: 50: original emphasis) maps out some of the civilising development in boxing and draws attention to the increasing threshold of repugnance in relation to the “bloody nature of prize-fighting”. He concludes that:

Although the appearance of blood can still produce a frisson of excitement among modern boxing audiences ...the dwelling on blood to which writers in the early nineteenth century seem to have been prone appears nowadays to be much reduced or absent (Sheard, 1997: 50-51: original emphasis)
The response of the interviewees when shown the image of Butcher reflects our current position within these ongoing processes and the broader distaste many now have for both acts of violence and their consequences, in comparison to past epochs.

Moreover, the display of visible pain behaviours such as cries of agony, grimaces or tears also assist in this classification process. For example, the absence/presence of tears is interpreted as a core indicator of an injury’s severity. Mercedes concludes that an injury “isn’t that bad” because the injured competitor in question is “not crying or anything, it doesn’t look like she’s in pain”, whilst Zoe presumes that Paula Radcliffe “must have been in loads of pain, it must be serious” because she was “she was crying really badly”. Neither Mercedes nor Zoe’s classification process appears to be sensitive to the fact that we are engaged in a continual process of emotional management and performance, a point to which I return in Chapter Eight (Goffman, 1959; Hochschild, 1983; Elias, 2000 [1939]).

The location of the injury is also integral to the young people’s classification process. Several of those interviewed categorise head/neck injuries as ‘serious’ and locate them towards the top of the hierarchy. The ‘serious’ pole of Roxie’s hierarchy includes, in reverse order, a blow to the head, a swollen eye, a knock-out in boxing, a broken nose and an indeterminable neck injury (see Figure 6.3.5).

Figure 6.3.5: Roxie’s hierarchy of injuries
However, for those young people in the club and elite figurations ‘more serious’ injuries appear to be defined primarily in terms of their impact on sporting performance. Anna, a club tennis player, explains her categorisation of injuries in this way:

I put the biggest ones in the serious pile, because they look more performance threatening and it is going to affect it much more, whereas they [the not so serious pile] are carrying on...they look like things that can be helped or resolved with rest, they are not really performance affecting.

For this network of young people, the ability to push through the injury and continue to perform is integral to the labelling of injuries as ‘serious’ or not. Beth, a club gymnast, describes “the main serious ones” as the “ones that stop you from doing things and you can’t physically play”. Justine ascertains that the injury sustained by the gymnast in Figure 6.3.6 is “obviously not so serious because she’s still playing”.

Figure 6.3.6: Olympic (injured) gymnast

![Olympic (injured) gymnast](http://www.onlineathens.com/images/030703/sapunar_floor.jpg)

However, the ability to sustain participation does not necessarily indicate that the performer is not in considerable pain or suffering from an injury with long-term consequences (see Chapter Eight). The assumption that “she’s carrying on so it must

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84 Source: [www.onlineathens.com/images/030703/sapunar_floor.jpg](http://www.onlineathens.com/images/030703/sapunar_floor.jpg) (Emphasis added)
be ok” (Dan) may be leading young people like Dan, to set expectations that, when suffering from similar injuries, they too should continue to play.

“Things like that happen all the time, its just part of the game”: Normalisation of sports injuries

Curry (1993: 274) surmised that “by the time an elite athlete appears on the scene in college, he or she may already have developed an attitude that regards serious injury as routine”. The data generated herein suggests that this process of normalisation is deeply sedimented in young people’s sporting practices as early as eleven years old. Across the age spectrum contained within this research, sports-related pain and injury experiences are described as “just part of the game” (Stevie) and an aspect of sport that “happens to everyone” (Teddy). When recounting their own personal experiences, the interviewees’ tone of voice often reflected a matter-of-fact attitude towards sport injuries. Injuries are considered inevitable, something to endure and simply part of their everyday school sport experiences. My encounter with Dan, the U-12 school rugby team captain at Asquith High is a prime example of this. Dan came to his first interview with his arm in a sling and I asked him what happened. He explained how he had come to be injured:

That was rugby on Sunday. I dislocated my shoulder {pause} Again. I also was in a sling earlier this week, then I was bandaged up on my arm, but it’s kinda going away slowly. This time, I tore ligaments up my neck and dislocated my collarbone,

He described this incident as “just what happens” and his comment was accompanied with a non-committal shrug of the shoulders.

Similarly, Ella a 13 yr old club hockey player and swimmer from Wilson High talked about her current knee injury and her body language and choice of words belayed a resigned attitude:

[Lara: do you have any injuries at the moment?] Yeah, my knees at the moment, {breaks eye contact and looks down at her lap}I didn’t know what was wrong with them, but my knee-cap slid out and I’m going to the physio now and that hurts {shrugs her shoulders} mainly when I do breast-stroke, so I don’t do that anymore. I used to have-
weak ankles and I did ballet and I collapsed on it once, and I dunno {shrugs again}, sometimes you get shoulder injuries in swimming but I've always gone on {wry grin and resumes eye contact}.

Ella’s commentary also communicates the shame she feels due to her current injury, which stems from her interpretation of her body as “weak”, a point to which I return in Chapters Eight and Nine (Goffman, 1963).

Those interviewed approach pain and injury experiences as ‘natural’ and expected dimensions of sporting activity. Both Kylie and Elvis made reference to the high possibility that they would get injured as a result of their involvement in their two chosen sports, netball and judo:

Because I’ve played sport all my life it’s natural that I will get hurt at some point (Kylie).

Well, my brother does judo too [and] somebody sat on his, fell on this thumb and he broke his thumb. Yeah, that could easily be me next time, I’m thinking {pause}. Well, I’m ready for it. I know, I know its gonna happen someday (Elvis).

Like Steven, a fifteen year old elite go-kart racer from Asquith High, many of the interviewees dismiss the potential consequences of their involvement in sport as inevitable:

The inevitable just happens... it’s just the luck of the draw and sometimes you get it right and sometimes you get it wrong, it’s just the way it goes, I just don’t think about it.

The data reveals several interpretative strategies used by this cluster of young people to facilitate this dismissal of pain and injury as “just one of those things that happens” (Kylie) and these are explored in depth in Chapter Eight.

A range of injuries are normalised by the young people interviewed. Filtered through their injury hierarchies, those towards the ‘not so serious’ pole, such as bruises and sprains undergo a more intensive normalisation process. As Samantha demonstrates even bruises that occurred as a result of more traumatic events, such as a train crash, are played down:
It's _just a bruise_; everyone's had bruises I think. And I know how big it is, but do you know that train that went off its track? At 95 miles per hour, well, that man had a gigantic {raised voice} bruise all the way round his stomach and he said "I feel fine, its just a little pain", so, that, that's _just a bruise_.

However, 'serious' injuries such as broken bones, damage to ligaments and concussion are also regarded as 'normal' and an accepted part of participating in sport. Ellie dismisses Busst's broken leg (Figure 6.3.4) as "just part of the game" on that basis that "things like that happen in football all the time".

This process of normalisation is grounded in the young people's development of experiential knowledge around particular injuries. Roxie and Dan both connect their frequent experience of sporting pain/injury to their understanding of these experiences as 'normal':

I just keep going and it seems to feel better when you've felt what it is like to be in pain. Its [knowing pain] is really important because the first time I go injured I thought "oh no, I can't do anymore" but since I always get injured cos of swimming I just don't really feel that anymore, even though there is a tiny bit of pain, _I just don't feel it anymore, cos it's happened so many times_ (Roxie).

They're [stud marks and heavy bruising] _normal_, I mean they're _just nothing_, I get them everyday (Dan).

Gaining experiential knowledge of particular injuries cements the normalisation process. Similarly, observing their peers, family members or favourite sport stars experiencing and recovering from sports injuries compounds the notion that sports injuries are a normal and inevitable part of sport that must be accepted. Samantha draws on her observations of professional rugby players in her assessment that injuries and the practice of playing hurt are "just part of the game":

Like most rugby players get them [injuries]. I should know, cos I watch it all the time, most rugby players when they get hit or knocked down, they get up, they shake themselves off and get up, just like a dog. _Injuries, they are just part of the_
Observing others is one means by which this cluster of young people learns to navigate and (re)produce the ‘appropriate’ performance of sports injuries and it is to a more critical engagement with the (re)production of sports injury knowledge that attention now turns.

6.4 Summary

In probing young people’s frameworks for understanding the broader concepts of risk, pain and injury this chapter has highlighted several significant issues of which the following chapters and future research into the field should remain mindful. In the first instance, two distinct but overlapping frameworks for defining risk emerge from the data. These are ‘risk as danger’ and ‘(un)acceptable risks’. In both cases, the socially constructed and relational foundations of what ‘counts’ as ‘risky’ behaviour are apparent (Ewald, 1991; Frey, 1991). The illumination of young people’s risk continuums and injury hierarchies contoured along class, gender, sporting background and age lines suggest that our understandings of risk, pain and injury are socio-historically grounded, dynamic and shaped by the habitus of those in question. In so doing, they stress both areas of commonality and difference housed within school sport worlds.

Furthermore, the data suggests that each and every (sporting) risk encounter necessarily contains a dynamic blend of four risk dimensions, physical, social, psychological and moral. The multifaceted model of (sporting) risk presented herein reinforces the call made by other researchers (Maguire, 1991a, 1993; Pike & Maguire, 2003; Sparkes, 1996a & b) to recognise risk in its totality and avoid reductive understandings of sporting risk as solely physical. Social dimensions emerge as particularly important in young people’s experiences of sporting risk at school and will be subject to further examination. The young people’s narratives also indicate that, for some young people, the lived experience of risk-taking is pleasurable

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85 In other sport worlds, an economic risk dimension may also be present.
in and of itself. They draw attention to the potential of risk encounters to develop experiential knowledge, probe their bodily capabilities and experience pleasurable emotions (Maguire, 1991a). This connection between sporting risk encounters and a “quest for exciting significance” is revisited in the following chapters (Maguire, 1991a; 29). Finally, in identifying a broad acceptance of physical risk and the normalisation of sports injury by this cluster of young people this chapter has begun to map out some of the ways in which school sport worlds (re)produce embodied practice, attitudes and ideologies consistent with the sporting ‘culture of risk’ outlined in Chapter Three. It is to a more critical engagement with the (re)production of sports injury knowledge that attention now turns.
Chapter Seven:

"It's my body, I am the one who's playing, but sometimes I don't know what to do": School sport worlds and the (re)production of pain and injury knowledge

Maguire et al (2002: xvii) describe sport as:

A form of collective action, involving a host of different people, connected in particular networks and creating particular forms of sport products and performances.

One of these 'products' to which Maguire and colleagues refer is knowledge about "sport, people's bodies and bodies of people" (Maguire, 1993: 44). The matrices of people that constitute sport worlds produce, monitor, assess and reproduce several types of knowledge. For example, in the context of school sport, young people are being introduced to a variety of different team and individual sports and are acquiring a host of technical, tactical and teamwork skills through these activities. Furthermore, their ability to perform these skills are monitored, recorded and assessed against standardised measures through the NCPE (QCA, 2007a & b). In the context of this study, two questions require attention; what forms of knowledge about sporting pain and injury are being (re)produced in this space? And how do young people engage with processes of knowledge formation, negotiation and reproduction?

This chapter explores both of these concerns and in so doing places the young people's performance of sporting pain and injury within broader processes of knowledge production and legitimisation. The data suggests that the webs of interdependent people who constitute school sport worlds (re)produce two entwined, yet competing, sets of beliefs, attitudes and practices related to sporting pain and injury. These are identified as a 'culture of risk(s)\textsuperscript{86}', and a 'culture of precaution and protectionism'. Section 7.1 examines the content of, and means by which, these two are (re)produced within PE and ECSC. Given the conflicting nature of these cultural messages, young people enter into negotiations with both themselves and others over their intended course of action when injured. Section 7.2 explores the characteristics

\textsuperscript{86} The shift from 'risk' to 'risk(s)' reflects the plurality of sporting risks introduced in Chapter Six.
of these negotiations and in so doing, draws attention to the emergence of ‘experts’ in sporting pain and injury (Section 7.3) and the power relations in which young people are enmeshed (Section 7.4).

7.1 School sport worlds as webs of risks and protectionism

Nixon (1992: 127) pioneered research into the “role of sports networks in communicating ‘biased’ and self-serving messages” about sporting risks, pain and injury. He mapped out what Walk (1997: 23) described as the:

Conspiratorial alliance of coaches, athletic administrators, sports medicine personnel and others whose activities perpetuate the acceptance by athletes of risk, pain and injury in sport.

Nixon (1993a: 191: emphasis added) posits that cultural messages and processes encourage athletes to “believe that accepting the risks and pain of injuries is their only legitimate or viable choice if they want to play”. However, Walk (1997) and Safai (2003:143) draw attention to “a counter-culture of precaution” in some sport worlds, which serves to temper the ubiquitous tolerance of injury noted above. Given the paucity of research data related to young people in their school sport worlds it is necessary to explore the content of such messages within this specific context.

Chapter Six has already directed attention towards the ways in which this cluster of young people normalise sporting (physical) risk as “just part of the game” (Stevie). The data suggests that further messages consistent with a ‘culture of risk(s)’ are being mediated by a myriad of interconnected people in the context of school sport. The first relates to the notion that (young) people should exercise restraint during episodes of pain and make every attempt to play hurt when injured. Several of those interviewed illuminate their PE teacher’s derisory response to incidences of pain and injury during PE lessons. Rosie indicates that “some of the PE teachers” at Pitt Park School:

Don’t really do much. They don’t notice that you’ve hurt yourself, unless you fall over or something, like, something where there’s a lot of blood. So they don’t usually notice, you’ve got to

87 The ways in which young people take up and perform these messages is explored in Chapter Eight.
walk off by yourself and they don’t usually notice
till you’ve left the game sort of thing...they just
carry on and like, they’re not really bothered.

Fred’s experience at Royal Wilson School is comparable. He describes how “most of
the people in the school just basically carry on with what they are doing, basically
nothing happens” when he gets injured in PE. His PE teacher’s typical response is
dismissive and unsympathetic:

I just get up, they might ask me if I am ok, I’ll say
‘yeah’ and we carry on. They’re not very
sympathetic cos it’s like, if you’ve really badly cut
you knee, like I did, they’d say like, ‘you’ve got
two knees, so you’ll be fine’. Stuff like that.

The perfunctory recognition of the young people’s pain and the subsequent dismissal
of these incidences by those in charge of their activities indicates to them that
appropriate responses to injury involves you “not making a fuss or a big deal and just
carrying on” (Susan). This network of young people are in the process of learning to
accept pain as a common and expected part of sport and respond to incidences of
sporting pain with minimal fuss and recognition. In so doing, they are engaging in
“emotional labour” to “create a publicly observable facial and bodily display”
(Hochschild, 1983: 7).

Furthermore, 76% (n=1261) of those surveyed indicate that they are encouraged to
play hurt during school sport. At Pitt Park School Ellie describes, “when you’ve hurt
yourself, they [her PE teachers] make you play on and you don’t want to do it. It
happens a lot”. The promotion of playing hurt also extends to ECSC. Sam reflects on
his rugby practice for Asquith High’s U15 team and surmises that:

Most of the time my coaches will just say to run it
off, some of these things you can’t run off, you’ve
gotta just find a way to still play.

Likewise, at Royal Wilson School, James talks of his football coach telling him to
“just shake it off and play on cos we need to win the match”.

Existing research posits that the strength of these messages is contoured along
gendered lines (Young, 1993; White & Young, 1997; Pike & Maguire, 2003;
Charlesworth & Young, 2004), the standard of participation at which the athlete
performs (Hughes & Coakley, 1991; Pike 2000) and particular sporting subcultures, namely brutal body contact sports (Messner, 1990). The data generated by this cluster of young people supports these claims. Cassie reflects on the PE teachers and coaches at Asquith High putting “more pressure on the sportier girls [to play hurt] because they expect more of them”. The contrast between Fred and Richard’s experiences at Royal Wilson School explicates Cassie’s observation. As noted, Fred, who only takes part in sport during PE is often ignored and marginalised when injured. In comparison, the same PE teachers pressurised Richard, an elite footballer, to return swiftly to action following his knee surgery. Richard describes how:

Mr Roosevelt kept on asking me ‘can I go back now? Can I go back now?’ I was quite a major player on the team, I think he was trying to get the team as strong as it can and I was, I was a bit, well I didn’t know what to do, cos the physio said ‘it’s up to you’ and my mum said ‘don’t’, so I was a bit in between. So I made the decision to go back and see how it was {long pause} and it didn’t hold up.

Both situations may reflect a failure of the PE teachers at Royal Wilson School to enact a duty of care towards these pupils. In Fred’s case they failed to recognise that he was injured and in pain, whilst Mr Roosevelt encouraged Richard to return to his football training before he has been advised to do so.

Several members of school sport worlds promote this ‘culture of risk(s)’. For this group of young people, their peer networks appear to be the critical relationships through which the core tenets of a ‘culture of risk(s)’ are embodied, advocated, promoted and reinforced. 41% (n= 674) of those surveyed indicate they are encouraged by their classmates to play hurt in PE lessons and a core rationale for the young people’s practice of playing hurt or returning to sport earlier than advised is their desire to “not let the group down” (Dani). Christina describes how her teammates cajoled her into playing hurt during a house netball match with the assertion that, “we don’t have anyone to replace you”. She “felt like I had to carry on” in order

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88 In addition, Richard’s experience highlights the conflicting nature of the messages mediated within school sport worlds. The ways in which the young people manage these conflicting messages is discussed further in Section 7.2.
to avoid “letting my team down”. Correspondingly, Sam draws attention to the importance of his team-mates’ encouragement in his decision to play hurt:

If the team’s losing, or if they’re winning and about to lose to another try then there’s pressure from my team-mates. They’re all like ‘come on Sam, you can do it, push through it’.

Whilst Sam alludes to his agreement with the call to “push through it” and complies, Roxie felt coerced by her team-mates to play hurt during a recent hockey match. She describes how:

I was injured and they were like ‘oh, since you’re injured, you’re just gonna let us go out and do all the work’, you feel sort of bullied and I don’t like that, so I just want to see if I can keep going, then they can’t say anything about me.

That relationships with peers are a central space in which the core tenets of a ‘culture of risk(s)’ are reinforced has much to do with the symbolic value of sport within schools and the cultural capital these young people draw from being involved in sport in these environments. Playing hurt, talking about pain in particular ways and the ‘early’ return to sport post-injury are all ways in which the young people demonstrate their dedication to their team and commitment to being a “proper sportsman” (sic) (Anna). These set of issues are revisited in greater detail in Chapter Nine as part of a discussion exploring young people’s rationales for playing hurt and the importance of this practice to the development of several embodied identities.

However, these cultural messages are not only promoted through the young people’s peer networks. Of further note are those individuals in positions of trust with a legal duty of care to protect those under their supervision (see Chapter Two). In this regard, young people’s guardians (45%), PE teachers (49%) and coaches (41%) also mediate messages that promote the practice of playing hurt, facilitate the development of “injury talk” techniques and encourage the ‘early’ return to sport post-injury. For example, when Roxie communicates pain to her mother after her swimming training “my mum always says ‘stop trying to pretend, just keep on going’ cos she doesn’t like people to stop”. Similarly, Ian’s father:

Is quite a believer in pushing through it. I mean, obviously if it was really, really bad he might stop for a
These young people are being educated to attempt, where possible, to stoically accept pain and push through their injuries. Ellie is explicit in her connection between her mother’s attitudes and her decision to play hurt:

Like, my mum’s probably the one that makes me keep going, that’s where I get it from and she’ll just say ‘oh, it’s nothing’ and to carry on, so that’s probably where I get it from.

Within the specific context of these six schools, male PE teachers emerge as vociferous advocates of playing hurt, pushing through the ‘pain barrier’ and accepting the inherent physical risks involved in sport. Ben describes the usual response of his male PE teachers at Asquith High to incidences in which young people get hurt:

Like in PE when we play on the Astroturf at football or something and you cut your leg or get hurt, they don’t really acknowledge it, they just get you to play on. Like Mr Carter, usually encourages you to play on. They might shout ‘are you alright?’ or ‘where does it hurt?’ but they don’t really care. They don’t say ‘do you want to sit out for a minute?’ If you try and get off the pitch he’ll say “get back on and play on”. They kind of bribe you, like saying ‘you’ll be alright’ or whatever. Or they’ll say “play on, if it still hurts at the end of the lesson you can go and see the nurse”. They more encourage you to continue playing, like get over the pain.

Ben’s narrative highlights his male PE teachers’ fleeting acknowledgement of pain and their expectation that Ben will simply play on. Indeed, one of the male PE teachers at Royal Wilson School referred to pain as “weakness leaving the body” during a conversation with an injured pupil (Fieldnotes). The prevalence of a ‘culture of risk(s)’ in the philosophies of these particular PE teachers may be reflective of processes of “sociological inheritance” (Elias & Scotson, 1994: 175), gendered expectations around pain management and the centrality of an elite sports ethos at these schools (see Chapter Five). The life histories of the PE teachers in question may be of significance here. All sixteen members of the PE department at Royal Wilson School are ex-professional (rugby, cricket, football and tennis) or international (hockey) athletes. Similarly, three of the four full-time male PE teachers at Asquith
High are ex-professional rugby players or cricketers whilst the fourth is ex-military, an occupation also associated with the uncritical tolerance of pain, the rationalisation of risk and the glorification of those who are able to withstand injuries (Woodward, 1998). Research suggests that throughout their sporting lives these teachers will have been socialised into rationalising the risks involved in sport, normalising injury, glorifying pain and playing hurt (see Chapter Three). They may then reproduce and reinforce these beliefs through their teaching practices and philosophies (Green, 1998, 2000, 2002). In so doing, they will be reproducing an athletic habitus in which the stoic management of pain is central and perpetuating the belief that athletes must place their bodies on the line to succeed (Hughes & Coakley, 1991). These observations emphasise the need for further investigation into PE teachers’ promotion of cultural messages relating to sporting pain and injury and the importance of their life histories for the ways in which they manage sporting risk encounters during their PE lessons.

These networks of people draw on several strategies to mediate the belief that young people should make every effort to continue to play when in pain or injured. Ellie describes how “you get in trouble” at Pitt Park School if you do not obey the PE teachers request to “play on”:

Like, when you tell them ‘I don’t want to play, cos it hurts’, they still make you and say ‘no, you’re playing’ and you just have to get on with it. You say ‘no’ but they still make you and if you refuse, you get into trouble. It’s happened to me quite a few times. Like, I just had pains in my legs, cos I had bruises from other things, so I’d say ‘I’m in pain, cos this is hurting’ and Ms Jefferson will say ‘Just play your best and carry on’ and you’d be like, ‘no’ but they’d still tell you to play or you get detention.

Ellie’s PE teacher occupies a position of ascribed authority and as such is able to formally sanction Ellie’s behaviour. She is restricted in her ability to challenge Ms Jefferson’s directive to “just play your best and carry on” since doing so is likely to result in a detention. More implicit reinforcement of these behaviours is enacted through practices such as dropping players from teams on the basis of their ‘inappropriate’ communication of pain and/or injuries (Roderick et al, 2000).
Courtney voices a fear of being dropped from the U12 ‘A’ team in hockey if she fails to play with any injuries she sustains:

Yeah, so last week I went to training and played even though I think I had pulled my hamstring [Lara: why did you do that?] Well, I thought, in my opinion, it like decreased my chances of being in any of the teams if I didn’t show up to practice.

Moreover, this web of people reinforces a belief that playing hurt is symbolic of commitment, dedication and an obligation to your team. Zoë describes how the PE teachers at Wilson High “use encouraging words and say that you’ll be helping your team-mates if you push though it, so you carry on”. Similarly, Louise’s mum connects the practice of playing hurt or returning swiftly post-injury with the demonstration of commitment to her swim team:

If it’s a relay the people say that you’re letting the team down. Like my mum say’s that you’ll let the team down and that it’s not fair on them if I don’t swim cos of my shoulder, so I try to carry on.

50% (n=817) of the young people surveyed felt like they let people down if they did not play hurt in PE and 62% (n=1024) connect the practice of playing hurt with a commitment to the team. The desire to avoid such a scenario is repeatedly offered, by those interviewed, as a rationale for their practice of playing hurt. Mercedes describes how she feels that:

I have to finish for my team, like, if I drew blood, I wouldn’t come off like you’re meant to in netball, I would just keep going, I wouldn’t come off cos that would be letting the team down.

As will be shown in Chapter Eight, many of the young people incorporate the central tenets of this ‘culture of risk(s)’ (accepting physical risk, playing hurt, techniques of neutralisation) into their sporting practices. However, the data indicates that these cultural messages are by no means as all encompassing or homogenous as Nixon (1992) suggested. A set of conflicting ideas espousing the dangers of playing hurt, the potential re-injury consequences of returning to activities too early and valuing those who “speak up” (Maddie) and voice their pain are also being mediated through school sport worlds.

Akin to Safai's (2003: 127) "culture of precaution", this set of ideals promotes a cautious response to experiences of pain and challenges the uncritical tolerance of injury within sport. The response of Zoë’s parents is symptomatic of this position. They tell her “if you’re hurt and can’t do it, then sit out, there’s no point in pushing yourself too hard if you’re in pain”. Those who continue to play through injuries they define as “serious” are considered “silly” (Ben), “stupid” (Rachel) and “dumb” (Samantha). When shown the photograph of Terry Butcher’s head injury (Figure 6.2.2) Rosie questions his decision to play on following is head injury:

From the amount of blood that’s on him, I don’t think he should have [played on] cause he must have had a lot of blood loss and it must have been a deep cut to do that much damage, especially to the head, the head could be really serious, you can get blood clots and things like that. I don’t think it is very sensible at all.

Injured individuals who ignore medical advice and return to sport early are also labelled in the same way. Rachel discusses a team-mate who “came back early from a broken leg” and offers the following conclusion:

The game she played, her ankle was too weak still, she didn’t break it again but she tore cartilages in her ankle and that made it even worse and she was out for longer...I just think that was stupid.

In contrast to a ‘culture of risk(s)’, this set of messages emphasises an understanding of pain as a form of corporeal communication that should be listened and adhered to rather than fought and overcome. Rachel concludes, “If you are injured, you are injured! And you should stop”, whilst Billy reflects that:

If they’re in a lot of pain, I just don’t know how their mind works, they should stop! Stop straight away! There is something wrong, that’s why it hurts.

The decision to cease activity and not play hurt is interpreted as a sign of courage and something to be admired. Maddie comments on Paula Radcliffe’s bravery in starting the Olympic Marathon but not completing it. She talks about Radcliffe being:

Brave to even start because she wasn’t feeling right before, so I think she was really brave to do it, and then to stop, even though she knows that
Similarly, Phil describes feeling “sorry for her” on the basis that Radcliffe’s decision could “kind of ruin her career” and “because everyone is blaming her because she has finished halfway through the race”. He thinks Radcliffe’s decision was “brave” since “she is obviously in pain and she is obviously upset”. Rachel concludes that Derek Redmond “has got courage for not carrying on and he is brave because he could have made it worse” (see Figure 9.1.4). However, in order for the athlete to be considered ‘brave’ it was necessary for them to demonstrate some form of effort to overcome their pain, even if this effort proved futile. In the cases of Radcliffe and Redmond the young people valued their attempts to overcome their injuries and did not judge them on their inability to overcome their pain in these instances. Susan concludes “at least they tried and went for it instead of not even bothering”.

This more cautious approach to sports injury is embedded in concerns related to future health and the likelihood of re-injury. Ian notes above “the injury might be aggravated” if he continues to play hurt, whilst Justine comments that Radcliffe’s decision to stop is “good in a way cause otherwise she’ll make herself worse”. A few of the interviewees were sensitive to the potential impact of their injuries on others, particularly in the case of blood loss. Ben comments on Terry Butcher’s decision to play on in this regard:

It's a bit silly letting him play on cos if he was going for a corner and he went straight into the pole or if someone was to kick his head or the ball went into his head, it will make him so much worse and then others will get covered in his blood too and it's not very nice to run into someone with blood everywhere, it's dangerous cos you can catch stuff from it.

Ben’s narrative reflects the temporal and dynamic nature of ‘risk(s)’ discussed previously in Chapter Six. His conclusion that Terry Butcher’s blood loss is “dangerous” to others demonstrates a growing recognition of diseases such as HIV and our increasing knowledge around the ways in which such diseases are transported and spread amongst populations. Indeed, the introduction of ‘blood bins’ in sports like rugby and football reflect these concerns (see AAP, 2001). The laws of these
games require the temporary substitution of players with blood injuries and the removal of blood stained kits (IRB, 2008).

In respect of those interviewed, the young people within compulsory school sport figurations are the most vociferous advocates of this cautious approach to pain and injury. Maddie questions the intellectual integrity of those who play hurt, "I don’t know how their minds work, if it hurts, you should stop. They’re mental". This connects to the degree to which the young people are immersed in the sports ethic and the importance they place on creating and maintaining an athletic identity (Hughes & Coakley, 1991; see Chapter Nine). However, several elite performers also voice these sentiments on the basis that “there’ll be consequences afterwards, the injury might be aggravated” (Ian). They actively weigh up the potential pros and cons of continuing to play hurt and the impact this may have on their future performance. These cost-benefit calculations often involve others, for example, Cassie’s tennis coach would:

Pressure me to stop because he would be like ‘you are going to kill that ankle or really cause some lasting damage or something’. He would ask me ‘although you might miss this some match or this one week of tennis, would you rather miss one week or three months or whatever could go wrong again?’

Notwithstanding previous observations, the young people’s guardians, PE teachers, coaches and medical clinicians are critical mediators of a more cautious approach to sporting risk, pain and injury. 85% (n=1409) of the young people surveyed indicate that their guardians encourage them to stop playing sport if they are injured or in pain. Cassie describes how:

My parents are always like ‘No, don’t play, you really going to hurt yourself, just stop’. Just anything, if like my ankle hurts because I’ve twisted it, they will be like ‘you should not play now’, in case I do some real damage.

Those overseeing PE lessons and extra-curricula activities also mediate similar messages of caution and subsequent protection. 42% (n= 696) of those surveyed indicate that they have been encouraged by their PE teachers to stop playing when injured. Taylor recalls an incident in PE when she hurt her thumb and was told to take no further part in the class:
I did something to my thumb, I’m not really sure what but it wasn’t that bad. But we were playing netball and we were doing chest passes and I couldn’t do a chest pass that well and the bounce pass really hurt my thumb. So did the overhead pass cos you have to do it with your thumb as well, so that really hurt and Ms Clinton was like ‘sit down’ and I was like ‘I will be fine, I’ll be fine and I will do it with my left hand’. She said ‘no, just sit down because you will properly hurt yourself’ and stuff. So I had to sit down and watch for the rest of the lesson.

As Taylor’s story demonstrates, the fear of re-injury was the most prominent rationale for the removal of injured young people from PE lessons. Taylor’s story also highlights the relatively subordinate position of the young people in the power relations in this scenario since Ms Clinton overrode Taylor’s assertion that “I’ll be fine” and instructed Taylor to “sit down”, to which Taylor complied. The young people’s position within their pain and injury negotiations is discussed further in Section 7.3.

The voices of medial clinicians (e.g. doctors, physiotherapists and school nurses) heard throughout the narratives of the young people interviewed are further sources of these messages of caution. Christina sustained an astro-turf graze playing for Wilson High’s U12 hockey team that required medical attention and received the following instructions from her doctor:

My doctor said I shouldn’t be doing sports that much cos the dressing could come off. I thought it was okay and I was just so desperate to play that I started playing before they said I should [sic].

37% (n=604) of those surveyed indicate that they are encouraged to stop playing sport by their doctors when they are in pain or have been injured. A similar response is voiced in regard to physiotherapists, 20% (n=333) of those surveyed indicate a physiotherapist encourages them to stop playing sport when they are in pain or injured. Rachel describes how Asquith United’s physiotherapist adopts a measured and watchful approach to injuries sustained by the young women:

They are really careful with us, like the physiotherapist usually, like, well they build up exercises and you do like fitness tests and if you
don't get to a certain score then you are not able to go back. So they give you a load of strength exercises to do while you are injured for you to, like, build up muscle so you don't become less fit and that. And then they know when you are at the right fitness, so they let you go back.

However, in some situations these messages move beyond those of precaution towards a position of imposed protection. Fred's experience of wanting to start Tae Kwon Do three years after surgery illustrates the notion of young people as a protected species and reflects the shift from a "culture of precaution" to one of 'protectionism' (Safai, 2003: 127). Fred was the victim of sustained physical and emotionally bullying at his primary school. At the age of nine, he was admitted into hospital and had to undergo surgery on his genitalia after a bullying incident. Shortly after his surgery Fred expressed an interest in starting Tae Kwon Do. However, his doctor advised that:

I wasn't to do anything that involved high kicks and stuff, cos I told you about the major surgery and stuff. I felt kinda disappointed cos I really like Ta Kwon Do, but my mum agreed with the doctor and didn't let me go.

On his arrival at Royal Wilson School three years later, Fred returned to his mother and again expressed an interest in starting Tae Kwon Do:

So I asked her quite recently if I could start the lessons at the school, cos it's been a few years now and my mum still said no. I think its cos my doctor said I couldn't back then, even though last time we went for a check-up he said I should be fine to do it now, I made sure to ask him! I think mum is just worried. Also, I think she probably thinks I'm not responsible enough, like I won't take it very seriously and will hurt myself. I just feel held back, cos I really want to release my tension and stuff. It should be my decision, just cos it's my life and I should be in control of my life, I really don't want someone making decisions for me, even if it is my mum, who I know loves me a lot.

Whilst the circumstances of Fred's story are atypical the outcome is indicative of a broader set of assumptions about young people and their relative competency in a
range of physical and social skills. Here Fred’s mother and doctor are determining which course of action is in Fred’s ‘best interests’ with little to no consultation or regard to Fred’s wishes and desires.

This ‘culture of protectionism’ is underpinned by two fundamental assumptions. The first, that young people do not possess the necessary skills to negotiate these encounters and thus require ‘protection’ and the second that adults, as a broad category of people, are more competent, knowledgeable and capable than their younger counterparts. These twin notions are reflected in the range of physical activity options provided within PE. Grounded in a desire to ‘protect’ young people from potential harm these options are restricted on the basis that some activities are “too risky”. For example, the removal of playground equipment from primary schools in the UK and the restrictions placed on outdoor education in the face of several accidents reflect these concerns (Battles, 2004; Pavia, 2005; Select Committee on Education & Skills, 2005). Whilst this ‘culture of protectionism’ does offer some young people the space to resist and challenge the more dominant practices of playing hurt and returning to sport early it also marginalises the potential for them to engage in forms of ‘acceptable’ risk-taking. As such, it remains closed to the possibility that risk-taking may accrue significant positive experiences for (young) people.

7.2 Negotiating bodies: Young people and the injury process

It becomes clear that the young people in this study are immersed in school sport worlds that promote two different sets of cultural messages related to sporting risks, pain and injury. On the one hand, they are being encouraged to play hurt, ignore medical advice, return to activities early and uncritically rationalise the risks involved in sport by a combination of their guardians, PE teachers, friends and coaches. Whilst on the other, these same webs of people are promoting a “sensible” (Billy) course of

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89 There does appear to be some backlash to this risk-aversion movement (Frean, 2007, Sugden, 2009). For example, boxing has been reintroduced to the curricula at Pitt Valley School despite the associated risk of head injuries. However, the reintroduction of this sport in this particular school does raise a different set of ‘risk’ questions. For example, why is it that boxing is deemed acceptable for this school and not others? Is there any basis in the argument that boxing will help address the ‘bigger’ threat of social disorder amongst this group of young men? Whilst an exploration of such questions remains beyond the scope of this study it is nevertheless important to remain mindful of wider conceptualisations of ‘risk’.
action that involves the cessation of activity and the adoption of medical advice encouraging them to rest and recover. Furthermore, in some cases these latter messages are moving beyond a position of ‘precaution’ towards one of ‘protection’. Mercedes highlights the conflicting nature of these messages in her recollection of a recent netball match in which she fell over:

When I play for Churchill it’s quite vicious so sometimes you get pushed over and stuff and if my mum sees me badly fall she’ll say ‘come off’ whereas the coaches on the sidelines will say ‘do you need a tissue or need a bandage’ and try and clean me up and get me back out on the court as quickly as they can.

Mercedes had to determine whether to listen to the advice of her mother or coach. During their sports encounters young people, like Mercedes, must navigate their way through these two entwined, yet competing set of beliefs about sporting pain and injury. In so doing, during the course of their injury experiences they enter into sets of intra- and interpersonal negotiations over their intended course of action. The data suggests that these negotiations occur at four stages of the injury process; the decision to continue or cease activity, the diagnosis of their injuries, their treatment options and their subsequent return to sport post-injury.

Speak up or play on? : Young people and their injury ‘dilemma’.

In some situations the nature and severity of the young person’s sports injury precludes any decision making on their part about whether or not to cease activity. Sam broke his leg on a school ski trip to Italy when he was in Year 8 and in the following excerpt reflects on his limited ‘choice’ to continue ski-ing:

I didn’t really have a choice, cos I had broken my leg, I was up a mountain and I didn’t have clue what anyone was saying to me cos it was all in Italian {laughs}. They put me on one of those stretcher things, which was weird cos you can’t see where you are going and took me straight to hospital [sic].

The onset of this debilitating injury meant there was little scope for Sam to negotiate his continued involvement in his activity. Due to the severity of Sam’s broken leg it
would have been visible and clear to others that he was in pain and required immediate assistance to move and secure his safety.

However, the majority of injuries sustained by young people in their school sport worlds are not this serious (see Chapter Five). In situations where their injuries are not so acute or traumatic, the young people weigh the need to stop their activity and seek medical advice/treatment against the possible consequences of “just letting it sort itself out” (James). They are faced with the decision to either communicate their pain to others or mask their pain and injuries. Rachel reflects on her decision-making process when playing football:

If it’s like, something to do with my knees, because I get bad knee problems, even if it’s a little twinge I won’t play on. Just because of the fact that it will get worse and it will make the problem bigger. So as soon as I feel the slightest little pull in my knees I will come off because I just want to get injured. But anything else, then that fine, I just play on.

81% (n= 1341) of the young people surveyed choose, where possible, to mask their pain and continue to play hurt during this initial phase of the injury process (see Section 8.1). In so doing, they engage in a set of intrapersonal debates about “toughing out” (Dan), “sucking up” (Ian) or “pushing through” (Phil) their pain. During the course these intrapersonal debates they probe and push the boundaries of their pain tolerance and “work out if you can take it or not” (Sam).

The point at which their sporting pain becomes “too much” or they can no longer hide their pain from others necessitates a set of interpersonal negotiations over their continued involvement in PE. Several of the young people interviewed describe a point at which “it hurts too much and you just have to stop and ask for help” (Susan). Indeed, Mercedes draws on a pain scale to illuminate the point at which her “everyday pain” becomes “too much”. She describes checking her pain “on a scale of 1-10” and “if it’s over, like 8, then I’ll come off”. Within the context of PE, the interpersonal negotiations that follow typically involve the injured individual and those responsible for the activity in which they are participating. Ellie demonstrates her experience of these negotiations at Pitt Park School:
There was one time in hurdles I wanted to carry on, but I had a graze on my knee so Ms Truman said I should sit out and I said I wanted to carry on but she said I had to sit out. I think she assumed that I wanted to sit out cos there was a bit of blood and it looked kinda bad, but I didn’t want to sit out. But then other times, I wanted to stop playing but they said to carry on. Sometimes I’ve just said ‘no, I don’t want to play, it hurts’ but they make you play. It’s annoying, you’re not very happy, so you get a bit angry, but what can you do? They are the teachers and you have to do what they say!

Ellie’s narrative contains two separate incidences. In the first, Ellie wants to play on and so must negotiate her continued involvement with her PE teacher, Ms Truman, who instructs her to stop. Whilst in the second, she hopes to stop and must therefore negotiate with Ms Truman, who has instructed her to continue. In both cases, Ellie is unable to obtain her desired outcome on the basis that “they are the teachers and you have to do what they say”, a point to which I return in due course.

This phase of negotiation ceases at the point at which both parties agree on a course of action, as demonstrated below by Taylor, or when one of the negotiating parties exercises their relative dominance in the interdependent relationship, as seen in Ellie’s narrative:

I strained a muscle in my hand from boxing with my brother at home. Ms Jefferson told me to stop because if I kept on doing what I was doing it could have got really worse. So Ms Jefferson was like, ‘just stop and sit down’ and I was like, ‘ok then’. I didn’t complain because it did hurt, I just sat down and didn’t mind about it (Taylor).

What’s wrong with me? : Diagnosing sports injuries

The diagnosis process often runs concurrent with the intra- and interpersonal negotiations over “whether to speak up or play on” (Nigel). The questionnaire and interview data reveals this cluster of young people’s propensity to self-diagnose and forgo consultations with medical clinicians regarding the nature and severity of their injuries. 66% (n=1090) of those surveyed engage in a form of self-diagnosis on the
basis that "it is only me who can feel the pain" (Maddie). Like James, they do not consult with others in determining the form, severity or treatment required:

I was playing for my old school team, we made one in Year 6 and I was in goal and somebody shot and it was quite a hard ball and it just hit only one of my fingers and I still saved it so I was pleased about that {smiles}. But it really hurt my finger and at half time, I took my glove off and it was all purple and swollen so I think it was broken. [Lara: did anyone take a look at it?] Nah {shakes his head}, I just let it sort itself out (James).

The young people's propensity to self-diagnose is particularly noticeable amongst those who have experience playing sport at a club or elite level. 55% (n=177) of those who only take part in sport during PE indicate that they self-diagnose any sports injury they sustain. Comparatively, 73% (n=377) of those who play sport at club level and 75% (n=160) of those who compete at elite level indicate that they do so. This network of young people position themselves as 'experts' in the diagnostic process on the basis of their lengthening sports injury histories and the subsequent experience they have gained of the injury-diagnosis-treatment process. Indeed, Phil comments that "the only injuries you are ever going to get, you will generally know what to do, as they have happened to you before".

However, a paradox emerges within the club and elite figurations whereby some of the young people with growing experience of sports injuries conclude that because they have "been there, done that, got the T-shirt" (Phil) they are able to diagnose and treat their injuries themselves, whilst others are mindful of the potential impact of injuries on their place in the team, their goals and future aspirations. As such, they resolve to "not risk my health for anything" (Rachel) and defer diagnostic decisions to others they deem "more qualified" (Justine). Those they consider 'more qualified' in this regard include their guardians, PE teachers, formal medical staff and those who have experienced similar injuries in the past.

In the event that they are unable to self-diagnose, young people seek advice from others given "they know more than me, they've seen injuries before and so they'll
know what it is” (Louise). Anna describes the processes by which her inflamed Achilles tendon was diagnosed:

It kept on happening. I thought it wasn’t anything at first and then my mum said ‘I am going to take you there [to the physio] because you keep on complaining’. I didn’t really think it was anything but it got worse and I went. They just did the ultrasound thing and then they said it was that [inflamed Achilles].

In these scenarios, several members of the school sport world are consulted in the diagnostic process. 55% (n=903) of the young people surveyed draw on their guardians’ knowledge to label and diagnose their sports injuries whilst the media, in the form of newspapers, the internet, sports magazines and books, are consulted by 49% (n=806). PE teachers (41%), friends (26%), coaches (23%) and siblings (23%) are also involved in this process whilst doctor’s opinions are gleaned by only 25% (n=416) of the young people. The implications of the young people’s reliance on their own experiential knowledge to diagnosis sports injuries and the identity of those they consult for further information are explored further in Section 7.3.

‘They’ just tell me what to do: The treatment process.

The set of intra- and interpersonal negotiations and consultations through which the young people determine “whether I can take it or not” (Sam) and “what is actually wrong with me” (Roxie) connect to the processes by which they enter into conversations with others over their treatment options. In the event of ‘minor’ injuries (e.g. cuts, bruises or grazes) the young people talked of ‘self-treating’. That is, they forgo seeking any outside advice about how to treat injuries and “just get up, get some wet tissue and clean it up or something” (Fred). In their narratives this practice of ‘self-treating’ extends to more serious injuries that may have more long-term consequences. For example, Billy fashioned a splint out of a towel for a couple of days at school to keep his (broken) wrist from moving before going “to the school nurse at break-time” where “she gave me an actual sling and bandage”.

However, in the specific context of school sport the pupils have limited opportunities to ‘self-treat’. 39% (n=645) of those surveyed indicate that their PE teachers are
responsible for treating their injuries when they get hurt in PE or ECSC. In addition, pupils are instructed, by their PE teachers, to see the school nurse if they get hurt. When Tyra “caught a netball funny, which bent my finger back” at Wilson High, Mrs Adams “said to go to the nurse, who bandaged it up and sent me back to class”. In the event that the injury requires attention beyond the expertise of the PE teacher or school nurse, the injured individual is sent home. Dan had to reschedule his final interview as he was sent home having been knocked out playing rugby during his morning PE lesson. In this scenario, their guardians become critical figures in the treatment process. 78% (n = 1280) of the young people surveyed indicate that their guardians are involved treating their sports injuries. Christina’s mother applies cream to Christina’s bruises following netball matches to “help it heal really quickly, so now I just use that cream all the time”. Whilst, Louise’s father is integral to her treatment process:

I try and stretch it [tight calf muscle] more and use heat treatment when I get home. My dad gets it too, when he plays golf, so he uses it as well and he helps me when I’m hurting.

For others, once they have been sent home from school, ‘consultations’ to determine the most appropriate course of treatment involve a combination of the injured young person, their guardians and select medical clinicians. Justine, an elite tennis player, draws on the expertise of her mother, father, physiotherapist and coach to determine an appropriate course of treatment when she is injured:

Well, my mum gives me advice and if it’s [the injury] quite bad, I’ll go and see my physio and {pause} they’ll tell me what to do, normally just rest it and stuff. I ask my dad as well, so normally I’ll go to my mum and dad and sometimes my coach. Cos I can trust them and {pause} yeah I can trust them, I think they know what they are talking about really

Medical clinicians in the form of doctors, physiotherapists and the school nurses move into more central positions during this phase of the injury process since 58% (n = 963) of those surveyed find out how to treat their sports injuries from this network of clinicians. However, the production of, and access to medical knowledge is not uniform across school sport worlds. The six schools involved in this study offer varying degrees of formal medical support on site. Pitt Park, Pitt Valley and Pitt
Community Schools all employ one part-time school nurse who is onsite two days a week. In contrast, Wilson High, Royal Wilson School and Asquith High employ two full-time school nurses and one part-time school doctor (Royal Wilson High only). At these three schools the medical staff are on-site five days a week for the duration of the school day. Broadly speaking, those who attend independent schools have greater access to medical knowledge. Several of the young people interviewed at Wilson High, Royal Wilson School and Asquith High made reference to their parents working in the medical field and their central position in treatment discussions. For example, Ian acknowledges, “my dad’s a heart surgeon and my mum’s a nurse ... normally they are there anyway so they say what to do”. Similarly, David’s mum “used to be a nurse and cos I do so much sport she is like my own private nurse” [sic].

Moreover, young people’s access to specialised sports medicine knowledge is shaped by their position within their sport worlds. Those within elite figurations have greater access to specialised forms of sports knowledge. Rachel in enmeshed in a web of people that includes nutritionists, physiotherapists and coaches trained in the specific demands of football:

At my academy, you have like a list of what you are allowed to eat and what you are not allowed to eat, we have this guy that comes in and tells us all about food and training and what we need to eat when to make sure we are the fittest we can be....we also have 2 physio’s and they also give us a little booklet of what to do when you get hurt, or they write down your exercises for each day... when I was out for the year after I broke my jaw I went to the academy physio every Friday and they gave me different exercises to do so I didn’t lose my fitness and stuff, so that really helped.

In contrast, those within compulsory school sport figurations derive their treatment advice from non-sport specialists and/or lay sources, such as their parents or general practitioners (GP). Samantha seeks treatment advice from her “mum and dad because they know more than me and they know all the good people, like doctors and stuff”. On the one hand, the limited access to sports-specific injury information renders them vulnerable to misguided or outdated advice. Whilst on the other, it may be ensuring they are seeking advice from those outside of a sporting ‘culture of risk(s)’.
However, the degree to which this phase can be described as ‘negotiated’ is questionable. In the event that others are brought into to ‘consult’ on treatment options, the injured young person is marginalised within these discussions and experiences limited control over the course of action followed. Taylor describes how:

My mum usually tells me what I should do, like if I’ve been badly hurt and I need to do something, my mum will choose if I should or shouldn’t do something.

These observations direct attention to two core issues to emerge from the young people’s narratives in relation to these negotiations. The first is concerned with the identification of particular ‘experts’ in sporting pain and injury whilst the second relates to the young people’s relatively subordinate position within these interdependent relationships and their on-going struggles over ownership of their own bodies and decisions related to their injury encounters. Both of these carry implications for the ways in which the young people manage and make sense of their pain and injury experiences and are considered in further detail in Sections 7.3 and 7.4.

Return to sport post-injury: (Re)negotiating ownership of their bodies

47% (n= 767) of those surveyed report that they return to sport post-injury without consulting others. In order to determine the appropriate point at which to return to their activities, young people engage in a series of intrapersonal negotiations. Via a process of “trial-and-error” (Billy) they test and probe their body’s readiness for re-entry into activity. Taylor describes her return to her after-school athletics club following a strained muscle:

I wouldn’t go into straight into it, I would go slowly and get there. One time I strained a muscle really bad and I couldn’t play for a week and then she [her mum] said ‘you can play now, I think you are better’. So I kept on playing and it hurt again, so the next week I did it slowly again and I was better after, so as I got better I would get faster.
Taylor emphasises an embodied ‘conversation’ through which she explores her bodily capabilities post-injury. She adapts her activity on the basis of this ‘conversation’ since:

I start[s] back up again when I feel like I’m better and then if I, if I’m not better then I’ll sit out again, but then if it stops hurting, I’ll come back in.

This approach involves testing the injured area with alternative activities before returning to their pre-injury level of participation, training or competition. However, these activities are rarely endorsed by clinicians or other figures of authority and emerge from the young people’s desire to test their own readiness. James described his return-to-action routine:

Well, when I got bored after a while I started kicking a balloon about, and then a ball about the house, just a small sponge ball and I started to feel better and I rested it again just in case, so it was like 3 weeks after when I felt I could go back to my football club. But not like a match, just training.

However, their ability to engage in this experimental approach is constrained by interpersonal negotiations with other members of the school sport world. In the first instance, they have to negotiate their return to PE with their PE teachers. Rosie describes her experience at Pitt Park School:

Often I try to make my own decisions if I think I am well enough to play, but I have to check with my PE teachers because if I play and they have told me not to, they’ll get quite angry because they’re the ones that are there and you’ve just gone and disobeyed them. If it’s a doctor who’s told me not to start yet I don’t really worry, cos it’s not like the doctor’s gonna know if you’ve done what you shouldn’t have.

Similar negotiations take place between the injured individual and their guardians. David describes how:

My mum gives me advice if I should do it [start tennis again] or if I shouldn’t. Like, she’ll say to me ‘do it if you want, but if I was you, I wouldn’t’, so I argue with her and end up just going along to training and giving it a go. If it hurts I pull out or on another day I wouldn’t do.
The repeated insistence, during these negotiations, that “I am the only one who can judge when I go back” (Anna) and “only you know when to play again” (Ellie) draws into sharper focus the emergence of ‘experts’ in sporting pain and injury. It is to a consideration of this matter that attention now turns.

7.3 Expert bodies: Whose knowledge counts during the negotiation of sporting risk encounters?

Within these negotiations and the webs of interdependency in which they are located young people identify particular “experts” (Teddy) in sporting pain and injury. Taylor considers her doctor and her older brother to be more knowledgeable than her in matters relating to sports injuries and assigns “expert” status to these two individuals:

I tend to ask my doctor or my brother, like I said last week, my brother’s gone through literally everything so, he will know, like usually does know and usually is right and my doctor is a doctor, they’re bound to know cause they’ve been training for it for ages.

A host of individuals are granted ‘expert’ status by young people at various stages of the injury process. These include guardians, older siblings, coaches, clinicians (doctors, physiotherapists, school nurses) and on occasion, PE teachers. Certain ‘experts’ (e.g. PE teachers or school nurses) are more prominent in this particular web of interdependent people than they may be in other sport worlds. For example, PE teachers have rarely featured in the narratives of adult athletes in this regard (see Pike, 2000; Howe, 2001; Charlesworth, 2002). In these adult sport worlds, coaches, doctors and physiotherapists occupy the position of ‘expert’ demonstrating the contextual foundation of this socially constructed label. The young people also confer expert status upon themselves during particular negotiations on the basis that “at the end of the day you are the one who’s experiencing the pain and no-one else” (Ben). As will be shown, the young people involved in this study perceive the knowledge (re)produced by these ‘experts’ as more legitimate, more valid and more reliable than advice emanating from other members of the school sport world. This observation

90 That is not to say however, that PE teachers’ influence is restricted to school sport worlds. Research suggests that the residual influence of PE teachers becomes imprinted on athletic habitus and shapes attitudes towards sport as people age (Green 2000, 2002).
directs attention towards the forms of knowledge privileged by young people in their risk encounters and the long-term processes of knowledge production and knowledge legitimacy (see also Chapter Four). Both of which will be explored in the ensuing discussion.

The data suggests that the identity of these sports injury ‘experts’ is not fixed. Rather, the degree to which an individual is considered an ‘expert’ by young people grows and diminishes at various stages of the injury process. The fluidity of this ‘expert’ status is emphasised during the negotiations outline previously. Prior to the onset of injury, coaches, PE teachers, friends and team-mates are highlighted as ‘experts’ within school sport worlds on the basis that they assist the young people in developing technical skills and understanding (see Figure 7.3.1). In contrast, medical clinicians occupy more peripheral positions on the basis that “you’re not hurt yet, so you don’t need them” (Christina).

Figure 7.3.191: Important members of school sport worlds when playing sport at school (Year 9, Asquith High).

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In the event of an injury during a PE lesson or ECSC, the identity of these ‘experts’ subtly shifts. As noted previously, several of the young people interviewed position themselves as ‘experts’ in the matter of diagnosing what is wrong with their bodies and how to treat their injuries. They do so:

Because I personally think that it is only me who can feel the pain or can, like, cure the bleeding or anything like that, I know what’s best for me (Maddie).

That the young people are positioning their own experiential knowledge at the centre of the diagnostic process brings into question the foundation of their subsequent response to these injuries. The diagnostic process represents a vital stage in the injury process since the position in which the young people locate their injury in the hierarchy impacts on their likely response to it. However, in the diagnostic process they also respect the opinions of their PE teachers and guardians. 64% (n = 1054) of those surveyed identify PE teachers and coaches as ‘experts’ in diagnosing sports injuries, whilst 55% (n=903) similarly labelled their guardians ‘experts’ in these matters.

During the treatment phase of the injury process medical clinicians in the form of doctors, school nurses and physiotherapists move into a more central position within the chains of interdependency (see Figure 7.3.2).
For this group of Year 11 pupils at Asquith High at this stage of the injury process, doctors, PE teachers and physiotherapists are considered the three most important members of the school sport world on the basis of the strength and depth of their medical knowledge about treatment options. For many of those interviewed, their guardians also obtain 'expert' status during this phase of the injury process. Louise considers her dad an expert in the matter of treating sports injuries on the basis that:

My dad has done sports all his life and he sometimes helps me, cos if I do get injured he can help. Basically cos he does so much sport and he knows what to do cos he’s been through it himself.

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93 Of note, is the absence of alternative forms of medical knowledge (e.g. homeopathic) in the young people’s narratives. In the event that medical clinicians are mentioned, they are always formal medical staff, reflecting the dominant Western understandings of the body and (sports) medicine (Pike, 2005).
Finally, on their return to sport, the data suggests a further repositioning of ‘expert’ status. Having ceded their central position during the treatment phase, young people seek to (re)exert their self-defined ‘expert’ status and as such maintain a degree of control over their subsequent return to activity. Billy considers himself an “expert” in knowing “when is the right time to start playing squash again” on the basis of his injury history and private nature of his pain data. At the time of interview he was recovering from a broken wrist and was starting to return to his squash training. He positions himself as the ‘expert’ in his “trial and error” return to training and describes how:

I take it [his splint] off every night and see how it feels, feel how it is in the morning and as it gets better, I’ll flex my wrist more and when it stops hurting altogether, then I’ll get back on [the court].

Their guardians and select medical clinicians (most notably physiotherapists) also maintain their ‘expert’ status during the on-going recovery phase of injuries (see Figure 7.3.3).

Figure 7.3.3\(^{94}\): “Experts’ in the recovery phase (Year 11, Asquith High)

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Justine describes how:

My physios help with that [decision to start playing again]. They like, they ask me how much it hurts when I play and if it's really badly hurting then they tell me if it'll be like weeks till I can go back or if it's just a little tingle, they help me decide, probably a few more days [sic].

Justine uses both her private pain data and the physiotherapist's recommendations as a set of guidelines to help frame her return to sport. Similarly, Stevie outlines how his "physio tells me how many weeks and then after that I make my own judgement, either rest more or start straight away". Both Stevie and Justine are using medical diagnosis and knowledge to 'make sense' of their (injured) bodies.

However, these individual’s ‘expert’ status is brought into question in the event that their advice conflicts with the young person’s. Susan describes how:

If someone told me to go to the doctor or something, but I didn’t think it was necessary then I wouldn’t go. Or if they said ‘maybe you should get a cast and stop playing for 2 weeks’ but I felt ok to play, I wouldn’t think of it like that and I would just go by what I say.

The processes by which the young people assign the label of “expert” and determine whose knowledge is (dis)counted, are of importance here. Two contributory factors emerge from the data to explain why certain people are granted “expert” status whilst others are marginalised on the basis that “they don’t really know what they are talking about” (Ian). These two factors can be summarised as the individual’s personal experience of pain and injuries and their formal training in matters pertaining to pain and injury.

The central mechanism through which ‘expert’ status is assigned by the young people relates to the first of these; the individual’s personal sports injury history. Elvis’s narrative highlights the importance of his mother, father and brother in his development of treatment knowledge on the basis of their experiential knowledge of (sports) injuries:

If I’m injured, its usually my Mom who knows what to do and my father, he’s had injuries doing judo himself, he shattered a bone in his foot, it's
quite hard for him to walk, but sometimes I go to both. Sometimes my brother too, cos like he broke his thumb and I might compare it like, and see if I think its broken and then I know what to do cos he’s done it before.

Many of the young people conclude that PE teachers and coaches have a significant bank of knowledge about sports injuries and as such are experts in the matter given that “they see people doing it everyday and they have probably done it to themselves” (Taylor). Beth presumes that her gymnastics coach “knows a lot more than me” and is therefore in a position to be able to offer her advice in relation to her shin splints since he has “obviously seen it other times before”. Indeed, Kylie asserts that:

You do have to listen to people who have a lot more experience at it happening. Like my coach has snapped her cruciate before, she has a fake ligament now and like, if I ended up like that I’d be devastated, so I’d listen to her if she told me to stop.

Whilst the young people’s utilisation of experiential knowledge to assign ‘expert’ status does offer some resistance to the dominance of medical knowledge in the field of sports injury (see Waddington, 2000) it also raises several points of concern. In the first instance, the young people are privileging the knowledge generated by those who have no or limited formal training in matters of sports injuries. This may leave them vulnerable to outdated or incorrect advice and place their future health at risk. The processual nature of knowledge manifested through ‘medical advances’ in the field of sports injuries is rendering established ‘truths’ about sporting practices obsolete and recommending changes be made to established practice of injury prevention. For example, within the field of sports medicine there remains on-going debate about the role, function and requirements of warm-up stretches in relation to injury avoidance (see Shrier & Gossal, 2000; Bracko, 2002; Dreifus, 2003).

Furthermore, some of the young people interviewed are generalising from specific cases involving these ‘experts’ with little or no consideration of the nuances of those specific injury encounters. Samantha extrapolates her friend’s experience of having stitches after being hit in the eye with a teething ring to conclude that Alex Tudor’s injury “is not that serious” (see Figure 7.3.4).
Figure 7.3.4: Alex Tudor

Tudor’s injury was the consequence of being hit in the face with a cricket ball bowled by the Australian fast bowler, Brett Lee. However Samantha concludes:

It’s just a couple of stitches, I know I’ve never had stitches before, but it’s not that serious, because my friend had it and she was absolutely fine. She was running around while she had stitches as she still did PE. I suppose if my friends can do it, he can do it too.

The young people interviewed also assign expert status on the basis of the individual’s formal training in matters pertaining to pain and injury. This training does not have to be sports-specific. Formal training undertaken in the broad field of medicine is sufficient for the young people to grant expert status to these individuals. Courtney labels GP’s and physiotherapists “experts” in treating sports injuries on the basis that:

They’re professionals and have like, a PhD or whatever in medicine and you know they know what they’re talking about, cos they wouldn’t be working in a hospital if they didn’t know what they were talking about.

Similarly, Rachel seeks advice from her coach or physiotherapist “cos they are professional” and “have been doing it quite a while and it is there job, they know what they are doing”.

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95 Source: http://news.bbc.co.uk/media/images/38539000/jpg/_38539983_tudor150.jpg
Particular institutions such as hospitals or fitness gyms are interpreted as sites of expert advice, as reflected in Courtney’s previous connection between hospitals and expert knowledge. In this regard, schools also represent an institution of ‘experts’ since the young people interviewed believe that their teachers “are trained in that sort of thing and that’s what their job is, so you go to them” (Phil). They make blanket assumptions about both the quantity and quality of their PE teachers’ sports injury training. Susan assumes “PE teachers know what they are doing because they have had that much more training and have probably experienced more injuries than you”. However, these assumptions may be unfounded. A cursory glance at the PGCE curriculum highlights the paucity of sports injury training in these programmes. For example, the PGCE programme at Loughborough University contains three modules entitled ‘school experience’, ‘your teaching subject’ and ‘general professional studies’. Within these modules, there is no mention of generic or specific sports injury training. Indeed, developing an understanding of risk assessment procedures represents only a small segment of broader discussions related to the implementation of the NCPE. As such, this study calls for further research attention to be directed towards the formal training of PE teachers in matters related to sports injuries, (both from a bioscience and social science perspective) especially in light of the young people’s relatively unquestioned acceptance of their advice.

Thus, in the context of assigning ‘expert’ status two forms of knowledge emerge as particularly significant; embodied corporeal knowledge emanating from and through the body of the injured individual and medical knowledge about the body emanating from others. These two forms of knowledge produced within school sport worlds are interdependent since medical knowledge shapes the ways in which we interpret our bodily data whilst medical diagnoses are themselves dependent on data and information communicated by our bodies. However, in the context of the negotiations that form part of young people’s sporting pain and injury experiences, young people’s embodied data can conflict with the medical advice given. Sam describes:

Like Doctors will say ‘oh, you’ll be able to run in a couple of days’, but it will still be hurting, I can’t do it so there is no point in running cos I know it’s not gonna work. But then, like, other times, they will say ‘oh no, you should rest for 2 weeks’ and I feel fine so I don’t bother stopping.
The conflict between Sam’s experiential knowledge and the advice he is given by his doctor result in him prioritising his embodied data and ignoring the medical opinion provided. The prioritisation of embodied experiential knowledge over and above other advice or information was particularly noticeable during decisions surrounding their return to sport post-injury. Ellie describes how “you just know when to play again, when the pain starts to go away and you feel a bit better”. She continues to explain how she tends to ignore medical advice and “works it out myself”. She thinks that:

if they tell you to start playing and you don’t want to play then it’s up to you, same if you want to play but they say you shouldn’t. Once the pain starts to go, you can play again.

Richard was more adamant in his assertion that the decision to return to sport should be made by him and him alone. He describes how:

Because it’s my knee, I mean anyone can say you’re ready to go back now, but they can’t feel the pain which I will be in. So if I was in pain and they say go back now, it should be completely up to me to say ‘No, I’m not going back’ cos I don’t, me knee doesn’t feel right to go back.

Broadly speaking, in situations where the two forms of ‘expert’ knowledge are in conflict the young people interviewed prioritise knowledge generated through their personal experiences over the formal, medicalised training of doctors and physiotherapists. Kylie describes how she forgoes her physiotherapist’s advice if it conflicts with her coach’s who she “looks up to, because she has been through it all” or her friend, Lucy who “is always getting injured”:

I do go to a physio, who said I shouldn’t play on Monday, but I didn’t listen to him…the thing is, in my opinion, a lot of what they say they have to say to cover their back and he did say to me that he knows he can’t stop me and he didn’t stress it sternly enough for me to thing ‘whoa, it’s gonna snap’ or whatever. And my coach said it would be ok and this has happened to her and she was ok. So did Lucy and she’s always getting injured so I know they know something about injuries.

Kylie bases her response to injury on the personal experiences of others. This is particularly peculiar in relation to Lucy’s experiences, given that her propensity for further re-injury is suggestive of something wrong.
Furthermore, primacy is given to sports-specific knowledge over generic pain and injury advice. Anna will “listen to” her brother “if he tells me something because he has played at a much higher level than me, so he has the knowledge, whereas mum and dad don’t play tennis”. Correspondingly, when Rachel gets hurt playing football for Asquith United she will:

Usually got to the club’s physio rather than the GP because that way it is all linked in with the club and then they know exactly what I am doing every week. They will be there for me more than the GP because you can’t exactly get an appointment with the GP every week. They also know more about football, you know, how I got hurt, what I need to be able to do when I come back, all that sort of things, its just better because they know more than the GP.

Indeed, the prioritisation of sports specific knowledge in this way may contribute to the emergence of “collusive” systems of medical support and advice highlighted by Nixon (1992: 130). Further research probing the experiences of other members of school sport worlds is necessary to explore these issues more fully.

7.4 Power relations, young people and a quest for relative autonomy

Directing attention at the negotiated nature of sporting injury encounters and the fluidity of sporting pain and injury ‘experts’ stresses the dynamic nature of the power relations in which the young people are enmeshed. Existing research points towards a myriad of situations in which young people have limited power chances to influence the course of their lives (Wyn & White, 1997). Within school sport worlds, pupils have limited space to shape either the types of activities they take part in or the frequency at which these activities take place. In the three state schools, their activity choices within PE are bound by the requirements of the NCPE, the facilities available at the schools and the expertise of their PE teachers. In this regard, Samantha expresses disappointment that rugby is not offered as an activity choice at Pitt Park School:

We do netball, hockey, tennis and athletics, you know, all the usual stuff, it would be cool if we did rugby, cos I used to play tag rugby at my old
school and I really liked it, but we don’t do it here, we can’t do anything about it, maybe try and start a club, but I don’t think any of the PE teachers can teach us that cos none of them play or anything [sic].

The situation is similar at the three Independent schools with the exception of the NCPE requirements. Since Independent schools are not required to meet these State regulations they have a greater degree of freedom in shaping the PE syllabus (see Chapter Five). However, in both sets of institutions the young people’s physical activity takes place at scheduled times, in designated spaces, wearing specific clothing and with particular measurable learning outcomes. Failure to adhere to the rules of these lessons results in formal sanctioning. Rosie describes PE as “a bit of a chore sometimes” and complains about the recent detention she received because “I forgot my proper netball skirt and so had to wear one of the minging\(^6\) ones from lost and found”.

Sports injury encounters represent a further space within which young people are constrained by their relatively subordinate position within these chains of interdependency. Whilst 27% (n=438) of those surveyed felt that they were able to exercise autonomy over their treatment decisions, the remaining 73% (n= 1213) indicate that these decisions are a negotiated process involving a range of individuals. Some of the young people interviewed spoke of exercising a degree of control over their treatment options. Ben describes how:

I suppose it’s 50/50 between me and my mum, more than my PE teacher because, like, you take in their advice and think about it and then it’s kind of up to you what you do.

However, Ben acknowledges that he is never able to exercise complete control over these decisions on the basis that “at the end of the day, if my mum really disagrees with me, she will just make me do what she thinks is best”. Ben’s reflections draw into question the degree to which the young people’s relative ‘choice’ in this matter is illusionary or conducive of a tangible ability to challenge the decisions made by others.

\(^6\) In this context ‘minging’ translates to disgusting, dirty or nasty.
Others in the group draw attention to their relative lack of autonomy during the decision-making process around treatment options. Taylor contemplates her peripheral position with treatment decisions:

My mum usually takes care of all that...the doctor usually says it and my mum will go along with it. Like, if I've badly hurt something and I need to do something, my mum will choose if I should or shouldn't. It's much better than me making the decision.

Several of the young people interviewed describe adults “telling me what to do” (Saskia) in relation to their injury encounters and point towards the importance of the previously identified ‘experts’ in this process. Rosie refers to the “people who are looking after me at the time, or people like my parents; they make the decisions for me”. Correspondingly, Fred describes how his doctor or mother “just tell me this is what I gotta do” [sic]. He continues on to comment that:

The doctors don’t usually give me alternatives or anything. But there are plenty of alternatives, they just don’t tell me. It makes me feel like I’m not really being told everything that’s going on. I’m like, not really in the know or something like that. It just makes me feel really small and I hate that.

In these scenarios, decisions related to treatment options are made by others and then relayed to the injured young person with little consideration of their opinions. For Roxie, “it’s never me who actually choose, it’s my mum and the nurse”. As such several of the young people interviewed felt that they had little space to question, challenge or resist these decisions made on their behalf. Stevie concludes:

I feel like I can’t challenge their decision, especially if it’s like someone who’s like a coach or someone I don’t wanna argue with, like my mum, so I just follow their decisions.

Indeed, Fred, calls for greater recognition of the injured individual’s opinions on the treatment choices. He asserts that:

I think ultimately it should be my decision, it doesn’t really happen like that though. You really need to ask the child whether they would mind having the treatment. Cos if I don’t really like the treatment, I should be able to say so.
The age of the young person in question emerges as a contributory factor to the degree of control the young people felt they were able to exercise during these encounters. 34% (n=173) of the Year 11 pupils surveyed indicate that they are able to exercise control over their treatment options, in relation to 21% (n=139) of the Year 7 pupils. The younger pupils interviewed frequently spoke of “not really knowing what to do” (Fred) and as a result, have to “ask most adults cos they know more about it” (Dan). Courtney describes her reaction to getting hit in the face with a hockey stick during PE and in so doing, highlights her reliance on Mr Lincoln, her PE teacher in determining the necessary treatment:

At first I didn’t really do anything, I was just like ‘ow!’ for ages. I wasn’t really sure what happened and then after about 2 minutes the pain really set in and I was nearly crying, then I asked Mr Lincoln what to do cos I didn’t know what to do’.

Roxie highlighted her reliance on her mother to determine the course of action after she twisted her ankle during a school hockey match:

I didn’t really know what to do or what was going on {laughs}, I was standing up and was like, ‘Oh my god, it can’t support me’. My mum came rushing over, cos she was watching the match. And so I just had to sit there cos I didn’t know what to do, but then mum gave me this support thing she had in the car so I could walk.

In contrast, the older pupils’ narratives revealed the relatively more powerful position they were able to occupy in these negotiations. Richard describes how:

If I disagree, then I wouldn’t tell them [the doctors] I disagree, I would just do it differently. And then when they ask I would say ‘No, I found a different way’ or ‘I found this way easier’. Like, I wouldn’t really confront them straight.

Richard’s narrative reinforces the relative, but never absolute control he felt he was able to exert in his encounter with the doctor. Whilst he was able to subvert the doctor’s advice by finding a “different way”, he still did not feel comfortable or able to “confront them straight”. The data suggests that as the young people age, they are developing competency in reading their private pain data, cultivating a greater understanding of the injury process and desiring greater control over the decisions involved in the treatment and recovery of injuries. These issues are revisited shortly.

The young people’s relatively subordinate position within their injury negotiations, particularly at the treatment stage, is underpinned by their restricted medical knowledge about sports injuries, treatment options and the healing process. Ian acknowledges his relative lack of knowledge about sports injuries in comparison to “my mum, my dad or the doctor” and as a result concludes “I have to ask them what to do, because I don’t really know what to do”. In several situations, they felt unable to speak up and question decisions made on their behalf because:

I just don’t know what they are saying sometimes. Sometimes I feel like they might tell me the wrong thing if they’re not specialised in it, but I can’t really do anything about it, I just have to leave it and do what they suggest (Roxie).

Roxie’s narrative highlights an important aspect of these negotiations, the language used to convey information about sports injuries. As noted previously, various adults operate as conduits through which medical knowledge is conveyed. The data suggests that during treatment consultations involving formal medical staff and young people, advice from clinicians is often relayed through these ‘conduits’ to the young people. Dan is excluded from discussions related to his broken collarbone and possible treatment options. He describes how his mother talks direct to his physiotherapist:

She listens to the physio, cos the physio and my mum talk separately over the phone sometimes, cos of what I should do to something like that. He tells her what to do and she tells me [sic].

Similarly, Mercedes reflects that “most people speak to my mum when we visit the doctors. They just check me over and talk to my mum”. She describes feeling “frustrated” that the doctors do not discuss matters directly with her and as a result Mercedes finds she rarely understands the content and rationale for the decisions made. Conversely, Samantha liked her mum being present during discussions related to her broken wrist since “they spoke in difficult words and my mum was able to tell me what was going on in easy words”. Their guardian’s presence in the diagnosis and prognosis process can thus both empower and disenfranchise young people in these relationships.

This cluster of young people responds to their relatively subordinate position in one of two ways. Several of the younger pupils express relief that others were making
treatment decisions on their behalf. Justine commented, “I don’t mind, 'cause I wouldn’t know what to do without them”. This group of young people enjoyed displacing responsibility for treatment decisions, since they were fearful of making the ‘wrong’ decision and contributing to the severity of their injury. Taylor indicates as such in the following excerpt:

My mum chooses what I should or shouldn’t do. It’s much better than me making the decisions. Because I’ll probably make the wrong decision! Like, we’re going to Africa in the summer, over the whole summer, a month and two weeks, so I have to have all these vaccinations and I’ve got to have about five and I don’t really want them. If it was my choice I probably wouldn’t have them, but my mum said that you’ve got to have them or else I can’t go on the holiday.

In contrast, the older pupils (Year 9 & 11) express frustration and resentment at their relative lack of autonomy at every stage of these negotiations. Whilst many of the younger pupils interviewed perceive themselves as relatively incompetent in making the ‘right’ decision over their treatment, the older pupils stressed their growing competency in this field and sought to exercise greater control over the decision-making process. During the initial debates surrounding decisions to cease or continue activity, Susan articulates the following:

If you are playing a match and you have been injured or something and they say you have to come off but you really disagree with it, it is just frustrating and annoying to have to go against what you think is right.

Kylie’s response to her PE teacher’s decision to prevent her from training with the school team following their success in the Churchill regional school finals is comparable to Susan’s. Kylie vents her displeasure at Mrs Kennedy’s decision:

I felt really, really resentful. Like, not because I dislike her, I really have a lot of respect for her, but I was like ‘I’m fine, its just my little finger, I will be absolutely fine’ and yeah, you know she’s looking out for your best interests, but she just doesn’t know how much this means to me. I felt a bit angry to be honest; I was well annoyed yesterday when she told me I couldn’t play.
Moving into the next phase of the injury process, Rosie voices a similar response to being disenfranchised in decisions surrounding treatment of her injuries:

I get quite angry, you know, quite annoyed... It should be my decision, because it’s myself and I should get to choose what I want to do with myself, or how I want to treat myself.

However, whilst many of the older pupils asserted that these decisions “should be yours to a certain extent”, they conclude that seeking advice from “someone more experienced than you” (Maddie) is sometimes necessary.

The desire for autonomy extends into the final phase of the injury process. That is, the set of negotiations surrounding the young person’s return to sport post-injury. Alongside the decision to cease or continue activity, several of the young people interviewed express a distinct desire to “make that decision myself!” (Beth). They are adamant that this decision should be “up to you totally, because you are the only one who can feel the pain you are going through” (Maddie). Richard expresses his frustration at others attempting to make these decisions on his behalf:

I get so mad with my Dad when he tries to tell me what to do. The decision should be mine! Completely mine! Because it’s my knee. I mean anyone can say you are ready to go back now, but they can’t feel the pain which I will be in. So if I was in pain and they say ‘go back now’ it should be completely up to me to say ‘no, I’m not going back cos my knee doesn’t feel right to go back’. Same thing if I feel ok, it should be me who says ‘I’m ok to play again’.

In response to their relatively subordinate position and the continued messages of precaution and protection mediated through these webs of interdependency, the young people are mobilising the power chances open to them within these injury negotiations. The private nature of their pain data represents one such power chance and offers them some degree of control over their injury encounters. Through the practices of hiding pain and choosing to play hurt they are exercising a degree of control and ownership over their own bodies. Beth subverts instructions to rest and recover via the process of masking her pain from her parents and gymnastics coach:

There was this one time when my parents wouldn’t let me go to training because of my ankle, but I went
anyway. I just told them I would do conditioning and stuff like that. But I went and just sort of went with it and ended up doing a full session. They still don’t know. Like, they know I went but they just think I did conditioning for a couple of weeks and didn’t do anything like agility and stuff. They would be mad if they knew.

Rather than representing the outcome of coercion, Beth’s practice of playing hurt and ignoring medical advice is a space in which she is exercising a degree of sovereignty over her body. Through their practices of playing hurt and hiding pain this cluster of young people seek ‘control’ over their own bodies and are subverting messages that consider them a ‘protected species’. In so doing, the embodied practices contained within the ‘culture of risk(s)’ are offering young people a legitimate and meaningful way in which they can feel a sense of ‘freedom’ and relative autonomy over their own bodies. The use of their bodies in this way resonates with existing research that explores the pro-anoxic movement and the young women’s mobilisation of their bodies to exercise a ‘voice’ within performative school cultures (Rich & Evans, 2009).

Several of those interviewed view school sport as a valuable space in which they can potentially exercise a degree of relative autonomy in the face of their restricted, everyday lives. Phil spoke of having to cut his hair a particular way to adhere to school rules and compared his rock-climbing as a space, which provided him with a space to resist.

You are forced into things that you don’t want to do. I mean, you have pressure from your parents to do perhaps a subject that you don’t want to do {pause} you are forced into a social general standard. You are forced to kind of fit in really. I mean, I was forced to get my haircut because it was too long in school. Most people from outside of school don’t care, but it’s quite a traditional school, so they care. I didn’t like that, but I was told to get it cut. In the end I got forced to get it cut, or else I would have got detention, I really didn’t like that... I like rock climbing because of that. Because you can choose what to do, you can go at your own pace, in rock-climbing there is that sense of freedom, no-one is telling you what to do.

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The subsequent experiences of becoming, being and recovering from injury offers the young people a space to negotiate a degree of ownership over their bodies, which many felt was not possible in other aspects of their life. Playing hurt and masking pain become embodied expressions of their relative autonomy. Exercising a degree of control over these risk encounters is one way in which the young people measured their maturity and delineated between “us” (the mature ones) and “them” (the ‘kids’).

Sam helps to illuminate this point:

I think it should always be the final decision of the actual person, as long as they know what they are doing, if not then it should be someone else’s decision. Like a kid, if they don’t have a clue what they’re gonna do, then someone else needs to make that decision for them, but like me, I know what’s gonna happen so I should be able to decide.

In so doing, sporting risk, pain and injury encounters highlight the interplay between biological processes of maturation and social processes of learning (Elias, 1987a). They offer a valuable space in which young people engage with a quest for relative autonomy and perform their relative ‘maturity’ in an embodied way.

7.5 Summary

The data presented herein challenges Nixon’s (1993a) conceptualisation of the ‘culture of risk(s)’ as a homogenous set of ideas and practices about sporting risk encounters. The experiences of this cluster of young people suggest that school sport worlds are better understood as webs of both risks and protectionism. On the one hand, they are being encouraged to engage in a set of embodied practices, attitudes and ideologies consistent with the sporting ‘culture of risk(s)’ outlined in Chapter Three. Whilst on the other, they are being encouraged to adopt a cautious approach to sporting risk encounters consistent with Safai’s (2003) ‘culture of precaution’. However, in some cases these messages move beyond those of precaution towards a position of imposed protection. As such, this chapter frames the latter set of embodied practices, attitudes and ideologies as a ‘culture of precaution and protectionism’. This shift is not simply a matter of semantics but is designed to reflect the distinct tensions at play when we consider young people, risk and school sport.
The co-existence of these two series of cultural messages give rise to a need, in this case on the part of the young performers, to navigate these entwined yet conflicting approaches to sporting risk encounters. As a result, those interviewed enter into a host of intra- and interpersonal negotiations as part of their injury experiences. The data centralises the importance of these negotiations in the development of young people's age-related identities. Several of those interviewed mobilise their sporting injury experiences as a means to affect some control over decisions related to their bodies and future health. They ignore instructions to rest and recover and choose instead to play hurt in order to exercise a degree of ownership over their bodily practices and subvert an understanding of themselves as a 'protected species'. In light of this observation, Chapter Eight explores young people's embodied performance of sporting risk, pain and injury in more detail.
Chapter Eight:

"Cos if you train hard and you work hard and you really want it then you're not gonna give up and get off the court cos you're a bit hurt": The performance of sporting risk, pain and injury in school sport worlds

Building on the frameworks for understanding outlined in Chapter Six and the identification of two intertwining sets of cultural messages in Chapter Seven, this chapter focuses more explicitly on the third of the risk domains identified by Pike and Maguire (2003), the embodied performance of risk encounters. In so doing, it probes three aspects of young people's sporting risk, pain and injury experiences. The first relates to their “action on injury” (Pike & Maguire, 2003: 236), the second to the development of “injury talk” techniques (Young et al, 1994: 182) whilst the third encompasses the embodied emotional journey undertaken by injured young people (Pike, 2000). These elements of risk encounters have been explored in relation to elite (Nixon, 1992; Roderick et al, 2000; Howe, 2001), university (Charlesworth, 2002; Liston et al, 2006) and recreational (Pike, 2000) sport worlds.

This body of work demonstrates athletes' willingness to play hurt and disregard the physical risks involved in achievement sport. It also draws attention to a range of interpretative strategies used to "normalise pain and disablement as part of the sports experience" (Young et al, 1994: 176). In addition, Pike’s (2000) research suggests that the experience of becoming, being and recovering from injury involves an emotional journey akin to the bereavement process. These behaviours reflect the ‘culture of risk(s) outlined in Chapter Seven and it is of interest to this study whether they are evident in schools sport worlds given the intentions of the NCPE to develop “life-long healthy lifestyles” in young people and the existence of a counter-culture of precaution and protectionism (QCA, 2007b).
8.1 “I just get up and carry on”: ‘Doing’ sporting risk, pain and injury

Akin to their adult counterparts, the majority of the young people involved in this study continue to play sport in both PE and ECSC when they are in pain or suffering from a known injury. 81% (n=1341) of those surveyed indicate that they have played hurt during PE lessons, whilst 63% (n=687) of ECSC attendees have played hurt during their extra-curricula activities. Susan’s commentary is symptomatic of this group of young people’s reaction to becoming and being injured:

I hate being injured. I always play on. I don’t care and sometimes I make the injury a bit worse but I can’t not play sport {pause} It really gets to me and I get bored, so I have to be playing sport {pause} so, even if I’ve got an injury I play anyway.

As Susan implies, the practice of playing hurt is not an infrequent occurrence amongst this group. Within PE, the majority of those surveyed played hurt on a frequent (30% / n=404) or regular (54% / n=714) basis. Comparable frequencies are recorded in the structural setting of ECSC with 30% (n=210) of attendees playing hurt on a frequent basis and 52% (n=352) on a regular basis. In so doing, the majority of those surveyed and interviewed reject the course of action promoted by those advocates of the ‘culture of precaution and protectionism’ outlined in the previous chapter and embody, more closely, the ideologies connected to the ‘culture of risk(s)’.

Indeed, the data suggests that playing hurt is an integral feature of school sport worlds and is not confined to acute injuries or episodes of pain more commonly associated with physical exertion. Those interviewed continued to play through a range of injuries including but not limited to fractured fingers (Mercedes & Kylie), concussion (Dan), broken noses (Ian), shin splints (Beth), undiagnosed shoulder pain (Ella) and various cuts, bruises and grazes. The onset of debilitating injuries did not preclude some of those interviewed from attempting to play hurt. Rachel was playing for Asquith United in a match against their local rivals, during which she:

Made a save and the girl followed through with her boot. I broke both sides of my jaw and my cheekbone. But I didn’t like, feel it, my jaw was
aching and I went to go back on but they [her coaches] wouldn’t let me. So me thinking it was nothing, I played football the next day and I headed a ball and I just had, like, loads of blood coming out of my mouth so it was a bit disgusting and my manager took me straight to hospital because my mum and that were away. I got told I had a broken jaw and I had to have an operation the next day and I had to have like, all pins put in my jaw and then six months later I had it all taken out. I couldn’t play sport for a year.

The common consensus amongst those interviewed was simply “if it hurts, you just gotta push through that” (Phil). Phil’s ‘action on injury’ during his school swimming training was to “do nothing really” since he has “a set time, like an hour or something, and you just have to swim through it no matter what”. Similarly, Beth spent six weeks “out of action” last summer following a “fracture in my right ankle and I tore all the ligaments as well” but indicates “if it were up to me I would have done it on crutches”. Whilst Beth’s posturing could be reflective of a “cool pose”, the broader trends indicated in the questionnaire and interview data suggest that this network of young people ‘follow through’ on these actions and do indeed play hurt (Majors & Mancini Billson, 1992).

Kylie, who had the most extensive sports injury history of all the young women interviewed, recounts one of her more recent experiences:

I’ve fractured fingers multiple times and the last time I did it I had RSI97 at the time and wasn’t meant to be playing {laughs}. I was playing basketball in PE and jumped up for a ball, didn’t quite catch it right and ended up with a fractured finger and RSI at the same time, so it was a bit silly. But we had the Churchill [regional school] finals a week or two later and I still played in those with it all bandaged up and strapped up.

Kylie’s story contains two separate incidences of playing hurt. In the first, she was playing basketball in PE with a known injury (RSI) and, as a result, was in a position to fracture her finger attempting to catch a ball. She then continued to play with both sports-induced RSI in her wrist and the fractured finger in the Churchill regional

97 An injury commonly associated with overuse, repetitive strain injury (RSI) is attributed to a repetitive, continued pressure on a body part (Cole et al, 2005). In this example, Kylie sustained RSI as a result of an intensive period of tennis training in preparation for a school tournament.

schools netball finals a week later. Rather than remove herself from the team’s netball training to assist the healing process, she simply strapped up her wrist and finger to ensure that involvement in the finals was possible.

In both instances, Kylie ignored medical advice to cease her participation for a short period. She had been to see her doctor about the “pain in my wrist, it was just always there” and had been advised to cease all strenuous physical activity until her symptoms had dissipated. However, she had chosen:

To just ignore it, not tell my [PE] teachers and carry on as normal. I just hoped it would go away after a while. But it didn’t {laughs} and then I fractured my finger and it hurt some more, but like I said, I just strapped them up. I did take it easy after the finals, I didn’t go to school practice for a week, but I still made it to my proper [club] training. My wrist still hurts occasionally, but I just put up with it {shrugs}.

The onset of RSI and Kylie’s acknowledgement that her pain was “just always there” suggests that her practice of playing hurt had been occurring for some time. Moreover, she concludes her story with reference to the persistent existence of pain sensations in her wrist and alludes to her ongoing practice of playing hurt since she “just put[s] up with it”.

Indeed, the data suggests that continuing to play whilst in pain or injured constitutes an expected and acceptable part of young people’s sporting lives at school. Ella, a thirteen year old member of her local swimming and hockey clubs describes her “normal week” of activity and the central position of playing hurt in this routine is apparent:

[My normal week is] like 10 hours at swimming, but I also do an hour and a half of hockey, an hour of tennis, an hour of running. My swimming training is the least fun, cos of the pain. I push myself quite a lot of the time. So when I am swimming I try really hard and push through it.

Ella concludes her story by adding that:

something hurts pretty much every time I play, right now its my knee, but I just love playing
Killick, L. (2009). "Walking the fine line": Young people, sporting risk, health and embodied identities.

[ bastardy] so much, I won’t not play just cos of a little bit of pain.

At the time of interview Ella was involved in on-going physiotherapy for her dislocated patella and had been advised to moderate her activities. However, as she indicates, she “won’t not play just cos of a little bit of pain” and remains committed to her training schedule.

Notwithstanding the observation that 81% of the young people surveyed played hurt, existing research posits that particular groups in sport worlds are more likely to do so than others on the basis of the perceived value of this bodily practice (see Hughes & Coakley, 1991; Messner, 1990; White & Young, 1997). The central fault lines identified in this body of work relate to gender (Young, 1993; White & Young, 1997; Pike & Maguire, 2003; Charlesworth & Young, 2004), standard of participation (Hughes & Coakley, 1991; Pike 2000) and particular sporting subcultures, namely brutal body contact sports (Messner, 1990). This study indicates that the age of the performer is also contributory factor and a detailed exploration of the connection between playing hurt and young people’s “complex amalgamation” of embodied identities in the specific context of school sport is undertaken in Chapter Nine (Maguire, 1993: 26).

8.2 “It’s a little finger, what’s the worst that can happen?! It gets a bit broken”: Young people, interpretative strategies and the attempted neutralisation of pain and injuries

The young people’s practice of playing hurt is facilitated by the ways in which they are learning to talk about sporting pain and injury. This cluster of young people is in the process of developing interpretative strategies that help them downplay the disruptive potential of their embodied pain and injury experiences. Young and colleagues (1994:182) have illuminated four forms of “injury talk” in the narratives of elite Canadian male athletes. Labelled by Young et al (1994) as depersonalised, disrespected, hidden and unwelcome pain all four are evident in the young peoples’ injury stories. In addition, two further strategies emerge from the data. These are identified as combative pain/injuries and pleasurable pain. Drawing on the young people’s interview data this section examines the characteristics of these strategies.
and highlights the incremental contribution made by this research to the existing body of literature.

In the following excerpt Phil recollects three separate incidents in which he played hurt in his school sport world. The first involves his efforts to “push through the pain barrier” during his swimming training, the second details his response to being tackled during an inter-house rugby match and the final incident relates to him carrying on in cross country with a twisted ankle because he didn’t want to “lose face” in front of his friend. As Phil recalls, in the event of these pain encounters he does:

Nothing really. Like, when I did my swimming and had muscle soreness, I just carried on because you have a set time, an hour or something and you just swim through it, which is tiring, but you gotta push through that pain barrier. I remember doing it in swimming all the time, hiding the pain because I would just carry on, hiding the pain, not to damage your pride. Especially on the school playing fields cos, like, when I got run over [tackled during a inter-house rugby game], yeah trying to hide the pain there, which wasn’t really that easy {laughs}. Everyone is like ‘oh are you alright?’ and you’re like, ‘yeah I’m fine, its just a flesh wound’. It’s nowhere near as bad as other stuff that happens. But I think everyone, everyone tries to hide the pain, everyone is always trying to hide the pain. Because they don’t want to lose face in front of their friends and they don’t want, I don’t know, a chink in their armour to their enemies. Like, I did it another time, when we had cross-country cos I was running with a friend and I wanted to carry on, so I said it [his ankle] was fine, even though it wasn’t. But I think everyone generally does it so they don’t lose face.

Phil’s assertion that everyone masks their pain and plays hurt during PE simultaneously highlights two aspects of young people’s performance of sporting risk encounters. He reinforces the frequency at which young people play hurt in PE presented in Section 8.1 and highlights several of the “techniques of neutralisation” used by the young people in their attempts to discredit their pain experiences (Sykes & Matza, 1957:104). Beginning with ‘hidden pain’, his story will be used as a platform to explore these techniques in more detail.
Hidden pain

The most prominent strategy evident in the young people's narratives relates to the intentional masking and emotional management of their private pain. Phil repeatedly refers to the process of "hiding the pain" and stresses his ability to successfully shield his pain from those around him. He masks his private pain with verbal ("yeah, I'm fine") or non-verbal (continuing to swim) demonstrations of his supposed pain-free existence and the strategy of "hidden pain" represents the foremost resource employed by the group. Mercedes, a fellow pupil at Asquith High, also utilises non-verbal forms of communication to mask her injuries and perform the role of a 'pain-free' athlete. She explains how she hides her pain "with a smile" and "then just act[s] as if it is not there". Kylie engages in a similar performance, drawing together both verbal and non-verbal cues to suppress her private pain and display a 'pain-free' façade:

I don't like to make a fuss about it [her knee] at all, I try and keep quiet. The number of times that I've been asked how my knee is and I've said "yeah, not bad thanks" cos there is no point n stopping. I was like, "no, no it's fine", no eye contact, you look away and just keep going. Cos when you've got people making a fuss over you then the coach says you can't play and that's the one thing that you don't want to happen.

However, the process of hiding pain is not a simple matter. It often requires considerable effort on the part of the 'performer' since they are learning to exercise a degree of control over the more instinctual dimensions of their pain experience, for example facial grimaces and cries of agony, in their quests to "hide the pain" (Elias, 1987a). They seek to operate a degree of control over their instinctual pain reactions and, like Billy, acknowledge that this sometimes "isn't really that easy".

The decision to conceal or disclose their injuries or associated pain is infused with a cost-benefit analysis regarding the likely outcomes of their disclosure. Beth describes how, when in pain, "most of the time, I just don't tell anyone". She connects her desire to hide her pain to her perception that others would seek to curtail her activity if she spoke up:

I mean some injuries are obvious, like when you are on crutches you can't really keep it a secret
but if something has been bothering me then I wouldn't mention it. Because I know that they would stop me or they would say you are doing too much and stop it. I think if I keep it a secret no one will tell me to stop doing it.

Indeed, Simmel (1906: 441) posits that “all relationships of people to each other rest, as a matter of course, upon the precondition that they know something about each other” and are therefore predicated in the notion of reciprocal information disclosure and secrecy. Susan highlights two separate scenarios in which she would hide her pain:

There are times when I just want to play anyway and if I know they are the sort of person that would say “come off because of your injury” then I wouldn't say anything. Same if I know it is not going to get serious or it is not really a problem. I probably wouldn't say anything and just forget about it and carry on to save the hassle of having to explain anything.

In so doing, she stresses the importance of others’ reaction to her injury. Her decision to disclose her private pain data hinges on the likelihood that the recipient of this information will curtail her activity. As such, the young people identify several members of their school sport worlds from whom it is considered advantageous to hide their pain, namely those who have a direct ability to prevent their continued involvement in sport. Their guardians, PE teachers and coaches are identified as important in this regard, and many of the young people routinely shield their pain and injury experiences from these people.

27% (n=449) of those surveyed indicate that they would not tell their guardians how much an injury hurt. The primary reason provided was that their guardians would stop them playing sport if they knew that their child was in pain or suffering from an injury. James recently used his clothing to conceal the “big bruise” on his arm from his mother since:

She’s a bit over the top with all this stuff, [I] thought she’d be all mad and stuff and tell me I couldn’t play that weekend, so I just hid it.
James' actions also reflect the shame and embarrassment he felt from sustaining this injury. He continued on to describe how he “felt a bit stupid for getting hurt that time, I just fell over playing football” and he blushed considerably when recounting the story. James interpreted the “big bruise” he sustained from falling over as a symbol of his physical incompetence and it served as an embodied mark of his perceived ‘weakness’. This interpretation of sports injuries, as embodied marks of incompetence, is revisited in Chapter Nine.

A third (n=499) of the young people surveyed also attempt to conceal their pain experiences from their PE teachers. Dan received a dead-leg during a rugby game in PE and describes how he was:

On the floor for a few minutes cos of my leg, but I just stretched it out and played on because I just didn’t wanna tell him. [Lara: why didn’t you want to tell him?] Cos I knew he would take me off for a few minutes and then put me back on. I didn’t wanna come off, I just wanted to play.

The prospect of coming off the field of play, even for a “few minutes”, was enough motivation for Dan to conceal his injury and associated pain from Mr Lincoln, his PE teacher. In a similar vein, many of those who attend ECSC conceal their pain and injuries from their coaches. Stevie describes his current situation:

I’m not sure actually what’s wrong, it’s something to do with my foot. I just feel the pain and well, I just play on with it and put a lot of cream, like deep heat, on it, but that’s it. I haven’t told anyone about it. It’s the coach I really don’t wanna tell, cos he’ll be doubting if I’m playing at my best and then if I don’t play so good, he’ll blame that.

Friendship networks may also be involved in the process of deception (Nixon, 1996a). Decisions taken to disclose pain to their friends appeared to depend on the likely response of the friends. Tyra tells her friends “because they are quite sympathetic”. Comparatively, Richard chose to mask his pain from his friends when he “had this toe injury, I just ran it off, I didn’t tell them cos I didn’t wanna make a big deal out of it to be honest”. Similarly, Ben attempts to hide his pain from is friends “because you don’t want to feel like a wuss saying ‘oh, my leg is bleeding’”. The contrasting accounts provided by Tyra and the two young men, echo broader gender expectations.
in relation to women as providers of supportive, sympathetic emotional support and men as providers of stoic instrumental support (Ashton & Fuehrer, 1993).

**Depersonalised pain**

In addition to routinely concealing their pain from others, young people also engage in ways of talking about pain and injury that contribute to the depersonalisation, reification and objectification of these embodied experiences. In his narrative, Phil makes repeated reference to ‘the pain’ rather than ‘his pain’. In so doing, he is able to disown his pain and objectify his embodied pain experience as existing somehow separate and distinct from himself. Through this strategy, those interviewed seek to relegate their pain to an abstract, external domain in order to downplay the potentially disruptive effects of these experiences. This process of depersonalisation also extends to the young people’s description of their injuries. Rather than name and acknowledge her twisted ankle, Christina refers to her injured body part as ‘it’. Similarly, Dan refers to his dislocated shoulder as “the shoulder” whilst Kylie’s fractured finger becomes ‘the finger’. In so doing, they seek to disassociate their injuries from the rest of their ‘healthy’ functioning bodies. Their injuries are interpreted as forms of bodily betrayal and via this strategy the young people seek to contain the betrayal to very specific, localised parts of their bodies (Rintala, 1991). Reference to “the pain”, “it” or “the shoulder” prevents this betrayal from metaphorically invading the rest of their bodies (Frank, 1995).

In addition, the young people interviewed also articulate the healing process through some type of depersonalised language. Beth utilises this technique to describe her ongoing “battle” with shin splints and in so doing refers to the healing process as simply a matter of getting “fixed”:

> It is not really fixed. It doesn’t cause that much of a problem but it does sometimes hurt and it is still really fat and it hasn’t gone down so I think something is still wrong with it but I don’t know really, yeah, I kind of hope it is just going to fix itself, it probably won’t though.

However, as will be discussed in Section 8.3, the recovery process is significantly more complex and intense than the mechanistic notion of getting ‘fixed’. Beyond the
repair of the physiological damage the young people have to emotionally come to terms with the fragility of their bodies, the disruption to various embodied identities, and learn to cope with the residual fear and uncertainty that accompanies their future involvement in sport.

The young people’s use of depersonalised language in the form of ‘the pain’ and ‘it’ aids their efforts to “push through the pain barrier” and play hurt. Utilising depersonalised language to objectify their pain, deny ownership of injuries and relegate their bodies to physiological mechanisms represented a well established way of talking and thinking about these experiences across the whole spectrum of young people within school sport worlds. Drawing on existing research (see Frank, 1995), it is reasonable to suggest that this strategy is used to cope with the invasive dimensions of pain in everyday life more broadly and is not distinctive to sporting subcultures. In so doing, this observation reflects the “permeable boundaries” of (school) sport worlds and demonstrates one of the ways in which sport worlds overlap and dissect with other social worlds (Maguire et al, 2002: xix).

Disrespected pain

The third category of “injury talk” identified by Young and colleagues (1994: 182) is also prominent in the young people’s narratives. Reflected in Phil’s dismissal of his injury as “just a flesh wound”, disrespected pain involves the young people prioritising some forms of pain and injury other others whilst simultaneously adopting an irreverent attitude towards certain experiences. This strategy resonates with the risk continuum outlined in Chapter Six. Whilst the young people interviewed interpret risk as a universal feature of everyday life they prioritise some forms of risk over others. As discussed previously, sports-related risks occupy a relatively low position on the young people’s risk continuums and are disregarded as “not really as dangerous as, like, the outside world” (Fred). Other forms of risk, such as the threat of knife crime and terrorism are considered “more dangerous” and treated as a higher priority or source of worry in the young people’s lives.

The process of ‘disregarding pain’ also draws on the hierarchy of injury introduced in Chapter Six. The young people interviewed mobilise the hierarchy to dismiss their
current (or potential) injuries. They position their current ailments in relation to other more ‘serious’ outcomes and are able to make light of their experiences in the face of other potentially more damaging consequences. Fred utilises this technique to make light of a cut running the length of his shin that he sustained in PE the previous week:

Basically it’s just a graze, so that’s not very serious. That’s not very serious is it? I’ve still got both of my legs and you can basically fix that really easily. You laugh more at it; look {laughs and pulls up his trouser leg to show the newly formed scab that ran the length of his shin}.

Similarly, Courtney refers to her recent black eye as being “really amateur, it’s not even an injury” and Susan dismisses broken fingers and toes sustained during PE as “just little things” in comparison to death:

Occasionally I might break a finger or a toe, or sprain my hands and wrists. In netball, I bruise the tips of my fingers or something, just little things like that, its not like I’m dying.

This strategy returns attention to the notion of depersonalised pain since it involves the young people disrespecting damage to their bodies and passing such events off as ‘just a flesh wound’. Phil’s reference to his cuts, bruises and stud marks in this way echo Cartesian understandings of the body as simply a fleshy vessel in which the res cogitans is housed (Descartes, 1664). Through a combination of these two strategies Phil is learning to alienate his body and thus disrespects damage to it since it is understood as merely a corporeal shell in which the true value (his sense of self) resides.

Combative pain & injuries

A further interpretative technique not previously identified in the literature is that of “combative pain/injuries”. This strategy relates to young people’s interpretation of [sporting] pain and injuries as foes that need to be fought and overcome. The use of fighting language and images of warfare peppered the young people’s narratives. For

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98 The young people’s use of pharmaceutical drugs to assist in this ‘battle’ was alluded to in their narratives but never discussed explicitly. The use of these substances to both mask and aid the treatment of sports-related pain and injury represents a fruitful line of enquiry that warrants further research attention.
example, Beth talks of her ongoing "battle" with shin splints. Whilst, Richard felt like he was "losing the fight" against his knee despite his determination not be "beaten". This group of young people interpret the onset of pain, the process of playing hurt and the recovery from injury as forms of contests with their own bodies. These embodied battles are reflected in Phil’s reference to his internal "pain barrier" that must be "pushed through" in order to meet the tasks set by his swimming coach and echo Elias' (1986a: 50) discussion of "battle-tension and excitement" in sport. Elias (1986a: 50-51) stressed that:

Sport may be a battle between humans fought out individually or in teams... It may take the form or a ski run from high up in the mountains down into the valley, a form of sport which is not only a battle between humans but also a battle with the snow covered mountain itself... In all its varieties, sport is always a controlled battle in an imaginary setting.

Combative pain highlights how sports participation represents not only a fight against the opposing team but also an opportunity to engage in battle with oneself. In this scenario, the onset of pain or injury is constructed as an 'enemy' that threatens their continued participation in sport. As shown in Section 8.1 the expectation that they would simply face this 'enemy' and "play on anyway and deal with it" (Susan) is a common feature of young people’s attitudes towards injury.

Neither are pain and injury viewed as an acceptable limit in the quest for particular sporting goals, dreams or achievements. As has already been discussed, Kylie refused to accept her fractured finger or RSI as obstacles in her desire to play in the Churchill Regional School Finals the previous week. She reflects on the commitment and sacrifices she made to reach the finals with her team and concludes, "you don't give that up for anything":

I play for five different teams including my school and league teams and stuff, so when you train so hard and work so hard, its like, you’ve got all that behind you. You’ve been through fitness and you thought you were gonna pass out cos you couldn’t breathe, but you keep going cos you know its good for you. And then you get there and it’s like, I’ve been at shooting practice and worked on all these plays with the centre and we’ve finally got it. [You’re] all together and having your friends
around, like the players. You don’t give that up for anything...I played on Monday cos it was our last cup game all together as a team and we win it every year and I wanted to make sure we won it this year. When you work for something for so long, even though you’re injured, you just can’t not do it.

Kylie had invested a significant volume of her time and energy to reach the final with her team and she refused to be ‘beaten’ by her injury. She engaged in a ‘battle’ with her body to endure the one hour of playing time involved in the final.

Entering this battle and emerging victorious via the ability to overcome pain and play hurt is interpreted by those interviewed as a symbol of strength and mastery over their material bodies. The successful mastery of pain is a means by which this cluster of young people validates the authenticity of their sporting experiences. Taylor describes how she always tries to play through her pain on the basis that she:

kind of feel[s] like I really want to do this, to prove I can, even if I don’t like it or I feel like I am killing myself, I want to carry on.

Similarly, Roxie experiences the process of battling and overcoming pain as self-affirming and a demonstration of her mastery over her own body. She spoke of shielding her pain from her PE teachers in the fear that they would think her ‘weak’:

I don’t want to keep on telling her [PE teacher] I keep getting injuries otherwise she’ll think I’m weak, so I try to make myself stronger by not telling her and doing what I want to do.

Her narrative illuminates the perception of pain as a sign of weakness whilst simultaneously highlighting her sense of personal strength and independence gained from being able to ‘fight’ the pain and ensure its continued invisibility in the eyes of others. Roxie derives a sense of strength and significance from being able to ‘master’ her emotions and attaches value to her ability to win the ‘fight’ against her (private) pain experiences. In this way, the process of hiding her pain and presenting herself as ‘pain-free’ enables Roxie to feel a sense of ownership over her own body.99

99 Drawing on notions of anomie (Durkheim, 1951 [1897]) and alienation (Marx, 1964) it has been argued that in modern capitalist societies, the creative, meaningful and expressive aspects of human life are increasingly suppressed and people are becoming increasingly alienated from their bodies (Brohm, 1978). From a Marxist perspective it could be argued that Roxie’s ‘sense’ of ownership is merely an
Pleasurable pain

The data suggests that, for some young people, the process of inflicting, receiving and being in pain is in itself pleasurable. The identification of this strategy represents a new addition to the literature and offers further connection to the “quest for exciting significance” discussed previously (Maguire, 1991a: 29). The notion of sporting pain as pleasurable transports the discussion into the realms of both masochism (the tendency to take pleasure in one’s own suffering) and sadomasochism, that is the enjoyment of both the suffering and infliction of pain. This topic has been the subject of research within the field of sexuality studies (see Kleinplatz & Moser, 2006; Weinberg, 2006), however has yet to receive sustained attention within the sociology of sport. Bale (2006) comments on the limited research attention accorded to the pleasure-pain nexus within sport and offers the moral ambiguity surrounding sadomasochistic practices as a possible rationale. The possibility that sport may be painful and that sporting pain may be pleasurable runs counter to widely-held assumptions about sport as ‘frivolous, enjoyable play’ and pain as a negative emotion (McNamee, 2006). Moreover, the notion that young people under the age of eighteen may be partaking in sadomasochistic acts through their sports provision at school jars with traditional understandings of childhood as a time of innocence (Valentine, 1996). Both of these observations may explain, in part, the absence of sustained research attention in this area.

Limited research notwithstanding, the pleasure-pain nexus is evident in the narratives of those young men involved in rugby and may represent a core attraction of this sport. Sam, a member of Asquith High’s U-15 rugby team, expresses a “love” of the contact involved in tackling and identifies this activity as his “favourite bit” of the game. When asked what it was about tackling that he enjoys so much he identifies

illusion designed to induce a state of false consciousness. However, drawing on a two-way dialogue between theory and evidence, this research rejects such a reading of Roxie’s experience. Whilst it is sensitive to the growing expectations placed on people to exhibit greater emotional controls (Elias, 2000 [1939]), the increasingly medicalised understandings of our bodies evident in modern societies (see Chapter Three) and the young people’s relatively subordinate positions within school sport worlds, the data suggests that this cluster of young people are not wholly powerless nor are they unable to experience aspects of their lives in distinctly embodied and excitingly significant ways (Maguire, 1991a). It may simply be, that they are less able to do so, than in previous years. Outside the scope of this research, further examination of the sociogenesis of sporting risk encounters is needed to engage more fully with this argument.

two interconnected aspects, the masochistic experience of being in pain and the sadist infliction of pain on others. In relation to the first, Sam explains how “when it hurts, it gives you an adrenaline rush, its phat, I love it [sic]”. He describes feeling “well alive” and derives considerable pleasure from these experiences. Sam also highlights a more sadistic dimension of his risk encounter through his assertion that inflicting pain on others “feels good cos when other players get injured and really hurt and stuff you know that you were stronger than them”. Beyond Sam’s masochistic “rush” of pain, he derives pleasure from his ability to demonstrate mastery over his opponents through the infliction of pain. The absence of similar sentiments in the narratives of others should not be read as an indication of Sam’s experiences as an anomaly. However, it does raise questions as to whether this pleasure-pain nexus is distinct to the habitus of a particular group in society, namely middle-class, white males involved in brutal body contact sports. Further empirical research is required to explore, more fully, the extent to which this pleasure-pain nexus is apparent in other athletes’ sporting experiences.

**Summary**

These six techniques represent a relatively established and coherent set of interpretive devices which enable young people to manage their pain experiences in such a way that they can continue to play hurt even in the event of ‘serious’ injuries. The data suggests that by the age of eleven many of those interviewed are well versed and skilled in using these techniques. However, the degree to which these strategies can stave off their eventual removal from their activity and undergo a period of recovery is not limitless. Ultimately, many of those interviewed had to acknowledge the limitation of attempts to discredit their pain and undergo a period of enforced inactivity. It is to the emotional journey undertaken by those interviewed in this eventuality that attention now turns.
8.3 “I was having so much fun, then I got hurt again, now it’s back to the physio. I’m gutted”: Embodied emotions, sport and the injury process

Pike (2000) drew attention to an embodied emotional dimension of injury experiences in her assertion that athletes go through a relatively consistent emotional journey following an injury. Her research positioned this embodied journey as a critical and often overlooked aspect of sporting risk encounters. However, with her focus on athletic emotions post-injury it can be argued that Pike began her analysis at the midpoint of these emotional voyages. The data generated by this study illuminates an additional emotional phase identified by Phil as “walking the fine line between getting really hurt and being ok”. Whilst this phase precedes the actual occurrence of injury it is, nevertheless, a fundamental element of the injury process. Experienced as a more pleasurable dimension of risk encounters an exploration of the young people’s practice of “walking the fine line” offers further insight into the “quest for exciting significance” outlined by Maguire (1991a: 29). As such, the following analysis provides snapshots of four stages of the injury process. Beginning with an examination of the emotional process bound up in “walking the fine line” it moves through the onset of injury, the recovery phase and concludes with an exploration of the embodied emotional dimension of young people’s eventual return to activity.

Embodied emotions and “walking the fine line”

As noted in Chapter Five, several of those interviewed identify the risk of injury as a deterrent to their involvement in particular sports. However, for others the process of placing their bodies on the line and potentially getting hurt is a core attraction of particular activities. Phil describes how his enjoyment of rock-climbing is predicated on the physical risks involved:

In rock-climbing there is this sense of risk as well, you know, you’re walking a fine line between getting really, really hurt and being ok. There’s adrenaline and there’s a huge amount of relief when you finish a nerve-wracking strenuous climb. Whereas in swimming, after an hour’s session the only I don’t know, reward, you get is perhaps the trainer going ‘yeah, yeah, you did well there’. But rock-climbing there’s a lot more
reward and there's a lot more adrenaline and risk involved, which is so much more fun.

He identifies “walking the fine line between getting really, really hurt and being ok” as one of the central attractions of this activity. The slender ‘line’ Phil illustrates is also evident in Courtney’s narrative. She illuminates the critical point at which sporting risk encounters shift from enjoyable to unpleasant for her:

I like sports where there’s contact but not too much. Like, I like the fact that when you play you feel a rush of adrenaline and like when you score you get all the credit and feel good about that ... I don’t like things like rugby cos there’s too much contact. Like I said, I like the sports where there’s contact but not too much, rugby, you just know you are gonna get really hurt. Like, all the men in my family love rugby, so one time, I played with my brother and he’s a big, big guy, like muscle-y, and he knocked me on the floor. That was not fun. I really don’t like actually getting hurt.

The shift from the mimetic excitement of scoring a goal to the pain of being tackled by her older brother is not well received by Courtney (Elias, 1986a). Unlike Sam, she does not find pain pleasurable. However, in the event that she avoids “actually getting hurt” she does enjoy the process of taking acceptable risks with her body. The sporting context offers Courtney the opportunity to engage in the controlled “pleasurable de-controlling of human feelings” (Elias, 1986a: 49). However, as will be shown the “liberating, cathartic effect” of sport also contains “elements of anxiety, fear – or despair” (Elias, 1986a: 49).

The young people’s narratives identify several pleasurable elements of “walking the fine line”. In the first instance, they connect the uncertainty of this form of risk-taking with a heightened sense of ‘being’. Phil describes rugby as a sport in which “you feel like you are doing something” on the basis of the physical risks involved. He delineates between rugby and football in this regard and attaches a greater value to the former activity on the basis that:

Football is different, you know, you score a goal, there is no danger in that, there is no real kinda ‘whooooooa’ in doing that, not like going in for a tackle.
Expressed as “whoooa”, Phil emphasises the rush of adrenaline he feels when he goes in for a tackle, especially one where the odds are stacked against him. The ‘buzz’ of surviving her expedition to the edge of “the fine line” is described by Kylie as “the best feeling in the world”. She emphasises the importance of pushing her body right to its limits in this process. For Kylie, her involvement in Netball centres around her experience of it as:

Physically demanding as well as mentally, and you work your body to its limit and mentally, there’s so much. Like, your attitude to training, your motivation, you can’t get bored with it, you’ve got to keep going. Like, you don’t want to get up at 7 to go to school for a run round the school with your team, but you do cos you want to be better and its always about bettering yourself and bettering your last result and managing to beat that team who you never beat.

This process leaves Cassie feeling “full of energy, you feel really alive”. She describes how the successful evasion of injury when playing tennis “makes you glow, it’s weird, it’s sort of hormones that make you feel happy...it makes you feel like, refreshed”. Their narratives return attention to the multifaceted model of risk encounters introduced in Chapter Six. Cassie’s assertion that she feels “full of energy” is connected to the release of endorphins and highlights the physiological dimension of risk encounters (Boecker et al, 2008).

Moreover, in the highly regulated space of school, PE lessons were interpreted by the young people as a space in which they were able to break free of “boring classroom lessons” (Taylor) and enjoy physical activity and movement. Within this context, those interviewed interpret sporting risk encounters as spaces in which they can probe, test and extend their bodily capabilities. The process of “walking the fine line” (Phil) is interpreted as a valuable experience through which they could develop an understanding of the limits and possibilities of their bodies. For example, Sam concludes that “you have to get hurt, cos you need to find out if you can take it”. His early injury experiences helped him to probe the limits of his human capabilities. He describes how:

I broke an arm and a leg at the same time when I jumped off the top of my playhouse when I was about six years old...I thought I could fly, like

Batman, but I completely landed flat on my face {laughs}. Guess I can't fly {laughs}.

Sam's experience also helped him to make 'known' aspects of his social world that were currently 'unknown' to him. In this example, he establishes at the age of six, that humans are unable to fly unaided. Similarly, Roxie explains how "sometimes I feel like I'm gonna injure myself, getting right to where I don't think I can't do no more, it feels really nerve-wracking stuff, but I learn a bit more about what I can do". Steven also considers the process of risk-taking self-affirming. He attributes his developing self-confidence to his experience of this phase of the injury process:

I also find I am a lot stronger in myself, I have more confidence to do things. I have a lot more guts than I used to, for example, in a rugby game, you know, people back out of a tackle because they see a big guy, but I have confidence that I am big and strong ad could take them out. It helps you get confident throughout.

However, the outcome of the risk encounter is vital to young people's interpretation of this phase as pleasurable. In the event that "walking the fine line" (Phil) results in an injury requiring rehabilitation and a period of enforced inactivity the young people's emotional voyage changes course. It is to this phase of the injury process that attention now turns.

**Embodied emotions at the point of injury**

Notwithstanding Sam's pleasurable-pain nexus noted in Section 8.2, most of the young people interviewed associate the onset of injury with a shift in the emotional voyage identified as "just horrible" (Ella)**101**. Rather than "exciting significance", this phase of the injury process is characterised by feelings of uncertainty, disappointment and a sense of helplessness (Maguire, 1991a: 29). Figures 8.3.1 and 8.3.2 highlight the emotions felt by two groups of Year 9 pupils from Pitt Park School at the point of injury.

**101** The noticeable exceptions were those who "hated" PE (Spric). They referred to the onset of injuries as "glorious" since it provided them with a viable excuse to cease their involvement in PE. For this group of young people, the following phase of the injury process was experienced with elation and a sense that they were "on top of the world" (Phase Three poster).
Figure 8.3.1\textsuperscript{102}: I feel... when I get injured doing sport at school

![Image of handwritten text: Iritated! Let-down! Disappointed Silly!!! Overwhelmed!!! Embarrassed!!!]

Figure 8.3.2\textsuperscript{103}: I feel... when I get injured doing sport at school

![Image of a cloud with handwritten text: How do you feel when you get injured or are in pain when doing sport at school? Weak Silly Failure Clumsy Tearful Helpful Humiliated.]

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time this had happened to her during a game and she describes how since “it’s happened before, so I wasn’t that worried, it felt like it did then and I was ok after that”. Mercedes’ prior experience and her successful ‘survival’ of previous fractures assists her in rationalising her current injury and contributes to a less intense immediate emotional response. Her narrative highlights the ongoing layering of her experiences, which serves to normalise injuries and de-intensify her emotional response to these events.

**Embodied emotions, inactivity and the recovery process**

For those interviewed, recovery from injury is primarily characterised by feelings of frustration, uncertainty and fear that progress into boredom, restlessness and for some, intense grief and depression. However, it is also a phase of the injury process that offers a potential space for relief and reassurance in the form of medical intervention and the associated explanations provided by medical staff (see Figure 8.3.3).

Figure 8.3.3\(^{104}\): I feel ... when I am trying you recover from an injury

![Diagram](image)

The process of being relegated to the sidelines, placed on restricted activity programmes and unable to share in their class achievements frustrates 55% \((n=908)\)

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of those surveyed. Ellie, a Year 9 attendee at Pitt Park’s after-school athletics club describes how her recent twisted ankle left her feeling “a little frustrated, cos you’re sitting watching everyone else do it and you want to join in”. James expresses similar feelings as he felt “annoyed seeing, like, everybody else playing, getting up and playing and stuff” when he was recovering from a knee injury sustained during a school match. This frustration is manifested in a build up of energy that impacts on their daily lives. Phil spoke of getting “a bit restless” whilst Justine feels like she’s:

Got too much energy, and in a way, I sort of feel that, um well, I dunno actually. I feel, like, sluggish and stuff. And I need to just like, run around. When I’m home and I’m not playing, I get in a mood. When I’m not playing I get all moody and horrible, when I’m out playing I let it all out.

The recovery period is also experienced as a period of uncertainty. This was especially noticeable for those with more extensive injury histories. Their “been there, done that and got the t-shirt. I survived” (Phil) attitudes juxtapose against their growing awareness of their own mortality and the potential long-term effects of their injuries. Richard describes his reaction to his knee injury that required surgery and left him on crutches:

Actually and completely gutted. Because I’ve been four or five games straight without any injury, I thought I’d finally gotten over it and then this happened and I was completely gutted {throws his hands in the air}. Totally and utterly devastated {goes quiet}. I’m finding it more, and even more, hard to cope with my injuries, like, I keep on getting them. I’m thinking, are they ever gonna stop? Is my knee actually ok?

At thirteen years of age, Richard is already contemplating the fragility of his body and questioning its ability to cope with the continued stress of his sporting life. A consideration of the long-term consequences of their injuries was more evident in the narratives of the older athletes. Ian describes how:

I didn’t use to think about it [the possibility of getting injured] at all when I was younger. I used to think I was invincible {laughs}. But now {pause} just before a game it does sometimes worry me, cos I love it so much, I can’t imagine what I would do if I couldn’t play sport, but I just forget about it and get on with the game.
They are, by no means, as reflexive as many of the adult athletes interviewed in existing data but the sense of invincibility connected to surviving the "fine line" is being challenged by their personal experience of injuries involving long periods of rehabilitation.

However, the data suggests that the strength of the emotional response in the recovery phase is tempered by the young people's position within their school sport worlds. The emotional journey of those towards the elite end of the performance spectrum was more intense than their compulsory school sport counterparts. The correlation between the young people's position in their school sport worlds and their relative emotional response to periods of inactivity is reflected in Figure 8.3.4.

Figure: 8.3.4: Frustration-level of participation nexus

As shown in Figure 8.3.4, those within elite figurations are more likely to become frustrated at their continued inactivity than their compulsory school sport peers. Ellie, an ECSC athlete, recollects that she felt "a little frustrated" when out of action and her commentary contrasts with Rachel's (an elite footballer) account of her period of inactivity following her broken jaw:
It was sooooooo frustrating (throws her hands up in her lap). It was so frustrating because I had been playing so well. I went to every single match after and I just wanted to play. Being there probably helped me more because otherwise I would just be sitting at home and I would have got bored, this way I could be out and about with my football mates even though I could actually play. But it was so frustrating.

Similarly, the feelings of annoyance outlined previously developed into stronger feelings of anger as you progress along the performance spectrum towards the elite end. Dan describes feeling “so angry and so annoyed” following his first shoulder dislocation in the previous year. Comparatively, Billy reflects that “it feels okay, I’m getting a break”.

Indeed, these young people’s emotional responses are akin to feelings of grief and personal loss (Shuchter & Zisook, 1993). Injured individuals struggle to motivate themselves and this general malaise infiltrates other aspects of their life. Six months prior to our interview, David had been diagnosed both with Osgood Schlatter’s disease and Severs disease and had been placed on a restricted exercise programme. He describes his experience as “rubbish” and recalls his frustration at being confined to home for two weeks:

Bored! Just sitting down at home on the PlayStation, nothing to do apart from school and that was about it. It was so boring, it got really hard to get excited about anything as I couldn’t do any fun stuff.

Osgood Schlatter’s reappeared in the narrative of Cassie. At the age of fourteen, Cassie (now sixteen) had to curtail all forms of sporting activity following the onset of Osgood Schlatter disease and severe shin splints. She describes her decision to stop:

I don’t want to make anything worse, cos that was in Year 9. I was quite young, I don’t want to carry on playing and then think things might get worse (pause) or imagine if I had ruined my knee for the rest of my life and I had to walk around or hobble, or something, I don’t know. So after that I was more careful and I thought, like, what are the sports I enjoy the most, and that is when I sorted of cut out dance and gym...then I cut out hockey,
and then I did netball, I did tennis, netball and swimming for a while over the next two years, and then I just had to cut them out too.

Her initial response to this event was one of complete devastation:

I cried for ages. Coz then, it was like sports all every day, I just felt like everything was sort of gone and I thought I would never be able to play sports again and stuff like that. Since then, I have never played as many sports [sic].

Sport had represented a major part of her life, both in terms of time spent playing and her sense of self-identity. She mourned her ‘loss’ with tears and was still attempting to reconcile her loss at the time of interview. She no longer played sport at all, other than during her PE lessons for fear of re-injury and was resigned to a future that did not involve competitive sport anymore:

It’s really depressing, I know that I’ll never be able to play sport again like I used to. I just always thought that I would grow up to be sporty like my mum and dad and now I don’t think I can.

In comparison, those towards the other end of the participation spectrum described more ambivalent reactions to enforced periods of inactivity. Whilst Cassie talked about feeling “empty” following her diagnosis, Spiro, a member of Wilson High’s compulsory school sport figuration, relished the injury-induced break from her least favourite subject and concluded, “for once I don’t have to forget my kit”. Similarly Zoe, also a member of the compulsory school sport figuration at Wilson High, enjoyed “the break” from PE offered by injuries:

I don’t mind really, I kinda like the break. But it depends what it is [I’m missing]. If its gym or dance, I’d be quite annoyed cos I like them but if its in hockey or other sports or swimming, then I don’t mind at all {laughs}.

Drawing on the core tenets of the ‘culture of precaution and protectionism’ their sports injuries provide this group of young people with a legitimate rationale for their removal from PE lessons. Their injuries offer the opportunity to minimise the social risk dimension of their sports encounters as they remove themselves (or are removed by their PE teachers) from the potentially hazardous environment of their PE lessons. The stigmatisation that follows is “way less than what happens if I try and play, then
they really make me feel like I stand out, cos I can’t do everything the same way as the sporty girls can, that’s why I hate PE sometimes [sic]” (Spiro).

**Embodied emotions and the return to sport**

Whilst those who were not that invested in the school sport world were happy to ‘wait out’ their periods of enforced inactivity, for those invested in their sport worlds the progression from frustration through anger into boredom concluded in episodes of self-bargaining and more frequently an ‘early’ return to ‘action’ (Pike, 2000). Kylie, who was wearing a knee brace during our interview following her damaging “the tendons in my gastrocnemius and there’s soft tissue damage and cartilage damage too” described her preparation for the national school tournament at the weekend:

I’m not playing today [Wednesday], tomorrow I’m gonna play and see how it is and then Saturday I’m not gonna play, so I’m gonna rest it between Thursday and Sunday cos that’s our big finals which we’ve been looking forward to since October. So I’m gonna play Thursday and see how it is and then Sunday. 3 days rest should be enough, for one big day.

She engaged in the practice of self-bargaining in which she offset her days of inactivity as ‘evidence’ that she would be ok to return to action. Kylie’s narrative contains reference to the young people’s experimental approach to ‘test’ their readiness to return to sport discussed previously in Chapter Seven. The embodied experience of their frustration, with related anger and depression-like symptoms often prompts those interviewed to ignore recommendations provided by medical clinicians and return to activity before advised. Susan describes how, driven by the frustration and isolation from her team’s achievements brought on by her inactivity, she often returns to hockey before she “is supposed to”:

Yeah, I play before I’m supposed to because you know, you see everyone out there enjoying themselves and scoring goals or the whole team winning and I want to be a part of it and I don’t want to be sitting on the side.

This final stage of the emotional journey is shaped by the outcome of their return to their pre-injury activity. For many of the younger pupils their return to sport remains

characterised by worry, fear and uncertainty. Samantha talks about her return to PE for the first time after breaking her wrist in a skiing accident and describes being in a “panic” with:

Loads of things in my head, like, will it get broken again? If it does, is it gonna be chopped off? Will all the pain go away? I just didn’t know what was going to happen.

The inherent uncertainty in her sporting risk encounters is a central source of concern for Samantha. Her growing awareness and personal experience of injuries contributes to her fear and uncertainty as she returned to activity in PE. Moreover, her developing experiential knowledge of the potential hazards involved in sport results in her reassessment of particular activities. She describes the manner in which she broke her wrist and repositions skiing in a higher risk category along her risk continuum on the basis of her personal experience:

I went down and I fell over like this {stands up and demonstrates how she fell} and I whacked my arm. He [the instructor] helped me up and I thought I was up but I tripped over my other one [ski] cos they’re really long and I fell back and whacked my arm again. And someone skied over my arm. So I broke my radius bone, the one down in the middle and I was in a cast for six weeks and I think you can say I won’t be trying skiing again {laughs}, it’s way too dangerous.

Elvis also describes his conflicting emotions on his return to sport post-injury. He is both excited to be ‘back in action’ but also nervous about the potential for future injury:

Like, when I got out there, I’m, like, really excited that I’m gonna start it again. The worst thing would be though, if you have an injury and you go back out there, you get injured again. I worry about that, but it hasn’t happened to me, um, hopefully it won’t.

Indeed, a larger percentage of the Year 7 (29% / n=187) students surveyed indicate that they are worried about the possibility of getting hurt before they take part in PE than the Year 11 students (17% / n=88). Whilst the younger pupils are explicit in their nervousness, many of the older pupils downplay any feelings of fear, worry or
uncertainty they may have. For example, Nigel outlines his post-injury pre-match thoughts:

I guess, I think about matches, what I could do, um yeah. I guess that sort of mentally rehearses just, things going on in my head, what I could do and certain parts of the match, which I might visualise [Lara: Do you ever think about the possibility you might get injured again?] No, I just don’t think it’s worth worrying about {shakes his head vehemently}. I just want to focus on the match.

He vehemently rejects the risk of pain and injury as a topic worthy of worry and seeks to simply “focus on the match”. As Beth demonstrates, for these older pupils any residual fear or nervousness is constructed as a motivating factor to return to sport quickly:

I’d say I probably put a lot more effort into it when I came back [after an injury] because when I am doing it constantly I tend to get tired and maybe I won’t put as much effort in. But then, if I haven’t been doing it for a while I kind of think I’m so lucky when I can do it, so I put everything into it.

Through their socialisation into school sport worlds, the older pupils are becoming more proficient at managing their emotional response to injury (Hochschild, 1983). In so doing, they reject the more cautious approach promoted by advocates of the ‘culture of precaution and protectionism’ and maintain a ‘performance’ more consistent with the sports ethic, the sporting ‘culture of risk(s)’ and an emergent “health role” (Shilling, 2008: 105). They do so, in part, because the stoic tolerance and evident dismissal of pain and the practice of playing hurt are meaningful to the construction and performance of a host of embodied identities and it is to these matters that the analysis now turns.

8.4 Summary

The experiences of this cluster of young people serve to distort the notion of sport as wholly health affirming (Lupton, 1995). They appear to be rejecting, for the most part, the core tenets of the ‘culture of precaution and protectionism’ outlined in Chapter Seven and demonstrate a closer adherence to the practices and ideologies
promoted by advocates of the sporting ‘culture of risk(s)’. The majority of those surveyed continue to play through pain and with known injuries during both PE and ECSC, a practice that places both their short and long-term health at risk. They are also developing forms of “injury talk” that serve to discredit, depersonalise and dismiss episodes of sporting pain and injury (Young et al, 1994: 182). Whilst these “techniques of neutralisation” (Sykes & Matza, 1957: 104) promote medicalised understandings of sporting bodies, the emotional journeys which form a integral part of the injury process suggest that the lived reality of sports injury is far more complex than simply ‘fixing’ a ‘dysfunctional’ body part. In line with research conducted by Pike (2000), Sparkes (1996a & b) and Sparkes and Smith (2002), this network of young people is involved in on-going processes of emotional management and performance as part of their injury process.

However, as noted in Chapter Seven, sporting risk encounters and the resultant injury experiences also offer this group of young people a space in which they can probe their bodily limits and capabilities and exercise a degree of relative autonomy within their school sport worlds. In addition, the process of “walking the fine line between getting really hurt and being ok” (Phil) enables this cluster of young people to engage in a controlled “decontrolling of human feelings” (Elias, 1986a: 46), which can produce “enjoyable battle-excitement” (Elias, 1986a: 59). The role of sporting risk encounters (and their consequences) in this “quest for exciting significance” emerges as a central rationale for their continued participation in sport when injured (Maguire, 1991a: 29). The value of the self-realisation and self-expressive aspects of these encounters to young people’s development of age-related identities has already been discussed. However, the data also highlights three further layers of identity to which these encounters appear significant. It is to the role of sporting risk, pain and injury in the (re)construction of these identities that attention now turns.

Chapter Nine:

“That’s the one thing, as a sports person, you don’t want”: Sporting risk, pain and injury encounters and the (re)construction of embodied identities.

Sociological research has connected the sporting practices explored in Chapter Eight with the construction, performance and maintenance of gendered and athletic identities (Messner, 1990; Sabo & Panepinto, 1990; Hughes & Coakley, 1991; Pike & Maguire, 2003; Charlesworth & Young, 2004). The data generated by this study suggests that playing hurt, forms of ‘injury talk’ and the emotional response to injury are integral to the process by which young people assign and perform a range of dissecting and fluid embodied identities (Maguire, 1993). In addition to the young people’s mobilisation of playing hurt and ‘injury talk’ to establish identities as “sporty” (Samantha), and “strong” (male) (Sam) people, the use of sports injury encounters to embody “mature” (Cassie) and “healthy” (Dani) identities is also evident throughout their narratives. Having previously considered the significance of sport injury encounters in the construction and performance of age-related identities (see Chapter Seven), it is with the remaining three classifications that this chapter is primarily concerned.

9.1 “I didn’t want to look like a pussy”: A sporting ‘culture of risk(s)’ and the construction of gendered identities.

Early literature to explore athletic engagement with sports injuries strongly connected the uncritical tolerance of pain, the glorification of risk and the practice of playing hurt to the construction and embodied performance of hegemonic masculinity (Sabo, 1986; Sabo & Pinepinto, 1990; Messner, 1992; Young, 1993; Young et al., 1994). However, as noted in Chapter Three, recent research reveals the propensity of female athletes to perform sporting pain and injuries in very similar ways to their male counterparts (Pike, 2000; Charlesworth & Young, 2004; Theberge, 2006). This data has been used to support Young and White’s (1995: 51) conclusion that “if there is a

10 That is not to discount the possibility (and indeed likelihood) that sporting risk encounters are significant in the (re)construction of class and ethnic identities. In light of the difficulties experienced in the field (see Chapter Ten), an exploration of these two aspects of “stratifying bodies” is restricted in this research (Maguire, 1993: 46).
difference between the way male and female athletes ... appear to understand pain and injury, it is only a matter of degree”.

Attention has already been drawn to gendered differences between the sporting experiences of the young people involved in this research. For example, Chapter Five explored the gendered provision of school sport at the six research sites. Despite such differences, several similarities in the ways in which male and female pupils embody and perform their sporting pain and injury experiences are also observed. The absence of a striking ‘gender gap’ is evident when we consider their attitudes towards sporting (physical) risk and their response to getting hurt in PE. Of those surveyed, 63% (n=891) of the young women and 79% (n=759) of the young men indicate that they accept the risk of injury in order to take part in sport. In addition, far from being confined to the exclusive domain of male sporting practice, the majority of the young women surveyed also report playing hurt in both PE and ECSC (see Figure 9.1.1).

Figure 9.1.1: Gender similarities in the practice of playing hurt in school sport.

Moreover, the young people’s development and use of the interpretative strategies explored in Section 8.2 reveal few gender differences. Examples of both young men and women depersonalising private pain through their reference to injured body parts
as 'it' and constructing pain as something to be 'fought' and 'overcome' can be found in their narratives. In describing a recent netball-related injury Tyra asserts "it was just a finger so it wasn't that bad". James utilises the same interpretative technique to dismiss his strained calf muscle:

I like, pulled a muscle in my leg. My mum tells me not to play football at school but I couldn't help it, I was in goal and I had a one-one-one and I got in a tackle and damaged it again and like, sprained it and was off for the next few days.

Similarly, both groups hide their sporting pain and injuries from significant others. 68% (n=514) of the young men surveyed and 59% (n=434) of the young women routinely hide their sports injuries from their PE teachers and guardians.

Indeed, it can be observed that both young men and young women are incorporating the core tenets of the sporting 'culture of risk(s)' into their PE and ECSC practices. However, the degree and strength of their connection to these practices does appear to be contoured, in part, by a sporting "gender order" (Messner & Sabo: 1991: 1). For example, the young men surveyed indicate a firmer commitment to the acceptance of sporting risk than their female counterparts (see Figure 9.1.2). They also report playing hurt on a more frequent basis (see Figure 9.1.3).

Figure 9.1.2: Gender and the acceptance of sporting physical risk
The young men’s greater adherence to the core features of the sporting ‘culture of risk(s)’ can be explained, in part, by the symbolic associations the young people make between playing hurt, a host of personal characteristics and embodied hegemonic masculinity codes (see Messner, 1991; Young et al, 1994). In the first instance, this cluster of young people considers the tolerance of pain and an ability to play hurt symbolic of physical strength, a characteristic that has been identified as a “cornerstone of masculinity” (White & Young, 1997: 9). Ian describes how playing hurt “makes me feel stronger” whilst Ellie makes the following assumption about Derek Redmond (see Figure 9.1.4), on the basis of his response to a hamstring injury in the 1992 Barcelona Olympic 400m semi-final:

In addition to physical strength, playing hurt is also interpreted as a sign of bravery by several of those interviewed\(^\text{107}\). Maddie describes Terry Butcher as “really, really

\(^{106}\) Source: http://www.britisholympians.com/images/bo/athletes/derek1.jpg
brave” for being able to play on “even though he had a serious injury”. Similarly, Anna thought that Derek Redmond’s desire to complete his race showed “courage, motivation and perseverance”. Ben develops this line of thought and equates Terry Butcher and Derek Redmond’s actions with both a “brave aspect” and “wanting to be a hero”.

Young and White (1997: 9) argue that sport “confirms and consolidates” the connections made between these attributes and hegemonic masculinity. Although never explicitly discussed as such, several of those interviewed connect the practice of playing hurt and the associated demonstration of physical strength and bravery with notions of ‘being a man’. Phil describes “this one kid” who:

> got this massive {voice gets loud and Phil gestures along his leg to indicate the size of the injury} giant gash down his leg during that match, but he said “I’m fine, really I’m fine, I’m fine” and carried on playing. I don’t know why, but the kid just doesn’t feel pain! He’s hard.

Conversely, those who are unable to play hurt are viewed as physically deficient and are subsequently labelled “weak”. Taylor brands Paula Radcliffe “a wimp!” on the basis that she “hadn’t even got that far and she was crying and needed to stop” during the 2004 Olympic Marathon. Similarly, Phil is contemptuous of footballers’ performance of their injuries and “thinks less of them” since:

> You watch football and you see people get injuries which you know a Year 7, like a weedy, you know like the smallest of small persons on a school playing field would just get up and carry on. But these guys, they you know, lie on the floor and pretend to cry, yeah you do think less of them. If it is like, someone big and strong and they go out because they have grazed their arm, then you do think ‘what an idiot’.

An inabilty to play hurt is interpreted by the young men, and some of the young women, as a sign of femininity or homosexual preferences. Ian recalled playing hurt during a recent school hockey match because he “didn’t want to look like a pussy”.

107 However, as noted in Chapter Seven, some of the young people draw on the central tenets of the ‘culture of precaution and protectionism’ to interpret the vocalisation of pain and the practice of not playing hurt as brave.

108 The connection between an ability to stoically tolerate pain and heroism is not confined to sport worlds; similar connections are made in Western literature, film and art (Donald, 1992).
The data suggests that within their school sport worlds, it is important for the young men to perform their pain and injury experiences in such a way that they establish their allegiance with hegemonic masculinity codes (Connell, 1995). They must demonstrate a stoic response to pain to avoid being labelled “weedy” (Phil) or a “wuss” (Elvis). Fred “just gets up, carries on and kinda ignores it” when he gets hurt in PE but confesses to “getting home and then I scream in pain”. Fred restrains and internalises the unlearned dimensions of his pain experience in order to maintain a pain-free façade in front of those who may stigmatise and humiliate him (Elias, 2000 [1939]). As noted in Chapter Seven, the PE teachers at Royal Wilson School are amongst the strongest advocates of a sporting ‘culture of risk(s)’ and expect their pupils to normalise incidences of injury and play hurt. However, on his return home Fred is able to provide a more authentic reaction to his injury with far-reduced social risk.

The young men within this study appear to experience their sports injuries in one of two ways; either as an embodied ‘badge of honour’ that symbolises their ability to tolerate pain, play hurt and/or successfully return to the field of play post-injury or as an embodied mark of their physical and sporting incompetence manifested in their failure to play hurt or return to sport successfully. This observation highlights the intersection of gendered and athletic identities and the role played by sporting pain in the construction of both. Some of the young men towards the elite end of the performance spectrum proudly show off their visible wounds and recount their stories of ‘survival’ publicly. Dan speaks of his “stud marks and scars and bruises” as being “kinda cool”. Similarly, Sam a member of Asquith High’s U-15 rugby team, identifies his team-mates’ scars as “phat” and describes how:

Some of the team walk around school with these phat injuries, you know they’re, like, the best players, they’re hard [sic].

In this context, the visible demonstration of sports injuries that have been endured and overcome are paraded around school and operate as a highly valued commodity. They are embodied evidence of the young men’s ‘trade’ in pain and verify their ability to tolerate pain, overcome injuries and remain on the field of play. Carrying visible injuries marks the young men out as “hard” (Sam). This is a valued form of
distinction within their school environments as evidenced by Sam’s conclusion that those who parade their “phat injuries” are the “best players”. Performing injuries in this way operates in marked difference to the process of ‘hiding pain’ explored in Section 8.2. However, the young men’s overt performances may simply be a further strategy used in an attempt to minimise the disruptive potential of these experiences.

In comparison, some of the young men within compulsory school sport figurations construct and experience visible injuries as embodied marks of incompetence. Teddy associates his injury encounters with his “clumsy” personality:

Cos I’m just a clumsy kinda person, everything has happened to me. One time, we were on the field and we were getting ready for athletics, and the weirdest thing, a golf ball hit me in the chest, winding me, which is probably the weirdest injury you can get from not actually doing anything. Stuff like that never happens to people like Alex. [Lara: Who’s Alex?] He’s the U-15 rugby captain, something as dumb as getting hit with a golf ball would never happen to him {laughs}.

Teddy juxtaposes his “clumsy” personality against the rugby captain’s. In so doing, he separates himself from an individual who embodies sporting competence and achievement. Similarly, Fred concludes that “the fact I get hurt all the time is cos I am useless at PE”. He recalls how:

I actually got injured in basketball, it wasn’t by accident, I was useless again {laughs}. I threw ball up and it hit the basket {pause} Hello! {Pause} it hit the basket, I never {raises voice} do that, I normally miss by miles {Laughs}. I was excited for about a second. It hit the basket and then hit Andrew in the face. Andrew caught the ball, ran up to me and slammed it on my neck. I had to sit out the rest of the class cos I couldn’t move my neck that much. No one really cared, I think they just thought ‘ah that’s just Fred being useless again’.

In both cases, their sports injuries are experienced as embodied marks of incompetence rather than badges of honour. They serve to communicate the young men’s failure to successfully verify their masculinity and are a source of shame and embarrassment for the young men in question (Atkinson, 2007).
However, the fear of being stigmatised as ‘weak’ is also a source of fear and worry for several of the young women interviewed. Christina justifies the decision to mask her pain from others “because if I speak up everyone will think I’m really weak”. She continues to explain that “I don’t think I’m weak, just because I’m a girl”. Christina draws on the practice of playing hurt in order to challenge the perception that she is neither strong nor physically competent. Samantha also recounts a situation in which she pushes through her pain to “prove a point”. During a recent Scouts expedition in which the group had to swim in a cold lake in March, Samantha describes how:

> Everyone else got out and I went ‘I’m gonna do one more [lap] to prove myself’. They all watched me and I swam, I did like, one, two, three, four more laps and I swam out to the deeper part and back again. When I jumped out, I was white and shivering, everyone came over with towels and hot water bottles and things.

Whilst Samantha’s risk encounter occurred in a non-sport setting, her response to pain correlates with the ‘sports ethic’ (Hughes & Coakley, 1991) and demonstrates the “permeable boundaries” of sport worlds (Maguire et al, 2002: xix). Samantha continues to explain that:

> normally I’m quite shy, I’m one of the only girls there, so I always stay at the back a bit, but this time I thought, I want to show them what I can do otherwise I’m gonna be a chicken again.

In both cases, the young women mobilise their ability to play hurt to challenge the “frailty myth”, verify their sporting competence and justify their involvement in sport (Dowling, 2000: 3). Through this embodied demonstration of their physical ‘toughness’, Samantha and Christina contest the supposedly ‘natural’ differences between men and women that have served to restrict women’s access to sport (Hargreaves, 1994). They draw on the central principles of the sports ethic to ‘prove’ their athletic status and justify their place in the activities. Correspondingly, Ella reflects on her rationale for playing hurt:

> I always try to play on. I’ve been told to keep trying, I’m not particularly sure who by, but I just remember it, to keep trying. Especially my mum when we watch football games, she’s always calling them wimps cos they just stop if they get hurt. So I
always try. I wouldn’t say I am stupid for trying and trying, it’s just what you have to do.

Ella’s commentary illuminates the interplay between two layers of embodied identities, the gendered notion of being a “wimp” and the connection between playing hurt, the sports ethic and an athletic habitus reflected in her conclusion that playing hurt is “just what you have to do” (Hughes & Coakley, 1991). Indeed, given the similarities between the young men and women’s performance of sports injury, a consideration of gendered identities alone does not provide a sophisticated enough framework to explore the subtle nuances of young people’s sporting pain and injury experiences. The complexity of the data stresses the “subtle blend or colouring” of a multitude of embodied identities (Maguire, 1993: 48). One of which, as Ella highlights, is the construction and performance of athletic identities.

9.2 “It’s hard to go that extra mile, but I want it, so I push through, even though it hurts”: Sporting risk, pain and injury and the making and remaking of athletic identities.

The profile of the young people involved in this study enables a more focused examination of the role played by sporting pain and injury experiences in young people’s understanding of what it means to be a ‘good’ or ‘successful’ athlete. This section probes the ways in which this cluster of young people mobilise their sporting pain and injury experiences to construct, embody and perform athletic identities. It has been noted that young people’s standard of participation shapes their sporting experiences. For example, Chapter Seven explored how this contributory factor impacts on young people’s access to specialised sports medicine whilst Chapter Eight illuminated the more intense emotional journey undertaken by young elite sports performers as part of the injury process. While adherence to the core tenets of the ‘culture of risk(s)’ is evident throughout the range of sports backgrounds housed within these school sport worlds, those towards the elite end of the performance spectrum demonstrate a more intense connection to the sports ethic and the concomitant ‘culture of risk(s)’ (Hughes & Coakley, 1991; Nixon, 1993a).

For example, whilst sporting (physical) risk is broadly identified as a form of ‘acceptable’ risk by those interviewed, the data suggests that the degree to which
young people accept this risk is shaped by the standard of sport in which they are involved (see Figure 9.2.1).

Figure 9.2.1: Acceptance of sporting risk and standard of participation nexus.

Kylie, an elite netballer, stresses the 'inevitability' of sports injuries with her claim that injuries are "part of the game, you can't play sport and not expect to get injured, it's just one of those things that happen". Indeed, she connects her commitment to training and competing with an increased risk of injury and revels in her ability to "face it and still play on":

If I didn't go to training, I'd be less likely to get injured and if I didn't play hard and jump that extra bit higher for that rebound, then I probably wouldn't land on my ankle like that and twist it over. But that's why I can do what I do, I can face it and still play on.

In addition to the quantifiable increase in the percentage of young people who broadly accept the risk of injury, a concomitant rise in the strength of their acceptance is also observed as they move towards the elite end of the spectrum (see Figure 9.2.2).
Figure 9.2.2: The strength of the acceptance of risk-standard of participation nexus.

Maddie, a member of the compulsory school sport figuration at Pitt Park School, describes her reluctant acceptance of the physical risks involved in sport:

I guess you have to just accept it, you can't really not hurt yourself, I think you just have to face it really. I mean, you can kinda control it a little bit but when it happens you can't really stop it happening. It's not something I enjoy though {laughs}.

Conversely, Susan relishes the challenge posed by injury and concludes "if you play hard and you play to win, you are gonna get hurt. It's about whether you can take it. It's just part of the game". The conflicting attitudes towards risk acceptance serve to delineate between 'us' (the 'sporty' individuals) and 'them' (everyone else). The vociferous acceptance of sporting risks, evident in Susan and Kylie's narratives, operate as a form of distinction between the groups of young people within school sport worlds (Elias & Scotson, 1994).

A similar correlation is noted between the young people's propensity to play hurt and their position within their school sport world (see Figure 9.2.3).
Figure 9.2.3: Networks of participation and playing hurt in PE

In addition to an increase in the recorded *incidence* of playing hurt in PE as you move towards the elite end of the spectrum, those within elite and club figurations play hurt on a more frequent basis than those in compulsory school sport figurations (see Figure 9.2.4).

Figure 9.2.4: Frequency of playing hurt with PE.
Ian, an elite golfer, described playing hurt in a recent school hockey match against Pitt Valley School. He broke his nose after being hit in the face with a hockey ball, but “wanted to play on, just for the benefit of the team”. He left the pitch for a momentary period to change shirts in accordance with the blood bin rules but returned immediately. Ian dismissed the incident as “just what you do” given that “you don’t really need your nose for anything in sport unless you’re trying to smell where the ball is or something {laughs}”. While many of those in the compulsory school sport figuration also spoke of playing hurt, several of them indicate that they are more likely to “take on board what others say and sit out if it is bad” (Tyra).

Several researchers point towards the centrality of playing hurt, ‘injury talk’, the normalisation of pain and the glorification of risk in our understandings of what it means to be a ‘real’ athlete (Curry, 1993; Pike, 2000; Howe, 2001; Young, 2004; Liston et al, 2006). In so doing, they draw on the concept of a dominant “sports ethic” introduced in Chapter Two (Hughes & Coakley, 1991: 307). This ethic contains four beliefs which, the authors argue, are frequently used to “identify oneself as an athlete and to be treated as an athlete by others in sport” (Hughes & Coakley, 1991: 309). Hughes and Coakley (1991) position the acceptance of (physical) risk and an ability to play hurt as core components of the sports ethic and connect these practices with the (re)making of athletic identities. During the group tasks several of the young people identified the ability to “take pain” as a core component of being a successful athlete (see Figure 9.2.5).
Figure 9.2.5: What makes a good/successful sportsperson? (Year 7, Asquith High: emphasis added)

The four Year 7 pupils from Asquith High responsible for Figure 9.2.5 offer John Terry (a footballer noted for his stoic tolerance of pain and ability to return to action rapidly post-injury) as an example of a “good sportsperson”. The data suggests that the network of young people involved in this study are using the core tenets of the sports ethic and the sporting ‘culture of risk(s)’ to evaluate the athletic ‘status’ of people. In contrast, embodying the core ideals of the ‘culture of precaution and protectionism’ is considered counter-productive to the development of athletic identities.

As discussed in Section 9.1, many of the young people interviewed draw on a symbolic connection between playing hurt and physical strength. In so doing, they stress the need for “proper sportsman [sic]” (Anna) to present strong, disciplined and capable bodies. Billy concludes that “stronger athletes play some more” when they are injured whilst “weaker athletes just stop”. Correspondingly, Ellie infers that Terry Butcher’s decision to play hurt is a sign that he is “a strong footballer who wants to finish it [the game] and has to do it no matter what”. Moreover, they interpret playing hurt as an embodied demonstration of discipline and mastery over the physical body, something they consider a necessary requirement for being a ‘real’ athlete. Roxie
talks of shielding her pain from Ms McKinley, her PE teacher, in the fear that Ms McKinley would think Roxie ‘weak’:

I don’t want to keep on telling her I keep getting injuries otherwise she’ll think I’m weak, so I try to make myself stronger by not telling her and doing what I want to do.

Roxie’s commentary illuminates her perception of pain intolerance as physical weakness. She also interprets the process of battling and overcoming sporting pain as a demonstration of mastery over her own body. As noted in Chapter Eight, a failure to play hurt is interpreted as ‘losing the battle’ against your body. Taylor describes “pushing myself because I know I can do it” and highlights her hatred of losing this ‘battle’:

The one thing I hate is when I am lost, when I can’t carry on, that is the one thing I hate. I am not competitive, well I am a bit {laughs} and I push myself because I know I can do it, and then when I have done it, I am quite pleased with myself but it is pushing yourself to do it that make me really, like, buzz.

Taylor’s narrative returns attention to the ‘exciting significance’ of pushing their bodies to the limit, tolerating pain and feeling a sense of ownership over their bodies and personal accomplishment at mastering the more unlearned aspects of their pain experiences (Atkinson, 2008).

Furthermore, playing hurt is viewed, by this group of young people, as embodied evidence of an athlete’s dedication to the ‘sporting cause’ and commitment to their team. Several of the young people interviewed interpret Derek Redmond’s desire to complete his race as a sign of “a lot of determination” (Susan) and “think that’s great, because although he is in pain and you can really see he is in pain, he came through and tried his hardest” (Maddie). Indeed, 68% (n=1119) of those surveyed respect athletes who play hurt and throughout their narratives it is clear that many of the young people interviewed value those who are able to demonstrate and embody a single-minded commitment to sport. For example, Ben asserts that Redmond is:

very brave for trying to get up and he showed a lot of determination for like, say in football you just go walking off, but he showed a lot of
determination for wanting to finish the race and not, like, going off at the final bend.

He admires Redmond’s attitude and concludes that Redmond is a “hero” and worthy of his respect. Juxtaposed against the ‘bravery’, ‘strength’ and ‘dedication’ of Redmond are the young people’s attitudes towards Paula Radcliffe and her inability to complete her event. Teddy interprets Radcliffe’s failure to play hurt as a symbol of her physical weakness since he concludes “oh she’s weak, she didn’t finish’, I think she could have finished in the end, so she wasn’t the strongest”. Meanwhile, Phil questions her dedication:

It’s just not a visible injury and I know she is probably hurt inside because you know your legs hurt and ‘argh’ when you are running, but she’s given up, there’s no real kind of pride or anything there, I kind of feel sorry for her, but not the same as the others {gestures to pictures of Redmond and Butcher}

Correspondingly, Fred interprets Radcliffe’s failure to continue the race as a marker of a poor attitude:

I think she could have done better to carry on in the race, like everyone else did. I think she was a bit, like, oh what do you call it? chicken or something? She doesn’t really want to carry on, no matter what pain you’re in you should carry on, cos I mean she doesn’t nearly compare to him {gestures to picture of Terry Butcher} and he carried on playing football. Paula Radcliffe just basically just gave up.

As such, those seeking to be identified as an ‘athlete’ within their school sport worlds push through their pain and play hurt in order to ‘prove’ their dedication to sport. Kylie draws on this nexus to justify her decision to play hurt:

If you train and you work hard and you really want it, then you’re not gonna want to give up and get off the court cos you’re a bit hurt. Whereas someone who falls over and grazes their knee, if they’re not bothered about whether or not they win, if they haven’t put in the time and don’t know what it’s like to be physically dead, they will just give up. I carry on, because I know I want it [sic].

Kylie contrasts playing hurt with the response of her ‘less dedicated’ peers. In so doing, she delineates between those who are committed (us) and those who are not (them). Moreover, Kylie dismisses sports injury as a valid obstacle in her pursuit of particular goals, dreams and achievements. She asserts that:

People who really care about it, won’t make too much of a fuss about injuries, cos you enjoy it so much that you want to play no matter what, whereas if you’re not bothered about it, then it just becomes another excuse to not [sic].

Kylie’s comments reflect a broader connection made between the practice of playing hurt and an embodied demonstration of commitment to a ‘sporting cause’. Figure 9.2.6 highlights the importance of demonstrating ‘commitment’ in the young people’s process of identifying ‘successful’ athletes.

Figure: 9.2.6: What makes a good/successful sportsperson? (Year 9, Pitt Park School).

Playing hurt is one means by which this group of young women from Pitt Park School measured ‘commitment’. Indeed, Maddie suggests that athletes’ propensity to play hurt “just shows how committed to winning and everything they are” and 62% (n=1024) of the young people surveyed associate playing hurt with commitment to the team. Another group of young women at Pitt Park School centralise the importance of “commitment” and interpret playing hurt as an embodied demonstration of this quality (see Figure 9.2.7). In contrast to several of their peers, this group of young women identify Paula Radcliffe as a successful athlete on that
basis that “even when everyone criticised her, she carried on running although she was really ill”.

Figure 9.2.7: What makes a good/successful sportsperson? (Year 9, Pitt Park School).

For those interviewed, the desire to “finish for my team” (Mercedes) emerges as a common rationale for their practice of playing hurt. Phil describes how the pressure of being selected for the house rugby team, which he felt was an unexpected and significant honour for someone who “isn’t all that sporty, you know in the conventional way”, acted as motivation for him to continue to play whilst in pain:

When I got run over [by 2 larger players], I did feel the pressure from myself to carry on, because I am quite competitive {pause} and probably a little bit from other people because it was quite important, we take rugby quite seriously at this school and, you know, its for our house and we all, we all wanted to win that game, so perhaps a bit of pressure there.
Similarly, Susan plays hurt during her school hockey matches “because I want to help the team, I don’t want to let my team down”. In the context of his PE lessons, Ben describes conducting an internal conversation when he gets hurt, during which he tells himself “you can get over the pain, you don’t wanna let the team down, you can do it!”.

As noted in Chapter Seven, several members of school sport worlds reinforce a connection between playing hurt and responsibility to the team. Within the context of school sport, this sense of ‘responsibility’ is not limited to those in the school teams or established sports teams outside of school. Within their informal group activities in PE several young people also report feeling constrained by the expectations of group activities. Fred explains that he plays hurt in PE because:

I don’t really want to let my team down cos it’s like, I’ve gotta carry on if we haven’t got any subs to choose unless its really serious, like I get a broken rib or, like, my nose comes off and its halfway across the playground, stuff like that.

Similarly, those who take part in individual sports draw on the twin notions of ‘commitment’ and ‘responsibility’ to justify their decision to play hurt. Beth identifies a tangible figure in the form of her gymnastics club that she does not want to “let down”:

I don’t want to not do it. I don’t want to let the club down...I think it is my own responsibility, to the club and to myself. I just kind of do it [play hurt] for myself.

Dani’s reflections on her decision to play hurt offer further insight into the connection made between this practice and an embodied sense of commitment. She plays hurt in PE:

Because it’s a group thing and you don’t want to let the group down and also, because you may hurt your leg but, like, everyone else has been hurt too so you just keep quiet, you kind of sign up for that.

Dani highlights the collective experience of suffering and the bonds created between members of school sport worlds on the basis of their shared pain experiences. In masking their pain, these young people establish their membership of their athletic figuration since Dani acknowledges that, in order to be seen as an athlete, you must
accept the physical risk of injury and do *all that is possible* to play through pain and with injuries whilst maintaining a dignified silence.

The bonds developed through shared pain experiences extend beyond the immediate and intimate relationships within a school sport world explored thus far. Dan asserts that the practice of playing hurt shows that athletes “care about their team *a lot* and that they want to play on cos they want to show the *country* what they can do”. He reflects on Redmond’s attempts to finish his race and concludes:

> Of course he wanted to finish the race cos he loves his country. He was desperate to finish it *for his country* cos it was the Olympics. When stuff like that happens we all cheer them on, hoping they will finish, it makes you proud.

Dan highlights the unifying effect of Redmond’s pain experience for those watching the race. Moreover, he draws on Redmond’s actions to communicate a sense of national pride and cohesion. Like Dan, others connect playing hurt to a demonstration of national pride, loyalty and passion. David labels Terry Butcher “brave” and declares that Butcher “was determined to get his country to win and like, he wanted to carry on cos he was so passionate”. Correspondingly, Fred brands Redmond “really patriotic” because “he’s still finishing the race, it’s probably really hurting him but he doesn’t want to let his country down”.

Phil develops this line of thinking with a more explicit connection between being English and Terry Butcher’s tolerance of pain on the sports field:

> I feel kind of proud of him actually, because he is wearing an England shirt. {pause} He is obviously in a bit of pain, there is a lot of blood on him, but he is playing with the pain. Stiff upper lip and all that.

Phil displays aspects of “wilful nostalgia” in his image of stoic Englishmen
d through their dignified silence in the face of pain (Maguire, 1994: 409). He draws on an idealised national self-image containing the residue of the Games Ethic and the perceived civilisation of the British Empire at the

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109 The use of the gender specific term Englishmen is intentional here and is designed to reflect the claim that “the practices of nationhood and national identity are also the expression of male identity” (Maguire, 1994: 411).

peak of its global dominance (Mangan, 1998 [1986]). Indeed Maguire (2005: 111) argues that:

At the level of the nation there exists a semi-sacred and privileged we-ideal whose strength is drawn from a set of ‘impersonal symbols of a hallowed collectivity’.

Phil’s commentary suggests that playing hurt may be one such ‘symbol’ in the construction and embodiment of what it means to be ‘English’. In so doing, he draws attention to the significance of this sporting practice to not only the development of athletic ‘we’ codes but also the emergence of national habitus codes, which work to bind larger groups of individuals together (Elias, 1991; Maguire, 2005). Whilst beyond the scope of this study, these observations suggest the need for further research to probe the significance of sporting pain experiences in (young) people’s construction, understanding and performance of national identities.

For those whom identifying as an athlete represents a central part of their lives, the process of developing, performing and maintaining their athletic identities can be understood as an ongoing body project that requires a significant investment of time, energy and discipline (Shilling, 2003). Several of the elite performers interviewed made reference to their “investment” (Kylie) in sport. Justine, an eleven year old elite tennis player from Pitt Park School, outlines her weekly training schedule that she adheres to religiously despite the growing academic pressure she feels under at school:

I do it [tennis] every day, except once. So I’m doing it today and tomorrow and the next day, and the next day. Today I train for 2 hours after school, tomorrow its 2 hours and it’s all, it goes like that {pause}, most of the time it’s 2 hours...its harder since starting here, we get a lot of homework and stuff and I sometimes get in trouble if I don’t get it done. But I’d like to be a professional. I’d like to play at Wimbledon. Obviously I’d like to win it, but I’d just like to play at Wimbledon. I think it’s possible if I train really hard for it, which I do. I’ll try, I’ll try my best. I’ve already played on the practice courts.

Furthermore, Kylie’s narrative clearly demonstrates her passion for sport and the central role netball plays in her life:
Personally, especially in a school like this where you have so many opportunities, it’s like everyone finds there niche, or most people do, if someone finds their niche in music then they will go and play their cello until they’re happy, or paint that painting, or act in this and that. Like, I’ve played sport since I was so young and it’s made me who I am.

Given the centrality of sport to both Kylie and Justine’s sense of self, it is reasonable to conceptualise sports-related pain as a disruption to both their involvement in sport and their ongoing athletic body project (Sparkes, 1996a; Pike, 2000; Shilling, 2003).

Richard’s continuing complications with his knee highlight the disruptive nature of sport injuries on both levels. Richard arrived at his first interview on crutches since he had sustained a knee injury during a recent football game. This event disrupted his ability to continue to play for Pitt Predators and he describes his current position in the injury process:

I got tackled straight, full boot, straight into my knee. I had an MRI scan and I’m getting the results back this week, but the doctor suspects there might be a bit of chipped bone which is in my tissue, a bit of torn cartilage or a severe inflammations, damage to the bone and bruising to the bone. Either way, I’m out for a while.

This is not the first knee injury Richard has sustained and his lengthening injury history is a source of concern and worry for him:

I mean, recently, well this year, I’ve had many knee injuries in both knees, so when I’m getting ready, I do think about it more than normal. I do go ‘is my knee gonna be ok? And is it gonna hold up?’

His injuries are beginning to unsettle his embodied sense of self as a club footballer. He is questioning his body’s ability to “hold up” and maintain its integrity for the duration of a football game. Indeed he describes how, in the past, he has “grit his teeth and got on with it” when he felt various parts of his body hurt. He sought to dismiss these events as a “slight twinge” and pass them off as “a minor injury that will go away”. Moreover, in these situations his Dad offered him words of encouragement and stressed that “you’re not going to get injured and it’s all gone behind you”.

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However, this period of inactivity and associated pain had disrupted Richard’s emotional stability and his sense of self as a “sporty” person:

> When you’re playing sport you don’t realise how enjoyable it is, but like, as I’ve been out for injury, you just miss so much. It’s hard to imagine that someone could do without, without sport throughout their life...I’m gutted. Actually and completely gutted. Because I’ve been four or five games straight without any injury, I thought I’d finally gotten over it and then this happened and I was completely gutted {throws his hands in air}. Totally and utterly devastated {goes quiet} I’m finding it more, and even more hard, to cope with my injuries, like, I keep on getting them. I’m thinking, are they ever gonna stop? Is my knee actually ok?

Sparkes (1996a: 463) has conceptualised pain and injury in this context as a “fatal flaw” and thus something that athletes seek to manage and minimise where possible. The more intense emotional journeys undertaken by elite young performers examined in Chapter Eight can be understood as an embodied response to this ‘fatal flaw’ and the subsequent disruption to their sense of identity. However, the data also suggests that the injury process offers young people a space in which to probe and develop a layer of identity related to their growing physical, emotional, moral, psychological and social maturity (see Chapter Seven). In this context, their sports injuries represent less of a ‘fatal flaw’ and more an opportunity for self-realisation and personal growth. Thus, Sparkes’ (1996a: 463) analysis of injury as a “fatal flaw” fails to capture the complexity of injury experiences in their totality.

9.3 “I wanna be fit, not fat”: Playing hurt, healthism and the ‘risk’ of obesity

Having explored the construction of young people’s intersecting gender, athletic and age identities it is to the role of playing hurt and the construction of ‘healthy’ identities that attention now turns. As noted in Chapter Two, health has come to represent one of the core organisational, instructional and regulative concepts in modern Western societies (Kirk, 1990; Gard & Wright, 2001; Campos, 2004). Via media reports, public health initiatives and academic research we are increasingly being constructed as a global community ‘at risk’ of obesity and other health-related
illnesses (WHO, 2008). As will be shown in this section, several of the young people interviewed construct playing hurt as a ‘necessary cost’ in the ‘fight against obesity’ and mobilise this practice as embodied evidence of their commitment to the attainment of ‘healthy bodies’ and a ‘healthy lifestyle’.

The ways in which this cluster of young people define and understand what it means to be ‘healthy’ and the importance they place on achieving ‘healthy’ status are particular relevant here. An understanding of health consistent with the narrow, medicalised definition evident within the healthism discourse is apparent in the young people’s narratives (see Chapter Two). Elvis describes being ‘healthy’ as:

Eating the right foods, doing a lot of exercise, working out, maybe going out for walks and stuff, not sitting in front of the TV, balanced diet {pause} not loads of McDonalds and stuff. Loads of vegetables, fruit, you know, try and get your five-a-day.

He links the notion of ‘health’ to two specific bodily practices; deliberate physical exercise and a controlled diet in which clear lines between ‘good’ foods (vegetables and fruit) that should be eaten every day and ‘bad’ foods (e.g. McDonalds) that should be avoided are drawn. Reference to these two practices as the fundamental cornerstones of ‘health’ and ‘healthy practices’ was widespread throughout the group of young people interviewed, as shown in Figure 9.3.1.
A distinct and certain relationship between diet, exercise and health emerges from Figure 9.3.1 (Gard & Wright, 2001). Several of the young people interviewed reduce ‘health’ to the simplistic notion of maintaining a balance between “energy in” and “energy out” (Teddy). Within this understanding, “food is fuel” (Courtney) and healthy activities are “stuff that builds up your stamina and burns calories” (Ben). Several of the interviewee’s discuss the practice of “trading” exercise for their “treats” (Samantha). For example, Teddy concludes “if you’re gonna do like, gym work you can have a bar of chocolate and then gym work, cos you can burn it off”. Similarly, Kylie reflects, “if I do over-indulge at the weekends I know it’s not too bad because I’ve got all this sport coming up in the week”.

As noted in existing critiques of the healthism discourse (see Wright & Burrows, 2004; Kirk & Colquhoun, 1989), body shape, weight and size operate as markers of this ‘healthy’ status. Distinct body shapes are indicated as ‘healthy’ by this group of young people. The young men describe ‘being healthy’ as being “not overweight and not skinny, so not anorexic, but in the middle, so you don’t get out of breath doing things” (Ben). They position ‘healthy’ as a centre point between “being really fat or
really thin” (Phil). In contrast, the young women interviewed frame their understanding of a ‘healthy’ body in terms of only one of these. For the young women a ‘healthy body’ equates to the avoidance of a ‘fat’ body. Saskia describes a healthy person as “someone who is active and doesn’t just lie around everywhere getting fat”, whilst Rosie describes being unhealthy as “getting overweight, tired or run-down”.

Some of the older pupils begin to demonstrate a broader understanding of health. Tyra, a Year 11 pupil at Wilson High expands her classification of health to include a psychological dimension since she considers ‘being healthy’ to be “eating well and getting enough exercise but also that mentally you’re happy”. Likewise, Susan, a Year 11 pupil at Pitt Park School, enlarges her categorisation of health to include “having a balanced diet, doing regular exercise, keeping yourself hygienic and being happy”. Kylie develops this position further and defines being ‘healthy’ as:

You’re happy, you have a smile on your face, you enjoy life, you’re in pretty good physical shape, you eat well, do exercise, you’re pleasant to be around, not stroppy all the time {pause} or moody {pause} or depressed. You have a good set of friends, good family, generally, like, a well rounded person who has their priorities set right, they don’t do drugs, drink too much {pause} just generally someone who’s happy to be around and a good person.

Whilst the diet-exercise nexus maintains a central position in all three of the young women’s narratives, they do draw attention to other interlocking dimensions of health (e.g. social, emotional, psychological and moral) and in so doing, stress a more holistic model of understanding. However, this definitional framework was rare within this network of people and the majority of those interviewed defined health via the diet-exercise-health triplex illuminated in Figure 9.3.1 (Gard & Wright, 2001).

However, many of the young people interviewed conflate notions of sport, physical activity and exercise within their understanding of this triplex. Figure 9.3.2 illuminates several cases in which this occurred during the interviews. Of note, is the young people’s identification of sport rather than physical activity more broadly, as the primary means to undertake the exercise they require to maintain an “energy equilibrium” (Rachel).
Figure 9.3.2: The conflation of sport and exercise in the young people’s narratives.

<table>
<thead>
<tr>
<th>Name</th>
<th>Year, School</th>
<th>What does ‘being healthy’ mean to you?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ellie</td>
<td>Year 9, Pitt Park School</td>
<td>It means eating good food, doing sport, maybe running.</td>
</tr>
<tr>
<td>Anna</td>
<td>Year 11, Pitt Park School</td>
<td>Being healthy is all about playing sport, drinking water and [eating] fruit and veg.</td>
</tr>
<tr>
<td>Zoe</td>
<td>Year 7, Wilson High</td>
<td>It’s like when you eat nutritious food and do sport regularly</td>
</tr>
<tr>
<td>Louise</td>
<td>Year 9, Wilson High</td>
<td>Being healthy is not always eating junk food and doing lots of sport, being fit.</td>
</tr>
<tr>
<td>Teddy</td>
<td>Year 9, Royal Wilson School</td>
<td>Doing sports is part of being healthy, there’s also eating healthy as well.</td>
</tr>
</tbody>
</table>

This collection of young people construct the relationship between sport and good health as a certifiable ‘fact’ with little consideration of the specific dynamics of sport worlds or the risks involved in sporting activities. Beth is firm in her belief that participating in sport is undeniably good for your health:

I mean, I know sport is good for your health. It is good for your mental stability too; it’s good to have something to focus on.

Correspondingly, Nigel concludes “‘well, obviously it [sport] is healthy, you have to do something everyday, even if it is just a run in the morning” whilst Justine reflects that “sport is good” because “obviously you’re burning fat and stuff”. These observations become significant when we consider contemporary health-risk relations in which, young people are positioned as a significance ‘at risk’ group and under the constant threat of obesity (see Chapter Two).

All of the young people interviewed centralise the importance of ‘being healthy’ in their lives. Cassie explains why she believes “doing sport and being healthy” is important:

Because it keeps you fit and everyone is getting obese these days and I think it is good socially too. Like, loads of people I know make loads of their friends cos they play sport. There is this one particular person who makes loads of friends at his tennis club, like, he is not happy at school but then when he goes there, cos it’s the same tennis club
as me, when he goes there he is like a different person when you talk to him there.

Their understanding of the ‘threat’ of obesity as indiscriminate and omnipresent is apparent in the narratives of several of these young people. Cassie asserts that “everyone is getting fat these days” and “we need to do something about it”. Moreover, they position sport at the heart of initiatives to address “the problem with obesity at the moment and sport can really fight that” (Teddy).

Many of them view this ‘fight’ against obesity and the process of ‘being healthy’ as a life-long body project (Shilling, 2003). At the age of eleven Fred asserts that “having a healthy lifestyle” is important because “I wanna be one of those granddads taking their grandchildren to the park and running around with them and stuff”. Similarly, Taylor considers “being healthy” to be “really important because I don’t want to be older and fat and unhealthy”. However, reaching ‘healthy’ status is perceived as a constant struggle. Maddie alludes to the elusive nature of this embodied state of being:

I think if you get into the hang of it, like people who love exercise and do love sport and do love like every little healthy food, then for them it is easy, but for me, it’s not as easy. There always seems to be something else I need to do.

Combined with the overwhelming media coverage, the relentless surveillance practices and the ever-expanding health education initiatives identified in existing literature, the notion of health as a central regulative and instructional concept is evident in the data (Evans et al, 2008).

Given the fundamental position of the healthism discourse in these young people’s lives and the subsequent centrality of sport in the diet-exercise-health triplex, the ability to maintain involvement in exercise (via sport) is “very important! It is everything!” (Anna). Samantha declares that “sport has to be in your life, you have to know the importance of what can happen if you don’t do sport at all”. This cluster of young people place significant importance on their ability to engage in regular sporting participation. Failure to engage in “the right amount” of exercise for whatever reason is tantamount to “allowing” themselves to “get obese” (Saskia). Hence, several of the young people interviewed identify playing hurt and the
tolerance of sporting pain, as necessary ‘costs’ in the battle against obesity. Christina reflects that she plays hurt because she is:

Scared to get fat...cos you don’t get to do anything, you just lie in the bed and other people have to look after you and if I was obese I would just lie there, it’s just so gross. I don’t want to get obese, so I want to be really active, getting hurt is just something you have to put up with so you can be active.

David stresses his desire to “be fit not fat” and explains that he doesn’t:

wanna be, like the large one in the school and if I do that [get fat], then I can’t run, not as fast as I can now, and I wouldn’t have my stamina and yeah, I just don’t want to be a big person, so I just do it [play hurt], it doesn’t matter if it hurts, its better than being the large one.

He continues to explain that:

I was getting a bit large and my knees were hurting loads, but I was still playing sport. I knew I wasn’t supposed to cos the doctor had told me, cos of my Osgood Schlatters, but I just wanted to be slim, so I was doing runs and everything and my knees kept hurting, but I just had to ignore them. Getting fat is worse than my hurting knees.

Both Christina and David accept the practice of playing hurt as a necessary element of their quests for ‘healthy’ bodies, manifested explicitly in David’s case through “the slender ideal” (Evans et al, 2008: 79). In so doing, they rationalise their tolerance of sporting pain and injuries as part of the process of obtaining, performing and embodying a ‘healthy’ identity despite the probability that this practice is placing their short and long-term health, in the broader sense, in jeopardy.

Indeed, within school sport worlds demonstrating a failure to play hurt and not attempt to “do all that was possible” (Susan) to remain active and ‘be healthy’ may subject the injured individual to judgments about both their status as moral citizens and the ontology of their injury. Louise describes how she felt when she had to sit out of PE due to her sore back:
It's not a good feeling, it feels like people are watching you and thinking that you are lazy and stuff and that you're making it up.

The process of being inactive, even as a result of injury, is interpreted and experienced as a symbol of the individual’s laziness, lack of care about oneself and moral slippage (Gard & Wright, 2001). Louise’s understanding of herself as “lazy” was heightened on the basis that:

no one could tell what was wrong with me, cos it was my back, but I had a note, I had been to the doctor, there was something wrong with me.

Louise’s experience returns attention to discussions undertaken in Chapter Six regarding the contested ontological foundations of certain injuries and the possible implications of sustaining injuries that others simply don’t believe.

However, a further mobilisation of the healthism discourse emerges from the data. In contrast to the experiences and narratives of those young people discussed above, a few of the group interviewed draw on the central tenets of healthism to legitimate their refusal to play hurt. Rachel, an elite footballer, justifies her decision to not play hurt on the basis that it jeopardises her present and future ‘healthy’ status:

If I am injured? I don’t take part. Because I don’t want to hurt it more. Even though it is with school and school sport is important, I don’t risk my health for anything.

In the face of the compelling “sports ethic”, the healthism discourse offers some athletes a legitimate voice against the practices of playing hurt, disregarding sporting pain and glorifying physical risk. In so doing, it connects and overlaps with the ‘culture of precaution and protectionism’ identified previously in Chapter Seven. The resistive space provided by this set of ideals is particularly significant in the context of young athletes given their relatively restricted power chances within their sporting figurations (see Chapter Seven). However, it is noticeable that the only young people to draw on healthism in this way were those whose athletic identities are relatively stable and secure. The majority of the young people interviewed, including many elite young athletes, interpret the quest for healthy status as a stimulus to play hurt rather than a legitimate reason to adopt a cautious approach to sports injuries.
9.4 Summary.

As with adult sports performers (see Curry, 1993; Pike, 2000; Charlesworth, 2002), the ways in which young people manage and perform their sporting risk encounters are integral to the development and reinforcement of their status as “sporty” individuals within school. This cluster of young people draws heavily on the central elements of the ‘sports ethic’ to embody, establish and measure athletic status (Hughes and Coakley, 1991). However, the participants’ narratives suggest that the practices of playing hurt, the acceptance of risk and the discrediting of sporting pain play important roles in the construction and performance of a host of intersecting, embodied identities. In the first instance, the data points towards the significance of these practices in the development of gendered identities. Those interviewed connect playing hurt with physical strength, bravery and dedication. Implicit in this association is the link made between these ideals and what it means to be ‘male’. However, the tolerance of pain and acceptance of injury is also significant to the ways in which some of the young women are developing their own gendered identities. Several of those interviewed draw on their management of sporting risk to challenge the “frailty myth” and legitimise their involvement in sport (Dowling, 2000: 3).

Furthermore, the relatively widespread incidence of playing hurt amongst all four figurations identified within school sport worlds draws attention to the role of sporting risk pain and injury in broader social processes related to aging and health. For this cluster of young people, embodying the core tenets of the sporting ‘culture of risk(s)’ is meaningful in the construction of both “more mature” and “healthy” identities. Chapter Seven explored the former and whilst the irony of young people playing hurt in order to be “healthy” is not lost on the author, it nevertheless further problematises contemporary moral panics surrounding health and obesity (see also Rich et al, in press). An unintended consequence of the imperative to develop healthy lifestyles appears to be young people’s practice of playing hurt, which may be placing their short and long-term physical, psychological, social and moral health in jeopardy.

However, reducing efforts to ‘make sense’ of young people’s practice of playing hurt to one of these factors alone is to obscure the intricate layering of their embodied
identities (Maguire, 1999). The data suggests that young people are a “complex amalgam of many social identities” and cannot be reduced to “uni-dimensional or compartmentalized social units or individuals subject to ‘single factor’ causal influence” (Maguire, 1993: 46-47). The data also stresses the potential for these experiences to both constrain and enable aspects of these stratifying identities. Whilst the onset of an injury may disrupt and constrain ongoing (gendered) athletic body projects it may also offer young people a space in which they can exercise their increasing relative autonomy and enable the development of “more mature” identities.

To draw this thesis to a close, the impact of these findings on the ways in which we conceptualise sporting risk/pain/injury and their implications for young people, practitioners, policy makers and future school sport worlds is now explored.
Chapter 10:
Concluding thoughts

This research set out to build on the corpus of knowledge related to athletic experiences of risk, pain and injury through a detailed exploration of young people's sporting risk encounters in their school sport worlds (Maguire et al, 2002). It was particularly interested in examining whether a "public culture of risk, pain and injury" similar to that identified in adult elite and recreational sports worlds is evident in the educational and supposedly health-promoting settings of PE and ECSC (Nixon, 1994a: 79). Furthermore, it sought to probe the nuanced experiences of this cluster of disparate young people who share the same activity spaces whilst at school. These concluding thoughts are arranged around three themes to emerge from a reciprocal dialogue between the data, existing literature and the theoretical framework guiding the research process (Maguire, 1988). The first relates to the experience of developing and conducting a research strategy from a process-sociological perspective. The second considers the contribution of this research to empirical and theoretical debates surrounding a sporting 'culture of risk', whilst the final section probes the implications of this research for practitioners and policy-makers within school sport worlds. In so doing, it offers a set of recommendations for future forays into the field.

10.1 Reflections on a process-sociological research strategy.

Process sociologists acknowledge that research is a "messy process" (Bloyce, 2004: 144). This observation pertains to the task facing researchers in their efforts "to develop theoretically-grounded empirical work" (Dunning et al, 1988: 267). Drawing on the process-sociological principles outlined in Chapter Four, a data collection programme incorporating traditional and creative methods was devised to explore young people's sporting risk encounters at school. Central to this programme was a desire to facilitate young people's voices and ensure their active involvement in the research process (Clark & Moss, 2001; Smith et al, 2002; Fraser et al, 2004). This section reflects on my experiences in the field and considers some of the issues encountered in relation to i) the nature of the research question ii) conducting research
in schools iii) developing a process-sociological research strategy and iv) managing the data collection programme.

**Studying ‘risk’ in school sport worlds**

The first obstacle I encountered in developing my research strategy related to the political sensitivity of the subject matter. Whilst all six schools readily agreed to be involved in the study, five of them were apprehensive about the proposed period of ethnographic research that initially comprised Phase Three. The gatekeepers voiced concern about the potential implications of my findings given that any poor practice observed during this period could carry significant long-term implications for the PE department and the school more broadly. Despite my assurances that the schools’ identities would remain anonymous, five of the six schools declined access to the PE lessons. This decision resulted in a period of readjustment and collaborative working with the gatekeepers to design a final phase that would not compromise the integrity of the research whilst remaining sensitive to the concerns raised.

My inability to observe young people engaging in sport within PE and ECSC settings remains one of this study’s greatest limitations. Ethnographic data would have supplemented and advanced discussions about the performance and management of sports injuries within these two activity settings and offered a further layer of validity and reliability to the young people’s narratives (Bryman, 2001). Despite this limitation, I would argue that the three-phase programme ultimately used was able to generate sufficient data to gain a (g)rounded picture of young people’s sporting risk encounters at school. However, to avoid similar situations in the future, I will consider more carefully the use and potential impact of politically sensitive phrases in initial correspondence. In the context of this study, removing ‘risk’ from the title of the project may have circumvented the removal of the ethnographic phase from the programme.

**Conducting research in schools**

Utilising schools as the research site facilitated several aspects of the data collection programme. I was able to access a large number of diverse young people and
maintain a sample that permitted the exploration of a wide range of intersecting identities. Furthermore, the structural setting of schools offered a safe and appropriate space to distribute and complete the questionnaires, host the interviews and engage young people in group tasks. The assistance provided by the schools eased the demands placed on me as a solo researcher. For example, the distribution of questionnaires and consent forms by Form Tutors enabled Phase One to begin simultaneously at all six sites and eased the transition into Phase Two.

However, as noted above conducting research at schools raised a set of issues that required navigation. The practical course of this study was certainly ‘messy’ and necessitated a flexible approach (Bloyce, 2004). Several events had to be negotiated during the six months in the field. For example, my first day of interviews at Pitt Park School were interrupted by a burst water main, which resulted in a full evacuation of the school and a rescheduling of the planned interviews. More significantly, the death of a student at Pitt Valley School and the mid-term resignation of Mr Grant, my gatekeeper at Pitt Community School, had to be managed. In consultation with Mr Madison, the decision was taken to withdraw Pitt Valley School from the study prior to Phase Two. The situation at Pitt Community School was more difficult to resolve. Mr Grant resigned and immediately vacated his position, with no prior warning or discussion. I was informed of these events on my arrival at the school to collect the completed questionnaires, many of which had not been distributed. Mr Grant’s successor had no awareness of the project and whilst initially supportive of maintaining the school’s involvement he found co-ordinating Phase Two and his new responsibilities too onerous a task. After much deliberation, Pitt Community School also withdrew from the research. However, this situation took a significant amount of time to resolve and a replacement school could not be brought into the study. In future I will attempt to be more decisive in such situations and seek swifter resolutions to emergent problems since the inability to replace Pitt Community School restricted the exploration of the risk-sport-social class nexus within this study.

Furthermore, my experiences in the field demonstrate my position as a participant in both the research process and the social world under investigation. An excerpt from my fieldnotes communicate my paradoxical emotions on returning to Pitt Park School, ten years after my time there as a pupil:
I met with Miss Eisenhower today to sort out Pitt Park School. It was so strange, like walking into a time warp. It was the end of the school day and three girls were waiting outside her office, they had clearly got in trouble and had been summoned to see her. Slouched outside her office, they were whispering in hushed tones to each other, smacking their gum against their teeth, clearly angry and wound up about something. I wasn’t sure what to do; do I knock on the door or wait? Miss E. knew we had an appointment but she was clearly in the middle of ‘something’. I went to walk up to the door; the girls stared at me in contempt. I could feel their sullen glares on the back of my head, trying to work out who I was and what the hell I was doing there. As I went to knock on the door, it opened and a girl left in tears. Miss E. barked, “What do you want?” at me, before her face softened as she recognized me, “oh Lara, I’m sorry. Do come in”, before turning to the three girls still waiting and glaringly informed them, “Don’t think I have forgotten about you. I will get to you”. I crossed the threshold trembling, never having seen the inside of this office when I was at school. Here, I am 27 years old doing at PhD, for Christ’s sake and I regressed right back to a nervous 14 year old scared of being sent to Miss E’s office. After our discussion, we left her office and she took me on a quick tour of the school. Parts of it have changed so much in the last ten years. New buildings have sprung up, the uniform is different, a blend of old and new faces in the staff room corridor. So much the same — a flood of old memories hit me — yet so much is different as I look around and feel a million miles from my school and my old school days.

These fieldnotes bring into clearer focus my position as a “sociologist-as-participant” (Maguire, 1988: 190). My ability to “stand back and become the sociologist-as-observer-and-interpreter” (Maguire, 1988: 190) was eased by the age difference between myself and the participants and complicated by the fact that I was once their age and therefore vulnerable to “willful nostalgia” about my own experiences within school sport worlds (Maguire, 1994: 409). This issue was compounded by my attendance at Pitt Park School in my formative years. The design of the data collection programme and the process of triangulation assisted in this regard. Cross-
referencing three overlapping sources of data brought the young people’s voices to the fore and flagged up instances in which my personal ideals encroached on my attempts to ‘self distance’ (Maguire, 1998; Mansfield, 2008). I was able to cross-reference the opinions expressed by the interviewees against those made within the group tasks and the broader questionnaire data to ensure that young people’s experiences, rather than my own, remained the focus of study whilst simultaneously creating greater confidence in the validity and reliability of the data (Bryman, 2001).

**Conducting research using a process-sociological framework**

Mason (1996: 19) argues that the identification of sociological ‘problems’ and the selection of data sources and methodological tools “will both depend upon and express your ontological and epistemological positions”. Mason’s comments hold true in the case of this thesis since a process-sociological perspective infused all aspects of the research strategy. The research question, ‘to what extent can it be said that young people’s participation in school sport is occurring in a ‘culture of risk’?’, was born out of a desire to reflect in a more ‘reality-congruent’ manner on the relationships between sport, health, sporting excellence and physical education (Mennell, 1992). Having spent six years in the field of sports development prior to my return to academia, I have personally witnessed and embodied the “duality of sport” (Eitzen, 2006: 1). I sustained numerous injuries during my fourteen years as a recreational field hockey player and have been responsible for sports encounters in which young people were injured during my six year tenure as a professional cricket coach. I have also experienced the joy of winning school hockey tournaments, leading a team to the national finals in cricket and developing life-long friendships with my team-mates. Furthermore, I have been privy to, and a participant in, the (re)production of the dominant ideology linking sport and good health during my time as a coach and project director on cricket development programmes designed to address issues of social exclusion. Whilst my personal biography offered me greater insight into the research ‘problem’ it also required me to take a “detour via detachment” in order to examine young people’s sporting risk encounters in a more ‘reality congruent’ manner (Elias, 1987b: 6).

My "detour behaviour" began with the formation of the research question and the subsequent review of literature (Mansfield, 2008: 107). These tasks required me to place myself in a position of "not knowing" and engage fully with the ways in which my social biography may serve to skew the research process (Elias, 1987b: xxxvii-xxxviii). Viewing the research problem through a process-sociological lens forced me to vigorously engage with a priori assumptions contained within the literature and my own personal biography. Filtering this research through the findings of existing studies served to temper any lingering notions of sport being 'wholly good'. Whilst, drawing on a process-sociological framework also alleviated the encroachment of the common assumption that sports injuries are necessarily wholly negative experiences for those involved. Through the ongoing dialogue between existing research, the theoretical framework guiding this study and the data collected I was able to construct a research question that did not close down fruitful lines of enquiry and better reflected the dynamic process of conducting sociological research (Maguire, 1988).

In order to reflect the central principles of a process-sociological perspective, the data collection programme needed to be "closely attuned to the dynamic and relational character of human beings and their societies" (Dunning, 1986: 8: emphasis added). With this in mind, two aspects of the research design distinctly reflect the theoretical foundations of this study. The first relates to the selection of research tools. The "incompatibility thesis" (Howe, 1988: 10) between qualitative and quantitative research methods was rejected and a mixed-method data collection programme was developed. Through this programme young people were approached as active participants, rather than passive 'subjects', in both their social worlds and the research process (Elias, 1998; Lloyd-Smith & Tarr, 2000). The semi-structured interviews and creative group tasks placed the young people at the centre of the data generation process and facilitated the vocalisation of their experiences within their school sport worlds.

Furthermore, the maximum variation sampling technique used to select the research sites and participants reflects the understanding of people as both intersecting and processual bodies (Dunning, 1986; Maguire, 1993). Data was generated from young men and women from a range of sporting, ethnic and socio-economic backgrounds. Whilst the unfortunate withdrawal of Pitt Valley and Pitt Community Schools from
the study prevented a full exploration of a sport-risk-social class nexus, the data did permit an examination of young people’s sporting risk encounters with respect to the stratifying concepts of gender, age and standard of participation. The generation of data across age groups was sensitive to the notion that “people are processes too” (Mennell, 1992: 265) and sought to explore changes in young people’s frameworks for understanding and sporting practices as they “gradually become adult in the course of a individual social civilising process” (Elias, 1998: 190). Future research endeavours may extend this strategy further via longitudinal research or life history techniques and broaden the scope of research efforts to address cross-cultural issues (see Section 10.3).

Although the data collection programme did not involve an empirical analysis of the sociogenesis of the sporting risk-pain-injury nexus, this research remained mindful that “to make sense of what is happening in the present, we need to know something of the past” (Bloyce, 2004: 154). The review of literature mapped out some of the long-term developments in UK schools in respect to a sport-health-PE nexus and the cross fertilisation of existing research findings, the theoretical framework and the young people’s experiences sought to locate, in as far as it could, the young people’s sports encounters in broader, long-term social processes related to risk, health and sport. In so doing, it heeded Maguire’s (1991a: 31) call for process sociologists to “push their time frame forward” and “probe how the modern quest for exciting significance is enabled and constrained by more recent figurational developments”.

Managing the data collection programme

The practical management of the programme and the dataset it generated demanded a focused and methodical approach in the field and the subsequent analysis period. This task was both overwhelming and energising. It took me in new directions and opened up several unexpected, yet rich, lines of enquiry. This created a tough decision-making process concerned with what to include and exclude in the final thesis and the set of theoretically-informed choices I made have shaped the final written piece. The reconstitution of Phase Three, initially experienced as a disappointment, proved to be one of the most surprising and fruitful aspects of the programme. In comparison to more traditional methodologies, the creative tasks
offered the young people more freedom to present their ideas and experiences in ways that were meaningful to them. Within these tasks they used a range of techniques, including spider diagrams, drawings, lists and mind maps to express their opinions. In combination with the interviews, they permitted the young people to draw on their own frames of reference and language to recount their experiences. Furthermore, it provided me with an opportunity to clarify the meaning of some terms with which I was unfamiliar. For example, when one of the participants used the term ‘rawly’ to describe how they felt when they got injured in a task, I was able to stop and discuss its meaning with the group to ensure that I provided an authentic representation of their viewpoint.

The photo elicitation tasks conducted within the interviews were particularly useful in drawing commentary from the interviewees and permitted the exploration of several themes to emerge from the questionnaire data. Moreover, they allowed the participants to lead the direction of the interviews, the result of which was often the development of new and unforeseen topics of discussion. For example, engaging with the photo of Paula Radcliffe’s taken after she stopped running in the 2004 Olympic Marathon lead two of the interviewees to talk about their personal experiences of bullying in PE lessons, a topic that they may have felt unable to discuss in more formal interview set-ups. On the basis of my experience, I strongly advocate the adoption of visual and creative methodologies in future studies within this field, particularly those involving young people. The potential of these methodologies to yield rich data and engage (young) participants in meaningful ways offsets the increased preparation and support required to implement such tools.

In summary, drawing on process-sociological principles to develop my research strategy centralised the interplay between “theoretical insight and empirical particulars” (Maguire, 1988: 192). The continual cross-fertilization of my theoretical framework, existing research and the data generated by this cluster of young people, assisted in navigating both the practical course of the research process and several conceptual impasses I encountered (see Section 10.2). It also encouraged me to critically reflect on the relationship between my personal biography and the research process. The contribution of this study, grounded in a process-sociological approach, is now considered.
10.2 Contributing to debates surrounding a sporting ‘culture of risk’

Sociological research (see Curry, 1993; Nixon, 1994a; Walk, 1997; Roderick et al, 2000; Safai, 2003; Pike & Maguire, 2003; Theberge, 2006) has probed various aspects of a ‘culture of risk’ in sport. These studies reveal a pervasive acceptance of physical risk within a range of sports and point towards the routine practice of playing hurt. Furthermore, Young et al (1994) identify a number of interpretative strategies, which facilitate these events through the process of depersonalising and discrediting sporting pain and injury experiences. Hughes and Coakley (1991) connect these sporting practices to the process by which we come to understand what it means to be an athlete. They posit that the ‘appropriate’ performance of sporting pain and injury is one way in which we assign and measure the athletic ‘status’ of people. Drawing on Hughes and Coakley’s suppositions, several researchers have conceptualised sports injuries as ‘fatal flaws’ that disrupt ongoing athletic body projects (Sparkes, 1996a; Pike, 2000; Shilling, 2003). In so doing, they construct pain and injury as elements of sports encounters that must be managed, constrained and where possible eliminated.

This research was designed to probe and examine several avenues of enquiry opened by the existing research. In order to do so, it directed attention at a previously under-researched sports world, that of young people and their PE and ECSC sports provision at school. The resultant findings bring into clearer focus certain aspects of these embodied experiences and make several incremental empirical and theoretical contributions to the fund of knowledge surrounding sporting risk encounters. The data challenges elements of existing frameworks used to make sense of these encounters and permits the empirical exploration of some key process-sociological conceptual tools. In the first instance it facilitates a discussion about the perceived relationship between sport and good health.

Challenging the sport-good health nexus: Young people in their school sport worlds

In the opening chapters this study noted the central position held by sport in contemporary health initiatives, both in and outside of schools (DfES, 2004; Sport England, 2005a; DoH, 2008). That many policy-makers and practitioners view sport
as an appropriate vehicle to promote physical activity can be explained by a set of assumptions made about the connection between sport and good health (Waddington, 2000). That is, they assume, often uncritically and without empirical evidence that "sport is good in itself" and that participating in sporting activities leads to wholesale health benefits (Jowell, 2004). The sociogenesis of the sport-health nexus in schools examined in Chapter Two highlights the socio-historical foundations of this relationship and its increasing political importance within the last sixty years (Evans, 1990; Kirk, 1992; Mangan, 1998 [1986]; Waddington, 2000).

However, the findings generated by this research encourage a more measured approach to the claims made about sport’s potential to engage (young) people in healthy lifestyles and develop ‘healthy’ habits (DoH, 1992; DCMS, 2006; QCA, 2007 a & b). Rather than receiving wholesale health benefits through their participation in sport the data suggests that many young people are developing lengthening sport injury histories, are continuing to play sport whilst in pain or suffering from known injuries and rejecting medical advice to cease activity and undergo periods of rehabilitation. Furthermore, this cluster of young people are developing ways of talking about sporting pain and injuries that alienate themselves from their embodied emotional experiences and (re)produce mechanicalised understandings of their bodies. Combined with existing research related to adult sports performers (Pike, 2000; Howe, 2001; Charlesworth, 2002, Young, 2004a), the findings suggest that many young people are in the process of developing life-long playing hurt habits and, as result, are placing their immediate and long-term health in jeopardy.

These observations do not pertain solely to those young people pursuing careers as elite athletes. The practice of playing hurt, the acceptance of sporting risk and the normalisation of pain and injuries is occurring across the full spectrum of sporting participation, ranging from those who only participate in sport during compulsory PE provision to those who compete at international representative level. 81% (n=1341) of the young people surveyed indicate that they have played hurt at least once during PE lessons and 63% (n=687) ECSC attendees reported likewise. Within both activity settings, the majority of the young people report playing hurt on a frequent (30%) or regular (53%) basis. Furthermore, this practice is not restricted to those injuries with limited, minimal, short-term effects (e.g. grazes). Several of the young people’s
narratives reveal their propensity to play hurt with injuries that carry significant health warnings (e.g. concussion) and that require medical intervention to ensure no further damage occurs. The ramifications of these injuries can be felt on a physical, psychological, emotional, social and moral level. For several of those interviewed, sporting pain is an everyday experience that they are learning to accommodate into their lives. In some cases, this has resulted in them curtailing or even ceasing physical activity on the basis of on-going injury problems before the age of sixteen. Given the claimed significance of regular, sustained physical activity in current understandings of health, disease prevention and longevity of life it is worrying that young people's participation in sport may actually be hindering their ability to develop life-long physical activity habits due to the onset of disabling injuries (WHO, 2004).

Furthermore, the young people's lengthening sport injury histories can result in considerable damage to their personal and collective sense of identity. The data suggests that maintaining involvement in sport and tolerating sporting pain are integral to the construction and performance of a host of embodied identities. An inability on the part of the individual to adequately perform these identities renders them vulnerable to stigmatisation and isolation from their peer groups. In this event, the data suggests that they become embroiled in an embodied emotional journey akin to the grief process (Shuchter & Zisook, 1993). Further research is required to explore the support structures in place to help them navigate and make sense of these 'journeys', however the data indicates that there may be limited social support for young people who endure debilitating injuries in the course of their school lives.

In light of these findings, this research concludes that a sporting 'culture of risk' does extend to school sport worlds in the six schools examined. However, it does so with several qualifying statements related to the way in which this 'culture of risk' has been conceptualised in the existing literature. These can be summarised as follows:

i) That a sporting 'culture of risk' is more adequately understood as a sporting 'culture of risks' given risk's plurality and presence wherever there is functional interdependence between people.

ii) That the sporting 'culture of risks' is not as homogenous as initially suggested and may be more adequately approached as sporting 'cultures of risks'.
iii) That (young) athletes are not powerless within their sporting risk encounters

iv) That sporting risk, pain and injury experiences also offer young people a space in which to develop knowledge about their corporeal capabilities and limits, feel an embodied sense of being and learn to engage in social negotiations.

v) That sporting ‘cultures of risks’ are not reified, coercive structures but are sets of deeply embodied practices and ideologies that contribute to the construction and performance of a host of intersecting identities, not simply athletic.

These qualifying statements extend our understandings of (young) people’s sporting risk encounters and will now be reviewed in brief.

i) Moving from a sporting ‘culture of risk’ to a sporting ‘culture of risks’

The first aspect to be critically examined through this research is the way in which we conceptualise the central ideas of (sporting) risk, pain and injury. Drawing on a process-sociological framework opens analysis to a more holistic understanding of these concepts and returns attention to several of the critiques raised in Chapter Three. The young people’s experiences bring into clearer focus three inter-related ideas. Firstly, the ever-present and multi-faceted nature of risk, secondly the interplay between biological processes of maturation and social processes of learning and thirdly, the sociogenesis of (sporting) risk, pain and injury (Elias, 1987a, 2000 [1939], Elias & Dunning, 1986; Maguire, 1991a &b, 1992).

The young people involved in this research conceptualise risk as being “in everything” (Elvis) and “everywhere” (Rosie). Whilst Beck’s (1992) risk society thesis has been a prominent device to make sense of the pervasiveness and proliferation of risk in contemporary society (see Mythen, 2008), employing a process-sociological perspective frames risk as a multi-dimensional lived experience that occurs wherever there is functional interdependence between people (Elias, 2000 [1939]). Since we are enmeshed in webs of interdependence, this perspective suggests that risk, like the body, is ever-present and stems not from reified structures, but from
the dynamic and ever-changing relationships people form with one another. Thus, the proliferation of 'risk' in modern societies can be understood as part of the long-term social processes of globalisation, through which our chains of interdependency lengthen and the webs of people in which we are enmeshed become denser (Maguire, 1999). The relational foundations of this concept are emphasised in two elements of the young people's narratives, their construction of risk continuums and the plurality of their risk encounters.

To make sense of risk as a universal feature of their everyday lives, this cluster of young people construct a risk continuum along which, they position different social situations in relation to one another. Whilst they consider "every part of everyday life" (Beth) to be 'risky', they do not judge activities to be infused with identical degrees of risk. For example, sport, as a broad set of activities, tends to be positioned towards the "low risk" (Nigel) end of the spectrum whilst failing exams, knife crime, drugs and terrorism occupy positions towards the "mega risky" (Fred) pole. However, assigning risk 'status' is not uniform across this cluster of young people. The data suggests that their understandings of risk are patterned along age and gender lines. Further research is required to tease out the potential ways in which these continuums may be patterned along class and ethnic lines. However, these findings do highlight the socially constructed foundation of risk and suggest that understandings and experiences of risk are contoured by individual and collective habitus (Elias, 2000 [1939]; Shilling, 2003; 2008b). That is to say, those who occupy similar positions within the social world are likely to have similar understandings and experiences of risk (Jarvie & Maguire, 1994).

Furthermore, that risk can be considered a feature of interdependent relations is stressed through the plurality of risk encounters. There has been a tendency in the sports-specific literature to focus on physical dimensions of sporting risk, particularly outside of the sociology of sport (see Grimmer, 1999; Abernathy & MacAuley, 2003). However, the young people's narratives reveal several overlapping and interwoven aspects of their sporting risk experiences. This research posits that (sporting) risk is an embodied experience containing physical, psychological, moral and social dimensions. Each of these dimensions is necessarily present in each risk encounter: however, their relative weighting and significance is influenced by the set of relations...
in which the young person is enmeshed and the physical and structural setting of their sports encounter (Pike & Maguire, 2003).

Integral to young people’s understanding of risk encounters is the notion that they can be both undesirable and pleasurable. Two frameworks for understanding ‘risk’ emerged from the interview and group task data. In the first, risk is understood solely as danger and in predominantly physical terms. It carries wholly negative connotations and the process of labelling ‘risky’ behaviours or ‘at risk’ categories is used as a means of establishing boundaries and distinctions between ‘us’ (the ‘safe’ individuals) and ‘them’ (the ‘risky’ individuals). This finding resonates with Douglas’s (1969) risk-purity-blame nexus. In contrast, the second framework is approached through the medium of chance and delineates between ‘good’ (acceptable) and ‘bad’ (unacceptable) risks. Those risks identified as ‘bad’ are conceptualised in a similar manner to ‘risk as danger’. Conversely, ‘acceptable’ risk encounters, of which this group of young people consider sports activities a form, involve “taking a 50/50 chance” (Ellie), with the possibility of a positively valued outcome. Uncertainty is integral to these ‘good’ risk encounters and they are approached as simultaneously exciting and something to fear by this group of young people. Many of those interviewed position ‘acceptable’ risk-taking at the heart of full and exciting lives (Atkinson, 2008). In so doing, they draw attention to our ongoing “quest for exciting significance” (Maguire, 1991a: 29). This finding represents one of the central contributions made by this research and is addressed in more detail in due course.

The call for more holistic frameworks of understanding extends to our conceptualisations of (sporting) pain and injury. Biomedical accounts are concerned predominately with the aetiology and epidemiology of sports injuries (e.g. Bahr & Krosshaug, 2005; Emery et al, 2005). They rarely consider the social conditions in which the injury occurs or the implications of these embodied experiences for our presentation of self (Goffman, 1969; Sparkes, 1996a; Pike, 2000). The data strongly indicates that young people construct more complex ways of understanding, defining, interpreting and categorising their sporting pain and injury experiences than reflected in the narrow biomedical models. For example, the (in)ability to tolerate sporting pain is symbolic of their sporting (in)competence and is mobilised to demonstrate
their developing sense of relative independence. Moreover, the social conditions in which they make public their private pain data shapes the ways in which they make sense of these experiences. At the six schools, it is necessary for the young people to “bring a note” (Saskia) as evidence of their pain or injury experience and the perfunctory recognition of young people’s sporting pain and the subsequent dismissal of these incidences by PE teachers contributes to young people’s supposition that appropriate responses to injury involve “not making a fuss or a big deal and just carrying on” (Susan). Furthermore, the young people construct a hierarchy of sports injuries in which they place various ailments on the basis of their perceived severity. They draw on several qualifying factors to determine what ‘count’ as “major injuries” (Stevie) including the visibility of the injury, its impact on performance and the reaction of others. These more complex ways of understanding sporting pain and injury emphasise two aspects of sports injuries often disregarded by biomedical approaches. These are the interplay between learned and unlearned aspects of human behaviour (Elias, 1987a) and the sociogenesis of our understandings of risk, pain and injury (Elias, 2000 (1939]). This requires further discussion.

Whilst research has surmised that “reactions to pain are not simply involuntary and instinctual, but are determined in part, by the social context in which pain occurs” (Howe, 2004: 75: emphasis added), the notion of ‘the hinge’ provides a more sophisticated engagement with the relationship between unlearned (biological) and learned (social) aspects of sporting risk, pain and injury. Sensitivity to the ‘hinge’ positions sporting pain as an embodied social experience involving a complex dovetailing of physiological pain pathways and “learned social standards of controlling one’s drives and emotions” (Elias, 1987a: 348). The dovetailing of these two aspects is evident when we consider young people’s response to sporting pain and injury within their school sport worlds. 81% (n=1341) of those surveyed report that they continue to play sport when in pain or suffering from known injuries during PE. In order to do so they must learn to control and manage their emotional response to pain and maintain a pain-free façade in front of others. A range of strategies are adopted by these young people in order to present an appropriate ‘game face’ in the onset of pain (Zurcher, 1982). Mercedes talked of hiding her pain “with a smile” and acting “as if its not there”, Fred kept quiet and then “screamed in pain” when he got home, whilst Kylie described making “no eye contact, you look away and just keep
going”. This group of young people are learning to display and perform their pain and injury experiences in “appropriate” ways and in the process of learning to competently navigate the complex terrain of social norms, etiquette and expectations of school sport worlds.

Furthermore, what they understand to be “mega risky” (Fred) or a “nasty injury” (Ella) are shaped by long-term civilising processes and have emerged out of understandings of risk, pain and injury from the past (Elias, 2000 [1939]). The ways in which the young people interviewed determine (un)acceptable risks, categorise sports injuries and interpret sporting pain reflect broader social processes related to increasing thresholds of repugnance, decreasing tastes for violence and an increasing expectation related to emotional management when compared to past epochs of humanity (Elias, 2000 [1939]). However, mapping out the sociogenesis of sporting risk, pain and injury more fully has remained beyond the scope of this research. This task is critical in the process of furthering our understandings of sporting risk and could form the foundation of future research endeavours in this field.

In light of these findings, a movement away from an understanding of sporting risk - in the singular - towards sporting risks, and thus a sporting ‘culture of risks’ - in the plural - is encouraged110. This shift in understanding reflects the greater recognition of various dimensions of (sporting) risk, many of which remain under-researched. It also sensitises future analysis to the myriad of ways in which people may experience and make sense of their (sporting) risk encounters. This connects to the second of the qualifying statements made through this research.

### ii) School sport worlds as webs of risks and protectionism: Challenging the homogeneity of a sporting ‘culture of risks’.

Whilst this research concludes that young people’s participation in sport at school is occurring in a cultural context that “glorifies risk and normalises pain, injuries and playing hurt” it does so with the mitigating statement that this ‘culture of risks’ may not be as all encompassing as suggested in other sport worlds (Nixon, 1994a: 79). The young people’s narratives reveal two inter-related but conflicting, sets of cultural messages about sporting risks, pain and injury mediated by this matrix of

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110 This is extended to pluralize the model to reflect sporting ‘cultures of risks’ in due course.
interdependent people. For the purposes of discussion and to maintain a degree of consistency with exiting literature, these were identified as a ‘culture of risks’ and a ‘culture of precaution and protectionism’. The existence of these two sets of cultural messages and practices results in a paradoxical approach to sports injuries within school sport worlds. On the one hand, young people are being encouraged to play hurt, ignore medical advice, return to activities early and uncritically rationalise the risks involved in sport by their guardians, PE teachers, coaches and peers. Whilst, on the other, these same webs of people are promoting a “sensible” (Billy) course of action that involves the cessation of activity and the adoption of medical advice encouraging them to rest and recover. In some cases, these latter messages are moving beyond a position of ‘precaution’ towards one of ‘protectionism’.

Several of the characteristics of the ‘culture of risks’ in this context resonate with the sport worlds examined within the existing literature (Roderick et al., 2000; Pike, 2000; Charlesworth, 2002; Frey et al., 2004). As noted previously, the majority of young people are playing hurt in PE and ECSC, sports injuries are normalised as “just part of the game” (Ellie) and “injury talk” techniques similar to those identified by Young and colleagues (1994: 182) are used by young people in attempts to dismiss pain. Correspondingly, several strategies are used to mediate the belief that young people should make every possible effort to play hurt, including but not limited to formal sanctions (e.g. issuing detentions when a pupil fails to complete a PE lesson) and symbolically rewarding the “tough players” (Teddy) with positions of responsibility or school colours. Conversely, the messages and practices mediated through the ‘culture of precaution and protectionism’ resist the acceptance, normalisation and tolerance of sports injuries and promote a more cautious approach to these events. Those who advocate this position emphasise an understanding of pain as a form of corporeal communication that should be listened to and respected rather than fought and overcome. Moreover, the decision to cease activity in the face of injury is interpreted as a sign of courage and something to be admired rather than being symbolic of character deficiencies. The more cautious approach evident in these messages is embedded in concerns related to future health and the likelihood of re-injury.
These findings are consistent with research conducted by Walk (1997) and Safai (2003) in relation to intercollegiate sport worlds. However, given the distinct terrain of English school sport worlds several subtle differences between Safai’s (2003: 127) “culture of precaution” and the content of the messages observed through this data can be identified. For example, the data suggests that young people are understood as a group who do not have the facilities necessary to make decisions related to their treatment and subsequent return to sport and therefore need to be ‘protected’ from the inherent dangers of sporting participation. They are conceptualised as passive social dependents incapable of exercising restraint or the high degree of foresight necessary to successfully navigate their sporting risk encounters (Elias, 1998). To reflect the distinct tensions at play when we consider that the athletes in question are young people under the legal care of others the counter-culture in school sport worlds is identified as a “culture of precaution and protectionism”. In so doing, this research presents school sport worlds as webs of risks and protectionism and leads the research to conclude that rather than a single ‘culture of risks’ in sport it may be more appropriate to refer to sports worlds as sporting ‘cultures of risks’. This shift in understanding reflects the nuanced differences that are beginning to emerge from research data related to a host of sport worlds, whilst simultaneously recognising the similarities that exist across these networks of people.

iii) Negotiating bodies: Challenging the conceptualisation of (young) athletes as powerless

Initial research concerned with sporting ‘cultures of risks’ presented athletes as powerless within their risk encounters. Nixon (1992: 130) conceptualised athletes as passive “receivers” of cultural messages to play hurt and in so doing, implied that the relational bonds between athletes and other members of sports worlds are unidirectional. In contrast to Nixon’s (1992) model of coercive and conspiratorial ‘sportsnets’, the data suggests that school sport worlds represent a “flexible lattice wok of tensions” in which young people ‘negotiate’ with other members of the figuration (Elias, 1978: 130). This research suggests that young people actively navigate their way through the two entwined, yet competing sets of ideological practices about sporting pain and injury outlined above. In the event of injury they
enter into a series of intra- and interpersonal negotiations with others over their intended course of action, similar to those outlined by Safai (2003) in the context of Canadian intercollegiate sport. These negotiations occur at various stages in the injury process and reveal much about young people’s position within their school sport worlds and the power chances open to them.

In relation to adults the data suggests that young people occupy relatively subordinate, but not completely powerless, positions within their school sports world. For example, in the event that they verbalise their sporting pain in PE they are instructed by their teachers to “shake it off and play on” (James) or “just stop and sit down” (Taylor). The experiences of the young people interviewed demonstrate that in both scenarios they have little room to challenge the instructions provided by their PE teachers, guardians and medical clinicians. However, they are not wholly powerless within these encounters. The ability of young people to negotiate, guide, influence but never absolutely control aspects of their risk encounters is dependent on the power differentials between them and other member of their school sports world (Elias, 1978). Those who form elite sporting figurations have access to greater power chances within school sport worlds on the basis of their sporting competence. They have greater experiential knowledge about sports injuries, they demonstrate greater skill in masking their sporting pain and their position within their school sport world is more secure than their non-elite peers. However, this security may not translate to their risk encounters in other sport worlds and the ways in which these young people negotiate their injury experiences in these different environments may well shed further light on this discussion. A comparison of injury negotiations within these two different sets of social relations may highlight, more fully, the ways in which these power differentials play out.

Furthermore, during the injury process the balance of power oscillates between the injured young person and significant others (e.g. guardians, medical clinicians and PE teachers). For the most part it remains decidedly unequal, with the injured young person accessing fewer power chances than others involved in the encounter (Elias, 1998). The balance of power is tilted towards guardians, PE teachers and medical clinicians on the basis of the authority accorded to these positions within schools and their formal training in matters pertaining to pain and injury. However, the data
suggests that some young people draw on the private nature of their pain experiences in attempts to shift the power ratio in their favour. Several of those interviewed mobilised their sporting pain experiences in an effort to exercise a degree of autonomy within their lives. Through the practices of playing hurt and hiding, depersonalising and disrespecting pain the young people are able to exert a greater degree of control over their withdrawal from, or return to, sport post-injury. The practice of playing hurt therefore acts as a form of compliance and resistance on the part of young people. In playing with known injuries they are complying to expectations bound up in the sports ethic and sporting ‘cultures of risks’ whilst actively resisting the understanding of young people as incompetent social beings associated with the ‘culture of precaution and protectionism’.

In light of these findings, this research posits that it is more appropriate to understand young people as active, although restricted, social agents in fluctuating, ever-changing balances of power than powerless, passive dependents coerced into playing hurt with no space for resistance (Elias, 1978). Indeed, sporting risk encounters are identified by many of those interviewed as important social spaces in which they are able to exercise a degree of relative autonomy from authoritative figures such as guardians and PE teachers. This observation returns attention to the duality of risk and represents the penultimate addition made by this research to existing funds of knowledge.

iv) (Sporting) Risk and young people’s quest for “exciting significance” and “relative autonomy”

Dominant understandings present risk as something to be feared, managed and if possible eliminated (see Lupton, 1999a & b) and in the context of sport, several researchers have interpreted the onset of sports injury as a ‘disruption’ to ongoing bod projects and representative of a ‘fatal flaw’ in the athlete’s personal and collective sense of self (Sparkes, 1996a & b; Pike, 2000). However, the data generated by this study encourages a more measured approach to this issue. The young people’s narratives suggest that, whilst sporting risk encounters and subsequent injuries are negative experiences for some, they are also spaces in which some young
people engage in a “quest for exciting significance” and develop rather than disrupt aspects of their embodied sense of self (Maguire, 1991a: 29).

The process of “walking the fine line between being ok and getting hurt” (Phil) is highlighted as a core attraction of particular activities and a central aspect of full and exciting lives by several of those interviewed. They describe the “buzz” of placing their bodies on the line and in so doing, give ‘presence’ to their increasingly ‘absent’ bodies (Leder, 1990). For several of those interviewed, the resultant pain and injury experiences are themselves ‘excitingly significant’ since they offer a space in which to develop corporeal knowledge and exercise a degree of relative autonomy over their bodies (Maguire, 1991a). As such, this research connects young people’s quest for ‘exciting significance’ with a quest for relative autonomy. Both of which contain two interwoven aspects, biological processes of maturation and social process of learning, and are grounded in long-term processes of habitus formation (Elias, 1987a).

Through their practices of playing hurt and hiding pain this cluster of young people are subverting messages that reinforce the image of young people as a ‘protected species’ incapable of exercising the necessary restraint to navigate their social worlds (Elias, 1998). They play hurt and mask their pain to ‘prove’ the successful mastery of their physical bodies and their ability to appropriately manage their emotional responses and associate both sets of behaviours with being “more mature” (Cassie). The experience of becoming, being and recovering from injury and the set of negotiations bound up in this process offer young people spaces to acquire a degree of ownership over their bodies and represent an important set of relations through which they are able to test their bodily limits, gain knowledge about themselves and experience pleasurable emotions (Maguire, 1991a; Lyng, 2005). As such, this research argues that the ‘culture of risks’ within school sport worlds offers young people a legitimate and excitingly significant way in which they can learn to shape up to the demands of personhood.
v) The construction and performance of intersecting embodied identities through sporting risk encounters.

The final contribution to be made by this research relates to the significance of sporting risk encounters to the production, performance and reproduction of the multi-layered personal and collective identities housed within school sport worlds (Maguire, 1999). This study argues that sporting ‘cultures of risks’ are not coercive reified structures that exist somehow separate from the interdependent people who create them. Both the ‘culture of risks’ and the ‘culture of precaution and protectionism’ explored in this thesis are sets of deeply embodied practices and ideologies that form, shape and are shaped by (young) people’s sporting risk encounters. These embodied practices and ideologies are integral to the process by which young people assign and perform a range of dissecting and fluid identities (Maguire, 1993). This cluster of young people play hurt, develop forms of ‘injury talk’ and uncritically accept and normalise sports injuries because it is excitingly significant for them to so, within their sense of what it takes to identify, and to be identified by others, as “sporty” (Samantha”), “strong” (Sam), “more mature” (Cassie) and “healthy” (Maddie) people.

The data suggests that these embodied identities operate on two entwined levels, the personal and collective. For example, the practice of playing hurt was mobilised by some of those interviewed to carve out a distinct personal identity within their school sport worlds. Yet, the data demonstrates how this “more or less individual style...grows out of the social script” (Elias, 1991: 63), since the young people’s frameworks for understanding, knowing, performing and making sense of sporting risk(s) are formed in and through their relationships with others. In the context of this research, these personal and collective identity codes are developed through (young) people’s relationships with other members of school sport worlds. They serve to bind this cluster of young people in four, overlapping figurations drawn along standard of participation lines.

The similarities between school sport worlds and other sport worlds examined within the literature (see Pike, 2000; Roderick et al, 2000; Howe, 2001; Charlesworth & Young, 2004; Atkinson, 2008) point towards the existence of a broad athletic habitus, at the heart of which lies the tolerance of pain and the practice of playing hurt. The
data also suggests that through their sporting practices, this cluster of young people are (re)producing and shaping ongoing long-term individual and collective understandings of what it means to be a man/men, a woman/women, healthy individual(s) and young people on the road to relative independence. Their experiences illuminate the dynamism and fluidity of these embodied identities (Shilling, 2008b). For example, the contouring of the risk continuum along age lines demonstrates, not only the socially constructed nature of 'risk' but also how our understanding of the social world in which we live is shaped by our position within it and changes and develops as we do. The theoretical framework guiding this research contends that these habitus codes emerge from the past and are part of long-term, ongoing civilising processes (Elias, 2000 [1939]). As noted throughout the thesis, the sociogenesis of sporting risk(s), pain and injury requires more sustained attention. Similarly, the significance of sporting ‘cultures of risks’ to the construction and performance of ethnic and class identities remained beyond the scope of this study. Both of these could be a useful starting point for any future research.

10.3 Implications for school sport worlds and recommendations for future study.

The findings generated by this research carry implications for young sport performers, practitioners, policy-makers and others concerned with the development of future school sport worlds. Maguire (2004: 317: emphasis added) asserts that:

Just as the shape of the sporting present was made in the past, so a sporting future can be shaped in the present. Future sport worlds can be similar to today, or they can be made anew. Such worlds can enhance the positive aspects of contemporary sport worlds, or they can reinforce, or make worse, what we already experience as negative features.

Maguire (2004: 317) continues to suggest that “the struggle to change what counts as possible, permissible and pleasurable in sports worlds” begins with the intertwined processes of “consciousness-raising and knowledge accumulation”. This research seeks to contribute to both of these processes. It has brought into clearer focus certain aspects of young people’s sport experiences and raised awareness of some of the damaging practices occurring in the educational and supposedly health-promoting
environment of school sport. However, it also draws attention to the importance and significance of sporting risk encounters for young people’s personal development. It highlights the need for future (school) sport worlds to strike a balance between protecting young people from exploitative and alienating sporting practices and providing them with spaces in which they can engage in risk-taking behaviours, test their bodily limits, gain knowledge about themselves and experience pleasurable emotions. In order to discern how to strike this balance and close the gap between the rhetoric surrounding school sport and the lived experiences of young people, further research is required in several areas.

In relation to young sport performers, these findings highlight the need for empirical investigation into the range of settings in which young people participate in sport. Most pressing, is the need to examine the experiences of those located towards the elite end of the performance spectrum since they demonstrate the greatest adherence to the core tenets of sporting ‘cultures of risks’ and may experience the most disruption to their emotional, physical, psychological and social well-being (Hughes & Coakley, 1991). However, this does not discount the need for further research into those who constitute compulsory school sport figurations. The embodiment of sporting ‘cultures of risks’ is occurring across the performance spectrum and those within compulsory school sport figurations may not have access to the same degree of specialised sport medicine clinicians as their elite counterparts. As such, the foundations of their sporting knowledge may be deeply grounded in lay accounts of sports injury and render them more vulnerable to outdated or inaccurate knowledge.

This study also highlights the need for cross-cultural research to explore the culturally relative and universal aspects of young people’s frameworks for understanding risk and health in a sporting context. Given the spatial and temporal specifics of young people’s sports encounters in “Churchill” (e.g. type of sports played, the urban location), exploring the experiences of young people in other sport worlds and in other geographical locations would enable research to tease out the contouring of (sporting) risk encounters. It would facilitate the exploration of similarities and differences between different webs of young people and place their sporting risk encounters in broader social processes related to globalisation, technologisation and commodification (Maguire, 1999, 2005; Smith-Maguire, 2007).
In respect of sporting risk and injury, little was known about the school sport worlds in which young people are enmeshed. This research has gone some way in mapping out the terrain of these worlds but further research is required to flesh out, in more detail, the ways in which the various members are interconnected and the implications these relationships have for our understandings of (sporting) risk encounters. For example, exploring the mediation of messages around the sporting risk-pain-injury nexus within families may permit an exploration of socialisation processes into the four figurations identified within school sport worlds and probe the ways in which young people makes sense of sporting risk through their interdependent relationships with their guardians, siblings and extended family members.

Furthermore, this research has highlighted the paradoxical role played by practitioners within school sport worlds. The data suggests that PE teachers and coaches responsible for the delivery of sport within schools mediate both a ‘culture of risks’ and a ‘culture of precaution and protectionism’ within their lessons. In relation to a ‘culture of risks’, practitioners explicit and implicit reinforcement of playing hurt and ‘injury talk’ techniques is leading many young people to conclude that playing with pain and known injuries “is just what you have to do” (Ella) in order to make the school team, be a successful athlete or merely survive PE lessons without being bullied. In these cases, it appears that PE and ECSC practitioners are central figures in the (re)production of the dominant sports ethic and are contributing to young people’s development of life-long playing hurt habits (Hughes & Coakley, 1991). However, practitioners’ mediation of a ‘culture of precaution and protectionism’ may also be encouraging young people to play hurt as they attempt to resist their status as incompetent social agents who require ‘protecting’ from incidences of harm or danger.

The data positions PE and ECSC practitioners as integral figures in young people’s risk encounters within school sport worlds. They are responsible for the activities in which the young people are involved, present in the event of injuries and act as gatekeepers to specialised medical care during the school day. Furthermore, the data suggests that young people confer ‘expert’ status onto these individuals and perceive the knowledge (re)produced by these ‘experts’ as more legitimate, more valid and
more reliable than advice emanating from other members of school sport worlds. Given these observations, there is an urgent need for further research into the practices and ideologies of PE and ECSC practitioners in this respect. Research has probed the ways in which PE teachers develop their teaching philosophies in relation to sport, health and sporting excellence (see Green, 1998, 2000, 2002). However, the role played by sporting risk encounters within these philosophies and their subsequent teaching practice remains, as yet, unexamined. This certainly could be a fruitful line of enquiry for future research and shed much light on the cultural context in which young people’s sporting risk encounters occur.

Moreover, since school sport is a site in which several different forms of sport injury are sustained, attention is drawn to the structures in place to support PE and ECSC practitioners with regard to sports injuries and risk assessments. The young people interviewed voice an almost universal belief that these practitioners are “looking out” (Roxie) for their best interests and are “trained in that sort of thing” (Phil). On the basis of this perceived ‘training’, this matrix of young people charge PE teachers with responsibility for their bodies and future health since they “trust them to do the right thing” (Fred). That young people consider PE and ECSC practitioners ‘experts’ in sports injury prevention, management and treatment draws attention to deficiencies in both the practice and training of PE teachers in the UK. As has been shown, several of these adults in positions of trust are placing young people’s health at risk by encouraging them to play hurt or return to sport before it has been medically advised. Moreover, they potentially do so from a position of limited formal qualifications or established medical knowledge. Current PGCE qualifications do not contain any form of medical training in sports injury and even less sociological engagement with the potentially damaging downsides of sport. This oversight is not restricted to teacher education programmes. It is integral to broader ideologies connected to a “sports-industrial complex” evident in various facets of sports science and the dominance of this performance efficacy model may be contributing to the (re)production of sporting ‘cultures of risks’ (Maguire, 2004: 299-300). These findings call for further investigation into the content of PGCE education programmes and the support structures in place in schools in matters pertaining to sporting risk, pain and injury.
However, drawing on the concept of sport worlds raises awareness that practitioners do not possess absolute autonomy to determine the content or the outcomes of their interactions (Elias, 1978). They are themselves both constrained and enabled by the interdependent relationships in which they are enmeshed. One potential source of constraint is the NCPE, which contains guidelines, recommendations and attainment targets that must be met (QCA, 2007a & b). This research highlights a potential area of ‘slippage’ between health policy and practice in schools (Penney & Evans, 1997). The NCPE sets out to enable young people to “make informed decisions about getting involved in a lifetime of healthy physical activities that suit their needs” (QCA, 2007b: 203). However, an unintended consequence of the continued emphasis on ‘being healthy’ within schools is the young people’s practice of playing hurt in their attempts to be “fit not fat” (David). Rather than developing ‘healthy lifestyles’ many young people are engaging in practices that damage both their immediate and long-term health and well-being.

Furthermore, this cluster of young people are learning to understand their bodies through medicalised ideologies and practices in which ‘the body’ is analogous with a machine that can simply be ‘fixed’ in the event of injury. These findings resonate with both ‘healthism’ (Crawford, 1984; Johns & Tinning, 2006), the ‘sport ethic’ (Hughes & Coakley, 1991). In so doing, questions about the appropriateness of sport as a vehicle for health promotion are raised. As noted in Chapter One, the terrain of achievement sport differences significantly from that of physical activity. Indeed, Maguire (2004: 301) argues that:

From its inception through to its high-tech manifestations of the present day, modern achievement sport has reflected and reinforced the medicalisation, scientization and rationalisation of human expressiveness. The athlete has increasingly been seen as an enhanced, efficient machine, adhering to a sport ethic associated with the ‘ultimate’ performance.

The promotion of health and well-being is often incongruent with both the sport ethic and the “efficient body” promoted through the “sports-industrial complex” (Maguire, 2004: 299-300). The data generated herein highlights the disparity between sport and good health given that young people are playing hurt, rejecting medical advice to rest
and recover and are developing ways of talking about pain that depersonalise and discredit these very personal, often private embodied experiences during their PE and ECSC provision.

They do so, in part, to embody and promote a coherent identity as an athlete and rationalise the onset of sporting pain as simply “part of the game” (Stevie). In so doing, the ‘play’ element of young people’s sporting experiences is being diminished and replaced by a model of sport which emphasises the quest for success with little regard to the physical, psychological, social, emotional, moral and cultural costs involved (Hughes & Coakley, 1991; Maguire, 2004). As such, this research concurs with Maguire’s (2004: 318) conclusion that the “human development potential of the subject area of sport is lost” since young people’s school sport worlds increasingly mirror a performance efficiency model in which the production of the ‘ultimate’ performance dominates the teaching agenda.

If advocates of PE wish to promote the human development potential of sport, as the rhetoric suggests, then they appear to be failing in this endeavour. The data suggests that the mobilisation of PE to address the twin processes of talent identification and ‘sport for all’ is placing young people’s health at risk. Young people are playing hurt, rationalising risks and increasingly alienating themselves from their embodied experiences in order to be “fit not fat” (David) or “go that extra mile” (Rachel) to get selected for their team. The ideology and policies promulgated by the UK government, Sport England and current preparations for the London 2012 Olympics only serves to intensity this process (see DCMS, 2000, 2005; DoH, 1999; Sport England, 2005a &b). In light of these findings, this research questions the role of achievement sport in health-promotion initiatives and calls for a re-emphasis on forms of physical activity, play and expressive movement in these initiatives. This should not be read as a plea for the desportization of the PE curricula (see Crum, 1999), or the removal of sport from schools entirely. It is clear from this research that participation in sport and subsequent sporting risk encounters play a significant and important role in some young people’s personal development. They are mobilising their sporting risk encounters to learn about their bodily capabilities, to probe and push their limits and take steps along the road to relative independence. In short, through their sporting risk encounters these young people are shaping up to
adulthood. However, this research does question whether the current relationship between sport, PE, health and sporting excellence is maximising the potential of sport to engender physical, emotional, social and cultural benefits for future generations of young people.

In outlining the implications of these findings and potential avenues for future research into this field, I am powerfully reminded that this study is but a minute part of broader processes of knowledge production and understanding (Elias, 1971a & b). This study makes an incremental contribution to the research community committed to exploring the role of sporting experiences in everyday life and the significance of these events for humanity more broadly (Maguire, 2004). Through the exploration of young people’s sporting encounters at school, it is possible to both challenge the broadly held ideas about a sport-health nexus apparent in Tessa Jowell’s address to the Sport College Annual Conference in 2004 and to improve our sociological knowledge of sporting risk-taking behaviours for young people, practitioners and policy-makers involved in the production of school sport. Reflecting the desire of this study to facilitate young people’s voices in the research process, it seems fitting to close this thesis with a comment from Fred, one of the Year 7 participants at Royal Wilson School. His reflections of the sport-risk-health nexus serve as a useful reminder of some of the key issues explored within this research:

You really have to accept it [the risk that you might get hurt playing sport at school] cos there’s nothing in this world that is really completely safe. Apart from those rooms that are like, spongy. In those madhouses. But nothing else is really safe and stuff…but sport is not really as dangerous as like, the outside world…but sometimes it can be really fun and I want to take risks, you know…cos I really wanna release my tension and stuff. It should be my decision [to take part in risk-taking activities]. Just cos it’s my life, and I’m in control of my life. I wanna make my own decisions; I don’t really want someone making my decisions for me.
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APPENDIX I:

ETHICAL CLEARANCE DOCUMENTATION
STATEMENT OF ETHICAL PRACTICE FOR THE BRITISH
SOCIOLOGICAL ASSOCIATION
MARCH 2002

Statement of Ethical Practice

This statement is one of a set of Guidelines on a variety of fundamental aspects of professional sociology. The British Sociological Association gratefully acknowledges the use made of the ethical codes and statements of the Social Research Association, the American Sociological Association and the Association of Social Anthropologists of the UK and the Commonwealth.

1) The purpose of the statement is to make members aware of the ethical issues that may arise throughout the research process and to encourage them to take responsibility for their own ethical practice. The Association encourages members to use the Statement to help educate themselves and their colleagues to behave ethically.

2) The statement does not, therefore, provide a set of recipes for resolving ethical choices or dilemmas, but recognises that it will be necessary to make such choices on the basis of principles and values, and the (often conflicting) interests of those involved.

3) Styles of sociological work are diverse and subject to change, not least because sociologists work within a wide variety of settings. Sociologists, in carrying out their work, inevitably face ethical, and sometimes legal, dilemmas which arise out of competing obligations and conflicts of interest.

4) The following statement advises members of the Association about ethical concerns and potential problems and conflicts of interest that may arise in the course of their professional activities. The statement is not exhaustive but summarises basic principles for ethical practice by sociologists. Departures from the principles should be the result of deliberation and not ignorance.

The strength of this statement and its binding force rest ultimately on active discussion, reflection, and continued use by sociologists. In addition, the statement will help to communicate the professional position of sociologists to others, especially those involved in or affected by the activities of sociologists.
Professional Integrity

5) Sociological research is a valuable activity and contributes to the well-being of society. Members should strive to maintain the integrity of sociological inquiry as a discipline, the freedom to research and study, and to publish and promote the results of sociological research including making data available for the use of researchers in the future.

6) Members have a responsibility both to safeguard the proper interests of those involved in or affected by their work, and to report their findings accurately and truthfully. They need to consider the effects of their involvements and the consequences of their work or its misuse for those they study and other interested parties. Sociologists should note that there are national laws and administrative regulations (for example Data Protection Acts, the Human Rights Act, copyright and libel laws) which may affect the conduct of their research, data dissemination and storage, publication, rights of research subjects, of sponsors and employers etc.

7) While recognising that training and skill are necessary to the conduct of social research, members should themselves recognise the boundaries of their professional competence. They should not accept work of a kind that they are not qualified to carry out. Members should satisfy themselves that the research they undertake is worthwhile and that the techniques proposed are appropriate. They should be clear about the limits of their detachment from and involvement in their areas of study. (Also see 45.-47)

8) Social researchers face a range of potential risks to their safety. Safety issues need to be considered in the design and conduct of social research projects and procedures should be adopted to reduce the risk to researchers.

9) In their relations with the media, members should have regard for the reputation of the discipline and refrain from offering expert commentaries in a form that would appear to give credence to material that, as researchers, they would regard as comprising inadequate or tendentious evidence. (Also see 20.-24).

Relations with and Responsibilities towards Research Participants

10) Sociologists, when they carry out research, enter into personal and moral relationships with those they study, be they individuals, households, social groups or corporate entities.

11) Although sociologists, like other researchers are committed to the advancement of knowledge, that goal does not, of itself, provide an entitlement to override the rights of others.

12) Members should be aware that they have some responsibility for the use to which their data may be put and for how the research is to be disseminated. Discharging that responsibility may on occasion be difficult, especially in situations of social conflict, competing social interests or where there is unanticipated misuse of the research by third parties.

**Relationships with research participants**

13) Sociologists have a responsibility to ensure that the physical, social and psychological well-being of research participants is not adversely affected by the research. They should strive to protect the rights of those they study, their interests, sensitivities and privacy, while recognising the difficulty of balancing potentially conflicting interests.

14) Because sociologists study the relatively powerless as well as those more powerful than themselves, research relationships are frequently characterised by disparities of power and status. Despite this, research relationships should be characterised, whenever possible, by trust and integrity.

15) In some cases, where the public interest dictates otherwise and particularly where power is being abused, obligations of trust and protection may weigh less heavily. Nevertheless, these obligations should not be discarded lightly.

16) As far as possible participation in sociological research should be based on the freely given informed consent of those studied. This implies a responsibility on the sociologist to explain in appropriate detail, and in terms meaningful to participants, what the research is about, who is undertaking and financing it, why it is being undertaken, and how it is to be disseminated and used.

17) Research participants should be made aware of their right to refuse participation whenever and for whatever reason they wish.

18) Research participants should understand how far they will be afforded anonymity and confidentiality and should be able to reject the use of data-gathering devices such as tape recorders and video cameras.

19) Sociologists should be careful, on the one hand, not to give unrealistic guarantees of confidentiality and, on the other, not to permit communication of research films or records to audiences other than those to which the research participants have agreed.

20) Where there is a likelihood that data may be shared with other researchers, the potential uses to which the data might be put must be discussed with research participants and their consent obtained for the future use of the material. When making notes, filming or recording for research purposes, sociologists should make clear to research participants the purpose of the notes, filming or recording, and, as precisely as possible, to whom it will be communicated. It should be recognised that research participants have contractual and/or legal interests and rights in data, recordings and publications.

21) The interviewer should inform the interviewee of their rights under any copyright or data protection laws

22) Researchers making audio or video recordings should obtain appropriate copyright clearances

23) Interviewers should clarify whether, and if so, the extent to which research participants are allowed to see transcripts of interviews and field notes and to alter the
content, withdraw statements, to provide additional information or to add glosses on interpretations.

24) Clarification should also be given to research participants regarding the degree to which they will be consulted prior to publication. Where possible, participants should be offered feedback on findings, for example in the form of a summary report.

25) It should also be borne in mind that in some research contexts, especially those involving field research, it may be necessary for the obtaining of consent to be regarded, not as a once-and-for-all prior event, but as a process, subject to renegotiation over time. In addition, particular care may need to be taken during periods of prolonged fieldwork where it is easy for research participants to forget that they are being studied. In some situations access to a research setting is gained via a 'gatekeeper'. In these situations members should adhere to the principle of obtaining informed consent directly from the research participants to whom access is required, while at the same time taking account of the gatekeepers' interest. Since the relationship between the research participant and the gatekeeper may continue long after the sociologist has left the research setting, care should be taken not to compromise existing relationships within the research setting.

26) It is, therefore, incumbent upon members to be aware of the possible consequences of their work. Wherever possible they should attempt to anticipate, and to guard against, consequences for research participants that can be predicted to be harmful. Members are not absolved from this responsibility by the consent given by research participants.

27) In many of its forms, social research intrudes into the lives of those studied. While some participants in sociological research may find the experience a positive and welcome one, for others, the experience may be disturbing. Even if not harmed, those studied may feel wronged by aspects of the research process. This can be particularly so if they perceive apparent intrusions into their private and personal worlds, or where research gives rise to false hopes, uncalled for self-knowledge, or unnecessary anxiety.

28) Members should consider carefully the possibility that the research experience may be a disturbing one and should attempt, where necessary, to find ways to minimise or alleviate any distress caused to those participating in research. It should be borne in mind that decisions made on the basis of research may have effects on individuals as members of a group, even if individual research participants are protected by confidentiality and anonymity.

29) Special care should be taken where research participants are particularly vulnerable by virtue of factors such as age, disability, their physical or mental health. Researchers will need to take into account the legal and ethical complexities involved in those circumstances where there are particular difficulties in eliciting fully informed consent. In some situations proxies may need to be used in order to gather data. Where proxies are used, care should be taken not to intrude on the personal space of the person to whom the data ultimately refer, or to disturb the relationship between this person and the proxy. Where it can be inferred that the person about whom data are sought would object to supplying certain kinds of information, that material should not be sought from the proxy.
30) Research involving children requires particular care. The consent of the child should be sought in addition to that of the parent. Researchers should use their skills to provide information that could be understood by the child, and their judgement to decide on the child’s capacity to understand what is being proposed. Specialist advice and expertise should be sought where relevant. Researchers should have regard for issues of child protection and make provision for the potential disclosure of abuse.

**Covert Research**

31) There are serious ethical and legal issues in the use of covert research but the use of covert methods may be justified in certain circumstances. For example, difficulties arise when research participants change their behaviour because they know they are being studied. Researchers may also face problems when access to spheres of social life is closed to social scientists by powerful or secretive interests.

32) However, covert methods violate the principles of informed consent and may invade the privacy of those being studied. Covert researchers might need to take into account the emerging legal frameworks surrounding the right to privacy. Participant or non-participant observation in non-public spaces or experimental manipulation of research participants without their knowledge should be resorted to only where it is impossible to use other methods to obtain essential data.

33) In such studies it is important to safeguard the anonymity of research participants. Ideally, where informed consent has not been obtained prior to the research it should be obtained post-hoc.

**Anonymity, privacy and confidentiality**

34) The anonymity and privacy of those who participate in the research process should be respected. Personal information concerning research participants should be kept confidential. In some cases it may be necessary to decide whether it is proper or appropriate even to record certain kinds of sensitive information.

35) Where possible, threats to the confidentiality and anonymity of research data should be anticipated by researchers. The identities and research records of those participating in research should be kept confidential whether or not an explicit pledge of confidentiality has been given.

36) Appropriate measures should be taken to store research data in a secure manner. Members should have regard to their obligations under the Data Protection Acts. Where appropriate and practicable, methods for preserving anonymity should be used including the removal of identifiers, the use of pseudonyms and other technical means for breaking the link between data and identifiable individuals. Members should also take care to prevent data being published or released in a form that would permit the actual or potential identification of research participants without prior written consent of the participants. Potential informants and research participants, especially those possessing a combination of attributes that make them readily identifiable, may need to be reminded that it can be difficult to disguise their identity without introducing an unacceptably large measure of distortion into the data.
37) Guarantees of confidentiality and anonymity given to research participants must be honoured, unless there are clear and overriding reasons to do otherwise, for example in relation to the abuse of children. Other people, such as colleagues, research staff or others, given access to the data must also be made aware of their obligations in this respect. By the same token, sociologists should respect the efforts taken by other researchers to maintain anonymity.

38) Research data given in confidence do not enjoy legal privilege, that is they may be liable to subpoena by a court and research participants should be informed of this.

39) There may be fewer compelling grounds for extending guarantees of privacy or confidentiality to public organisations, collectives, governments, officials or agencies than to individuals or small groups. Nevertheless, where guarantees have been given they should be honoured, unless there are clear and compelling public interest reasons not to do so.

40) During their research members should avoid, where they can, actions which may have deleterious consequences for sociologists who come after them or which might undermine the reputation of sociology as a discipline.

41) Members should take special care when carrying out research via the Internet. Ethical standards for internet research are not well developed as yet. Eliciting informed consent, negotiating access agreements, assessing the boundaries between the public and the private, and ensuring the security of data transmissions are all problematic in Internet research. Members who carry out research online should ensure that they are familiar with ongoing debates on the ethics of Internet research, and might wish to consider erring on the side of caution in making judgements affecting the well-being of online research participants.

**Relations with & Responsibilities towards Sponsors and/or Funders**

42) A common interest exists between sponsor, funder and sociologist as long as the aim of the social inquiry is to advance knowledge, although such knowledge may only be of limited benefit to the sponsor and the funder. That relationship is best served if the atmosphere is conducive to high professional standards.

43) Members should ensure that sponsors and/or funders appreciate the obligations that sociologists have not only to them, but also to society at large, research participants and professional colleagues and the sociological community. The relationship between sponsors or funders and social researchers should be such as to enable social inquiry to be undertaken professionally. In research projects involving multiple funders or inter-disciplinary teams, members should consider circulating this Statement to colleagues as an aid to the discussion and negotiation of ethical practice.

44) Research should be undertaken with a view to providing information or explanation rather than being constrained to reach particular conclusions or prescribe particular courses of action.
Clarifying obligations, roles and rights

45) Members should clarify in advance the respective obligations of fenders and researchers where possible in the form of a written contract. They should refer the sponsor or funder to the relevant parts of the professional code to which they adhere. Members should also be careful not to promise or imply acceptance of conditions which are contrary to their professional ethics or competing research commitments.

46) Where some or all of those involved in the research are also acting as sponsors and/or fenders of research the potential for conflict between the different roles and interests should also be made clear to them.

47) Members should also recognise their own general or specific obligations to the sponsors whether contractually defined or only the subject of informal and often unwritten agreements. They should be honest and candid about their qualifications and expertise, the limitations, advantages and disadvantages of the various methods of analysis and data sources, and acknowledge the necessity for discretion with confidential information obtained from sponsors.

48) They should also try not to conceal factors that are likely to affect satisfactory conditions or the completion of a proposed research project or contract. Pre-empting outcomes and negotiations about research

49) Members should not accept contractual conditions that are contingent upon a particular outcome or set of findings from a proposed inquiry. A conflict of obligations may also occur if the funder requires particular methods to be used.

50) Members should clarify, before signing the contract, how far they are entitled to be able to disclose the source of their funds, the personnel, aims and purposes of the project.

51) Members should also clarify their right to publish and disseminate the results of their research.

52) Members have an obligation to ensure sponsors grasp the implications of the choice between alternative research methods.

Guarding privileged information and negotiating problematic sponsorship

53) Members are frequently furnished with information by the funder who may legitimately require it to be kept confidential. Methods and procedures that have been utilised to produce published data should not, however, be kept confidential unless otherwise agreed.

54) When negotiating sponsorships members should be aware of the requirements of the law with respect to the ownership of and rights of access to data.

55) In some political, social and cultural contexts some sources of funding and sponsorship may be contentious. Candour and frankness about the source of funding
may create problems of access or co-operation for the social researcher but concealment may have serious consequences for colleagues, the discipline and research participants. The emphasis should be on maximum openness.

56) Where sponsors and funders also act directly or indirectly as gatekeepers and control access to participants, researchers should not devolve their responsibility to protect the participants' interests onto the gatekeeper. Members should be wary of inadvertently disturbing the relationship between participants and gatekeepers since that will continue long after the researcher has left.

**Obligations to sponsors and/or Funders During the Research Process**

57) Members have a responsibility to notify the sponsor and/or funder of any proposed departure from the terms of reference of the proposed change in the nature of the contracted research.

58) A research study should not normally be undertaken where it is anticipated that resources will be inadequate.

59) When financial support or sponsorship has been accepted, members must make every reasonable effort to complete the proposed research on schedule, including reports to the funding source.

60) Members should, wherever possible, disseminate their research findings as widely as possible and where required make their research data available to other researchers via appropriate archives.

61) Members should normally avoid restrictions on their freedom to publish or otherwise broadcast research findings.
Ref No: R06/P90

LOUGHBOROUGH UNIVERSITY
ETHICAL ADVISORY COMMITTEE

RESEARCH PROPOSAL
INvolving human participants

Title: PE Kits, parents and pain: A sociological exploration of children's perception of risk, pain and injury in sport

Applicant: Professor J Maguire, L Killick

Department: SSES

Date of clearance: 22 September 2006

Comments of the Committee:

The Committee agreed to issue clearance to proceed subject to the following condition:
• That clarification was provided on the length of the interviews (the letter to parents referred to 20 minutes while the proposal referred to 30 minutes).

The Committee noted also that it would be content for parental consent to be obtained on an opt-out basis – i.e. that parents were provided with information about the research and given a reasonable opportunity to withdraw their child if they wished to do so. Otherwise it could be assumed that consent had been given.
APPENDIX II:

PHASE ONE DOCUMENTATION
Dear Gatekeeper,

RE: Assistance with PhD study on children's perception of sports-related pain and injury.

My name is Lara Killick and I am currently in the process of completing a PhD at Loughborough University. I am writing to request your assistance in this task. My research study is entitled “PE Kits, Parents and Pain: a sociological examination of children’s perception of sports-related risk, pain and injury” and is designed to investigate children’s understanding of personal injury and pain that may be involved in sporting participation. It is hoped that over 3,000 children from the six secondary schools selected in the Churchill area will take part in this research project. Wilson High has been selected as an ideal location to collect data based on your excellent sporting reputation and educational achievements.

The study focuses on children of secondary school age and I would like to collect data from all Year 7, 9 and 11 students. The collection of data involves the completion of a short questionnaire by all students. The questionnaire should take no longer than 10 minutes to complete. A small number of students would also be selected for a short follow-up interview. Subject to your approval, I would also like to conduct a short period of ethnographic research at Wilson High, which would involve me observing a number of PE lessons. At this stage, it is predicted that the data collection period would be during the winter term 2007 (Jan-Apr), subject to your approval.

Short self-report questionnaires would be delivered to Wilson High to be distributed and completed by students during registration period. I would then collect the questionnaires at a time convenient to you. Following analysis of the questionnaires, a small number of students would be selected for a short interview. I would be responsible for conducting the interviews, which would last no longer than 20 minutes each. I hold a current CRB check and would ensure that full school and parental consent is obtained prior to each interview. All data collected will be protected by the Data Collection Act and all participants will remain anonymous. It is envisaged that the data collected through this PhD study will form the basis of a number of academic publications and full acknowledgements will be given to the school in this event.

Should you require any further information about the research project please do not hesitate to contact me on 07903-814-073 or at l.killick@lboro.ac.uk.

I hope to hear from you soon.

Yours faithfully,
Lara Killick MA (Dis.), BA (Hons.)
Doctoral Research Student
Loughborough University
SPORT QUESTIONNAIRE

Just a couple of notes regarding the questionnaire: (To be read to the class)

- The questionnaire is part of a research study about sports injury being conducted at Loughborough University by Lara Killick.
- You do not have to complete the questionnaire if you do not want to. Just tell your teacher you don’t want to.
- If you chose to complete the questionnaire, your responses will be completely confidential and your name will not be used in the project at all.
- Please use a LEAD PENCIL or BIRO to complete the questionnaire, felt-tip pens, fountain pens and coloured pencils are not allowed.

THANK YOU FOR HELPING ME WITH MY RESEARCH

Teachers: If you could fill in the information below and attach this form to the completed questionnaires I would be really grateful.

Thank you,

Lara Killick
Loughborough University

To be completed:

SCHOOL: PPS

YEAR: 7 / 9 / 11

FORM: ________________

A. NUMBER OF COMPLETED QUESTIONNAIRES: ________________
B. ABSENT: ________________
C. ABSTAINERS: ________________

TOTAL IN CLASS (A+B+C) ________________
Section A: About Yourself

I am:  
- Female
- Male

I am aged:  
- 10 years
- 11 years
- 12 years
- 13 years

I am: (choose ONE bubble only)
- White English
- White Irish
- White Scottish
- White Welsh
- White Other:  
- Black British
- Black African
- Black Caribbean
- Black Other:  
- Asian British
- Asian Indian
- Asian Pakistani
- Asian Other:  
- Oriental British
- Chinese
- Japanese
- Oriental Other:  
- Mixed: White & Black African
- Mixed: White & Black Caribbean
- Mixed: White & Asian
- Mixed: White & Oriental
- Mixed: Other (please state)  
- Any Other: (please state)  
- Prefer not to say

A4: The HIGHEST level of sport I have played is.....
(choose ONE bubble only)
- School PE lessons only
- After-school club (at school)
- School Team
- Club Team
- County Team (e.g. Kent or Surrey)
- Regional Team (e.g. South of England)
- National Squad
- International Squad
- Other: Please state:  

A5: Do you regularly do any of the following?
(choose as many bubbles as you need)
- Watch sport on the TV
- Watch live sport
- Read about sport in the newspapers
- Read sports magazines
- Find out about sport on the internet
- Find out about sport using my mobile phone
- Watch my family play sport
- I don't do any of the above

I would like to be involved in a short interview to discuss some of my answers:
- Yes
- No

If yes, please provide your name below:

Read this before you start:
Please fill in the bubbles like this:  

office use only  
1 2 3 4 5 6 7 8 9 0
Section B: About the types of activities you do...

B1. Below you will find a list of activities.

For each activity please fill in the bubbles if you have taken part in them during PE, at a school-run club (e.g. lunchtime or after-school) or outside of school.

You can fill in all the bubbles if you do/have done the activity in PE, at a school-run club and outside of school.

There is also an option if you have not done that activity at all.

<table>
<thead>
<tr>
<th>Activity</th>
<th>I DON'T do this activity</th>
<th>I do this in: PE</th>
<th>I do this in: A SCHOOL RUN CLUB</th>
<th>I do this: OUTSIDE OF SCHOOL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Athletics</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Badminton</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basketball</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cricket</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cross Country</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cyber-sports (computer game sports)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Football</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Going to a fitness gym</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Golf</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gymnastics</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hockey</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Martial Arts</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Netball</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outdoor Pursuits</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rounders</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rugby</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skate-Boarding</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Swimming</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tennis</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trampolining</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Water Polo</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other: _________________</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Section C: About the protective equipment you use...**

I have worn the following protective equipment at least once when playing sport:

<table>
<thead>
<tr>
<th>Protective Equipment</th>
<th>Choose as many bubbles as you need</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ankle Support</td>
<td></td>
</tr>
<tr>
<td>Body Armour</td>
<td></td>
</tr>
<tr>
<td>Elbow Guards</td>
<td></td>
</tr>
<tr>
<td>Groin Protector</td>
<td></td>
</tr>
<tr>
<td>Helmet</td>
<td></td>
</tr>
<tr>
<td>Knee Support</td>
<td></td>
</tr>
<tr>
<td>Shin Pads</td>
<td></td>
</tr>
<tr>
<td>None of these</td>
<td></td>
</tr>
</tbody>
</table>

The type of protective equipment I wear depends on which sport I am playing.

(choose ONE bubble only)

- Yes
- No

The type of protective equipment I wear depends on whether I have an injury at the time or not.

(choose ONE bubble only)

- Yes, if I have an injury I wear more protective equipment
- Yes, if I have an injury I wear less protective equipment
- No, I wear the same

I wear protective equipment when I play sport.

(choose ONE bubble only)

- Always
- Sometimes
- Rarely
- Never

I DON'T wear protective equipment because:

(choose as many bubbles as you need)

- I don't need to in my sport
- I don't want to
- My PE teacher won't let me
- My parents won't let me
- My coach won't let me
- I can't afford it
- It gets in the way
- It slows me down
- I don't want to look stupid
- People would think I am a wimp
- Any other reason: (please state)

I wear protective equipment because:

(choose as many bubbles as you need)

- I choose to
- My PE teacher wants me to
- My parents want me to
- My coach wants me to
- My Doctor wants me to
- My Physiotherapist wants me to
- I have to due to the rules of the sport
- I don't want to get hurt
- I don't want to get injured
- I want to protect a current injury
- I want to protect a past injury
- It makes me feel stronger
- Any other reason: (please state)
**Section D:**
About the types of injury you have had...

**D1:** This question is asking you about your experiences of pain and injury. Below you will find a list of conditions. If you have experienced the condition please fill in the bubble in the first column (if you haven't, just leave it blank). Then let me know where it happened to you. Fill as many bubbles as you need.

<table>
<thead>
<tr>
<th>Condition</th>
<th>This has happened to me (leave blank if it hasn't)</th>
<th>It happened to me during PE</th>
<th>It happened to me during a school-run club</th>
<th>It happened to me during sport outside of school</th>
<th>It was nothing to do with sport</th>
</tr>
</thead>
<tbody>
<tr>
<td>Broken Bone: Finger</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Black eye</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Broken Bone:</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Broken Bone:</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Bruise</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Concussion</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Cut to my:</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Cut to my:</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Dislocated Shoulder</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Fractured:</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Graze</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Migraine</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Osgood Schlatter's</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Painful, swollen knee</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Shin Splints</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Sore Back</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Sore Elbow</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Tight Muscles</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Twisted ankle</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Other:</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

Example: Broken Bone:
D2: This question is asking you about what action you took when you were in pain or injured and why you took that action.

Please describe to me what you did and why you did it when the condition happened to you, for example: I ignored it because I did not want to lose my place in the team, or I iced it because I was told to by my teacher or I missed PE because I did not want to make it worse.

If you didn't take any action when it happened to you, please tell me that you didn't do anything. If the condition has never happened to you, just leave the box blank.

What action did you take?

<table>
<thead>
<tr>
<th>Example: Broken Bone: Finger</th>
</tr>
</thead>
<tbody>
<tr>
<td>I carried on playing till the end of the game because the team needed me. Then I went to hospital because it really hurt. I took some pain killers. I had the finger strapped up and stopped doing PE for 1 week because I did not want to make it worse.</td>
</tr>
</tbody>
</table>

Black eye

Broken Bone:

Broken Bone:

Bruise

Concussion

Cut to my:

Cut to my:

Dislocated Shoulder

Fractured:

Graze

Migraine

Osgood Schlatter's

Painful, swollen knee

Shin Splints

Sore Back

Sore Elbow

Tight Muscles

Twisted ankle

Other:
D3: Have you ever continued to play sport in PE when you are in pain or injured?
(choose ONE bubble only)
○ Yes, frequently
○ Yes, occasionally
○ Yes, but only once
○ No

D3b: Why did you....
continue to play
or
stop playing?

D4: Have you ever continued to play sport in School-run clubs when you are in pain or injured?
(choose ONE bubble only)
○ Yes, frequently
○ Yes, occasionally
○ Yes, but only once
○ No
○ Not applicable, I don't go to any school-run sports clubs

D4b: Why did you....
continue to play
or
stop playing?
Please answer D5 first, then D6...

<table>
<thead>
<tr>
<th>D5: Have any of the following people encouraged you to continue to play when you are in pain or are injured? (choose as many bubbles as you need)</th>
</tr>
</thead>
<tbody>
<tr>
<td>D6: Have any of the following people encouraged you to stop playing when you are in pain or are injured? (choose as many bubbles as you need)</td>
</tr>
<tr>
<td>My male guardian (e.g. dad, step-dad)</td>
</tr>
<tr>
<td>My female guardian (e.g. mum, step-mum)</td>
</tr>
<tr>
<td>My male PE teacher(s)</td>
</tr>
<tr>
<td>My female PE teacher(s)</td>
</tr>
<tr>
<td>My male coach</td>
</tr>
<tr>
<td>My female coach</td>
</tr>
<tr>
<td>My male classmates</td>
</tr>
<tr>
<td>My female classmates</td>
</tr>
<tr>
<td>My male team-mates</td>
</tr>
<tr>
<td>My female team-mates</td>
</tr>
<tr>
<td>My brother(s)</td>
</tr>
<tr>
<td>My sister(s)</td>
</tr>
<tr>
<td>My male doctor</td>
</tr>
<tr>
<td>My female doctor</td>
</tr>
<tr>
<td>My male physiotherapist</td>
</tr>
<tr>
<td>My female physiotherapist</td>
</tr>
<tr>
<td>Referees/Umpires</td>
</tr>
<tr>
<td>Supporters watching you compete</td>
</tr>
<tr>
<td>Any other(s): Please state:</td>
</tr>
<tr>
<td>None of the above</td>
</tr>
</tbody>
</table>
Section E: About your sports injury knowledge...

Please answer E1 first, then E2...

<table>
<thead>
<tr>
<th>E1: I learnt about what a sports injury is from:</th>
<th>E2: I find out about how to treat my sports injuries from:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(choose as many bubbles as you need)</td>
<td>(choose as many bubbles as you need)</td>
</tr>
<tr>
<td>My personal experience</td>
<td></td>
</tr>
<tr>
<td>My male guardian (e.g. dad, step-dad)</td>
<td></td>
</tr>
<tr>
<td>My female guardian (e.g. mum, step-mum)</td>
<td></td>
</tr>
<tr>
<td>My male PE Teacher(s)</td>
<td></td>
</tr>
<tr>
<td>My female PE Teacher(s)</td>
<td></td>
</tr>
<tr>
<td>My male coach</td>
<td></td>
</tr>
<tr>
<td>My female coach</td>
<td></td>
</tr>
<tr>
<td>My male friends</td>
<td></td>
</tr>
<tr>
<td>My female friends</td>
<td></td>
</tr>
<tr>
<td>My brother(s)</td>
<td></td>
</tr>
<tr>
<td>My sister(s)</td>
<td></td>
</tr>
<tr>
<td>My male doctor</td>
<td></td>
</tr>
<tr>
<td>My female doctor</td>
<td></td>
</tr>
<tr>
<td>My male physiotherapist</td>
<td></td>
</tr>
<tr>
<td>My female physiotherapist</td>
<td></td>
</tr>
<tr>
<td>The Internet</td>
<td></td>
</tr>
<tr>
<td>Newspapers</td>
<td></td>
</tr>
<tr>
<td>Sports Magazines</td>
<td></td>
</tr>
<tr>
<td>Books</td>
<td></td>
</tr>
<tr>
<td>I don’t remember</td>
<td></td>
</tr>
<tr>
<td>Other (please state)</td>
<td></td>
</tr>
</tbody>
</table>
E3: To help me decide when I can play sport again after an injury I ask:

(choose as many bubbles as you need)

○ No one, I make the decision myself
○ My female guardian (eg. Mum, step-mum)
○ My female PE Teacher(s)
○ My female coach
○ My female friends
○ My sister(s)
○ My female physiotherapist
○ My female doctor
○ Other

(please state ________________________________)

Please answer E4 first, then E5...

E4: How much control do you feel you have over the treatment of your sports injuries?

(choose ONE bubble only)

A lot, I decide on my own  ○
Some, others help me make my decisions ○
Not much, other people tend to make the decision for me ○
None at all ○
Not sure ○

E5: How much control do you feel you have over the decision to play sport again after an injury?

(choose ONE bubble only)

A lot, I decide on my own  ○
Some, others help me make my decisions ○
Not much, other people tend to make the decision for me ○
None at all ○
Not sure ○
F1: Below are a number of sentences about injury and sport. Read each sentence carefully and decide whether you agree or disagree with what has been written. Fill in the bubble which matches your decision most closely. There is no right or wrong answer, it is your opinion.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly agree</th>
<th>Partly agree</th>
<th>Not sure</th>
<th>Partly disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Playing sport is important to me</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I accept the risk of injury so I can play sport</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I worry about getting injured before taking part in sport</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I respect players who put up with pain and play with an injury</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I think that players will try to play with injuries and put up with pain if they care about the team</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>My PE teachers are impressed by players who play with injuries and through pain</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My team-mates are impressed by players who play with injuries and through pain</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I would not tell my PE teacher how much an injury hurt if they stopped me playing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I would not tell my parents how much an injury hurt if they stopped me playing</td>
<td></td>
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<td></td>
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<tr>
<td>I enjoy the break from sports activities when I am injured and do not play</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel frustrated when I am injured and cannot play sport</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>I feel like I let people down if I do not try to play through pain when playing sport</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel isolated from my friends when I am injured and cannot play sport</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Thank you for helping me with my research!
APPENDIX III:

PHASE TWO DOCUMENTATION
Dear Parent/Guardian,

RE: Participation in Sport Research Project

I am currently undertaking a research project at Loughborough University which explores children’s experience of pain and injury in sport and am writing to request your assistance in this task.

Recently, a questionnaire was distributed to all Year 7, 9 & 11 pupils at School Five. Your son indicated that he would be willing to take part in a series of short interviews (3 x 20 minutes) based on his response to the questionnaire.

The interviews will be conducted on school property, during the school day. I would be responsible for conducting the interviews and I hold a current CRB check. All ethical considerations would be adhered to at every stage of the interview process. The interview data would remain anonymous and all data collected will be processed in accordance with the Data Protection Act. It is hoped that the results of this study will be presented at conferences and published in a variety of academic journals.

Should you have any queries regarding the interview process, please do not hesitate to contact me on 07903-814-073 to discuss any concerns you may have. If you consent to your child taking part in the interviews could you please complete the consent form below and return to his form tutor no later than Friday 2nd March 2007.

Kind regards,
Lara Killick
Loughborough University

Consent form for Sport Research Project (2007)

I do / do not consent to ___________________________ taking part in a series of interviews at Royal Wilson School (Please delete as appropriate).

I understand that the data collected will be used in a PhD research project and will be processed in accordance with the Data Protection Act.

Signed: ___________________________ Date: ____________
Interview One Schedule

AIMS:

Broad
- Begin to establish rapport, trust, degree of comfort
- Create an environment in which the participant is comfortable to talk, share experiences
- Establish pseudonym

Specific
- Begin to sketch membership of school sport figuration
- Identify sport-health-risk associations
- Importance of school sport in their everyday lives

USE QUESTIONNAIRE AS PROMPT

1. I see from your questionnaire that you take part in sport at X level, which sport is that? And how did you get involved in that sport?
2. What sports do you play? What do you like about those particular sports? Dislike about other sports?
3. Do you enjoy sport at school? What do you like/dislike about sport at school?
4. What else do you do with your free time? How important is sport in your life? Why do/don’t you take part in sport?
5. Do you think that it is important to be involved in sport? Why? (pick up links re. health and risk here)
6. Do you worry about anything in sport?
7. What does “being healthy” mean to you? Can you give me some examples of healthy behaviours’?
8. Is “being healthy” important to you? Do you do anything to try to be healthy’? What do you do? Why?
9. Does the school/school sport help you to “be healthy”? What does it do? Are there any of these things you like/dislike? Why?
10. Have you ever heard the word ‘risk’ being used? When have you heard it being used? What does that word mean to you? What do you consider to be risky behaviours’?
11. Do you think any parts of your life are “risky”? Do you think sport is “risky”? if yes, what “risks” do you think there are in sport?
12. Who is important to you in your sporting life? Why?

BOUNCE OFF THEIR RESPONSES...YOU HAVE TIME!!!

Next week: We will chat about some of the sporting injuries you have had, what you did after you got them and what you think about R-P-I in sport. Thank you for your time today and look forward to seeing you next week.
Interview Two Schedule

AIMS:

Broad
- Continue to establish rapport, trust, degree of comfort

Specific
- Focus on R-P-I experiences
- Categorisation, response to, feelings, emotions

So last week, we talked a bit about the sports you play, what you think about sport at school and some ideas around health. Did you have any questions or something particular you want to talk about after last week? EXPLORE IF THEY DO.

1. In the questionnaire one of the questions asked you about the types of injuries you have had. We are going to look at those in a bit more detail today. Can you tell me a bit about what sports related injuries have happened to you? How did they happen? (look for issues around controlling injury)

2. And what did you do when X happened to you? Why? (if played on, why? Did anyone encourage you to do so?) (if sought treatment-who from? Who helped? Why did they ask that person?)

3. And how did you feel when you were injured? How did you feel when you were out of action? Do these feelings encourage you to return to sport quickly/slowly? Why?

4. You talk about X encouraging you to play whilst injured...how did they do this? Do you feel pressure to play whilst injured? If so who from?

5. You talk about X encouraging you to stop playing whilst you were injured...how did they do this? Do you feel pressure to stop playing whilst injured? If so who from?

6. How did others react to you when you were injured? Are other people’s opinions of you important to you? Whose opinions do you care about/were important?

7. I see from your questionnaire you always/sometimes/rarely wear protective equipment...what encourages you to/ to not wear protective equipment when you are playing?

8. Do you think the risk of injury is something you have to accept if you want to play? (link to ideas about ‘proper’ athletes)

BOUNCE OF THEIR RESPONSES...YOU HAVE TIME!!!

Next week: We will chat some more about your injury experiences and your responses to injury. Thank you for your time today and look forward to seeing you next week.
Interview Three Schedule

AIMS:

**Broad:**
- Collect Cameras
- Provide conclusion to interview programme
- Address any concerns of the participants

**Specific:**
- Further focus on R-P-I experiences
- Control of decisions around diagnosis/treatment/return
- Perception of injured others
- Photo tasks

So last week, we talked a bit about some of the injuries you have had, how you felt when you had them and what you did when you were injured. Do you have any questions or some particular that you want to talk about after last week? EXPLORE IF THEY DO. This week, we are going to pick up on some of the things we have talked about in more details.

1. When you have been injured, how have you known what to do?
2. Did you ask the advice of anyone about what you should do re. treatment? If so, who and why? And what advice did they give you?
3. In your experience, whose decision has it been to use particular treatment? Do you make the decision about which treatment to use?
4. Whose decision do you think it should be? How do you feel if others make the decisions?
5. When you have been injured, how have you known when to start playing again?
6. Did you ask the advice of anyone? If so, who and why? And what did they say?
7. What sort of involvement did they have in the decision to start playing again?
8. In your experience, whose decision has it been to start playing again? Do you make the decision about when to start playing again?
9. Whose decision do you think it should be? How do you feel if others make the decisions?
10. What happens if you don’t agree with the advice you are given?
11. What happens if you don’t agree with the decisions that are made?
12. How does the decision making process over sports injuries compare to other decisions in your life?
13. All this time we have been talking about sports injuries and pain. Imagine I am an alien landed on Earth, how would you describe what a sports injury is?

PHOTO TASK ONE: Categories based on seriousness

PHOTO TASK TWO: Rankings

BOUNCE OFF THEIR RESPONSES...YOU HAVE TIME!!!!

So this is our last interview, thank you so much for agreeing to talk to me over the past three weeks. Do you have any questions? I will see you in two weeks when I return your photos and you can stick them in your books. Thank you so much for being part of the project, the school will be sent a report on the total findings of the project, which I am sure they will show you. I will also let the school know if any findings appear in books or anything so they can let you know. I hope you enjoyed taking part.
APPENDIX IV:

PHASE THREE DOCUMENTATION
PSHEE TASK: 1

Each group has a task based around the broad themes of Health and Risk. You will find your group's task below. Your group has about 20 minutes to complete the task. If we have time/you finish your task early we will rotate the tasks so you can try a different one.

There are no right and wrong answers, I am just interested in finding out what you all think. Try to write down on the flip chart paper everything you talk about in your group, so if I don't get a chance to talk about it with you I will know why you have made the choices you have.

What HEALTH means to us......

A) In your group I would like you to brainstorm what the words HEALTH or BEING HEALTHY mean to you...present your ideas in anyway you like, for example: spider diagrams, drawings, word associations. Use your imagination....

B) Can you give me examples of activities or behaviours you think are 'healthy' and those you think are 'unhealthy'? Why do you think they are 'healthy' or 'unhealthy' activities?

C) Is being healthy important to you? Why is/isn't being healthy important to you?

D) Does the school help you to be healthy? How does/doesn't it help you to be healthy? What do you like/dislike what the school does?

You have: Marker pens
            Flip chart paper
PSHEE TASK: 2

Each group has a task based around the broad themes of Health and Risk. You will find your group's task below. Your group has about 20 minutes to complete the task. If we have time/you finish your task early we will rotate the tasks so you can try a different one.

There are no right and wrong answers, I am just interested in finding out what you all think. Try to write down on the flip chart paper everything you talk about in your group, so if I don't get a chance to talk about it with you I will know why you have made the choices you have.

What RISK means to us......

A) In your group I would like you to brainstorm what the word RISK means to you...I would like to think about all aspects of your life, not just sport. Present your ideas in anyway you like, for example: spider diagrams, drawings, word associations. Use your imagination....

B) Can you give me a list of activities you would call RISKY (again think about all aspects of your life, not just sport)? Why do you think these activities are risky?

C) Can you rank these activities depending on how 'risky' you think they are? With the most risky at the top and the least risky at the bottom. Why have you ranked them in this particular order?

You have: Marker pens / Flip chart paper
PSHEE TASK: 3

Each group has a task based around the broad themes of Health and Risk. You will find your group’s task below. Your group has about 20 minutes to complete the task. If we have time/you finish your task early we will rotate the tasks so you can try a different one.

There are no right and wrong answers, I am just interested in finding out what you all think. Try to write down on the flip chart paper everything you talk about in your group, so if I don’t get a chance to talk about it with you I will know why you have made the choices you have.

What is a Sports injury?

In front of you, you will find 10 laminated pictures of different sports-related injuries.

A) In your group I would like you to put these pictures in piles based on how serious you think they are. Label these piles (e.g. major/minor; serious/not so serious). If you turn the pictures over, you will see they have a letter on the back of them. Record which pictures you have put in each pile on the flip chart paper. Can you explain why you have put the pictures in the particular piles?

B) Rank the pictures in order of how serious you think they are, with the most serious at the top and the least serious at the bottom. Record your answers on the flip chart paper. Can you explain why you have put the pictures in this particular order?

You have: 10 laminated pictures
Marker pens / Flip chart paper
PSHEE TASK: 4

Each group has a task based around the broad themes of Health and Risk. You will find your group’s task below. Your group has about 20 minutes to complete the task. If we have time/you finish your task early we will rotate the tasks so you can try a different one.

There are no right and wrong answers, I am just interested in finding out what you all think. Try to write down on the flip chart paper everything you talk about in your group, so if I don’t get a chance to talk about it with you I will know why you have made the choices you have.

When we are injured …….

In your group I would like you to think about the people who are important to you in the following three scenarios:
   i) When you are playing sport at school
   ii) When you get injured or are in pain when doing sport at school
   iii) When you are trying to recover from a sports injury at school

For each scenario, you need to answer A, B and C:

   A) **Who** are the people important to you in this scenario? **Why** are they important to you at this time?

   B) Can you **rank** the people you have identified based on how important they are to you in the scenario? **Why** you have put them in this particular order?

You have: Marker pens
          Flip chart paper
PSHEE TASK: 5

Each group has a task based around the broad themes of Health and Risk. You will find your group’s task below. Your group has about 20 minutes to complete the task. If we have time/you finish your task early we will rotate the tasks so you can try a different one.

There are no right and wrong answers, I am just interested in finding out what you all think. Try to write down on the flip chart paper everything you talk about in your group, so if I don’t get a chance to talk about it with you I will know why you have made the choices you have.

If this happened to me I would ........

In your group, I would like you to pick each pick a different sport and imagine that you play that sport for your school team. In front of you, you will find 7 laminated pictures of sports-related injuries.

A) For each picture, tell me what you would do if it happened to you e.g. play on, go see a doctor, come straight off or ask the advice of someone. Record your individual choices on the record sheets provided.

B) Can you explain why you would take this particular action? What sort of factors affect your choices? Would your choices be any different if the injury happened whilst you were training rather than playing?

C) Compare your answers with the others in your groups, what similarities/differences do you find? Why do you think you have chosen the same/different choices?

You have: 7 laminated pictures/record sheets
Marker pens / Flip chart paper
PSHEE TASK: 6

Each group has a task based around the broad themes of Health and Risk. You will find your group’s task below. Your group has about 20 minutes to complete the task. If we have time/you finish your task early we will rotate the tasks so you can try a different one.

There are no right and wrong answers, I am just interested in finding out what you all think. Try to write down on the flip chart paper everything you talk about in your group, so if I don’t get a chance to talk about it with you I will know why you have made the choices you have.

Sport & Risk

A) Do you think sport is risky? If so, what types of risk do you think there are in sport?

B) Take a look at the sport sheet attached to this task, you will see ten pictures of different sports. Rank the sports depending on how ‘risky’ you think they are. Record your rankings on the flip chart paper.

C) Why have you ranked the sports in that particular order?

D) How do you think the risks involved in sport compare to risks in other parts of life?

You have: Marker pens
Flip chart paper
Sports Sheet
PSHEE TASK: 7

Each group has a task based around the broad themes of Health and Risk. You will find your group’s task below. Your group has about 20 minutes to complete the task. If we have time/you finish your task early we will rotate the tasks so you can try a different one.

There are no right and wrong answers, I am just interested in finding out what you all think. Try to write down on the flip chart paper everything you talk about in your group, so if I don’t get a chance to talk about it with you I will know why you have made the choices you have.

How do we find out about HEALTH .......

E) In your group I would like you to brainstorm all the ways you find out about HEALTH or BEING HEALTHY... present your ideas in anyway you like, for example: spider diagrams, drawings, word associations. Use your imagination....

F) Can you rank the ways in which you find out about health based on how important they are to you? With the most important at the top and the least important at the bottom.

G) Can you explain why you have put them in this particular order?

You have:  Marker pens
              Flip chart paper
PSHEE TASK: 8

Each group has a task based around the broad themes of Health and Risk. You will find your group’s task below. Your group has about 20 minutes to complete the task. If we have time/you finish your task early we will rotate the tasks so you can try a different one.

There are no right and wrong answers, I am just interested in finding out what you all think. Try to write down on the flip chart paper everything you talk about in your group, so if I don’t get a chance to talk about it with you I will know why you have made the choices you have.

What RISK means to us......

D) In your group I would like you to brainstorm all the ways you find out about RISK or BEING RISKY...I would like you to think about all aspects of your life, not just sport. Present your ideas in anyway you like, for example: spider diagrams, drawings, word associations. Use your imagination....

E) Can you rank the ways in which you find out about risk based on how important they are to you? With the most important at the top and the least important at the bottom.

F) Can you explain why you have put them in this particular order?

You have: Marker pens / Flip chart paper
PSHEE TASK: 9

Each group has a task based around the broad themes of Health and Risk. You will find your group's task below. Your group has about 20 minutes to complete the task. If we have time/you finish your task early we will rotate the tasks so you can try a different one.

There are no right and wrong answers, I am just interested in finding out what you all think. Try to write down on the flip chart paper everything you talk about in your group, so if I don't get a chance to talk about it with you I will know why you have made the choices you have.

What makes a good/successful sportsperson?

A) In your group I would like you to brainstorm what being a good/successful sportsperson means to you ... present your ideas in anyway you like, for example: spider diagrams, drawings, word associations. Use your imagination....

B) Who do you think are examples of good/successful sportspeople? What is it about them that you think makes them a good/successful sportsperson?

C) In your group I would like you to brainstorm what being a bad/unsuccessful sportsperson means to you ... present your ideas in anyway you like, for example: spider diagrams, drawings, word associations. Use your imagination....

D) Who do you think are examples of bad/unsuccessful sportspeople? What is it about them that you think makes them a bad/unsuccessful sportsperson?

You have: Marker pens / Flip chart paper
PSHEE TASK: 10

Each group has a task based around the broad themes of Health and Risk. You will find your group’s task below. Your group has about 20 minutes to complete the task. If we have time/you finish your task early we will rotate the tasks so you can try a different one.

There are no right and wrong answers, I am just interested in finding out what you all think. Try to write down on the flip chart paper everything you talk about in your group, so if I don’t get a chance to talk about it with you I will know why you have made the choices you have.

When we are injured .......

In your group I would like you to think about how you feel in the following three scenarios:

iv) When you are playing sport at school
v) When you get injured or are in pain when doing sport at school
vi) When you are trying to recover from a sports injury at school

For each scenario, you need to answer A, B and C:

C) What emotions do you feel in this scenario? Why do you feel this way?

D) What sort of things do you think about in this scenario? Why are you thinking about these things at this time?

You have: Marker pens
Flip chart paper
PSHEE TASK: 11

Each group has a task based around the broad themes of Health and Risk. You will find your group’s task below. Your group has about 20 minutes to complete the task. If we have time/you finish your task early we will rotate the tasks so you can try a different one.

There are no right and wrong answers, I am just interested in finding out what you all think. Try to write down on the flip chart paper everything you talk about in your group, so if I don’t get a chance to talk about it with you I will know why you have made the choices you have.

Who do I turn to when I am in pain or injured…..

In front of you, you will find pictures of 7 people who may be around you during sport at school. In your group I would like you to think about the advice they may give you about sports injures in the following three scenarios:

i) When you are playing sport at school
ii) When you get injured or are in pain when doing sport at school
iii) When you are trying to recover from a sports injury at school

For each scenario, you need to answer A, B and C:

A) Can you rank the 7 people based on how much you would listen to the advice they give you? With the one you would listen to the most at the top and the one you would listen to the least at the bottom. Why have you ranked them in this particular order?

B) Can you rank the 7 people based on how much you trust the advice they give you? With the one you trust the most at the top and the one you trust the least at the bottom. Why have you ranked them in this particular order?

C) Can you rank the 7 people based on how much influence they have over your decisions to do with sports injury? With the one who has the most influence at the top and the one who has the least at the bottom. Why have you ranked them in this particular order?
PSHEE TASK: 12

Each group has a task based around the broad themes of Health and Risk. You will find your group’s task below. Your group has about 20 minutes to complete the task. If we have time/you finish your task early we will rotate the tasks so you can try a different one.

There are no right and wrong answers, I am just interested in finding out what you all think. Try to write down on the flip chart paper everything you talk about in your group, so if I don’t get a chance to talk about it with you I will know why you have made the choices you have.

Sport, injury and the decision to stop or continue playing...

In front of you, you will find 9 laminated pictures of athletes who have different sports-related injuries. You also have a Action Sheet which shows you what action each athlete took when they were injured, e.g. continued to play, rested or took medical advice.

For each picture, you need to answer A, B and C:

A) What do you think of the athlete’s decision? Why do you think this?

B) How would you describe the athlete?

C) If this injury happened to you, what would you do? Why would you take this action?

You have: 9 laminated pictures
Action sheet
Marker pens / Flip chart paper
### PSHEE TASK: 12: ACTION SHEET

<table>
<thead>
<tr>
<th>Picture</th>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>Player had head bandaged by team’s medial staff and then continued to play the match.</td>
</tr>
<tr>
<td>e</td>
<td>The player was taken off the pitch, went straight to hospital and had his leg x-rayed and plastered. He never played football again but is now a coach.</td>
</tr>
<tr>
<td>Q</td>
<td>The player came off the pitch and did not train or play a match for a month. When she returned to football, she wore a knee brace.</td>
</tr>
<tr>
<td>F</td>
<td>The boxer lost the match. He did not seek medical attention. He took part in a boxing match 2 days later.</td>
</tr>
<tr>
<td>B</td>
<td>The player was taken off the pitch, went straight to hospital and had his neck and spine x-rayed. The doctors recommended a month off rugby but he played again 2 weeks later.</td>
</tr>
<tr>
<td>C</td>
<td>The player broke his nose during the rugby game. He came off the pitch for 5 minutes while the medical staff bandaged him up, he then returned to the game and carried on playing.</td>
</tr>
<tr>
<td>b</td>
<td>After being hit in the face by the cricket ball when batting and being knocked out, the player ‘retired hurt’ and took no further part in the cricket match. He saw medical staff who recommended that he did not play cricket for 5 weeks. He followed their advice.</td>
</tr>
<tr>
<td>h</td>
<td>After being hit with the ball, the hockey player did not train or play hockey until the bruise had disappeared 3 weeks later.</td>
</tr>
<tr>
<td>AA</td>
<td>The gymnast fell during a training session 2 days before her Olympic performance. Her coach wanted her to stop but she taped her ankle up, took painkillers and continued to perform.</td>
</tr>
</tbody>
</table>