Illness, injury and sporting identity: a case study of women’s rowing

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ILLNESS, INJURY AND SPORTING IDENTITY: 
A CASE STUDY OF WOMEN'S ROWING

by

Elizabeth C.J. Pike

A doctoral thesis submitted in partial fulfillment of the requirements 
for the award of:

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ABSTRACT

The purpose of this project was to explore the injury experiences of female amateur British rowers located within a symbolic interactionist framework. The study intended to ascertain the major injury-risk factors and inform future practice. This follows the logic of previous researchers who have identified a culture of risk in sporting subcultures (Nixon, 1992) and have presented evidence of injuries related to participation in rowing (Bernstein, 1995; Edgar, 1999). A typology is presented identifying the key risk-factors in rowing. A questionnaire was administered to rowers during the 1997 regatta season. The themes identified from this questionnaire were explored further through a period of participant observation in two rowing clubs, and semi-structured interviews conducted with members of both clubs and their coaches. The findings identified that injury should be considered as part of a broader experience of illness in sport. The participants in the study had limited recognition of their vulnerability to illness and injury as a result of their involvement in rowing. The major risk factors appeared to be the high level of commitment expected of the rowers, pressures from significant others within the subculture (in particular the coaches), and inadequate medical support for amateur athletes. Illness and injury are considered to be embodied and emotional experiences, affecting the athlete's body project (Shilling, 1993). The stigma of such fatal flaws (Goffman, 1969; Sparkes, 1996) has the potential to disrupt the individual's sense of self as athlete and/or as female, which occasionally led to compensatory behaviour. It is suggested that coaching practice needs to be more humanistic than performance-oriented. Furthermore, non-orthodox, complementary health care is recommended to offer women a more supportive environment for taking control of their own medical practice. Finally, it is believed that there is a need for greater dialogue between sociologists of sport and other sport scientists and medical professionals in order to develop a more holistic approach to working with sports participants.
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CHAPTER 1

"It’s not pain, it’s pleasure":
An introduction to women’s experiences of injury and illness in rowing

"when my lower back started to complain ... I did the honourable thing and ignored it ...
By February I was definitely in pain, could fool myself no longer and went to see a physiotherapist ...
The consultant was slightly perturbed by my deterioration ...
He injected me again, prescribed more Voltarol and ordered a corset ...
But when you roll out of bed and cannot stand up let alone dress yourself, the joke is over” (Susan Linnane, rower and sculler, 1995).

The relatively recent attention of some (predominantly North American) sociologists of sport to the phenomena of sport-related injury has indicated a trend of risk-taking, pain tolerance and normalisation of injury in many sporting contexts. These studies have been ground-breaking and offer much to our understanding of risk in professional sports (Young, 1991, 1992, 1993) and the relationship of masculinity and risk-taking (Messner, 1990, 1992). However, less well researched are the experiences of amateur sportspeople, female athletes (see Young, 1996), or the meaning systems which underpin risk-taking and the injury experience (Curry, 1993). This study suggests that the risk/pain/illness/injury nexus may be “a really common problem” (Patsy, see Chapter 6) in amateur and non-elite women’s sport. In what follows, I will be using the voices of women such as Susan and Patsy, seeking to explore their experiences and inform future practice.

1.1 The risk/pain/illness/injury experience

The focus of this research project is, therefore, to adopt a social scientific, and specifically a symbolic interactionist, perspective to elaborate understanding of the
phenomenon of sport-related illness and injury through an in-depth analysis of two
women's rowing clubs. Over a two year period, time was spent observing, training with,
and talking to the members of 'Bridgewater' and 'Rivertown' (both pseudonyms). The
motives for undertaking such a research project are multi-faceted. An inherent interest in
the topic developed from personal experiences of injury related to participation in
rowing. In reading reports from both North America (Heil, 1993; Pargman, 1993) and
Great Britain (Sports Council, 1991) a disturbing trend of injury rates became apparent,
with socio-economic implications. For example, the Sports Council (1991) estimated
19.3 million incidents of sport-related injury in the previous year, costing an estimated
£405 million in workdays lost and £240 million to the health service in England and
Wales. Whilst only very limited statistics of rowing-related injury occurrence have been
found, the Sports Council (1991) categorised rowing amongst a number of other water
sports and estimated one million incidences of injury per annum for this group.
Similarly, a study of Senior British trialists found that 71% had taken time out of rowing
with back pain (Edgar, 1994). Such estimates suggest both a likely trend of injury
occurrence in rowing, and also a need to explore this specific subculture further. Perhaps
one of the most famous cases is that of Steve Redgrave, a British four time Olympic gold
medalist:

"A year away from the Olympic rowing finals and Steve Redgrave is preparing to
become the most successful, the most impressive, the most respected, the most
determined and probably the most arthritic British Olympic champion of all time
... he is 37 ... and the creaks and groans of protest that his back offers him in the
morning, the regular stab of the insulin needle, the pills to keep his colitis in
remission, the hole where his appendix used to be are all painful reminders that he
has pushed his extraordinarily taxed body above and beyond any kind of normal,
rational athletic duty" (Mott, 1999, 1).
Whilst this case is of a male athlete, he is still a role model of what it takes to achieve success in rowing. Cases such as his have inspired research and in recent years the more general phenomenon of sport injury has been given increasing attention by sport scientists. The justification for this comes from such research as that in the United States of America which indicates that despite advances in knowledge, equipment and rule changes, there is estimated anything from three to five million (Pargman, 1993) to seventeen million (Heil, 1993) incidences of sport injury annually, with these figures expected to rise. Explanations for this trend include the increase in numbers of sports participants, greater societal interest in sport and the increase in leisure time available. Amongst the many examples of sport injury research is the work by Adams, Adrian and Bayless (1987) which discussed American Football injuries including "arthritis, concussion, fractures, and most catastrophically, paralysis, blindness and even death" (cited in Young, 1992, 8). Such findings are in contrast to the common perception that involvement in sporting activities is 'healthy' (Lupton, 1997; Ogle and Kelly, 1994; Sports Council, 1991). While less well-researched, directly related is the incidence of disease amongst athletes (which may include injury occurrence). One of the coaches interviewed said that "illnesses are a part of sport" (Max, see chapter 5), suggesting that there is a need to examine athletes' illnesses (the human experience of the biomedical disease) in their broader social context.

A review of literature, predominantly located within the North American cultural context, identified several factors in the risk/pain/injury/illness experience. Firstly, research investigating the social dimensions of athlete's experiences of their bodies (for example,
Duquin, 1994; Hargreaves, 1987; Scarry, 1985; Shilling, 1993) suggests that any analysis of sport should be *embodied*, since the body is "the primary focus of attention in sport overall ... it is the body that constitutes that most striking symbol, as well as constituting the material core of sporting activity" (Hargreaves, 1987, 141). Shilling suggested that in contemporary Western societies "there is a tendency for the body to be seen as an entity which is in the process of becoming; a *project* which should be worked at and accomplished as part of an *individual's* self-identity" (Shilling, 1993, 5; emphasis in original). Following this logic, it is possible that the experience of illness or injury may interrupt this body project in presenting the self with a 'fatal flaw' (Sparkes, 1996). This assumes particular significance for some women, given that it is recognised that sport may develop both a competent self and bodily competence (Blinde, Taub and Hain, 1993) for women, and so any interruption to the *sporting body project* may affect self-identity. As a result, there are three substantive chapters which consider, firstly the construction and presentation of the female athletic identities (in Chapter 4), and then the disruption and reconstruction of the self through the experiences of illness more generally (Chapter 5), and specifically as a result of injury (Chapter 6). These chapters represent the findings of the qualitative and quantitative research conducted in the rowing subculture.

Further research into the injury/illness experience in sport acknowledges the social pressures which create a 'normalisation' of pain and injury in sporting contexts (including Kotarba, 1983; Messner, 1990, 1992; Nixon, 1992, 1993, 1994; Young, 1991, 1992, 1993; and Young, White and McTeer, 1994) and the socio-economic effects of
sport-related injury incidences (see McCutcheon, Curtis and White, 1997; Pargman, 1993; Sports Council, 1991). As early as 1986, Sabo defined the ‘pain principle’ in sport, indicating the dominance of a ‘no pain, no gain’ philosophy in many sporting subcultures. This philosophy is produced and reinforced by members of the subculture (peers and coaches) creating what has been termed a ‘culture of risk’ (Nixon, 1992) in sporting environments, particularly where these external pressures also include the economics and media status of professional sport (Young, 1992). The meanings that sporting situations have for the participants also creates internal pressures to take risks and ‘play hurt’ (Messner, 1992). Subsequently, some of the recent research (most notably, Curry, 1993) has chosen to adopt a symbolic interactionist perspective to uncover the meanings given to sporting activities which may encourage ‘deviant’ behaviour, and also to understand the ‘stigma’ (Goffman, 1963) inherent within the inconsistency of the virtual (fit and healthy athlete) and actual (injured) social identity.

Given that much of this research has been conducted by North American researchers, it is important to recognise that whilst sport in North America is very different in many respects to sport in the United Kingdom, there is evidence of an internationalisation of sport through the process of globalisation (Maguire, 1999). This includes examples of an 'Americanisation' of sport whereby American practices of, for example, commercial and professional sport, are being exported (Kidd, 1981). The extent to which globalisation processes are dominated by Americanisation or a more global capitalism is disputed (see Donnelly, 1996; Maguire, 1999). However, Maguire (1999, 33) has suggested that “the American corporate model of sport is the dominant form at present”. Perhaps more
appropriately, therefore, it is suggested that sport took on its modern form through what has been termed 'sportisation' (Dunning, 1992; Maguire, 1993b, 1999) whereby modern forms of sport emerged in the eighteenth and nineteenth centuries. In the late nineteenth and early twentieth centuries, sportisation developed into a diffusion of sport on a global scale. It is, therefore, important to consider whether theories explaining the phenomena of sport injury in the United States are global in nature or have their own national nuances, and whether aspects of the normalisation of injury in sport may become a global phenomenon. This may be particularly so when one considers the growing seriousness of sport and development of an achievement sport ethic (Elias and Dunning, 1986) accompanied by the growing scientific interest in sport and related dehumanisation in the "obsessive quest to find the limits of human athletic potential" (Hoberman, 1992, ix). Beck (1992) has suggested that there are environmental hazards added to lifestyle choices which have created 'risk societies'. Similarly, as a result of the proposed civilising process in society, it is suggested that risk-taking, including the development of extreme sports, is part of a 'quest for exciting significance' amongst members (Maguire, 1993b, 1999). These factors may, therefore, combine to create cultures of risk in sport (Nixon, 1992).

1.2 Risk, pain, illness and injury: A concern for all ‘sport scientists’

It is apparent from the incomplete statistical evidence, predominance of North American literature, and indications of risk culture(s) in sport, that further holistic research needs to be conducted to inform coach and athlete practice. Traditionally, sport science/sport
medicine literature concerned with sport-related injury has been dominated by the physical sciences and methods of treatment, since the condition of sport injury superficially may be perceived to be physical rather than social, requiring investigation by the physical sciences in preference to the social sciences. However, it has been suggested that "all illness is social illness" (Turner, 1997, 124), since the person has to deal with their illness through interactions with others, and the effects of illness have social and economic implications. Donnelly (1999) has similarly expressed concerns with the (sports) medical emphasis on treatment rather than prevention, suggesting "an implicit conflict of interest" that injury prevention would leave the sports medics "without a raison d'etre" (Donnelly, 1999, 456). Following Donnelly, it would seem important to gain an understanding of why athletes put themselves and others at risk of injury, before dealing with the treatment of the injury itself. If we have only a partial understanding of the incidence of illness and injury and its physiological symptoms, and omit to understand the underlying socio-cultural causes, then the treatment itself will surely also be partial in nature. Through a social understanding of sport it is possible to examine the social pressures upon athletes to participate to the extent of causing injury, hiding injury, or encouraging the re-occurrence of injury through incomplete rehabilitation. As Nixon has stated:

"Serious involvement in many sports typically exposes participants to the risks of chronic pain, injury, and perhaps even permanent disability. The emergence of sports medicine is at least a partial acknowledgement of this fact. While recognition of the physical risks of serious sports involvement is important, it seems even more important to try to understand why athletes implicitly or explicitly accept such risks" (Nixon, 1992, 127).

Furthermore, in order to achieve a complete understanding of the performer it seems important to understand how emotional responses to risk, pain, illness and injury may be
embodied. This involves the physiological manifestation of emotions (such as crying) and also the emotions arising from the presentation of the body, for example guilt and shame at an injured body. These latter emotions may encourage an athlete to take risks to compensate for the emotion aroused (Shott, 1979). The focus of this research is to ask why athletes, either knowingly or unknowingly, risk their bodies, their health and even their lives for their sport. It is intended to elaborate the inter-relationships between the 'objective condition', the verifiable situation of having an injury, and the 'subjective definition', or individual awareness of what it means to be injured (cf. Maguire, 1986a).

In defining sport illness and injury as social issues, it is important to recognise their status as social 'problems'. Symbolic interactionist analyses of deviance have often been termed 'labelling theory' since people are 'labelled' as deviant by members of a group if they fail to conform, and names and symbols are used to define the deviancy: "deviant phenomena can take the form of people doing extraordinary things in an ordinary and familiar world, and they lend themselves to special study" (Downes and Rock, 1988, 169). Through such an understanding, it is possible to 'label' the ill and injured athlete as deviant in the same way that drug-taking and other forms of violence in sport are labelled deviant. Following this logic, Parsons (1951) identified the 'sick role' whereby illness is perceived to be deviant. Similarly, Goffman (1963) considered deviancy as a form of 'stigma' and suggested that the deviant may be understood in several ways:

- as a deviant within a group (which may take the form of a psychopathic disorder);
- as a member of a deviant group (which may result from: alienation from one's body to benefit productivity for those in power in a Marxist sense; over conformity to a sports
ethic of violence against one's body [Coakley, 1998]; or adherence to a culture which is itself deviant in encouraging tolerance of violence against one's own body [Young et al, 1994]);

- or, finally, as some form of 'second class citizen', which bears similarity to Elias and Scotson's (1965, 1994) investigation into delinquency within a particular community, where they identified in-groups and out-groups or the 'established' or powerful ruling sections and the 'outsiders' or those with relatively little power. In this way, the outsiders were often stigmatised as inferior, and the tension between the different groups was seen as contributing to the problems of delinquency. In addition, the outsiders could internalise the 'group disgrace', the individual stresses of which has implications for their health and wellbeing. Similarly, it is possible in sport that deviant behaviour may be attributed in part to a tension balance between groups and desire to prove superiority, which may involve the tolerance and normalisation of injury, since "the inherently conflictful, zero-sum character of sport ... enables it to be readily adapted to the formation and expression of 'in-group/out-group' or, perhaps better, 'we-group/they-group' identifications" (Dunning and Maguire, 1995, 120).

Just as the body is seen as in process, so both the deviant identity, and the injury/illness experience are seen as progressing through phases:

"Becoming deviant is itself described dialectically as a series of phases which supersede one another, each phase reworking the significance of what has gone before. In turn, each phase is held to be causally important in its own right. It is not enough to describe the initial conditions of rule-breaking (be they social disorganisation, conflict, or defective personality), it is also necessary to appreciate the evolving character of the deviant career as it emerges in time" (Downes and Rock, 1988, 183).
In recognising these phases a typology of injury risks in sport has been drawn up, and is presented in Chapter 2, which considers the stages of pain (Kotarba, 1983):

*becoming* ill or injured: how the illness and/or injury is incurred and the onset of any pain, with regard to the nature of the sport itself, the social condition of the sport and the training and performance;

*being* ill or injured: considering the nature of the athlete, their attitude to illness and injury and the ways in which they deal with this (receiving treatment or hiding the pain), and also the ways in which they deal with being labelled deviant or stigmatised, subsequently having to redefine their self in a reappraisal of their capacities in this new situation as an ill or injured athlete;

and *recovering from* illness and injury: taking into account the athlete's actions upon being ill or injured and the symbolic constructions of the body as identified by previous research which is elaborated in the literature review, and includes the objectification of the body through medicalised language (itself a symbol) to make the illness or injury sound serious whilst simultaneously dissociating it from the person.

1.3 Risk/pain/illness/injury: A rationale for the current study

Further to these stated issues, it should also be acknowledged that previous literature on pain and injury predominantly focuses on experiences of *elite male* team athletes. The purpose of this study is to consider whether female amateur athletes are also at risk, and whether such risk is similar in scale, form and intensity to their male counterparts. In particular attention is given to how women negotiate the apparent contradiction between
their identities as ‘female’ and ‘athlete’ (Young, 1996); whether these identities are located within a particular body image; and what effect illness and/or injury might have upon such embodied identities. This latter issue is of significance given that Turner (1997, 124) has suggested that “illness (is) a uniform negation of the self-concept”.

Rowing also provides an interesting example of a sport which is officially ‘amateur’, so removing the effects of economic pressures for those competing only at club level, and yet is a sport where Britain continues to achieve international success presenting ready role models to participants. Women’s rowing in itself also reflects many aspects of the status of women in society and sport more generally, raising these broader gender social issues (Hargreaves, 1994).

In summary, it is the purpose of this project to contribute to the body of knowledge regarding the risk/pain/illness/injury nexus in the particular sporting context of women’s rowing. There is a need to develop such knowledge in the context of sport in the United Kingdom, and to understand athletes’ behaviour in amateur and non-elite subcultures. From this knowledge, evidence-based policy recommendations are made to assist coaching practice and governing body guidelines. Finally, as a symbolic interactionist project, the findings of the research are to be shared with the individuals involved in the study to inform their own lives and choices (cf. Curry, 1993).

A more detailed review of related literature is presented in the following chapter, along with details of the theoretical framework and risk-typology which frame the research presented in the substantive chapters.
CHAPTER 2

Literature review

2.1 Introduction

The intended focus of this research project was to explore the sport-related injury experiences of a group of female rowers. It became apparent, through a reading of related literature and some preliminary data collection, that the experience of injury needed to be located within a much broader context of embodied risk, pain, illness and identity construction. Consequently, this chapter will review research texts considering the following issues:

1. To what extent is the injury experience 'embodied' in athletic activities and identities?
2. How does injury inter-relate with broader issues of health and illness?
3. How is injury socially constructed in sporting contexts, and what are the dynamics of injury-risk factors?
4. What is the relationship of the risk/pain/illness/injury nexus with a gendered sporting identity?
5. Which theoretical framework(s) are most suited to a consideration of these issues?

2.2 The sporting body

In recent years there has been an attempt to counter the "disembodied perspectives of general sociology and sport sociology" (Loy, Andrews and Rinehart, 1993, 69) by researchers such as Davis (1997), Hargreaves (1987), Heinemann (1980), Loy et al (1993), Messner (1990, 1992), Shilling (1993) and Theberge (1991), amongst others. Following Lupton (2000, 50), embodiment is understood as "the daily lived experience for humans of both having a body and being a body ... Our identities are interbound
with the dynamic processes of embodiment, including incidents of pain, illness, and medical care". This is a response to scientific traditions of dichotomising the mind and body: for example, Rintala (1991) describes a philosophical tendency to dualism in the work of Plato and Descartes. Similarly, in sport science, positivist research has dominated with its emphasis on scientific reductionism and objectivity. Whilst positivism has its place, there is a need to introduce the subjective element in the 'body as object' in order to understand human agency. Following Shilling (1993, 9):

"it is our bodies which allow us to act, to intervene in and to alter the flow of daily life. Indeed, it is impossible to have an adequate theory of human agency without taking into account the body. In a very important sense, acting people are acting bodies."

In keeping with this is much feminist research which has considered the body as of central importance for understanding women's embodied experiences and practices (Davis, 1997; Sparkes, 1999). Similarly, Kwant (1966) described the body and mind as two sides of a sheet of paper, and so inseparable. In relating this to the athletic situation, Rintala says of the injury experience:

"it is the athlete's feeling betrayed by his or her own body; it is the athlete's feeling alienated from some part of his or her body. It is the athlete's facing the possibility that a key source of meaning and identity in life may be gone. It is the athlete's feeling isolated from the rest of the team as he or she is being removed from the field" (Rintala, 1991, 275).

Turner (1997, 32) suggested that a more developed sociology of the body will contribute to a "more sophisticated" sociology of illness and also sport, in keeping with Hargreaves' (1987, 141) suggestion that the body is the "most striking symbol, as well as constituting the material core of sporting activity".

In order to make sense of people's relationship with their bodies, Frank (1991) and Turner (1997), in particular, utilise typologies to understand body usage. For Turner,
the body has four dimensions related to: reproduction through time, regulation in space, internal restraint and external representation of one's self. Frank also developed a matrix of four cells: the disciplined body, regimented and including a toleration of pain; the mirroring body reflecting and 'consuming' social values; the dominating body, in particular related to male dominance, including in sport; and the communicative body, or the way that the body produces itself. Similarly, Maguire (1999) identifies four ‘layers’ of the body, and recommends in particular the need to consider people’s embodied identities in the context of sportisation processes, and a quest for exciting significance. These typologies embrace various sociological theories which see the body as experiencing a ‘civilisation’ (Elias, 1982), as representative of one’s ‘habitus’ or social status (Bourdieu, 1984), or as a presentation of one’s self (Goffman, 1976). Whilst these theories are not without their critiques (see Maguire, 1993a, 1999), they are useful for making sense of the embodied experience of illness and injury in sport. In particular, many researchers acknowledge that human bodies are in process, as a body project (Featherstone, 1991; Hardey, 1998; Shilling, 1993; Turner, 1997).

Research by Messner (1992) and Theberge (1991), in particular, considers the body as essential to definitions of the self, and so it would seem that any understanding of a person’s experience of sport-related illness and injury will be incomplete without considering their relationship with their body. Indeed, Hargreaves has argued that “body image is the foundation of personal identity” (Hargreaves, 1987, 140), and so the body links the individual with society since within the body “individual identities and social relations are constructed together” (Hargreaves, 1987, 140). In particular, Hargreaves (1987) would suggest that power often relates to control of the body: for
example, laws relating to assault, rape, homosexuality and drug abuse. Similarly, in
sport, this is reflective of a historical tradition which has controlled bodies, not least
since the nineteenth century days of muscular Christianity whereby male bodies were
trained for discipline and conformity, often through sport which was seen as civilising
and healthy (Gruneau, 1993). Current government policies also enforce or coerce
sporting participation (for example, the National Curriculum, and various Sports
Council campaigns promoting ‘Sport for All’), which may be indicative of a consumer
culture promoting self responsibility for health through exercise and diet (Featherstone,

Writings inspired by Foucault would suggest that such ‘control’ or regulation of
populations occurs through surveillance and administrative procedures (Harvey and
Sparkes, 1991). Thus, is it possible that coaches, managers, and even the general
public via the mass media, have some influence over the athlete’s body? Markula
(1995) indicates that women undertaking aerobics exercise programmes use
surveillance to monitor their own bodies, specifically pertaining to excess fat.
Similarly, bodybuilders are seen to construct their bodies, a ‘technology of the self’
(Mansfield and McGinn, 1993), with female bodybuilders having their own relationship
with bodybuilding discourse (elaborated by Miller and Penz, 1991). A recent study of
female lightweight rowers identifies the way that these women’s experiences of the
sport were embedded in power relations, and specifically that ‘making weight’
practices formalised a gendered body ideal (Chapman, 1997). Indeed, Bordo (1990)
sees anorexic and muscled bodies as on the same continuum, since “both dieting and
bodybuilding are seen as powerful panoptic techniques producing self monitoring
‘docile’ bodies” (Mansfield and McGinn, 1993, 53).
Such control (including self control) has the potential to create illness and injury risk in pushing the athlete's body to, and beyond, its limits in order to prove oneself through the abilities of the body, and in so doing taking the attitude to the 'body as weapon' (Messner, 1990). Increasingly, this is taking the form of athletes exchanging bodily performances for financial rewards and as the body becomes central to the acquisition of physical capital (Shilling, 1993), so risks may be taken to further the rewards received (cf. Nixon, 1993). Shilling (1993) also draws attention to the government's White Paper 'The Health of the Nation' (1992), which depicted images of all human bodies (not just athletes) underpinned by machinery, and attempted to get people to take care of their own bodies 'helping people to live longer, healthier lives'.

2.3 Sport, health and illness

The phenomenon of sport-related injury is considered as part of a broader picture of people's experiences of health and ill-health. The World Health Organisation (1985) has defined health as social as well as physical and mental wellbeing. In similar vein, Turner (1997) suggests that since "the body is the most potent metaphor of society, it is not surprising that disease is the most salient metaphor of structural crisis. All disease is disorder – metaphorically, literally, socially and politically" (Turner, 1997, 124-5). Following Lupton (2000) this study seeks to explore the social constructions of an embodied identity, illness and injury. For social constructivists, rather than disease being located in the body as a physiological condition (the traditional medical view), health and illness are regarded as created through human interaction and meaning systems. The extent to which human bodily experiences are perceived to be
influenced by, or inextricable from, social and cultural processes, depends upon the strength of the social constructivism viewpoint. Adopting the constructionist approach, however, means that “body image is central to ways of experiencing and conceptualising health, illness and health care” (Lupton, 2000, 53).

As a result of such discourses, recent years have seen the development of the sociology of health and illness (in Britain and Australia) and medical sociology (the term preferred by some groups and in particular in the United States) (Lupton, 1994). Central to this is the manner in which people experience their own bodies (healthy or otherwise) in defining their self. Indeed, the definition of ‘health’ is defined by the self:

“For there is no health as such, and all attempts to define a thing that way have been wretched failures. Even the determination of what is healthy for your body depends on your goals, your horizon, your energies, your impulses, your errors, and above all on the ideals and phantasms of your soul. Thus there are innumerable healths of the body; and the more we allow the unique and incomparable to raise its head again, and the more we abjure the dogma of the ‘equality of men’, the more must the concept of a normal health, along with a normal diet, and the normal course of an illness, be abandoned by the medical men (sic)” (Nietzsche, 1974, sec. 120; cited in Turner, 1997, 234-5; emphasis in original).

Following Nietzsche’s logic, health is both embodied and subject to social processes. For example, Max Weber’s work enables us to consider the effects of rationalisation on the body: that just as human conduct is organised in impersonal ways to be administratively efficient, so bodies become ‘rationalised’ in biomedical scientific discourse. As a result, health may be indicated by the body’s conformity to socially-defined norms of acceptability, determined by scientific testing, and involving such activities as work-like attitudes to exercise and dietary manipulation to achieve the higher status body. For example, female body builders have been perceived as rationalising their bodies as ‘worksites’ to be broken down into parts, worked on and
then realised as an achievement (Miller and Penz, 1991). Such an impersonal feeling toward the body may encourage a risk-taking attitude, if the body is disassociated from the self, despite the contradiction of the 'healthy' body being so central to the self concept (see Young et al, 1994). If this is considered within the process-sociological concept of a 'quest for excitement' (Elias and Dunning, 1986) or sport as a "quest for exciting significance" (Maguire, 1992, 96), then such illness and injury risk may be exacerbated by a response to ongoing civilising processes. With respect to such processes (Elias, 1982), whilst some risks within society may have been reduced by, for example, tighter health and safety regulations in the workplace, and advances in medical knowledge, these have progressed into alternative risks of, for example, pollution from industrial developments, and ill-health (including injury) through the greater speeds, power and heights that are facilitated by technological developments (Beck, 1992; Giddens, 1991). Of course, Marxist researchers (for example, Brohm, 1978; Hargreaves, 1986) might suggest that the apparent reduction in risks created by improved health care and provision of recreational exercise facilities are merely an opiate for social control, with values of health and self-improvement promoted to support docility and normalisation. Such theory could be extended to suggest an oppressive or ideological sporting system normalising injury as beyond definition of ill-health thus making injury acceptable, to exploit athletes for owners and managers gain (cf. Nixon, 1993).

In contrast, there is a range of literature 'proving' the health benefits of sports participation (Allied Dunbar, 1992; Department of Health, 1995) although this relationship is not unproblematic, with sport more interdependent with health culture than a cause of health status (Luschen, Cockerham and Kunz, 1996). It is the intention
of this particular study to consider how female athletes may attach unique meanings to the concept of health, through their perceptions of their body and illness and injury incurred in sport.

It has been demonstrated that whilst women experience lower mortality rates, they appear to experience higher morbidity levels (Armstrong, 1994). Since this has been attributed in part to lower levels of physical activity (Allied Dunbar, 1992), is it possible that women are less vulnerable to sport-related injury risk? Such a suggestion is not supported by Sports Council (1991) figures, which estimated that injury rates per thousand days of participation were not significantly different for men and women. Our limited understanding of this is exacerbated by a predominantly 'malestream' (Gilroy, 1989) approach to researching sport-related injury. Whilst Nixon’s (1994) research considered gender issues, women's experiences of sport-related injury have only recently been considered, for example in the work of Ryan (1995) and Young (1996). The following sections review the literature relating to interrelationships of theoretical perspectives on health, social analyses of the body, pain and injury and gender issues.

### 2.4 Sport-related illness and injury

#### 2.4.1 Pain, illness and injury: Definitions and manifestations

In order to gain a full understanding of pain, illness and injury it is important to recognise that these experiences are by no means unique to the sporting environment (Young, 1991, 1992, 1993), and so a review of literature of pain, illness and injury in a
variety of social settings has been undertaken. Kotarba (1983) distinguishes two types of pain:

"acute pain, the more common form of physical discomfort ... acts as a warning that something, usually interpreted as tissue damage, is wrong with the body. Chronic pain, on the other hand ... will persist no matter what the person may try to do to ease it. Through habituation, chronic pain becomes a benign and expected physical experience no longer requiring an outward display. Whereas acute pain is more or less an embodied crisis in the forefront of one's attention and display of self, chronic pain is largely a routine background feature of everyday experience" (Kotarba, 1983, 15-16, emphasis added).

Pain is seen as a sociological phenomenon because it has to be coped with throughout all of the sufferer's social situations, often in interaction with significant others such as doctors, therapists, and friends and family. The focus of Kotarba's research is on "the process of the individual's search for meaning during experiences of embodied distress" (Kotarba, 1983, 21-22) and usually occurs through social interaction with the professional and lay sources of help. Thus, the social meanings generated whilst coping with pain are twofold: the meanings prescribed by the prognoses of others, and the definitions of the sufferer's self. In suffering pain, the pain-afflicted person is likely to stage an appropriate emotional response (Gallmeier, 1987; Hochschild, 1983; Shott, 1979; Snyder, 1990) and thus manages the presentation of their self to display competency (Goffman, 1976). The display of competency underpins the normalisation of pain and injury in sport-related contexts (see section 2.7).

Kotarba (1983) sees pain-affliction as a process and describes the suffering of chronic pain as a 'career' in the same way as bodies are seen in process as becoming, through a 'body project' (Shilling, 1993). Kotarba identifies three stages in the chronic pain career: the onset of pain, the emergence of doubt, and the chronic pain experience. In the first stage of the onset of pain, chronic pain will usually seem the same as other
common pain. Concern with the pain begins when it is "severe, unremitting or associated with a serious injury" (Kotarba, 1983, 58). This ‘fateful moment’ (Giddens, 1991) is the epiphany or turning point (Denzin, 1989) when one’s biography is disrupted and there is a need to reconstruct one’s self. In Chapter 4, consideration is given to the centrality of being a fit, healthy rower in the interviewees’ sense of self. At this stage, the sufferer will consult significant others to evaluate the nature of the problem. In the second stage, the sufferer may attempt more radical forms of treatment, such as surgery, which in itself is often painful and may be depressing if the treatment fails. If surgery does not mark the end of the pain, the sufferer then enters the third stage. At this time, the sufferer may return to a lay frame of reference and avoid physiotherapy for fear of exercises promoting further injury. This may involve lying to the physician, and the continued pain may result in drug taking to mask the pain. During these stages, the ill or injured are also likely to experience emotional reactions to their condition, which may include alienation from one’s body and identity (Bendelow and Williams, 1995; Thomas and Rintala, 1989) and is commonly termed ‘grief response’ (Kubler-Ross, 1969). Issues of this kind surface in Chapter 5 on rowing injury. The emotional response usually progresses from 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). These stages are followed by a true sense of loss and depression (for the ‘death’ caused by the career-ending injury), and ultimately by acceptance of the condition and resignation to its long-term effects.

In a study entitled 'The Body in Pain', Scarry (1985) considered the problem of expressing physical pain, suggesting that physical pain has no voice, and in the difficulty in describing pain, so the pain may become invisible. If pain is invisible, it is
possible to be with someone and not know they are in pain, indeed it is possible to
inflict pain on someone and not realise that pain is being caused, which may be the
case in some sporting contexts. The difficulty in ‘verbalising’ pain creates the situation
where having pain is certainty, but hearing about pain is doubt (Scarry, 1985). In
attempting to articulate pain, the tendency is to talk about the environment of pain: the
patient, (the injured athlete), the physician, rather than the pain itself, and describing
pain ‘as if’: ‘as if’ the body is being hit by an external agent, ‘as if’ the arm is broken;
again describing the peripheral or environment of pain rather than the personal, central
experience. This inexpressivity of pain serves in some way to negate pain as not real,
except to the sufferer, and so it is possible that a person outside the experience of
physical pain may expect the sufferer to tolerate their pain.

It may also be the case that the injured person may choose intentionally to conceal the
pain if the costs of disclosure outweigh the benefits or if the person feels shame at their
defective body (Kotarba, 1983) or ‘fatal flaw’ (Sparkes, 1996). Kotarba relates this to
the professional athlete using the phrase ‘play with pain, talk injury’, in other words, do
not let the pain disrupt play, but reveal the injury to someone who can help. Kotarba
suggests that an athlete is more likely to reveal an observable, disabling injury because
it would be difficult to conceal, whereas a non observable, restricting injury may be
hidden. In the latter case, an athlete defined as with a secure athletic identity (‘SAI’,
Kotarba, 1983, 138) is more likely to reveal her/his injury than an athlete with an
insecure athletic identity (‘IAI’, Kotarba, 1983, 140), who may feel the need to protect
her/his place on the team. The IAI athlete may be of lesser ability, ageing in athletic
terms, black or in some other way discriminated against.
The inexpressivity of pain, whether intentional or unintentional, may have the effect of presenting the body as an inanimate being. Scarry (1985) suggests that in warfare, the injured bodies are used as material symbols of success, which suggests that in some way the body has become depersonalised: in warfare, injuring serves two purposes - to decide the winner and loser, and to provide a record of the winner and loser after the war. Just as it is important to describe the injurious effects of war to eliminate such activities or at least to educate people about their consequences, so the justification for a study of injury in sport could be to educate about the injurious consequences of sport. Indeed, Scarry (1985) describes war as belonging to two larger categories of human experience: being injurious, and being a contest; both of which apply to sport, and Brohm suggests that as sport has become a "symbolic war in which the aim is to conquer both oneself and the opponents, to win at any costs, it is only to be expected that accidents, physical injuries and handicaps and even deaths are increasingly frequent" (Brohm, 1978, 16).

It is also possible to relate Scarry's (1985) analysis of torture to the experience of pain in sport through her examination of the physical environment of torture rooms. She argues that in one way the room encloses and protects the person: indeed houses are constructed to have walls and roofs to protect people from the environment, and yet the torture room also houses the instruments of torture and all the room's contents, the chairs, the tables, all ordinary objects, become weapons. Thus, the room is a stage with various props, and the torture is itself compensatory drama (cf. Goffman, 1976). In sport, the environment is comfortable in its familiarity to participants, with a protective 'family' of co-athletes, and yet the bodies of the athletes may be used as weapons (Messner, 1990) and the activity is often aggressive and injurious. Brohm's
(1978) study actually refers to sport as "a prison of measured time" with particular reference to the alienation that the athlete experiences in sacrificing their body for their sport. Similarly, Foucault (1977) used the example of the prison to illustrate how bodily surveillance regulates human behaviour. Following this logic, athletes may stage appropriate emotions in the interests of sporting performance (Gallmeier, 1987).

Scarry (1985) further considers the relationship between pain and the awareness of the world: the greater the pain, the less the world of the tortured. Indeed, a person in pain (including an injured athlete) may feel a sense of betrayal since it is their 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.

2.4.ii Pain and injury in sport: A 'culture of risk'?

Sport has been identified as having a central philosophy of 'no pain, no gain' (McKay, 1991, cited in McKay, Lawrence, Miller and Rowe, 1993) where athletes often play whilst their bodies may be in pain and sometimes injured. Similarly, Heil (1993) discussed some observations of a military surgeon in the Second World War, that soldiers wounded in combat were better able to tolerate pain than civilians with similar injuries suggesting that if pain is accepted as part of the job, then it is not viewed as being so severe. This may also be the case for athletes:

"Millions are injured every year in competitive sports. An insensitivity to bodily well-being is evidenced not only in training and dieting regimens but in the valorization of athletes' willingness to sacrifice health for victory. This socialization toward bodily sacrifice has contributed to an increasing rate of sport injuries among youth. Statistics show more fatalities and serious injuries
ending in permanent disability, higher surgery rates, greater incidence of anorexia and diet-related illnesses, more chronic injuries related to overuse, higher rates of drug abuse, and increased stress-related psychological and emotional problems (Arnheim, 1985; Kraus and Conroy, 1984; Rosen and Hough, 1988)" (Duquin, 1994, p.272-273).

Nixon (1993, 1) has suggested that “it is important to understand how athletes deal with pain and injuries because pain can develop into chronic pain and indicate an underlying injury and athletes can play with injuries that could develop into severe and permanently disabling conditions”. Linked with this philosophy is the 'pain principle' (Sabo, 1986): where athletes may hide pain and injuries to be able to continue to play whilst hurt. In Nixon's (1993) study, of the 156 athletes studied, 93.6% admitted having "played hurt". In examining why athletes played while hurt, 49.4% said they had felt pressured by their coach to play hurt, 41% felt pressured by other players, and 17.3% by their trainers or physical therapists. Even more said that these people had not discouraged them from playing while hurt. Within this 'pain principle', Young, et al. (1994) describe four types of pain:

1. *Hidden pain* - where some athletes denied the pain, and played through the injury.

2. *Disrespected pain* - many of the athletes identified an ability to differentiate 'pain' from 'injury', with the latter being bodily conditions that made play impossible (such as wearing a cast), although the 'pain' conditions which would be played with often also necessitated drug treatment and surgery.

3. *Unwelcomed pain* - many of the athletes hid their pain to avoid demoralizing the rest of the team, and indicated the attitudes of coaches, and also family and peers, who saw their injury as an inconvenience and being pressured to play with severe injuries.
4. **Depersonalised pain** - athletes often seemed to be embarrassed by the vulnerability of their bodies, and referred to their injuries as a body part, rather than as their own (an injury to 'the knee' or 'the shoulder'), with the treatment likewise being impersonal, with pain 'killed' and breaks 'fixed'.

In acknowledging the status of the athletes in Young et al's (1994) and Nixon's (1993) studies as North American professionals, it is important to consider the applications and limitations of this research in understanding the experiences of athletes in the United Kingdom. It has been stated that this research will focus on the non-elite amateur athlete, and Brohm talked of the traditional comparative non-interference of the state in British sport, which is still dominated by "an aura of 'amateurism'" (1978, viii). Similarly, Goffman referred to the anti-commercialism of British society in direct contrast to the greater professionalism of American society which "seems to have licensed a greater bustling in one's occupational role - anger, haste, sleeves rolled up, and other signs of full engagement in the moment's task" (Goffman, 1961, 141). However, following Maguire (1994), it is over-simplistic to polarise two societies in this way. Instead, identity politics should be understood within the globalisation effect of both “diminished contrasts and increasing varieties” (Maguire, 1994, 398). It is, therefore, relevant to consider the ways in which the ideal of the (now residual) gentleman amateur has dominated British sport, which may make it distinct in some ways from the economic and political structure of the United States where the dominant culture is of achievement striving (Donnelly, 1993). Research from Canada (McCutcheon et al., 1997) suggested that socio-economic status is a key factor in any understanding of sport injury even within a society, and it is possible that different socio-economic groups may experience different types of injury risk, and perceive
risks differently. Thus, whilst the phenomenon of sport injury in the United Kingdom may be informed by much of the North American literature, it is likely that it will have its own specific characteristics. Indeed, recent research suggests that risk is itself a cultural construct (Beck, 1992; Lupton, 1997): a product of the technological and lifestyle habits in contemporary societies. Risk can, therefore, be seen as two-dimensional: external risk includes environmental hazards largely resulting from industrial developments in a ‘risk society’ (Beck, 1992), whereas internal risks are resultant of lifestyle choices. Risk also has its own relationship with science (including sport science) as Lupton suggests: “science is simultaneously the cause, the medium of definition, and the source of solutions to risks” (Lupton, 1997, 104).

2.4.iii Socialisation into the 'culture of risk'

Duquin draws our attention to the socialisation processes which have created the ‘culture of risk’ resulting in the “millions ... injured every year in competitive sports” (Duquin, 1994, 272). A high risk sport has been defined as one where risk is an essential part of the activity, and when participants engage in risky situations ‘voluntarily’ (Vanreusel and Renson, 1982). It would be remiss to consider the various facets of a 'culture of risk' without giving some attention to how athletes become socialised into such a subculture and considering the ethical issues of such processes. Duquin (1994) considers the role of sport science and specifically sport psychology research texts themselves in reinforcing the culture of risk (Nixon, 1992). She suggests that in such texts the focus on performance with its scientific approach, means that emotions are somewhat problematic to sport psychology. Indeed, much sport psychology addresses the techniques that may be used to restrict the expression
of emotions that might negatively affect performance: such as fear and pain, and so disassociating from the body is often suggested to enable athletes to ignore the pain which may be associated with training and sport: this 'pain tolerance research' serves to "repress the development of emotional sensitivity" (Duquin, 1994, 270).

This acceptance of norms of behaviour, despite their potential to interfere with wellbeing, has been termed positive deviance or overconformity to the sport ethic (Coakley, 1998). The sport ethic is defined as the belief system which defines what it means to ‘be an athlete’ (Hughes and Coakley, 1991). It is suggested that positive deviance is both dangerous and disruptive, since its ultimate form is fascism whereby the individual displays “unquestioned conformity to an ideal embodied in a rigid belief system or a charismatic leader” (Coakley, 1998, 151). In sport, positive deviance may take the form of addictive behaviour (see section 4.3.i) whereby commitment to sport results in sacrifices to family, work and/or physical health (including risk, and training with, illness and injury). Such overconformity manifests itself in a number of ways:

1. Making individual sacrifices for the benefit of the game and/or team
2. Striving for distinction
3. Accepting risks and playing with pain
4. Accepting no limits in the pursuit of possibilities

(Coakley, 1998).

Inherent in each of these beliefs is a normalisation of risk, pain, illness and injury. This overconformity is produced either through the enjoyment of the sporting experience (see section 4.3.i), or through the glorification of such positive deviance by significant others.
The risk culture is, therefore, also produced as a result of the interactions of members of the subculture. Some of the recent research from Nixon (1992, 1993), uses a social network analysis to understand the phenomenon of sport injury. The principles underpinning social network analysis are that in order for people to live together and interact, there are three prerequisite elements of culture:

1. Cultural knowledge – the information, language and values that allow people to communicate and share emotions and experiences;
2. Interaction of cultural knowledge and the environment which adapts lifestyles to available resources;
3. The human need for structure and organisation in interpersonal relationships.

Based on these principles, “social network analysis is an attempt to identify the structure and meaning of relationships, explain their impact, and predict how they will affect the future of individuals, organisations, and societies” (Trotter, 2000, 210). The interactions of members in an athletic subculture is described as a 'sportsnet', and it is the embedment of the culture of risk within these sportsnets that is the focus of this research. It should be noted that the concept of a “sportsnet” is not uniformly accepted. Roderick (1998) applied a figurational perspective to ‘develop’ Nixon’s work, suggesting that the notion of a ‘figuration’ is more comprehensive. In particular, Roderick (1998) suggests that the figuration embraces the wider community of family, friends, supporters and the media with whom we may not be aware of our interactions. Nixon (1998, 84) defends his position, arguing that this is merely a “different language of analysis”. Indeed, Simmel would refer to such webs of interaction as a ‘sociation’ (Jarvie and Maguire, 1994) and Goffman (1961) talks of team ‘encounters’ which are themselves a type of interaction within a figuration or sportsnet. In keeping with this debate, I will use Nixon’s terminology of a ‘sportsnet’ recognising that any analysis should be inclusive of indirect interaction with the wider community.
Nixon is particularly concerned with what he terms a 'risk transfer' where the personnel in control of sport (coaches, managers) wish to minimise their own risk, and "as Frey (1991, 142) has suggested, the commonly accepted idea that risks are 'part of the game' for athletes (but not for management) is merely an 'excuse for management not to assume any responsibility for the risks faced only by athletes'" (Nixon, 1992, 129). Furthermore, members of sportsnets, are likely to reinforce the normalisation of injury in the ways suggested above, encouraging future risk taking on the basis of paying the price of success and not letting down the team. Nixon (1992) suggests that hurt athletes are unlikely to turn outside their sportsnet for advice, partly to avoid being seen as deviant by so-doing, and partly because those outside the sportsnet are unlikely to understand their involvement in such risky activities. The acceptance of the culture of risk subsequently becomes integral to the athletic identity and participation in the sportsnet, and is reinforced by the biased support network of the sportsnet itself. In professional sportsnets in the United States, athletes have been seen to shield injured members of the sportsnet to protect their active playing status.

According to Nixon (1992), athletes are more likely to become immersed in the culture of risk if their sportsnet is:

- large (such that athletes are easily replaced)
- dense (members have greater contact with sportsnet members than outsiders)
- centralised (in control over information)
- a provider of accessible coaches
- restricted in athletes contacts with people outside sportsnet
- homogeneous
- stable.
In such sportsnets, meanings become reproduced because athletes have limited contact with people who do not share the meanings of the network, and so receive consistent information and opinion, including the normalisation of pain, illness and injury.

Adler and Adler's (1991) study of a college basketball team found that the player's identity as basketball players dominated their entire life, to the extent that contacts outside the sportsnet were dropped and players became engulfed in their athletic role. This athletic role is described by Adler and Adler in symbolic interactionist terms as a 'gloried self, and in the desire to maintain this self, the athletes were ever more ready to accept the culture of risk, minimising pain and injury to be able to keep playing and maintain their athletic identity. It would seem relevant at this stage to note the work of Fine and Kleinman (1983) which defines the social network also in symbolic interactionist terms "as a set of social relationships that people endow with meaning and which are used by people for personal and/or collective purposes" (cited in Ritzer, 1988, p.303).

Within the sportsnet, there are significant others who may reinforce the culture of risk. The trend of athletes hiding their injuries from their trainers has been documented above. Kotarba's (1983) research found that the trainers, who are responsible for keeping players in good physical condition and rehabilitating injured athletes, were very committed to ethical standards of not letting athletes play with pain or injuries which could lead to further damage. However, Kotarba found that the trainers preferred to deal with players who only saw them when they had substantial pain and ignored minor injuries (known as 'gamers'), than dealing with players ('nongamers') who frequently complained about pain and injuries. The higher pain tolerance levels of
'gamers' meant that they pressured the time of trainers less, and also that the trainers knew less about their pain and injuries and so felt less responsible for them.

Research by Blinde (1989) and Duquin (1991) shows that the most negative experiences athletes cite from their sports careers are related to pain, physical abuse and injury associated with their sport and coaching practices. For this reason, the coaches of the two rowing clubs that form part of this research were also interviewed in this study. Duquin (1991) suggests that 30% of the negative experiences cited by 250 interviewees were related to such factors. However, some preliminary research by Nixon (1994) on coaches' views of risk, pain and injury in sport suggests that there is a certain amount of ambivalence among many coaches about issues of pain and injury. The coaches questioned largely believed that athletes should push themselves to their physical limits, and in this sense could be seen to be legitimising risk-taking and playing hurt, but the coaches also expressed sympathy and concern for the welfare of the athletes and did not wish athletes to take risks with their bodies or health for the sake of the game. In this study, Nixon (1994) also indicated some gender differences, specifically that female coaches were less likely than their male counterparts to agree that athletes who endure pain and play hurt deserve respect, that playing hurt impressed them, and that coaches make athletes feel guilty for not playing hurt. Coaches of female teams were also less likely to say that they believed that playing with injuries and pain demonstrated character and courage. Having said this, it is important to note the earlier point that, despite any gender differences in coaches, male and female athletes do not seem to show any gender differences in their tolerance of injury and pain.
2.5 The gendered sporting identity

2.5.1 Masculinity and sport injury

The expectation to 'play hurt', therefore, appears to have become a part of the athletic identity. It has been suggested (e.g. Dunning, 1986; Messner, 1990, 1992; Sabo and Runfola, 1980) that there are particular pressures upon male athletes to express a masculine identity through sport which includes a tolerance of pain and injury. Figurational sociologists, in particular Elias and Dunning, argue that there has been an ongoing "civilising process" (Elias and Dunning, 1986) in society, whereby social behaviour is increasingly constrained by both formal laws and informal standards of behaviour. Dunning argued that the British in particular, instituted combat sports such as boxing and rugby, partly to train men for war and "partly as vehicles for the inculcation and expression of manliness" (Dunning, 1986, 82). Sport was an enclave to retain traditional and emerging notions of masculinity (Maguire, 1986b). It was also both a response to, and reflection of, the broader feminisation which had occurred, in particular during industrialisation, when the machine took over much of the (male) manual labour and the beginnings of an active women's movement could be seen. Filene (1975) referred to this historical period in the United States as creating a "crisis of masculinity" (cited in Messner, 1992, 13). Dunning and Maguire (1995) suggest that this was not unique to North America and that the "slowly changing balance of power between the sexes" which was seen as threatening to males, particularly given the latent fear of homosexuality, resulted in strategies being utilised to limit women's opportunities. These include "powerful ideologies questioning their femininity and their sexual orientation, and predicting physical and medical damage" (Dunning and Maguire, 1995, 23).
Thus, it may be argued that during the nineteenth century, violent contact sports have been used to undermine the increasing power of women in society and sport by representing "dramatic symbolic 'proof' of the natural superiority of men over women" (Messner, 1990, p.204). Subsequently, without men having to actually and overtly physically control women, masculine hegemony is produced and consolidated "in the association of strength, body size and aggression with male success" (Young et al., 1994, 178). Sports which are 'less masculine', such as gymnastics and figure skating are often devalued in male sports culture through homophobic suggestions of participants, amongst other deterrents, which indicate that activities associated with feminine characteristics are subordinate to those violent masculine sports (Young, et al., 1994). Furthermore, evidence for the exclusion of women from male-dominated sports is well documented (see Dunning and Maguire, 1995, above), with justifications for such exclusion often rationalised on the grounds of risk to the female body to emphasise the biologically-founded superiority of males (Kaplan, 1979).

In considering the roots of sport in both a social and historical perspective, the pattern that emerges is that as society became more civilised, so sport developed as an enclave for the expression of physical and emotional needs. In addition to this, involvement in sport has been seen to develop the characteristics necessary for success in the competitive world of a capitalist society (Messner, 1992) where the end result becomes so important that sacrifices, including of one's well-being, can be made along the way. Sabo (1986, 24) suggests that this "stifles men's awareness of their bodies and limits our emotional expression. We learn to ignore personal hurts and injuries because they interfere with 'efficiency' and 'goals' of the 'team'".
The result of this appears to be the treatment of the body as a weapon or a tool, to be used as a means for achieving an end result. Subsequently, injury becomes more likely to occur and more likely to be ignored, as exemplified by David Meggyesy, an ex-professional American Football player: "I knew my body more thoroughly than most men are ever able to, but I had used it and thought of it as a machine, a thing that had to be well-oiled, well-fed, and well-taken care of, to do a specific job" (cited in Messner, 1992, 75).

We return to the notion of playing hurt - that the body does not matter, and Messner (1992) identifies both internal and external factors that cause men to play whilst injured. The internal factors are those which Messner calls the internal structure of masculinity (1992, 75): to be a man, the involvement in dangerous activities and the instrumental view of the body. External factors causing men to play whilst injured relate to Nixon's (1992) 'culture of risk', which when specifically related to male athletes, are seen as pressure from coaches and team mates to come back from injury too soon, to avoid being seen as lazy, or less than 'manly' and therefore risking re-injury and permanent injury. Pressures are, of course, sometimes unavoidable, due to commercial and financial influences and it is interesting to note here the findings from Nixon's (1993) study, that American athletes receiving an athletic grant were much more likely to hide their pain and injuries from coaches than non scholarship athletes, apparently concerned that any injury may affect their grant status. This study intends to consider those athletes who are not directly influenced by commercial or financial pressures, to consider the more covert pressures to 'play hurt'.
Part of the pressure to return to sports participation has led to drug use amongst athletes, and in particular pain-killing shots to mask the injury. For example, a baseball player received a separated shoulder when an opposing player ran through him whilst he was waiting to catch the ball. Both players viewed this as "a part of the game", and the injured player continued to play with a separated shoulder, using: "a lot of cortisone and just anything to kill the pain, just to go out and play" (cited in Messner, 1992, 74). Young (1992) suggested that the use of drugs is not only to enhance performance and enable an injured athlete to keep playing, but, furthermore, that the use of drugs, and specifically steroids, by males has been to masculinize the male body.

The factors discussed above suggest a normalisation of injury which is seen not only in attitudes to an athlete's own injury, but also in attitudes to injuries inflicted on other athletes, as exemplified by another of Messner's interviewees who played a defensive position in professional American Football and eventually in hitting someone, broke his neck and paralysed him for life. This was described as "a terrible accident", but a "routine play" and "within the rules" (cited in Messner, 1992, 67).

What has been identified is the ability to tolerate pain and play with injuries as being very much a part of an athlete's personality. However, whilst the research already quoted links this with the notion of masculinity, Nixon (1993) suggested that female athletes are equally likely to play whilst injured and hide their injuries and so the notion of a masculine subculture may need to be replaced by the notion of a complex multifaceted sport subculture.
In choosing to focus on the experience of the particular subculture of women’s rowing, it is important to consider how an identity as a ‘female’ ‘rower’ is constructed, and what influence the experience of illness and injury has upon this identity. Woodward (1997) has suggested that identity is constructed through symbolic representations, which may include the physical representation of the self through embodiment and body image. Identity may also be marked by ‘difference’, or an insider/outsider distinction (Elias and Scotson, 1965, 1994): which will mean forming an appropriate image as ‘female’ rather than ‘male’, ‘rower’ rather than ‘non-rower’, and presumably also being ‘fit’, ‘healthy’, ‘toned’ and other characteristics assumed of those involved in competitive sport. Thus it is possible that illness and injury may challenge the identity of the athlete, since these present a physical stigma (Goffman, 1969) of not belonging to the group.

Central to the consideration of women’s experiences of risk, pain and injury, therefore, is the way in which female athletes experience their own bodies. Traditional Western gender stereotypes produce as the norm that men are powerful and women are physically weak. Non-conformity to this norm is defined as ‘deviant’ behaviour, and yet physical activity has been promoted as a liberating experience for many women (Theberge, 1987). It has been suggested that not only may physical activity empower women, but it may also oppress women (Gilroy, 1989): empowerment in developing physical prowess, but oppression in being marginalised for doing so in gender inappropriate ways or, equally, for doing so in gender appropriate (i.e., aesthetically pleasing) ways which reproduces women’s own oppression.
Taking this a stage further, Theberge (1991) suggests that not only is the masculine body essential to male definitions of self, but women also do ‘gendered exercise’ to construct the ‘ideal’ feminine body and feminine subjectivity. Similarly, Maguire and Mansfield (1997) suggest that exercise regimes (and specifically aerobics) are dominated by masculine hegemonic practices reproducing women’s subordinate position in society, concluding that whilst some women experience some fulfilment from body management, it is less for women’s own gratification than for that of men. Therefore, even though women may think “that they are improving their bodies for themselves they modify their bodies according to legitimate forms” (Maguire and Mansfield, 1997, 163).

This is in keeping with evidence on the relationship between exercise and eating disorders: it is important to consider that if injury is defined as physical harm to the body then it may manifest itself in many ways, including eating disorders such as anorexia nervosa and bulimia. Such eating disorders are more prevalent in females (Palmer, 1989), most likely as a response to the societal premium of female thinness, perpetuated through media images and the waif like 'super models'. The relationship between eating disorders and sport has been identified as two-fold (Pollicott, 1994): firstly, that female athletes may be preoccupied with their weight, particularly if performing in endurance and aesthetic sports; and secondly, that anorectics may undertake sporting exercise to assist weight-loss and support an existing eating disorder. The physical damage inflicted upon the body as a result of an eating disorder may take the form of the symptoms of starvation, including negative effects to blood
pressure, bone mass and menstrual cycle. With the evident relationship of eating disorders and sporting activities, it is suggested that this is a form of 'sport injury'.

The female athlete may control her weight as a result of: weight categories in sports such as rowing (Chapman, 1997), a need for leanness for improved performance in sports such as distance running, or the aesthetic nature of the sport, for example, in dance and gymnastics. From her life history work, Pollicott (1994) identifies three main factors in the female athlete's sufferance of anorexia: (i) coach pressures to lose weight to improve performance; (ii) personal perception of the athlete that weight-loss creates an improvement in performance, leading to a desire for further weight loss, which becomes obsessive to the extent that when performance inevitably deteriorates as a result of weakness, losing more weight is perceived to be the solution; and (iii) body image, and the aspiration to have the physique of top-class athletes, whilst maintaining the expected feminine physique of slenderness.

The second issue in the relationship between sport and eating disorders, is the use of sporting exercise to support existing eating disorders. Sport is attractive to anorectics because it provides both a means to weight loss and an environment where slimness exists and is accepted often without question as may also be the case with the tolerance and acceptance of sport-related injury. It is also possible that in a sport such as rowing, the 'heavyweight' category provides an environment supportive of larger and 'less feminine' physiques.

Just as heavyweight rowing legitimises the larger physique, similarly, Palzkill (1990) has suggested that sport may be a refuge for lesbians where behaviour labelled as
‘deviant’ may be legitimised: “essentially, women’s teams and sports groups offer such a large chance to combat the isolation and homelessness, and create space in which women who are not prepared to submit to the mutilation of the feminine role are able to develop their personalities in a more extensive manner” (Palzkill, 1990, 225). Not only may this further our understanding of the behaviour of those labelled ‘deviant’ for risk-taking behaviours in terms of injury and eating disorders, but Palzkill (1990) goes on to suggest that for women, being an athlete equates with being asexual and not a ‘proper’ woman, and so sport is a retreat and an opportunity to succeed and overcome the deficits in the rest of their lives: “impairment to personal health through, for example, doping, or insufficient time allowed for recovery from injury are only examples of the problems incurred by such an addiction to success at all costs” (Palzkill, 1990, 226). In this way, there is an opportunity to overcome the stigma (Goffman, 1963) of an inconsistent social identity and form a new ‘in-group’ (Elias and Scotson, 1965, 1994).

This is not a new phenomenon: Wilson (1985) documents the experiences of female Wimbledon tennis players prior to the First-World War when women’s dressing rooms “provided a rail near the fireplace on which the steel-boned corsets in which women played could be dried: ‘It was never a pretty sight, for most of them were blood-stained’” (Wilson, 1985, 99). Similarly, in a study investigating violence and aggression in judo (Wright, 1993), the female judokas had normalised injury within their sport. One stated that: "they are there to fight and so if they get injured they have taken that risk when they have stepped on to the mat ... it is a physical sport, a full contact sport, so there are bound to be injuries from time to time" (Wright, 1993, 53).
In more recent studies of female gymnasts, figure skaters (Ryan, 1995), rugby, rock-climbing, wrestling, ice hockey and martial arts participants (Young (1996), there is evidence of what may be termed ‘sports violence’ in a broad sense amongst female athletes. As Young (1996) states, despite continued alienating gender stereotypes and perceptions of ‘female athlete’ as an oxymoron, for those females who are entering sports arenas there is evidence which “suggests that women as much as men are accepting dominant sports codes and ideologies that encourage such things as suppressing injury and playing through pain” (Young, 1996, 16). This becomes particularly disturbing when those at risk are children. Ryan (1995) describes cases of elite gymnasts and figure skaters where the demands of the sports mean that young girls are most likely to succeed.

In these cases, young children may be competing at the highest level and taking extraordinary risks before they can necessarily understand the reasons why and the potential long-term implications. As Ryan states in the introduction to her book: “the intensive training and pressure heaped on by coaches, parents and federation officials - the very people who should be protecting the children - often result in eating disorders, weakened bones, stunted growth, debilitating injuries and damaged psyches” (1995, 7). Ryan’s case studies are frightening in number and severity, ranging from Julissa Gomez who died after breaking her neck in a gymnastics vault, to Christy Henrich who suffered eating disorders for five years as a result of the mental and physical abuse suffered in her gymnastic training. She died in 1994 due to the starving which “had cannibalized her muscles, her bones and her organs for fuel to keep functioning” (Ryan, 1995, 94). All of these incidences are indicative of complete self-sacrifice to
maintain their status in their sport before adulthood deprives them anyway. This is exemplified in the words of Betty Okino who fractured her back six weeks before the 1992 Olympic Games: "So what that I had fractured my back? I could still walk. And I figured as long as I’m capable of moving my body and I’m not paralyzed and I could deal with the pain, I could keep trying" (cited in Ryan, 1995, 36). She competed in the Olympics and helped her team to a bronze medal, but has never been out of pain since.

The use of drugs to mask pain and injury has already been discussed (see section 2.5.i). However, one of the most famous cases in recent years must also be of a female athlete, the West German heptathlete, Birgit Dressel, who died in 1987 at the age of 26 from her use of a wide variety of drugs. Over a period of several years before her death, Dressel had allowed her sports physician, Armin Klumper ('The Needle Doctor'), to inject her at least 400 times with a variety of substances, while she had additionally injected herself and taken oral doses of drugs. The pressures on Dressel to take drugs appeared to be both internal, in her ambition to escape from a poor existence into international stardom, and external from her trainer and physician wishing to be associated with a famous athlete. Prior to her death, Dressel had suffered intervertebral disc injuries, fusion of the vertebrae, a pelvic dislocation, pathological degeneration of both kneecaps, and inflamed joints. Her death appears to have been finally brought on by a series of injections taken in an attempt to enable her to continue training whilst suffering with a recurring pain in her lower spinal region - the autopsy revealed this as being inflammation of the spinal cord which would have caused unbearable pain (Hoberman, 1992).
The experiences of athletes such as Dressel, suggest that aspects of a culture of risk may be evident in female sports environments. As a result, this study set out to explore the experiences of women in one sporting subculture, that of rowing.

2.5.iii Women’s rowing

In order to elaborate these issues of identity, illness and injury, it was decided, therefore, to focus upon the subculture of women’s rowing. Cultures are defined as social processes which result in specific lifestyles, often reflecting the interests of the dominant (white, wealthy, able bodied male) group (Donnelly, 1993). Subcultures are considered to be identifiable collectives:

“1. with a specific cultural pattern of values, norms, sanctions, beliefs, rituals and symbols;
2. with a specific social structure;
3. with an identifiable impact on the behaviour and the lifestyle of its members;
4. which operates as an entity but not totally independent from the dominant culture.”
(Jansengers, 1980; cited in Vanreusel and Renson, 1982, 184).

Sport may be considered to be a particular form of (popular) culture, where values, ideologies and meanings may be contested. For example, the dominant sport culture would seem to contain codes of conduct which reinforce achievement, a work ethic, dehumanisation and a win-at-all-costs attitude (Donnelly, 1993). Some sports are more resilient in maintaining their forms and traditions, whereas others have undergone greater transformation in adopting a more progressive position. The ways in which rowing both reflects, and has emerged from, the dominant sport culture is considered in section 4.2. Of particular significance, is the way that some subcultures may become ‘marginal’ and stigmatised by virtue of contesting normalised practices: for example, in the case of women’s sports which, in opting for a particular model of femininity,
challenge stereotypical notions of gender (Klein, 1993). In these cases, it becomes important to consider such sport subcultures within the broader social relations, for example the intersection of gender and sport (Wheatley, 1994). The following substantive chapters consider how the sport subculture may frame identities which are constructed and presented on both front and back stage (chapter 4), the role of illness and injury as a form of resistance and resilience, and the effect of illness and injury on the actors (chapters 5 and 6).

In keeping with this, in choosing to focus on the sport of women’s rowing, it is important to recognise that the development of women’s rowing in itself reflects several of the social issues surrounding women’s progress in sport and society generally. Hargreaves identifies the monopoly that men had over resources and power in the early days of the inter-war years: “for example, at universities with a strong rowing tradition, like Oxford and Cambridge, female students had fewer boats, less river time, inferior coaching, and poor finance in comparison with their male counterparts” (1994, 125). Cooper (1989) suggested that women’s rowing developed during the wars when the men were away and women had greater access to facilities, and so in 1919 the first official race took place. By 1926, the Women’s Amateur Rowing Association was formed, and in 1927, the first women’s Oxbridge race took place. However, this progress was not uncontested, with an ongoing struggle for resources and acceptance into competitions, “and in many situations they were disallowed from rowing on the grounds that it was ‘much too unladylike’ (Cooper 1989; Dodd 1989)” (Hargreaves, 1994, 125).
More recent developments included the introduction of circuit training for women in the 1960s, although weight training was still seen as unnecessary and potentially injurious at this stage (Reid, 1991). The first national championships for women took place in 1972 and women's rowing was allowed into the Olympics in 1976 in Montreal. By the end of the 1980s most clubs had a women's section, and the women had moved from the tea room into the boats. Currently, we see an apparent contradiction between the active promotion of women's rowing by the ARA and the exceptional appointment of a woman as the Director of International Rowing, contrasted with the media's continuing tradition of treating the women's events as marginal to the men's races (Hargreaves, 1994).

The reason for the choice of rowing was because it was viewed as a 'critical' case study which would highlight several important elements about gender, sport, pain, illness and injury as discussed above. This follows the logic of some branches of interpretive sociology, such as Simmel's conceptualisation that if society is everywhere, then even in 'mundane' activities such as sport, it is possible to 'see' society (Jarvie and Maguire, 1994). Rowing was also felt to embrace various risk-zones, as defined by the typology outlined in the following section. In focussing on this one subculture, it is essential to keep in mind that women's illness, injury and general sporting experiences may also vary across ethnicity, age, disability and social class groupings. A glossary of key rowing terms is presented in Appendix 6.
2.6 A typology of risk zones in sport

Figure 2.1 presents a chart of factors which appear to contribute to illness and injury risk in sport. It is suggested that there are three main aspects of sporting activities which need examination in order to gain a rounded picture of the culture of risk. These are explained in more detail below, but in brief:

Figure 2.1 Factors contributing to illness and injury risk in sport
1. The first is the social condition, in terms of the setting of the activity and the social scene in terms of the presence of others. Fundamental to the social condition is the presence and role of significant others (Curry, 1993).

2. The second is the nature of the sport activity itself. There are definitions of sport-types available, but there is a need to define sporting activities more clearly with specific reference to injury risk, in order to explore different types of injury risk in different sport contexts. The category of the individual in team is where an individual performs alone, but their performance is monitored by the teams' overall performance. The category of legitimised violence is for those sports which are officially non-contact but where contact is accepted as a part of the game form, for example, basketball.

Figure 2.2 Injury risk factors in rowing
Rowing is a non-contact sport between athletes (although the boats occasionally come into contact, this is to the detriment of both crews and so is not used to gain advantage), and races are middle (500 metre) and long (four miles) distance. Therefore, the typology identifies interaction and environmental factors, and is presented in figure 2.2 with examples of rowing events.

3. Thirdly, the nature of the athlete concerning their attitude to injury and action on receiving an injury are fundamental to the injury risk in a sport.

The typology enabled the identification of rowing as a particularly interesting example of a sport which is both team and individual, long and medium duration, predominantly non-contact and taking place in both safe and risk environments. It is probably not insignificant to note that Redgrave (1999, 17) refers to rowing as “an amateur sport for the masochist”! In what follows, the main features of the typologies structuring this choice of sport are outlined.

2.6.1 Social condition

The broad context of sport illness and injury relates to what has been termed the social condition. This is defined in terms of the setting of the activity and the social scene in terms of the presence of others. Whilst this research will focus on the micro worlds of social actors, their actions and interactions, it is recognised that the framework for this social world may be provided by the meanings inherent on the stage of larger scale structures and broader social processes which may guide action. Hence, through using a range of sociological perspectives, including figurational sociology, cultural studies and gender studies, I will attempt to explore these macro-micro linkages and examine
how they manifest themselves and are articulated by the lived experiences of non-elite amateur rowers. Fundamental to the social condition is also the presence and role of significant others.

2.6.1(a) Importance of contest

Amateur / Economic significance: Much of the research concerning violence in the workplace of sport has chosen to use a cultural studies perspective, which facilitates understanding of "the mechanisms of constraint and consent and the structures which help them mesh in a complimentary fashion to confirm and reproduce popular cultures and practices." (Young, 1991, 10). Much of the violence by players (and subsequent injury) seems to have gone uncontested because it is a 'part of the game'. A good deal of violence is legitimised in sport by the rules of the game - tackling another player is within the rules of many team sports; and some illegitimate violence is normalised within the game, such as the 'professional foul' in soccer. Young refers to this normalisation of sports violence as "cultural de-criminalization" (1992, 2). Not only is violence de-criminalised in the sports workplace, but it is also, as Young (1992) suggests, celebrated, particularly in the media coverage of injuries and slow motion action replays of the event leading up to the injury.

Low key / Career at stake: The victimisation of professional athletes in the sports workplace seems to exist due to the pressures placed upon athletes as capitalist interests of profit-making take precedence over the well-being of the athlete themselves (Young 1991, 1992). Furthermore, Young suggests that athletes, and particularly male athletes, seem satisfied to comply with an ethos that risks the very activity they are most concerned to protect because the profits and public status make
it worthwhile. This study is concerned to explore whether there is a compliance to this ethos of athletes for whom profit and celebrity status are not realistic expectations as a direct result of their sporting achievements: in other words, in amateur, non-elite sport.

**Presence of significant others:** The development of a sporting identity, and the management of this through experiences of illness and injury, takes place through interactions with other people. In sport, significant others are present in the form of participants, referees and spectators, who may contribute to the development of self.

2.6.i(b) Role of significant others

In considering the subculture of professional sport from a social perspective, it seems that an athlete may suffer pressures from these significant others that encourage them to comply to an ethos of playing until they get hurt, hiding their pain and injury, and returning to athletic participation before complete rehabilitation (Nixon, 1992). Research by Sabo (1986) and Nixon (1993) found that athletes admitted having "played hurt" often as a result of pressures from coaches, other players, and trainers or physical therapists.

2.6.ii Nature of the sport

The second consideration is the nature of the sport activity itself. There are definitions of sport-types available, but there is a need to define sporting activities more clearly with specific reference to injury risk, in order to explore different types of injury risk in different sport contexts. The typology characterises sports according to the team or individual nature, contact element, duration and type of environment performed in.
These elements of sport have been chosen in accordance with Goffman's (1976) notion of 'dramaturgy' in mind, that social life is a series of dramatic performances and Metheny's (1975) categorisation of sport as human behaviour oriented.

2.6.ii(a) Preparation

It has already been noted that many sport science, and specifically sport psychology research texts often suggest to athletes that disassociating from the body will enable them to ignore the pain often associated with training and sport (Duquin, 1994): the role of this 'pain tolerance research' in creating a higher risk of serious injury has been explored along with other aspects of athletic training philosophies. In addition, the bond between diet, sport and exercise has already been identified as a relevant issue in the relationship that athletes have with their bodies and their concepts of their self, and how this may lead to sport-related injury, in the form of an eating disorder. And furthermore, in mechanical terms, the technique of the sport is also likely to influence the likelihood of injury occurrence and type. Beck (1992) has observed that in high modernity, social systems expose people to increasing environmental and technological risks. Brohm (1978) uses the example of skiing to indicate that improvements in sports equipment and technique do not improve safety for the athlete:

"the perfection of his (sic) equipment - ultra-streamlined suits, cosmonauts' helmets and super-sophisticated skis - the speed of the slopes and the rationalisation of technique turn the skier into a flying comet ... the safety measures are not always what they should be - after all, profitability comes first ... to increase speed, any technological improvement goes, even if it puts the skiers' life in danger ... so, it should come as no surprise that the list of top-level skiers, seriously injured or killed on the 'field of battle' for a few dollars (or rather medals) more, grows steadily longer" (Brohm, 1978, 16-17).

Similarly, in considering rowing, it is also possible that "the sheer nature of the sport therefore lends itself to injury uncommon to other sports" (Edgar, 1999, 18).
2.6.ii(b) Participation

Having prepared for the sports event, participation itself creates its own risk factors. Firstly, there is the physical environment of sport or stage upon which the activity takes place (Goffman, 1959). Metheny (1975) categorised sports as reflecting the needs of the people involved. Thus, there are four categories of sport identified in symbolic interactionist terms:

1. Individual competitive sports: symbolising a person's mastery over their opponent (for example, single sculling)
2. Competition against one's own potential: symbolically representing the attempt to master oneself (for example, single sculling, ergometer work)
3. Team games: symbolising collective potential and group achievement (for example, crew sculling and rowing)
4. Conquest sports: mastering nature or technology, with the high elements of risk and danger, being less symbolic and more 'real' (for example, coastal rowing).

The studies reviewed in these introductory sections seem to suggest that there is a subculture amongst players in some sports of rationalising sport injury. Most of the studies have focused upon contact sports where injury is viewed as an inherent 'part of the game' and the Sports Council (1991) identifies 'collision with other participants' as the most common cause of new injury. However, Young et al. (1994) cite the case of a track and field athlete who continued training for long jump and high jump with a dislocated shoulder, stating "I generally would go through a real state of denial" (1994, 183) and pretend it was OK and in the same study, a racket games player with chronic foot pain noted "I sort of live with it. I block it out somehow" (Young et al, 1994, 184). Thus it becomes apparent that some non-contact sports (and individual sports) may have an element of injury risk within them.
Furthermore, Goffman (1976) described human action as a dramatic performance and believed that the team, rather than the individual, was the basic unit in staging any performance, and, therefore, the team or individual nature of sport is chosen for investigation. And finally, the duration of the 'performance' is also to be explored, with the expected difference in physical and psychological demands, and the implications for different types of injury risk. The choice of rowing and sculling for the case study enables consideration of all of these dynamics. It is, perhaps, significant that the British Rowing Association has funded and co-ordinated an Injury Reporting System for rowing, since 1994. In the first year, 71 injuries were reported amongst the Junior, Under-23 and Senior British squads, more than half of which were back injuries, and a third were athletes who had been injured before (Bernstein, 1995).

2.6.iii Nature of the athlete

Thirdly, the nature of the athlete concerning their attitude to injury and action on receiving an injury are fundamental to the injury risk in a sport.

2.6.iii(a) Attitude to injury

"The general perception that rowing oarsmen and women are some crazed masochistic group of individuals bent on abusing their bodies for hours upon hours at ridiculous times of the day and night, winter and summer, all in the cause of making their boat first (not second) across the line at some far off regatta is I am afraid not far from the truth" (Edgar, 1999, 18).

The concept of 'attitude' is interpreted as a "defining process through which the actor comes to forge his act" (Blumer, 1969, 97). Thus, attitude is not static, but a process, and the focus is upon the meaning of the situation for the individual involved in it. Within this, it is important to return to Kotarba's (1983) stages of pain in a sporting
context and the phases in forming a new self as an injured athlete. It may also be the case that the injured person may choose intentionally to conceal the pain if the costs of disclosure outweigh the benefits or if the person feels shame at their defective body (Kotarba, 1983). It has also been suggested that attitudes to injury may be seen to inter-relate with wider gender issues (for example, Messner, 1992).

2.6.iii(b) Action on injury

In Goffman's (1963) work on stigma, he describes the distinction between a person's virtual social identity (what they ought to be) and their actual social identity (what they are): the gap between the two providing the stigma. It is suggested that the injured athlete may be stigmatised by definition since the concept of athlete suggests a fit and healthy body, which the injured athlete lacks to some degree and the ways in which an actor deals with their stigma is a relevant focus for the current study. As an example of a way of dealing with such a stigma, there is evidence of drug use amongst athletes, and in particular pain-killing shots to mask the injury (Messner, 1992).

In this study, various levels of sport illness and injury will be examined. In particular, this study intends to go beyond the overt (and perhaps more obvious) issues of commercial and financial pressures to 'play hurt' experienced by the professional elite male performer, to consider the (more covert) meanings of sport to the amateur non-elite female participant who still risks her body. The summary above suggests that sport-related illness and injury are amenable to sociological analysis. In particular, given that these experiences are elaborated within the athlete's identity-construction and sense of self, it is suggested that symbolic interaction is particularly well suited for the explication of these experiences. Factors contributing to the illness and injury
experience are considered through a general sociological perspective which is related, although not unique, to symbolic interaction. As a result, the research is informed by a range of perspectives including figurational sociology, cultural studies and feminist and men's studies located within a symbolic interaction framework. The broad theoretical rationale for the research presented in later chapters is detailed below.

2.7 Theoretical framework: Symbolic interaction theory

Having reviewed a good deal of the literature regarding illness and injury risk related to the sporting identity, it appeared that the symbolic interactionist perspective offered an appropriate framework for further research into this topic. Symbolic interaction remains a relatively marginal theoretical framework within the sociology of sport, but has been maintained and developed by (predominantly North American) researchers, most notably, Armstrong (1999), Curry (1993, 1998), Fine (1986), Gallmeier (1987), Snyder (1990) and Stevenson (1990).

The fundamental principle of the symbolic interactionist perspective is that whilst we interact with others and our environment via our physical senses, we also respond to symbolic stimuli and we interpret and communicate our physical senses by attaching a meaning to the objects of our environment. It is the ability to do this that distinguishes human from animal behaviour, since while animals respond to sensory or physical stimuli, humans also respond to other, symbolic, stimuli which allows them to attach meanings to physical and sensory perceptions. The meaning does not reside within the object, but is invested in it by people: 'objects' can be shared by sharing the meanings, allowing for communication with people over time and space. Thus, symbolic stimuli
may be said to be more powerful than sensory because it allows us to share meanings despite temporal and physical separation. The main concern of symbolic interaction is with the relationship between individual conduct and forms of social organisations, most specifically, social groups, and with the ways in which selves emerge out of social structures and situations (Denzin, 1971). Sport may be seen to be a form of symbolic interaction in a number of ways: in the learning of the 'meaning systems', the formal rules and informal codes of conduct of the activities; in the interactions of participants and of spectators with the meanings and significance of such interactions (Ashworth, 1971, 1979; Fine, 1986; James, 1980; Yates, 1975). Following Goffman (1961), sport may be defined as a form of focused interaction or 'encounter', which Yates (1975) explained in saying that:

"the central events are played out within a man made (sic) universe of rules, conventions and meanings in which the social elements predominate ... Social behaviour in sport is symbolic and depends upon the accurate construction and understanding of the behaviour of others" (Yates, 1975, 18).

For example, according to Mead, human behaviour could be distinguished from animal behaviour in the way that it usually involved mental processes: a classic Meadian example of this was in his description of a dog fight (and also sports such as boxing and fencing) as a "conversation of gestures" whereas a human fight contained "significant symbols" such as the raised fist (Mead, 1934, 43). A gesture becomes a significant symbol when it has a meaning and an idea behind it and by the giving and sharing of meanings in gestures, so the instinctive adjustments in a dog fight or fencing become an intelligent response to a stimulus. This ability to make intelligent responses enables people to conduct themselves in a co-operative manner, which is an essential part of human interdependence: in this way, an athlete's response to the stimulus of being ill or injured may be considered for the benefit of the team, and so to hide the
injury or illness and play hurt may be seen to be a form of co-operative activity. Essential to the development of the mind is the process of reflexiveness: taking the attitude of the other toward oneself and adjusting actions accordingly. The meaning given to the symbols and the situation originates not from the mind but from the social situation, and so Mead (1934) stated that thinking should be studied in the social world and can not be abstracted from it.

The notion of the 'self' is crucial to the symbolic interactionist understanding of how the individual acquires symbolic competence and how social cohesiveness occurs. This arises through the development of the self and the capacity to share with others. Mead (1934) looked at the self as a structure, which he saw as partly biological, developing from the central nervous system. The self is seen as essentially a social structure, arising in social experience. Mead distinguished between the self and the body, stating that the body can operate without the self being involved. However, central to this study is the notion that the body, in some instances (such as the athlete) is part of the social experience and so will be central to the self. Mead was concerned with two elements of the self: its reflective nature and its ability to develop symbolic forms of communication.

The self, as the mind, is seen not as an object but as a process formed through symbolic dialogue with others similarly developing identities (Ashworth, 1971). Reflexiveness is seen as essential for the development of the mind: in other words, responding to one's self as other people, 'the generalised other', respond to it, and having an awareness of one's conversations with others. Cooley (1902) described this process through the concepts of a "looking glass self" which is the way we imagine
how others perceive us. Central to this are three stages: firstly, imagining how we appear to others; secondly, imagining their judgement of us; and thirdly, developing some self-feeling as a result of the first two stages. Mead (1934) saw the self as having two basic components: the 'me' which is the self as an object and is aware, existing as the internalisation of the attitude of the generalised other, and the 'I' which is the subject, and is unaware and responds to the me. The 'I' thinks and acts, while the 'me' exists for others. The self is the product of the relationship of the I and the me, which Meltzer, Petras and Reynolds (1975) describe as "internalized dual systems of non-determinacy and determinacy", which is linked to the non-determinacy of play and determinacy of game in Mead's socialisation processes.

For the development of the self, Mead saw socialisation as of central importance. He believed there were two main stages in socialisation: the play stage, where the child takes the role of significant others and learns to see themselves in different ways; and the game stage, where the child takes the role of the generalised other and begins to develop a more coherent sense of self. Mead provided the example of a sports team (he used baseball to illustrate the point; Mead, 1934, 154) which acts as this generalised other to provide the individual with a unified self. In this way it seems possible to relate Mead's ideas on play and games to the development of a self in sporting activities, and even to the development of an injured athletic self. Indeed, Mead distinguished between consciousness and self-consciousness using the example of pain to illustrate his point that awareness of pain is a conscious experience, but that this can also carry a self-consciousness since "a pain is always somebody's pain, and that if there were not this reference to some individual it would not be pain" (Mead, 1934, 169).
More recent symbolic interactionists have developed the theory further in ways that may be of relevance to the examination of experiences of risk, pain, illness and injury. For example, Goffman (1976) perceived the self to be a product of the dramatic interaction between the 'actor' and their 'audience', and he referred to social life as having a front stage, a back stage and an outside. The front stage is where the actor stages their performance and presents their self. The front stage contains the physical setting and the actor's personal front which consists of their appearance and their manner. The physical setting, or place where the performance is given, is linked with the performer maintaining standards while they are with people (known as 'politeness' and linked with manner, or the role played) and also performing for people around the actor but not actually engaged with (known as 'decorum' and linked with appearance). In a later study, Goffman (1969) took this a stage further to consider the notion of 'face' which he described as "an image of self delineated in terms of approved social attributes" (1969, 3).

Goffman was also concerned with the concept of an idealised performance, where people act in a manner to fit the expectations of the society in which the performance is presented, which in sport could be the team members and the audience. In particular, this is related to decorum, which consists of both moral requirements of behaviour and instrumental requirements or those demanded by an employer (which may be a sports team manager, or even the public who may have paid to watch an event and feel some sort of ownership rights). He believed that the team, rather than the individual, was the basic unit in staging any performance, which was a central consideration in drawing up the typology of sports for the current study on sport-related illness and injury, as
specified in section 2.6. Goffman also referred to the back stage, where a person can relax, drop their front and step out of their character, and also the outside which is Goffman’s residual category.

Linked with this presentation of self, is the notion of ‘impression management’ where Goffman (1969) talks of 'having' face when a person effectively presents an image of themselves, and of having 'wrong' face when some information about a person is inconsistent with their self-image, or being 'out of face' when the self-image is not that expected of a person in a particular situation. Turner (1997, 223) suggests that “in medical sociology, the symbolic interactionist perspective involves the application of concepts from deviance theory which treats disease and illness as a uniform negation of the self-concept. In this respect, illness can be seen as a process which increasingly restricts social contacts and undermines the coherence of personal identity”. As a result, “the maladies of the body become the stigmatisation of the person” (Turner, 1997, 223) and so a person may feel inferior with their self-image threatened and so may try to reform their identity and 'save' face by proving their worth: for example, an athlete continuing to participate in a sport with an illness or injury. Thus, a sociology of the body also enables the symbolic interactionist framework to address structure/agency dynamics, particularly through a reinterpretation of Goffman’s “sociology as not the study of the representation of the self in social gatherings but the performance of the self through the medium of the socially interpreted body” (Turner, 1997, 68).

In addition, an actor involved in a role that they feel is inappropriate for them (for example, a job that they feel that they are too highly qualified for, a level of
performance that is below their standard) may demonstrate their distance from their role by indifference or even by performing dangerous acts. Thus, the illness or injury becomes positively valued as proof of their greater abilities. Goffman (1961) described this process as role distancing and, again, this would seem to have implications for the athletic role where the tolerance of illness or injury would be a role-appropriate personal quality and improve the self-image of a stigmatised athlete (Goffman, 1963).

Stigma is defined as the distinction between a person's virtual social identity (what they ought to be) and their actual social identity (what they are): the gap between the two providing the stigma. According to Goffman, we are all stigmatised at some time, and, indeed, the injured athlete is stigmatised by definition since the concept of athlete suggests a fit and healthy body, which the injured athlete lacks to some degree.

Goffman suggests two types of stigma: the discredited stigma, which is an evident stigma, such as a physical disability; and the discreditable stigma, which is hidden. In the latter definition, Goffman presents the example of a homosexual acting straight (which Sparkes, 1994, defines as the coping strategy of 'covering' one's true identity to avoid discrimination). However, the athlete hiding a discredited stigma in the form of a physical injury moves into this latter category and so the ways in which an actor deals with their stigma is a relevant focus for the current study. In this study, Goffman also links stigma with the notion of deviancy, where a person may not adhere to the norms of conduct and personal attributes of a group. It becomes apparent that central to Goffman's ideas are the views of the body: as a material means of performance to facilitate interaction, as determined as meaningful by society, and to mediate "the relationship between people's self-identity and their social identity" (Shilling, 1993, 82-3).
In symbolic interactionist terms it may be seen from the above theories that sport may be a stage where injury becomes a part of the performance of the actors and as Goffman states, in some forms of interaction "some form of maximization of gain will often be involved, often under conditions of uncertainty or risk" (Goffman, 1970, 86). Goffman goes further to suggest that in such forms of interaction, people may be used as 'pawns' where "conditions can be such as to place in jeopardy the social or bodily welfare of an individual" (Goffman, 1970, 87). Sport may be seen to be itself a situation of chance (Goffman, 1969), since chance-taking is usually central to where there is action. In particular, Goffman defines some chance situations as 'contests' which involve skill and knowledge, and he states that in all situations that a person is involved in they can never leave their body behind and so the body is always at risk. In this way, it is possible to consider that people may risk illness and injury in sport because they enjoy the action and the enjoyment makes the risk worthwhile. Indeed, Goffman considers professional sport as a chance situation because of the risk to money, reputation and physical safety, but perhaps more significantly, non-professional risk sports are also chance situations since the participant can enjoy taking chances without risking their everyday life: "no payment is received for this effort; no publicly relevant identity is consolidated by it; and it incurs no obligations in the serious world of work. In the absence of the usual pressures to engage in an activity, it is presumably easy to assume that self-determination is involved and that the chances incurred are brought on solely because of the challenge that results" (Goffman, 1969, 145-6).

Illustrating the point is a study of Little League baseball, where Fine (1987) identifies that injury-risk is an inevitable part of involvement in the activity and integral to the
sport, and is reinforced predominantly by the significant others of peers to prove one's worth on the team. Similarly, a life history study by Curry (1993) of an elite amateur American wrestler, identifies the normalisation of his own injuries, including the use of pain-killing drugs, and also those injuries that he has inflicted upon others. The reasons for taking these risks seem to revolve around the "symbolic reward of immortality" (Curry, 1993, 23). Athletes, both male and female, often wish to be remembered as athletic stars, and in order to do this, they must conform to the norms of the sport, which often means accepting the normalisation of injury.

Furthermore, this normalisation influences the emotional response experienced by the ill or injured athlete. The management of emotions is in many ways embodied, not only because some emotions are manifested physiologically (shedding tears, blushing), but also because emotions may arise from the presentation of the body (for example, 'shame' at one's defective body in the case of injury or disability). As a result, in symbolic interactionism, the division of the sociology of the body and the sociology of the emotions merely reflects academic interests, rather than any duality in interpretation (see Section 2.2). Denzin (1984, 50) defines emotions as "embodied feelings, mental states, and interactional experiences with real and imagined others that a person feels and directs inward, to herself, or outward, to others" (emphasis added). According to this definition, emotions are not only embodied, but they are also socially constructed and managed in interactions with others, as "cultural artefacts" (Geertz, 1973, 81).

It is this latter point which forms the basis of our understanding of emotions. Humans are socialised to stage appropriate emotional responses (see Gallmeier, 1987; Zurcher,
1982), such that in any given situation emotions are aroused or controlled through the process of “emotion work” (Hochschild, 1983). This produces a normalised emotional response or “feeling rule” (Hochschild, 1983), which might include controlling pain and its associated emotions to enable an athlete to participate in spite of illness or injury. Snyder (1990) has suggested that athletes are taught to hide emotions from others, and their self, to maintain self control or ‘dramaturgical discipline’. As a result, emotions are exhibited on the sidelines and off-stage.

Following the logic of previous research into the sociology of the emotions (Kuzmics, 1991; Maguire, 1991; Shott, 1979), in order to fully understand emotional responses (including to risk, pain, illness and injury) it is necessary to consider these in the context of interactions with others. For example, Shott (1979) has suggested that guilt may only be understood in the interaction with the generalised other, since it is the emotional response to recognising variance with expected behaviour. Similarly, shame is the self depreciation from taking the role of the other, and this is usually accompanied by embarrassments that others “view one’s presentation of self as inept” (Shott, 1979, 1325). This latter point is in keeping with Denzin (1984) who stated that emotions frequently merge such that an individual may experience more than one emotion simultaneously. He also develops this to suggest that emotion is a social experience whereby “emotional intersubjectivity”, or the sharing of a common feeling with others, occurs.

The effect of these emotions is often to develop self control, in part to avoid a repeat of these feelings. When the feelings are invoked, actors may then engage in “altruistic or reparative acts” (Shott, 1979, 1327) in an attempt to restore self-presentation and
convince others of their competence. Such acts may involve risk-taking if an athlete is endeavouring to compensate for any guilt, shame and/or embarrassment when their body has failed to perform as a result of illness or injury. Snyder (1990) has suggested a typology of emotional responses to sporting participation:

Figure 2.3: Emotional responses in sport

<table>
<thead>
<tr>
<th>Pre-event emotion</th>
<th>Post-event emotion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nervousness</td>
<td>Reflective role-taking emotion</td>
</tr>
<tr>
<td>Fear of pain/injury</td>
<td>- frustration</td>
</tr>
<tr>
<td></td>
<td>- disappointment</td>
</tr>
<tr>
<td></td>
<td>Empathic role-taking emotion</td>
</tr>
<tr>
<td></td>
<td>- happiness</td>
</tr>
<tr>
<td></td>
<td>- joy</td>
</tr>
</tbody>
</table>

(adapted from Snyder, 1990, 268)

In this, it is possible to see how fear translates into either pleasure, or more reflective emotions which may create further risk taking and ultimately become self-fulfilling of the fear of pain or injury.

The investigation of emotional bodies in sport is underpinned by a debate questioning the appropriateness of various theoretical perspectives traditionally framing the analysis. Kuzmics (1991) has suggested that symbolic interaction (and, in particular, Goffman's work) lacks an explicit historical macro-perspective. Whilst this might be implicit in the notion that, for example, embarrassment occurs in relation to others, Kuzmics (1991) suggests the utility of an Eliasian historical appreciation of interactions. However, writing in the same year, Maguire (1991) acknowledges the weaknesses in Eliasian theory, in particular in needing to recognise the social
constructions of emotions and that identity-formation in sport is related to self-realisation and the presentation of self. For Maguire (1991), emotions are a performance according to perceptions of 'appropriate' behaviour, and are indicative of a 'quest for exciting significance'. He, therefore, recommends that “greater dialogue with other work studying the emotions, such as symbolic interactionism, may assist the more general task of providing a more adequate sociological theory of the emotions” (Maguire, 1991, 30, emphasis added). In keeping with this debate, it is believed that a study of risk, pain, illness and injury is well suited to a sociological analysis which synthesises the symbolic interactionist tradition with other related theoretical perspectives.

2.8 Summary and research questions

Although the examination of illness and injury risk in sport is relatively recent, the research evidence suggests that there is a phenomenon of athletes risking their bodies and their health in the interest of sporting achievement. However, the literature reviewed is dominated by (although not exclusive to) male, North American authors, considering the experience of male, North American, elite, professional, team athletes. Also, while this research is quite widespread in terms of injury risk, less appears to have been conducted on broader concepts of health and illness, and little considers the implications of such experiences for the athletic self-identity.

As a result, this research project set out to focus on the experiences of British female, amateur athletes in a sport which is both team and individual. The injury risk was located within the wider experience of ill-health, and the implications for the
participants' identities as both 'rower' and 'female' was considered. The research questions framing this research were as follows:

1. How is the female athletic identity related to the body’s appearance and performance?
2. What effect does a 'malfunction' of the body have upon identity?
3. What is the extent of illness and injury in women's rowing?
4. How do female rowers experience the phases of illness and injury?
5. How is it possible to provide a better service for ill and injured athletes?

It was believed that the tenets of symbolic interactionism are relevant for understanding these issues, given that symbolic interactionists ask "what common set of symbols and understandings have emerged to give meaning to people's interactions" and "explore whether people orient their conduct to expectations of others in order to have their identities confirmed or to be positively evaluated" (Armstrong, 1999, 271).

The methodological issues related to conducting such research are considered in the following chapter.
3.1 Introduction

Embarking on a project of this nature engages the researcher in a minefield of methodological debates, which is centrally located upon a distinction between 'quantitative' and 'qualitative' research methods. For many, this distinction is a fundamental means of differentiating approaches to social research (Lincoln and Guba, 1985; Sparkes, 1992a), whilst for others this is a tired, even false, means of classifying research methods and approaches (Layder, 1993). Bryman (1998) has attempted to clarify this by suggesting that there are two debates: the epistemological argument which sees quantitative and qualitative research as located in different ways of knowing the world; and the technical argument which recognises that whilst "research methods and approaches to analysis may have been developed with a particular view of social reality in mind ... this does not tie them exclusively and ineluctably to particular epistemological viewpoints" (Bryman, 1998, 140). It is with this latter argument in mind that I chose to abandon my traditional acceptance of the conventional connection between epistemology and research method (Pike, 1988) and combine quantitative and qualitative methods of data collection for the purpose of this current study. This is in keeping with recent texts examining qualitative research methods (Denzin and Lincoln, 1994; Denzin, 1997) which have identified 'five moments' of qualitative research. It is suggested that through the fourth and fifth moments, research has become more
critical and diverse. In particular, this includes a ‘cultural diversity of contemporary ethnography’ (Coffey, 1999, 9).

Having chosen to undertake ethnographic work within a sporting subculture, that of women’s rowing, it became evident that consideration needed to be given to the recent and extensive debates on the textual representation of someone else’s reality and in particular how critical sociology’s of sport seem to be facing a ‘crisis of representation’ (Foley, 1992; Klein, 1997; Sparkes, 1995). Just over a decade ago, Klein wrote that “sport ethnography is virtually nonexistent” (1986, 114) and a few years later, Gallmeier (1989, 2) talked of “the predominance of quantitative studies in the sociology of sport” in part due to the perceived link of ethnography and sports journalism. Since the late 1980’s, research by authors such as Donnelly and Young (1988), Foley (1990), Klein (1993, 1997) and Armstrong (1998) have adopted a critical ethnographic approach, and additionally sporting narratives documenting particular subcultures have appeared in such work as that by Bissinger (1991) and Huizinga (1994). Such texts have given rise to debates over the “dual crises of representation and legitimation in qualitative research” (Sparkes, 1995, 158). At the heart of this is a concern to most accurately portray the subculture under examination, representing other’s ‘truth’ through the interpretation of the researcher.

Inherent in such debates is a consideration of the bases of interpretive enquiry itself, which in turn determines to a large extent the methodological procedures and ‘tools’ that would be appropriate for data collection and analysis in a sporting ethnography. In keeping with Klein, “I share objections to the idea that scientific realism, with its claim for pure objectivity, omnipresent ethnographer, presentation of subjects as
generic (typical), and a heavy reliance upon jargon, is an impediment to interpretation” (1997, 263-4). As a result, the methods chosen for this subcultural study of identity, illness and injury in women’s rowing reflect my attempt to study people “in the round” (Maguire, 1991), engaging myself with members of the subculture, consistent with the common use of ‘researcher as instrument’ (Hammersley and Atkinson, 1983) in interpretive enquiries. Central to the choice of method is a concern to accurately represent the reality of those under the ethnographic microscope “through representations of actual subject voices” (Cole, 1991). This, however, raises a number of important questions, including the following:

“Whose authority counts when? How can/should authorship be claimed? Where do validity/credibility/reliability fit? How does one’s writing reflect one’s social privileges? What part of my biography, my process is relevant to text writing? How do I write myself into the text without being self-absorbed or unduly narcissistic? How can I write so that others’ “voices” are not only heard but listened to? For whom should we write? What consequences does our work have for the people we study, and what are my ethical responsibilities for those consequences?” (Richardson, 1992, 108).

In addressing some of these questions, I once again refer to Klein (1997), adhering to his statement that “if I eschew the idea of the ethnographer as omniscient, I nevertheless still see myself as authoritative as a result of the research I carried out” (Klein, 1997, 264). To assume this epistemological privilege of ‘knowing’ it was important to gain in-depth, ‘valid’ and ‘reliable’ data, issues which are considered in the following sections. In choosing methods for the ethnography, I took Klein’s advice that “the crisis of representation of cultural matter is based upon differences that exist between researcher and subjects (sic), but these differences can be reduced and/or prove methodologically advantageous” (1997, 264): to reduce the differences, I became involved through participant observation, training with the members of the subculture and adopting other ‘key’ roles on the periphery of the group, whilst relative
detachment at other times enabled me to ask the obvious questions and so investigate
the taken for granted. In this way, the ethnographer becomes "the 'third man' (sic),
who both reconstructs the action and interprets these in writing-up my version of
events" (Armstrong, 1998, preface). The methodological 'tools' used in this study are
detailed below, after a consideration of the relationship between methodology and the
theoretical framework underpinning the research.

3.2 Symbolic interaction and methodological principles

This study draws upon a range of theoretical perspectives, but is framed within a
symbolic interactionist approach. In fact, it is Goffman's notion of 'frame' which
determined the utility of a symbolic interactionist perspective: in distinguishing the
rules by which situations are defined and the 'frames' which people use to organise
their activities. For the purpose of this study, the particular frames are those of
identity construction, illness and injury experiences within women's rowing.

There remains a debate as to the most effective and appropriate methodology to utilise
for research located within a symbolic interactionist perspective. Mead seemed more
inclined to a natural science approach to research, whereas Blumer interpreted Mead's
work as inclined to his own position, and is persuasive in his concern with the
perspective of the actor which seems central to the symbolic interactionist approach.
Indeed, symbolic interaction is usually regarded as a branch of interpretive research,
alongside phenomenology and ethnomethodology amongst others, lending itself to an
interpretive, qualitative form of enquiry (Sparkes, 1992a). Drawing on the work of
Denzin (1970), Silverman (1995) summarises how the symbolic interaction approach
defines the methodological principles in the table presented below:
Figure 3.1: Interactionism's methodological principles

<table>
<thead>
<tr>
<th>Principle</th>
<th>Implication</th>
<th>Example in this study</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relating symbols and interaction</td>
<td>Showing how meanings arise in the context of behaviour</td>
<td>Cross-referencing observational material and interview data</td>
</tr>
<tr>
<td>Taking the actors' points of view</td>
<td>Learning everyday conceptions of reality; interpreting them through sociological perspective</td>
<td>Interactions with participants including in-depth interviews with 'key' members</td>
</tr>
<tr>
<td>Studying the 'situated' character of interaction</td>
<td>Gathering data in naturally-occurring situations</td>
<td>Participant observation</td>
</tr>
<tr>
<td>Studying process as well as stability</td>
<td>Examining how symbols and behaviour vary over time and setting</td>
<td>Length of time in observational setting; spending time in more than one club, and in training, competitive and social settings</td>
</tr>
<tr>
<td>Generalising from descriptions to theories</td>
<td>Attempting to establish universal interactive propositions</td>
<td>Analysed triangulated findings with reference to previous research evidence</td>
</tr>
</tbody>
</table>


At the centre of this debate is the need to address issues of structure/agency (also referred to as society/individual; determinism/voluntarism; objectivism/subjectivism; macro/micro). Messner and Sabo describe “the historical dynamic of structural constraint (which includes structural, ideological and characterological oppression) and human agency (which includes critical thought and resistant, transformative action)” (Messner and Sabo, 1990, 10) which they locate within a ‘wheel model’ with the spokes of the wheel representing various forms of oppression. It is, therefore, important that the methodology chosen allows for consideration of this dynamic. In their work with physical education teachers, Sparkes and Templin (1992) suggest that in order to understand teaching, we have to understand teachers (and their interactions) since they are so central to schools. A teacher’s views and practices of teaching are likely to be shaped by their past, present and future aspirations, their lives outside school, and their cultural identities, in the same way as an athlete’s relationship
to a culture of risk will be shaped by other life experiences. This is reflective of Gidden's (1979) notion of structuration which suggests that social structures are simultaneously the medium of, and constituted by, human agency (Sparkes and Templin, 1992). In the same way, feminist theorists (for example, Messner, 1992; Theberge, 1991) elaborate the embodied, gendered social processes which affect a person's life and particularly their illness and injury risk, which was a critical aspect of my own research focussing on female athletes' experiences.

Symbolic interactionists see social interaction as structurally *conditioned*, but not structurally *determined* since agents have their own power resources. In this way, the structure agency dynamic is seen to interplay, rather than conflate, within a symbolic interactionist framework (see Archer, 1998). As Denzin states, symbolic interactionists "examine history and power in terms of the effects these have in the actual lives of interacting individuals ... Committed to a processual, pragmatic perspective, they look at how structures, ideology, and power interact in concrete interactional sites and locales to produce specific forms of subjectivity, emotionality and lived experiences" (Denzin, 1992, 62). To explore this dynamic, Blumer (1969), who was one of the key figures in developing a methodology for symbolic interaction research, was critical of what he called 'mindless scientism' and reductionism, and urged instead a use of 'sympathetic introspection': rather than prescribing what should be seen, placing oneself in the place of actors and using 'sensitising concepts' to know what to look for and where to look (Ritzer, 1988). Goffman has also been commended for being “intimately aware of the subtleties of face-to-face encounters and the vicissitudes of the interaction order which informs it” (Layder, 1998, 92) and much of this study is informed by Goffman's work.

In keeping with this debate, the research findings that are to be presented take a multidimensional approach “which grasps the variegated nature of social reality and the necessity for a plural epistemological basis” (Layder, 1998, 99). In other words,
through multiple methods, it is possible to weave together structure and agency dynamics whilst still "preserving their integrity as distinct, but relatively autonomous, from each other" (Layder, 1998, 99). Therefore, initially a questionnaire survey was undertaken to identify broad issues pertaining to the risk/pain/injury nexus in women’s rowing. The results of this identified the need for more in-depth ethnographic research to follow up on some of the issues raised, in the form of participant observation and interviews within two women’s rowing clubs. As a result, the long-term research took the form of interpretive interactionism (Denzin, 1989) which involved living aspects of the lives of those involved, blending involvement and detachment, in order to understand the emergent features of their world and to be able to study and interpret their experiences (see May and Williams, 1998). This is also in keeping with the recommendations of researchers such as Kleiber and Brock (1992) who concluded their quantitative study on the effect of athletic career-ending injuries with the recommendation that future research should utilise interpretive methods of enquiry. This multi-method approach also addresses the concern that Klein expressed that whilst “ethnography can intensively examine a subculture” (1986, 114) there is a need to be careful not to lose sight of the relationship between the subculture and the wider society. In his later research he stated the importance of ethnographic research with ‘teams’: that a team is a collection of people, “each with a story to tell, yet also a sports community. As such, there are structural relations to be described in addition to the select biographical sketches” (Klein, 1997, 117).

3.3 Pilot studies

I ‘officially’ entered the field of the rowing subculture in 1994. However, I had been a member of this world since 1991 when I experienced the cultural reality first hand as a participant in competitive women’s rowing and sculling. After an extended period of personal injury, I withdrew from the sport that I was no longer able to be active in. At this stage, I started to review literature related to injury experiences in sport and these
texts identified for me even more ‘risky’ sports (Sports Council, 1991) which became the focus for some research of my own. Subsequently, and in order to clarify the issues and methods that were to be utilised for the purpose of the eventual research into rowing, three pilot studies have been undertaken. The first, a study of men’s and women’s rugby union, examined these subcultures in a broader context, and interviews were conducted with players to explore risk, pain and injury experiences. The second pilot study also entailed interviewing male and female players, this time in the game of soccer. The final pilot study followed the recommendations of the previous studies to explore the female experiences of risk, pain and injury further, and involved some participant observation, interviews and the beginnings of life history work with female hockey players.

The pilot studies have had two main benefits: firstly, clarifying some of the issues that needed development and further examination; and secondly, enabling experimentation with a range of research methodologies. In addition, the pilot studies have reinforced the importance of further research into women’s experiences of risk, pain and injury in sporting subcultures, and the potential offered by a female researcher to explore such issues (Finch, 1984; Oakley, 1981). As a result of these pilot studies and further reading, it was decided to focus on one subculture: that of women’s rowing, to facilitate an in-depth analysis of a range of issues relating to risk, pain and injury. I returned, therefore, to my original subculture, but initially to a different club to explore issues that had been raised in the pilot studies that I now wished to address with respect to rowing. The research has taken the form of informal observations to familiarise myself with the subculture as a researcher rather than as a participant, questionnaires to identify key issues for further exploration, participant observation for 20 months with one club which I chose to call ‘Bridgewater’, and a series of interviews with key members of the club. Towards the end of the first year, I then returned to my original club, ‘Rivertown’ (also a pseudonym), as a researcher for a further year and repeated the process. The decision to spend one year in each of the clubs was to frame
the research around the annual round of the rowing season. However, I continued to spend further time in Bridgewater to enable some cross-referencing of issues as I familiarised myself with Rivertown. The findings from the questionnaire and the ethnographic research are presented in the discussion chapters.

3.4 The questionnaire

In adopting a questionnaire approach prior to the observation and interview work, it became evident that I would be using a multiple-method approach which would combine quantitative and qualitative techniques. This reflected a deliberate attempt to triangulate methodologies to enhance validity and reliability, and address structure/agency dynamics. The use of multiple methods should not, however, be seen as an attempt to provide a definitive version of reality or overall 'truth', not least because this contradicts the philosophical assumption of multiple realities which underpins interpretive studies. Instead, multiple methods enable the researcher to explore not only the meaning of the situation in context, but also to overcome any context-boundness of findings. Such triangulation should be conducted according to two basic principles:

1. begin from a theoretical perspective (symbolic interaction);
2. choose methods and data which provide an account of structure and meaning from within that perspective (i.e. the structural context of interactions).

(Silverman, 2000).

Hammersley (1996) suggests that using the process of triangulation, rather than facilitation or complementarity, presents the least threat to the epistemological argument for distinguishing methods. This is because this method utilises different techniques sequentially over time and so the philosophical basis of the paradigm is not necessarily compromised.
A sixty item questionnaire was designed to explore: the level of involvement of the rowers, the frequency and intensity of training, the nature and incidence of injury, the response to pain and injury, and attitudes to risk (see Appendix 1). Most of the questions were closed and multiple choice, and were identified from the literature, from observations of rowing subcultures, and from consultations with the gatekeepers and coaches who had been contacted for the purpose of the ongoing ethnographic research. The final set of questions (questions 41 - 53) were to determine attitudes to risk and injury and so used a scale of agreement or disagreement adapted from Nixon (1994). There were a few open-ended questions (16b, 17b, 22, 36b and 40) to provide more qualitative data. To improve the validity of the questionnaire a “jury of experts” (Baumgartner and Strong, 1994, 140) was consulted, consisting of a rowing coach, two rowers who have also acted as gatekeepers, the research supervisor, and a statistics specialist. In this way, experts in: the subject area, the design of questionnaires, and the analysis of questionnaires were also consulted. The questionnaire was then modified on the basis of their recommendations. Questionnaire reliability was determined from an analysis of an initial set of responses before the full set was distributed.

The questionnaire was administered during the 1997 UK regatta season. Rowers were approached in between races and asked to complete one each. A box of questionnaires was also left in the tea room, with some explanatory notes. There were 73 female respondents, and 23 male respondents. The results were analysed through the use of descriptive statistics. Within each question, a raw number and percentage was allocated to each response. Where relevant, chi square analysis was used to compare male/female responses, or the responses of female injured/non-injured athletes. The results of the questionnaire may be found in Appendix 2.
3.5 Ethnographic research

As indicated above, the questionnaire identified the need for more in-depth analysis of some of the issues raised with specific individuals within two particular clubs. Wolcott (1990, 188) describes ethnographic work as leading to "a picture of the 'way of life' of some identifiable group of people". Similarly, the use of case study work has long been recognised for its ability to enable in-depth and intensive analysis of individual groups (Borg and Gall, 1983; Cohen and Manion, 1986). The collective case study, or study of more than one individual case, is particularly well suited for enquiry into the more general population or phenomenon (Stake, 1994). Case study work has particular advantages in providing detail, where appropriate, acting as a step to action, and enabling the researcher to understand the discrepancies between individuals. This latter point became particularly significant, since, in this study, different opinions of coaches and athletes became evident. This presented its own problems given that Klein suggests that "an equally important motive in writing this ... has to do with presenting back to the people ... a piece of their own history" (Klein, 1997, 13), a history which some of the coaches may find contradicts their current perspective. However, this reinforced the belief that the assumptions of interpretive paradigms, that is of perceiving reality as multiple, socially constructed and internal, were more suited to this ongoing research than a positivist methodology. The latter frames realities for respondents in preference to understanding how individuals interpret their own world (see Sparkes, 1992a). In particular, the use of participant observation (a term which Denzin, 1970, uses as an alternative to ethnography) and interviews have emerged as an appropriate means of developing the research. This follows the logic of Charmaz (2000) whose research into chronic illness suggests that "interview(s) provide a means
of going deep into the story”, but since interviews also “frame discourse in a rational account” there is the additional need to ‘live’ the story. Charmaz therefore recommends that “longitudinal studies following people throughout the course of their lives can yield nuanced analyses of the ebb and flow of experience. Such studies provide context and meaning and illuminate shifts and changes” (Charmaz, 2000, 288).

The immersion of the researcher into another person’s world raises a number of ethical issues (Hammersley and Atkinson, 1995). These include the power relationship of researcher and researched (Messner, 1992) and the need to ensure that the study’s participants also benefit from the findings. In addition, participants should be informed and consent to the study. This became problematic since I only informed the coaches, any interviewees and other interested parties, yet there were often others present at the sessions, particularly in the latter stages when new members arrived who had not been informed of my research role. Negotiating the ethics of this meant ensuring anonymity (all names used in this study are pseudonyms), and continual discussions with the coach and gatekeepers regarding the research process. Finally, I became concerned with dealing with ‘harm’ (Hammersley and Atkinson, 1995) when witnessing potentially injurious situations. To comment would alter the observational field, not to comment (my usual tactic) negated the possibility of intervening to reduce the risk of those I observed.

3.5.i Participant observation

Participant observation seems particularly suitable for symbolic interaction work since it enables an insider view of human meaning and interaction. The process itself
involves “sharing in people’s lives while attempting to learn their symbolic world” (Silverman, 1995, 48). The methods available for this form of field work are varied, but usually “combines document analysis, interviewing of respondents and informants, direct participation and observation, and introspection” (Denzin, 1989, 18).

The participant observation, therefore, initially took the form of attending regattas with my gatekeepers, two people who were well known to me and who had been contacted for this specific purpose. This facilitated introductions to members of Bridgewater and simultaneously enabled me to administer the questionnaire. In this way the members of Bridgewater were also introduced to my role as a researcher in a more informal manner. Klein describes how “anthropologists often refer to the work in these early days as ‘counting teepees’, a time when both ethnographer and subject size each other up” (Klein, 1997, 260).

As a retired rower myself, it was relatively easy for me to become a participant observer (Junker, 1960). This ‘location of the self’ (Coffey, 1999) is central to the success of participant observation work: deciding what role to take, constructing and reconstructing one’s own self identity for the purpose of the research, and writing this self into the final text. I was able to increase my involvement with the Bridgewater members through joining their circuit training sessions and socialising with the rowers, thus relinquishing my ‘comfortable position on the verandah’ (Guilianotti, 1995). In undertaking repeated visits, so the participants are more likely to come to believe in the ethnographer through the regularity of their presence, but not grow so tired of a researcher who may be a more permanent fixture.
A key to succeeding as a participant observer is becoming close enough to gain an insider’s perspective, but not so close that the taken for granted is assumed and ‘going native’ becomes a possibility. In Eliasian terms, social scientific research requires a blend of involvement and detachment to understand the world view of social actors, whilst still ‘standing back’ (Dunning, 1992). There is, therefore, a balance to be negotiated, which Hammersley and Atkinson (1995) refer to as being intellectually poised between familiarity and strangeness. By acting as an “acceptable incompetent” (Hammersley and Atkinson, 1983) it was possible to ask the obvious questions and so to make the foreign familiar. However, my role also necessitated becoming “an acceptable marginal member” (Hammersley and Atkinson, 1983, 79; emphasis added) so as not to become too close and to make the familiar foreign. The relative detachment was developed through ongoing exchanges with the research supervisor regarding methodology and theoretical thought. In this way, I developed a greater understanding of the culture in observing the setting, language and behaviour (Burgess, 1984) close hand, whilst detaching myself from establish patterns of behaviour. In my status as a sufferer of rowing-related injury, I was also able to maintain a distance in not being expected or asked to actually row, whilst giving me some insight into risk aspects of the culture. It was also evident in some interviews, that being able to share my own experiences of rowing-related injury facilitated conversations with the interviewees and provided more in-depth data. This supports the view of the interactionist tradition that the researcher “is best able to chart those areas in which he (sic) is already an accredited member” (Rock, 1979, 214).

The key practical issues in entering a new subculture seemed to be ‘passing’ as a member of the group. This requires impression management (Goffman, 1976) on
behalf of the researcher. Some factors were related to my own biographical details: as a white, university educated, professional woman in her early 30s, I was similar to most of the participants in the study. I developed this ‘similarity’ in my demeanour: by training with the participants I appeared to be a ‘fit’ athlete, whilst making my own injury known; and in my speech, I utilised rowing terminology. Of particular consideration are appropriate dress and behaviour patterns (Measor, 1985). I always dressed ‘casually’ and often in sports clothing, other than when meeting Clare for lunch in a wine bar when smarter dress was more appropriate to match her own style of clothing. It was notable that when meeting Helen for her interview, we arranged to meet at the clubhouse. Thinking that she would be dressed for training, I dressed in kind. However, Helen had come straight from work and so was in a suit and my own attire was less suitable on this occasion. It took longer to develop this particular conversation, and in the end it was Helen learning of my own experiences of rowing and injury that enabled her to ‘open up’ to me and talk more freely. At the end of the interview, Helen actually thanked me for the opportunity to talk about her illnesses and injuries. Other factors that needed to be taken into account were being honest about the research topic and gaining trust; and respecting privacy, for example, maintaining a distance when the teams were preparing to race (for methodological considerations in participant observation, see Ball, 1985; Burgess, 1984; Gans, 1982; Hammersley and Atkinson, 1983; Trice, 1972).

In addition, it is necessary to consider the extent of the field role and participation in the subculture. There are four typical field roles (Burgess, 1984): complete participant, participant-as-observer, observer-as-participant, and complete observer. I adopted the participant-as-observer role since this enables the development of
relationships, whilst being honest about the observer role to meet ethical considerations. Again, my previous experience of the culture facilitated relationships, and I was able to adopt various roles of blade carrier, tea provider, and team photographer, in this way developing “cultural competence” (Bourdieu, 1984, 2) or acting as a “marginal native” (Freilich, 1970, 100, cited in Armstrong, 1998). The use of a camera during the participant observation (although not presented in this paper) also acted as a further instrument for collecting data, to reveal the symbolic world of those involved, enrich other methods and provide data available for analysis by others, for example, in conference presentations (Flick, 1998). The benefits of observational research are in the development of trust and a rapport, the provision of a context for behaviour and the provision of substance upon which to base subsequent interview questions. In order to collect field notes key points were written up immediately after the observation had taken place “for the next day’s events will soon be crowding in on those memories” (Woods, 1986, 45). Towards the end of the first year at Bridgewater, I returned to Rivertown through another gatekeeper, and repeated a similar process there over the following year. An example of the field notes taken may be found in Appendix 3.

3.5.ii Interviews

Recent research has made a strong case for the use of narrative studies in understanding the effects of illness and injury on self identity (Brock and Kleiber, 1994; Lupton, 2000; Sparkes, 1996, 1997). Therefore, the ethnography was developed to incorporate some interviews with ‘key informants’ (Burgess, 1985) from Bridgewater and Rivertown. These informants were ‘criterion-sampled’ (Baumgartner and Strong,
1994): identified provisionally by the gatekeepers who told me of participants who had recently experienced an injury. After a period of participant observation, I was able to identify my own informants, and in addition, a snowballing effect (Messner, 1992) took place as some came forward to volunteer to be interviewed. This approach would seem to be consistent with symbolic interaction in its use of the person’s own words to elaborate their lived experiences, in this way providing for ‘thick’ description (Geertz, 1973). Biographical details of the interviewees may be found in Appendix 4.

This is comparable, for example, with the approach of Sparkes (1994) whose life history of a lesbian physical education teacher uses her words in the form of direct quotations to illuminate the ways in which homophobia shaped her life: “such a tactic is taken to be consistent with the premises of interactionist research that call for thick description to ensure that research interpretations are grounded in actual lived experiences” (Sparkes, 1994, 173). Denzin (1970) suggested that interviews are in themselves a form of symbolic interaction and so entirely appropriate for this type of research: “I wish to treat the interview as an observational encounter. An encounter ... represents the coming together of two or more persons for the purpose of focused interaction” (Denzin, 1970, 133). In this way, interviews enable an exploration of the means by which rowers manage their identity (Goffman, 1976) when ill or injured, and cope with the stigma (Goffman, 1963) of illness and injury, using the symbol of their own language through the presentation of talk fragments in the discussion chapters.

The use of personal narratives, therefore, has the capacity to overcome a perceived blindness of symbolic interactionist work “that divorces personal experience from the wider socioeconomic and political structures that shape them” (Sparkes and Templin, 84
Woods (1984) refers to the self as having both a 'micro' self of identity related to significant others, performance and ability; and a 'macro' self of, for example, social class and religion. Thus, it is possible that asking people to tell their stories can provide insights into social and institutional processes. Narrative allows the story teller to not only interpret their own lives but also, through interviewing a specific group of people, narrative analysis illustrates their interpretation of the world around them (Plummer, 1983; Sparkes, 1999). This became particularly significant when interviewing Max, one of the coaches at Rivertown. During the course of the interviews, it appeared that Max was presenting a rationalised self for the purpose of the interview, which contrasted with the self described by others and witnessed in the observation. In order to understand Max, it was necessary to contextualise his words within his own history, his relationship with his partner (a rower) and broader social issues (see Chapter 6).

I chose to use semi-structured interviews, in the form of ethnographic interviewing (Flick, 1998) which links narrative with participant observation, to provide a framework but also allow some flexibility. Silverman (1995) suggested that interviewing within a symbolic interactionist framework should not be standardised, in keeping with the belief that respondents are not 'standard'. In this way, the interviewees can define their own world and raise issues not included on the schedule. The themes were identified from a review of related literature, the questionnaire findings, and on the basis of preliminary observations. Thus, theory is both the precondition and the consequence of ethnographic work. With the rowers, the broad themes explored their sporting background, their rowing history, and then addressed the phases of their injury experience from becoming injured, to being injured and...
recovering from injury. On the basis of the preliminary interview analysis, two further themes emerged: identity construction, particularly in relation to body image, and illness experiences. Subsequent interviews also addressed these issues. When talking to the coaches, I asked them about their involvement in rowing as participants and then as coaches. They were then asked for opinions on successful coaching styles, their 'ideal' rower, and their attitudes to risk, pain, injury and illness in their rowers.

Interviews always took place at a location of the respondents' choice, usually at the rowing club, their home, a couple of times in my office and in my home, and once in a wine bar over lunch. The choice of location was in an attempt to relax the interviewee, and I adopted other techniques to build relationships: the clothing worn, showing humour, interest and generally being 'bland' (Measor, 1985). It was always clear when I 'got it wrong': for example, in my first interview with Emma in her home, when she offered me a drink, I politely asked for a cup of tea. This clearly made her ill-at-ease, since she was drinking beer, which made my response seem a little formal. I explained that I was driving, subsequently had a beer, and in later interviews checked what the interviewee was drinking first before ordering my own. Each interview lasted between 90 minutes and two hours, the maximum time recommended to maintain critical awareness (Measor, 1985). The interviews were tape recorded to maximise detail and precision (Woods, 1986). However, during the interviews with Roger I was asked to turn off the tape on occasion when he wished to make comments unrecorded, if he felt that his opinions were contentious or occasionally critical of other coaches and athletes. These conversations are discussed in Chapters 5 and 6. Notes were also made after each interview identifying key themes, and any reflections of my own on the interview. In this way, I was able to develop limited life documents (Plummer, 1983).
to focus on the particular issue of injury (and subsequently, identity and illness) within a person’s life. An example of an interview transcript may be found in Appendix 5.

3.6 Leaving the field

After nearly two years in the field, I decided that it was time to withdraw from the subculture in order to complete my analysis and write up my findings. This process was not as simple as it seemed. As Coffey (1999) explained, whilst the researcher is pleased to reclaim their time and their previous life when leaving the field, this presents its own difficulties: guilt at no longer ‘being interested’ in the participants, confusion as to the future relationship with people who have been such a large part of one’s life, and disorientation at the loss of the routine which has dictated the researcher’s lifestyle for so long. I experienced all of these complications and turned to a text by Lofland and Lofland (1995) for advice. They suggest a five stage process:

1. Inform people in advance rather than leaving abruptly;
2. Explain why and where you are going (I explained that I had been given teaching release from my full time job and would be moving out of the area for six months);
3. Say goodbyes personally;
4. Promise to keep in touch;
5. Keep in touch, where appropriate.

Whilst this did not solve the dilemmas I was experiencing, this advice structured my approach to severing the ties with the people of Bridgewater and Rivertown.

3.7 Analysis, validity and reliability

The analysis of the findings took varying forms. The questionnaire data was analysed through the use of descriptive statistics, and emergent trends were noted for the
ethnographic work. The interviews were transcribed verbatim and both these and the field notes were read several times. This data was then coded according to emergent categories, and analytical notes were made connecting the themes to theoretical concepts. The coding process drew upon both theoretical and thematic coding (see Flick, 1998). The former, which has been influenced by symbolic interaction, was developed in the ‘grounded theory’ of Glaser and Strauss (1967). Whilst this approach allows for understanding of content and meaning of data and subsequent development of theories, I was concerned with the potential endlessness and restrictiveness of the coding procedures in the purer form of theoretical coding. Thus, whilst thematic coding was developed for comparative studies, the procedure was useful to my own analysis. In this method, groups have been selected and studied on the basis of the research question and each case is then interpreted in turn. The case descriptions are then analysed to develop categories and themes which are cross checked with other cases. I developed my case descriptions by making notes after each interview about the interviewee and adding to each of these with field notes from the participant observation. In addition, files were kept on each of the two clubs. Through this process, three ‘frames’ were identified relating to the formation of identity: body image, experience of illness, and the specific experience of rowing-related injury. These themes were then discussed again with the gatekeepers to verify that my interpretation in some way replicated the cultural reality from the participants’ perspective.

This verification of interpretation raises issues of reliability and validity. Whilst these terms have different meanings in positivist and interpretive work (Sparkes, 1992b), it is
nonetheless important to clarify ‘trustworthiness’ in the research findings. The techniques for achieving this are presented in Figure 3.2:

Figure 3.2: Trustworthiness criteria and the techniques for achieving them

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Technique</th>
<th>Example from current study</th>
</tr>
</thead>
<tbody>
<tr>
<td>Credibility (internal validity)</td>
<td>Prolonged engagement; Persistent observation; Triangulation (sources, investigators, and methods); Peer debriefing; Negative case analysis; Referential adequacy; Member checks (in process and terminal)</td>
<td>Two year study; Observation in variety of situations; Multiple method approach; Conference presentations and cross checking with research supervisor; Regular conversations with gatekeepers to check emergent themes;</td>
</tr>
<tr>
<td>Transferability (external validity)</td>
<td>Provide thick description; Provide database for reader judgement of potential transferability</td>
<td>Use of ‘talk’ fragments and detailed field notes in judgement of potential discussion chapters; Maintenance of master file of all transcripts, questionnaire responses and field notes</td>
</tr>
<tr>
<td>Dependability (reliability)</td>
<td>Demonstrate credibility; Overlap (multiple) methods; Stepwise replication; Inquiry audit;</td>
<td>Pilot studies; Researcher trained in research methods; Use of questionnaire, interviews and observation; Process repeated in two clubs and involved coaches and athletes</td>
</tr>
<tr>
<td>Confirmability (objectivity)</td>
<td>Inquiry audit; Audit trail</td>
<td>Presentation to external and independent audiences</td>
</tr>
<tr>
<td>All the above</td>
<td>Maintain a reflexive journal</td>
<td>Maintenance of reflexive journal</td>
</tr>
</tbody>
</table>

The model proposed by Lincoln and Guba (1985) has been criticised (Sparkes, 1998) by interpretive researchers for replicating and adhering to positivist traditions. Sparkes (1998), therefore, suggests that a 'parallel perspective' of alternative criteria for trustworthiness, validity and reliability is required for interpretive studies to reflect the diversification of qualitative research in the 'fifth moment'. However, Sparkes (1998, 383) also points out that "qualitative researchers most of all cannot ignore the validity issue or the criteria problem if they are to make a full and varied contribution". Therefore, given my stated position of combining quantitative and qualitative methods, it is important that this study also meets the reliability and validity criteria of both approaches. The methods used to address this are summarised in the final column of Table 3.2.

Having analysed the findings, the presentation of the data required consideration. In particular, for a symbolic interactionist study to be valid, it needs to present an in-depth understanding of the participants' world (Silverman, 1995). To do this, it would be ideal to give primacy to the voices of those who have been researched. However, whilst it is possible to capture their story, it is not possible to obscure the role of the researcher in the interpretation process. Sparkes (1995) has argued for a more reflexive and self-conscious approach to writing, which foregrounds the ethnographer as author and in later work (Sparkes, 1996) has taken this a stage further to ethno-autobiography. Such an approach has been criticised for increasing, rather than decreasing the distance between the researcher and those being researched, and in the latter case, it is questioned whether this is ethnography or 'self-indulgent writing' (Coffey, 1999). For the purpose of this study, I have attempted to give voice to the participants by using their own words, but the interpretations, especially of any micro-
Macro linkages are my own (checked with key informants). As a result, this study is written in first person to reflect my own role in the process.

Interpretive studies also do not adhere to positivist notions of generalisation. However, Williams (1998) suggests a distinction between statistical generalisation and *moderatum* generalisation, the latter being possible in interpretive research since cultural consistency often allows for such generalisation about identifiable aspects of the research situation. As a result of the triangulation of methods and informants, by the end of the time in the field it became possible to predict behaviour to some extent (including, at one stage, my own behaviour as a participant, as described in chapter 6). It was on this basis that the broad themes of identity construction and body image, illness, and injury were identified as the basis for the three discussion chapters. The sequence of these chapters reflects the significance of the emergent themes rather than the chronology of the data collection. Whilst the original study (and the questionnaire data) focussed on injury experiences, it became evident that injury should be considered as part of a broader picture of illness in sport. Hence, the illness chapter precedes the discussion of injury experience. In addition, since injury and illness are related to the presentation of self and the construction of the athlete's identity, and given that such experiences form an epiphany in the body project, the first discussion chapter needed to elaborate identity issues and body image.

The discussion of these issues will then inform the conclusions and observations made. Whilst it has been argued that “the goal of ethnography should be the production of knowledge – not, say, the improvement of professional practice or the pursuit of political goals” (Hammersley and Atkinson, 1995, 263), the purpose of this project will
be to inform the practice of the performers, coaches and governing body. At the outset of this project, it was intended that the knowledge gained from this report would be fed back to the rowers and those organising the sport. This was not to change lives in any direct way, which would contradict the philosophical basis of interpretive work and the symbolic interaction tradition, but to enable them to make more informed and knowledgeable decisions about future practice. Some recommendations for the key decision makers in rowing are elaborated in the concluding chapter.
CHAPTER 4

“Babes with blades”: The socially constructed nature of identity and image in rowing

I’ve never wanted to get that big. Some rowers, especially lightweight rowers, have got incredible muscles. I look at them and think, wow, it would be so nice to be like that. But then, you look lovely when you’re rowing ... but then you go out normally, you can’t wear trousers because your legs are so huge ... you couldn’t wear strappy dresses unless you want people to comment on how huge your muscles are all the time (Janet).

4.1 Introduction

The purpose of this study is to investigate female rowers’ experiences of the risk/pain/injury/illness nexus. In order to understand how athletes construct and cope with an injured/ill identity and the subsequent interruption of their athletic ‘body project’, it is important to firstly consider how athletes construct their broader identity, and then locate the experience of illness and injury within this context. A major tenet of any sociological approach is that identities are always socially constructed in the framework of significant others (or the socialising agent), the social situation (socialising agency), and the role-learner (or actor) themself (see Donnelly and Young, 1999; Kenyon and McPherson, 1981). This is the process known as socialisation: “the process by which we acquire the culture of the society into which we are born - the process by which we acquire our social characteristics and learn the ways of thought and behaviour considered appropriate in our society” (Bilton, Bennett, Jones, Sheard, Stanworth and Webster, 1987, 12). Socialisation is, therefore, an active and interactive process whereby individuals interact with others and make decisions about their lives and the social world in which they live (Coakley, 1993, 1998). In adopting an interactionist approach,
socialisation may also be seen as a process of identity formation (Stevenson, 1990). Through this interactive process, individuals may evaluate the benefits and costs to self of involvement in particular activities. Thus, participation in sport may have consequences such as developing social competence (Fine, 1987) and confirming subcultural identities (Donnelly and Young, 1988, 1999). This process is reflexive and enables the athlete to create and confirm those identities which are perceived to be valued and desirable (Stevenson, 1990). It has been suggested that for women in particular, involvement in sport not only enables the development of a competent self, but also an increased sense of bodily competence and a proactive approach to life (Blinde et al, 1993). In what follows, the agencies and processes which contribute to the development of identity will be mapped out, and this will be linked with the embodiment of gendered athletic selves.

4.2 The socialising agencies: 'Bridgewater' and 'Rivertown'

Any analysis of the acquisition of cultural competence requires a consideration of the (sub)culture within which the identity formation is located. The recent work of Donnelly (1993) provides a useful starting point in defining culture. Donnelly draws on Williams' (1977) suggestion that the dominant culture (in Western societies, usually reflecting the interests of white, middle class, able-bodied males) may be opposed by residual and emergent aspects of culture (reflecting the interests of other groups, an example of which might be the development of women's sport). In this way, culture is seen as a dynamic process creating ways of life, and subcultures “may range, therefore, from resilient and conservative maintainers of tradition (i.e. residual culture) to the most active sites of
cultural production (i.e. emergent culture)" (Donnelly, 1993, 121). Rowing provides an example of a subculture which has elements of both resilient and emergent culture. The questionnaire responses supported the resilience of rowing as a predominantly middle class sport with 66% being professional workers:

Figure 4.1 Employment status of rowers

(see Chart 3, Appendix 2)

Furthermore, 73% of the respondents held university qualifications with a further 25% being full time students:
Rowing therefore offers relative isolation, both geographically (being limited to locations near open water) and socially. However, rowing has also developed and ‘emerged’ having undergone some transformation in terms of democratisation, particularly in allowing women access to clubs, commercialisation in sponsorship and equipment, and the growth of accountability to governing bodies (Wigglesworth, 1992). An integral part of the analysis of identity formation in this subculture remains whether, as rowing becomes increasingly incorporated into the dominant sports culture, participants are also being exposed to risk, illness and injury which are mainstream sport experiences.

Two rowing clubs were used for the qualitative data collection, both of which are based in the South East of England. The first club, which will be called Rivertown, was traditionally a men’s club, founded in 1860. It is not an elite club, given that its last win
at Henley (one of the largest and most prestigious events on the UK rowing calendar) was in 1882! However, it has had some distinguished individual rowers who have competed at Henley, National and World championships. Female members have only been allowed at Rivertown since 1980, when it was joined by a local women’s club whose facilities and finances had been withdrawn and it was forced to close. Roger, the novice women’s coach and leader of the circuit training sessions, described how the addition of women to Rivertown was met with some resistance:

“It was not an amalgamation, because if it had been an amalgamation we would have lost our seniority. I can remember it, it was quite hotly debated, there were a lot of people who were not keen on the idea at all, and the club changed for the better overnight. It became friendlier and more civilised. I think you can get a very boring mindset in single sex clubs and people continue being single sex boarding school minded into their 60s and 70s, and do you want that?”

The experience of Bridgewater was quite different. This was established in 1987 as a development centre to encourage more women to take up rowing, and received funding for so doing from the British Sports Council until 1993. The emphasis of Bridgewater club officials was very much on learning, since it had been established as a feeder club and was never intended to be a competitive rowing club. As a result, the members were mostly seniors of non-elite status, categorised as either ‘advanced’, ‘improvers’ or ‘novice’ for the purpose of training. The founder of Bridgewater left when the funding was withdrawn and local clubs became too full to take rowers from Bridgewater which meant that they were not continuing with the sport. It was at this time that Barry took over as head coach, and also moved site to share facilities with a mixed sex club. This move was made for very practical reasons: the boat club had been built with no slipway, which made it dangerous for learner rowers to carry heavy ‘tub’ boats along the tow path to get to the only available steps to the river. Bridgewater continues to be officially
funded by the regional rowing council but Barry told me that, in reality, no money was forthcoming and they were now dependent on members subscriptions and corporate courses.

Given that the two clubs reflected a broader social trend of women’s exclusion from rowing (in the case of Rivertown) or lack of funding (in the case of Bridgewater), (Hargreaves, 1994; Wigglesworth, 1992) it was of interest to me to explore the processes through which women’s rowing had finally developed. Barry explained to me that rowing has developed from a social event that was for a whole community:

"regatta’ meant the celebration for all the town to get out there and not only row but punt and there was a fair and the whole thing was going on. So I suppose it is a lot to do with social structure and the community that has effected sports like rowing”.

Whilst rowing has maintained an ‘amateur’ status, women’s rowing has developed into a fully competitive sport. Barry explained how “a lot of coaches down (the river) won’t even talk to another coach, they are so self-obsessive that there is absolutely no communication”, and Alison described the politics of elite coaching : “they just all argue with each other .. it’s just like one up against the other coaches ... a lot of the other coaches have their own private agendas and at the end of the day it doesn’t matter who the athlete is it’s how many people they get in the squad”. Within this transformation of rowing into a more competitive and ‘professional’ sport, evidence from the ARA (Budgett and Fuller, 1989; Edgar, 1999) suggests that the rowers are demonstrating high levels of commitment to their role as a rower. Such overconformity carries with it a risk of injury and illness (Hughes and Coakley, 1991). In the following section, I will explore
what it means to ‘be a rower’ in order to lay the foundations for a more in-depth discussion of illness and injury experiences.

4.3 “If you cut me in half, there’s rower in the middle”: The rowing identity

In the course of the interviews, the women that I spoke to articulated a variety of self-identities which had to be negotiated in their lives: in particular the self as female and the self as rower. Symbolic interactionist researchers refer to the development of identity through processes of reflexiveness, and in the interaction of self with society. Goffman (1963) acknowledges the tension between the person’s ‘virtual’ social identity (what they should be) and their ‘actual’ identity. For a female rower, there is the potential for conflict between being female and being an athlete. The development of self is also closely linked to the body, since it is the body which is immersed in the interactions and is part of self projection and, therefore, self-identity: this identity being the public presentation of the individual (Giddens, 1991). It is only “when bodily demands conflict with desired self-presentation”, for example in the case of the ill or injured athlete, that “the individual becomes acutely aware of the divergence between body and self” (Kelly and Field, 1996, 245). In what follows, the development of self as rower will be considered, followed by the negotiation of this within the presentation of self as female.

In its status as a traditionally male sport, requiring high levels of power and strength, it was interesting to explore the appeal of rowing to women. In fact, this seemed to be related to the nature of the activity itself. Janet suggested that rowing is “the ultimate
team sport because they can’t go anywhere without you”, which was explained further by
Emma :

“There aren’t that many team sports, and it gives them (women) the opportunity
to learn together rather than being thrown in a team that’s really diverse … it’s the
only sport where you’ve got eight people trying to do exactly the same thing. I
think a lot of women like it because it is technical, a lot of women’s rowing tends
to be technical whilst men’s is more faster”.

From Barry’s perspective as a coach, he agreed that :

“women are quite, seem to be a little more into a challenge, they are not too
worried about trying something new … a lot don’t particularly like contact sports
… on average a little bit more co-ordinated a little bit more body aware, and not
so much raw power, they do tend to row much better much sooner (than men), the
co-ordination and all that really does help”.

Whilst there are also individual events available in single sculling, it was of note that very
few of the rowers chose to participate or compete in this event. It also became apparent
that the appeal of rowing was in the contrast it presented to more conventional girls’
school sports, particularly for those whose bodily appearance or abilities presented a non-
desired identity. As Clare explained:

“I was the little fat schoolgirl and I couldn’t, you know in the gym you sort of run
and you have got the horse and the springboards. I was the pig that couldn’t do
the fitness exercise to get on to the horse. So I would run up, spring and I would
just go splat. So I learnt to really hate sport. You know what it is like, when you
have netball and the two captains pick the team, I was always the last one. I
couldn’t cope with catching, throwing, hitting the ball … I mean I wasn’t a really
obese kid, I was just like tubby … Suddenly I found something where I didn’t
have to catch, throw or hit a ball or run about very much and it was great. I loved
it”.

Clare also appears to have internalised idealised images of femininity from childhood and
adolescence, where bodily self-consciousness is dominant (Scraton, 1992). These have
been carried into adult self-surveillance codes, where the presentation of a body
conforming to ideals of feminine appearance is central to her sense of self as a woman.
Her involvement in a sport requiring a lightweight physique therefore simultaneously addresses and avoids the stigma of being ‘tubby’, enabling Clare to display an appropriate ‘outer body’ on the public or front stage (Goffman, 1969). I will return to the issue of body image later in this chapter. For Julie, rowing avoided the stigma of her body’s inability to perform in other sporting activities:

“I couldn’t do anything else. I can’t catch a ball, I can’t kick a ball, so I’m crap at hockey, netball, tennis, athletics, everything ... the first time I got into a boat the coach said to me you’re a natural, you’re absolutely fantastic, and from that moment on I thought why shouldn’t I be doing this, it feels nice, I find it easy rather than games”.

Here Janet is displaying how, in a quest for competence, she identified with ‘being a rower’.

4.3.i “We live and breathe it”: ‘Addiction’ to rowing

Once rowing ‘success’ had been achieved, all of the rowers identified how rowing had come to dictate their lifestyles and their daily schedules (Chapman, 1997). Alison, an Under-23 international, but at the time of interview having a season out of international competition, described how she would go training:

“two or three times a day ... on the water about 7 in the morning and going out for an hour, hour and a half. Tuesday and Thursday I do weights for an hour and a half and College in the afternoon and go out on the water in the evening. Wednesday is my day for doing a weights circuit or doing an ergo and Saturday and Sunday I’m there from about 7 until about 1 or 2 o’clock, and then Friday I have off ... you’ve got to give it the time that’s required or you won’t be at the standard”.

Clare described the training regime of the national squad as ‘mind numbingly boring’ with a one and a half hour outing before breakfast, 2 hours outing after, the afternoons
free and then in the evenings weight training. Nicky had been a Junior international and had had to negotiate her rowing training in between school work:

"As it got into summer, we used to train on the water every morning before school and every night after school as well, plus weekends, so we upped our training from about 15 hours a week to 25 hours a week, and our coach would always say that's the minimum you should be doing – 25 hours a week training – to be competing for the squad ... my coach always said to me, 'you've got three things, you've got your school work, your training and your social life, and you can only have two of them so you decide' and it was school and training”.

Similarly, Clare who was an elite lightweight sculler described her training regime: “If I train every day during the week, with the exception of one, let’s say four training sessions, and then four at the weekend, but it is nine or ten generally. But at the moment I am trying or I was trying to get two early mornings in as well, so between nine and twelve”. Even those who only competed at club level would train six to eight times a week: “on the water Saturday, Sunday double outing, Monday is circuits ... Tuesday to do 20 minute ergo, Wednesday is free weights and Thursday another night in the gym” (Emma). This was explained by Janet who said: “it was one of those things you either did it all or you did nothing. There is no point in rowing once a week and doing one training session because you’re never going to get any better, you’re never going to enjoy it because you’re so unfit”. In the adoption of an ‘all-or-nothing’ attitude, it is possible to see, in the actions of these women, the beginnings of an adherence to a sport ethic which carries with it a risk of illness and/or injury (cf. Hughes and Coakley, 1994).

Arranging one’s life around rowing was perceived as having both positive and negative effects. Many talked of the support network of the rowing squad. Alison admitted that “we live and breathe it, I don’t know why but we always do meet up in the evenings, it’s
very comforting”. Similarly, for Barry, being a rower had provided: “comradeship and learning to deal with, to work with people, and when I was younger it was a case of if you were rowing you got in the minibus, you went away and if you were lucky you end up drinking a few pints … rowing was like a real joy and friendships were made a lot more because of the travelling aspect”.

On the other hand, several of the women interviewed recognised that rowing curtailed their social lives. As Nicky said: “it’s my favourite excuse for having to go home early … I think you can programme yourself to doing the training. It doesn’t stop me socialising but it just controls the amount that I do”. Clare described how this created a stigma with others: “it is more tricky trying to be sociable with people as well … to try and sort of walk into a bar and order a mineral water”. Similarly, Janet said that:

“when you row you have a good excuse not to drink alcohol as well, when you go out with people and you say ‘no, I’m not going to drink … because I’ve got to go training at 8 o’clock tomorrow morning … I don’t want to drink because I don’t want a hangover’ and sometimes you really need an excuse not to drink because people drink alcohol as a sociable habit and if you don’t they want to know why you’re not doing it and you are treated differently”.

She then followed this up by saying “so I always found that was good”, thus valuing the perceived health benefit more highly than her lifestyle. Janet went on to say that she enjoyed having the image of being a fit athlete. Clare also explained the problems of trying to maintain non-rowing friendships. The inability to sustain friendships from outside the rowing subculture means that rowers are unlikely to receive messages challenging their lifestyle (Adler and Adler, 1991; Nixon, 1992), which is likely to strengthen the power of the sportsnet (as discussed in Chapter 2): “I am not very good at keeping in touch with my friends anyway, but certainly the ones that don’t row, it is
difficult to fit in with them”. This had presented Clare with problems with a non-rowing partner, from whom she had subsequently split: “he had never ever been very supportive of my rowing and he hated it ... not a rower, didn’t understand why I had to go training at the weekend and didn’t come back until lunchtime”. For Helen, having a rower as a partner had initiated her own rowing: “I got bullied into it, went out with a rower for two years without rowing and then it’s like come on, like you’ve got to get down there”. Julie also explained how rowing dominated her life with Mike (her partner and rowing coach): “being permanently tired, sleeping at 9.30pm on the sofa, and no life” (Sarah: “at least with you, Mike has no life so you have no life together”). Max, the head coach of women at Rivertown, took this a stage further in his suggestion that non-rowing partnerships are unlikely to be maintained:

“I say to girls when they’re taking up rowing, ‘look, have you got a relationship outside of rowing?’, ‘yes’, ‘well, it isn’t going to last’, and very usually it doesn’t, you’ll end up meeting someone at the club. Rowers marry rowers because there’s no time for anything else, and all of a sudden it becomes addictive” (emphasis added).

Max’s suggestion that rowing is “addictive” was reiterated by many of the rowers. Emma told me how she “kept trying to give up and failing miserably. I keep trying to give up and it never quite works. I always wind up in the boat again ... (EP: Why do you keep thinking about giving it up?) Because I wanted my life back (laughs)”. Emma summarised the view of many that rowing has to be ‘all or nothing’: “it’s one of those things that you either love or hate it, there’s no in-between, you’re either addicted or not”.

Part of this “addiction” seemed to be related to the strength of the sportsnet and the subculture of rowing. As Alison said: “it gets under your skin and it’s very easy to get absorbed into it, like I started rowing and straight away was going down every night with
my friends”. Alison’s statement follows the logic of some psychological literature which indicates that for women, more than men, who were addicted to exercise, this was frequently related to the opportunity for social interaction (Ogles, Masters and Richardson, 1995).

For others, the “addiction” was related to the actual activity. Barry spoke of rowing as an antidote to contemporary lifestyles: “a lot of us spend a lot of our time walking around on concrete or driving on concrete so the water aspect is very good. The movement of the shell and the beauty of the fine art of quality rowing I enjoy and I mean just the wildlife, I mean I don’t particularly sort of look out but just to be outside I think is fantastic”. Emma talked of getting ‘her fix’: “I need to go out rowing … I’m going out sculling in the morning to get my fix … I don’t know what it is about it, it’s just the same movement over and over again”, and for Barry the enjoyment of rowing was related to the monotony of the action involved, particularly in sculling which he described as akin to meditation. In relation to this, it was interesting to note that during one circuit training session at Bridgewater, a parachute had been suspended across the ceiling in a ‘scalloped’ style softening the bare metal to create the impression of a marquee and so creating more ‘intimate’ surroundings at a wedding the previous weekend! This also had the effect of subduing the lighting significantly and created a quite spiritual atmosphere. One woman while training that very evening assumed the lotus position in the warm down and appeared to enter a state of meditation for a short period of time, despite the music and conversations surrounding her, suggesting that, as with Barry, the activity was also meaningful to her because it presented the opportunity to enter a meditative state.
The coaches also felt that part of the “addiction” was due to the competitive nature of rowing, although interestingly, few of the rowers expressed such a view. Max spoke of a crew whose commitment levels had changed subsequent to winning a competition:

“they have changed from people with high powered jobs and ‘I can’t commit that amount of time’ to ‘I will find that time now’. I’ve done nothing, all I did was show them what they can get out of it and it is addictive, they got addicted themselves by racing. It’s just that type of sport, there is an almighty passion for rowing, I love it”.

Such overconformity carries the exchange of bodily performance for physical capital, and so it is particularly significant that it is the coaches who encourage the dedication to increase the likelihood of receiving rewards, but also potentially increasing risk (cf. Nixon, 1993; Shilling, 1993). Barry attributed this passion for rowing to the power of what some sociologists have called the sportsnet:

“what I love about rowing is seeing the spirit of crews … just to see the character, to see some human spirit almost there, like you can actually feel it, and the atmosphere of that. So it is semi, I would call it semi-magic. Magicians are just, magic shows, it’s a con, but when you see a shell pick up because everyone is willing it to go over the line first, for me that is powerful and that is quite magic”.

Such an experience is akin to the ‘flow’ that is often associated with involvement in athletic activity (see Stranger, 1999) where the individual may experience a temporary loss of awareness of the self in the optimal experience of an activity. Flow occurs when actions have significant meanings for the participants, and in order to continue to achieve this athletes have to continue to take greater challenges leading to an overconformity to the activity and often an inherent risk.
4.3.ii ‘Girls from the wet stuff’: Being a rower

“I miss being able to say that I row, because if people say do you play sport, I still think of myself as a rower but I can’t say I row because I don’t do it anymore, and even if I just came down and rowed at weekends I still couldn’t say I was a rower and I row because that isn’t it. To me, rowing is the time committed, eat, sleep, think about it, but I do miss it because it’s a huge part of your life” (Janet, emphasis added).

The statement from Janet reflects how the identity of many of those involved in the study was centrally located within ‘being a rower’. Janet’s comment of “eat, sleep, thinking about it” presents an ironic contrast to the words of Stampfl:

“The athlete who believes that all normal social life and entertainment must be abandoned in the interest of rigorous and continuous training is a man (sic) devoid of imagination and proper understanding of the value of recreation. A colourless, spartan life in which all other interests are sacrificed to a single ideal is no existence for a man intent on achieving physical and mental fitness ... Nobody, unless he is a complete moron, can eat, drink and sleep athletics without the fun that ought to be there giving way to drudgery” (Stampfl, 1956, 49; emphasis added).

However, for most of those interviewed, rowing was central to their lifestyle. As Emma said: “if you cut me in half, there’s rower in the middle, whether I want it to be or not”.

The interview with Emma took place, at her choice, in her own flat. We sat in her lounge drinking a beer, surrounded by pictures of rowing, many of them of her in rowing crews, and there was a rowing oar decorating the lounge wall which she told me was from a race that she had participated in. The use of such ‘props’ has been suggested to symbolically enhance credibility in the role being played by creating a particular image (Casselman-Dickson and Damhorst, 1993, 414). Similarly, the T-shirts seen being sold and worn at regattas are a particular symbol or ‘prop’ reinforcing a rowing identity with statements such as: ‘girls from the wet stuff’, ‘babes with blades’, ‘chaps with choppers’, ‘if you
can't cope, get out of the boat'. Janet also felt that being a rower was important to her sense of self. When I asked her why this was, she told me that is was 'because it conjures up the idea that you're really fit and you're really dedicated and I liked that'. In Goffmanesque terms, Janet liked to be a person of action (Goffman, 1967), showing strength and activity.

I also interviewed Teri in her home. We had timed the interview to enable her to train on her rowing ergometer before hand, and when I arrived the machine was still in the kitchen where she had been training. Just after my arrival, her husband arrived home from work. Teri and I retired to the lounge to enable him to also train on the ergometer, and throughout the interview the sound of the machine was clearly to be heard. After the interview, her husband and eldest children (a son aged approximately 11 and daughter aged approximately 8) came in to the lounge. The children both told me that they wished to become rowers, and Teri said that they would be encouraged to allow them to continue 'a family tradition'. Teri and her husband have presented role models to their children, and acting as significant others in this way have influenced their children's likely involvement in their own sport.

I also became aware that the coaches would encourage the rowing identity, thus strengthening the sportsnet. During the circuit training, Roger would start each circuit with the rowing command 'Attention, Set', rather than the usual, 'ready, go' of other coaches. Max told me of a team-developing tactic that he had used: "I sent them all cycling this weekend, about 20 of them, round Parkville, all with Riverside tops on and it
looked a real sight, but they were together, they waited for each other, the fast ones waited for the slower ones”. It is important to note Max’s emphasis that they were “all with Riverside tops on”: in this way replacing individual identity with that of the generalised other. Whether the rowers continued to be treated the same when they were ill or injured is considered in the next chapter.

Whilst being a rower was central to the identity of many involved in the study, it also became evident that there were hierarchies involved with stigmas attached to those at the lower end of the status ladder. In particular, being female, being a novice, and being seated further towards the bows of the boat held a lower status than being male, elite or in the stern.

The maintenance of a gender inequity in rowing (see Wigglesworth, 1992) was summed up by Emma when she told of how “they’ve got women’s invitation eights at Henley this year ... there’ve been comments made, ‘disgraceful, thin end of the wedge, allowing Women at Royal Henley’”. I attended both Royal Henley (the men’s event) and Women’s Henley. Women’s Henley takes place in the week prior to Royal Henley and it was noticeable that there were limited expressions of the importance of the event: parts of the enclosures for the men’s event were actually being built during the women’s and, unlike at the men’s, there was no dress code. The men’s event is ticket only whereas the women’s is an open event. In this way, the importance of the women’s is undermined in relation to the men’s. At both events, it was also of note that most of the officials were male.
Even in the non-elite events, there were signs of hegemonic masculinity (Hargreaves, 1994). At the case study clubs, the coaches of the female squads were male. At the regatta and head races that I attended, it was noticeable that most coxes of male crews were female and most coxes of female crews were males. The male coxes tended to take a coaching role assuming a position of power over the female rowers. In contrast, the female coxes took a subservient role, and in addition since they tend to be lighter, they are an advantage to the (male) crew. Such an assumption of male superiority was reinforced during the circuit training at Bridgewater. After Mike left the club there was no one to take the warm ups. Again, it was notable that Barry only asked men to lead the session, despite the presence of females better qualified to do so.

The management of a gendered identity also took place within the constraints of heterosexism. In a later section, the embodied heterosexist nature of women's rowing identities will be explored. However, this was not an exclusively female experience. While sitting with some rowers at Rivertown prior to a training session, a male squad was talking of a forthcoming regatta and, in particular, was discussing a crew from another club who were known as the 'gay eight'. They commented on how humiliating it would be to be beaten by gay men, and commented how they would not want the gay men to see their backs. Such comments reflect the fear often associated with homophobia (Griffin and Genasci, 1990). The 'humiliation' of being beaten by homosexuals internalises the effeminacy usually associated with gay males: that to be gay is to be less masculine, in itself a misnomer (Pronger, 1990). In fact, gay men share many of the experiences of
athletic women (regardless of sexuality) in the fluidity of identity: frequently presenting a 'straight' identity on the front 'public' stage (for women, this means being attractive within heterosexist definitions of femininity); while gay men can 'camp it up' in private or gay-community settings, and female athletes can look and act without the trappings of femininity on their own 'backstage' of the training environment.

Hierarchies in rowing are evident in ways other than through issues of gender and sexuality. Rowing status is determined by the number of wins that an individual rower has achieved at recognised races. The points scale is complicated by some races not leading to points, and points being dependent on the status of the race. However, in simple terms, a rower who has not achieved a win, is called a novice. As points are achieved, the rower moves from Senior 3, Senior 2 and then Senior 1. Once 12 points have been gained, the rower is called elite. Points are also lost in non competitive seasons, and are not transferable to sculling, which has a comparable but independent points system. Rowers can row in races above their status, but cannot row in races below their status. In team events, the status of the crew is determined by the total points of the individual crew members.

It was interesting to note that there was a clear hierarchy in clubs dependent on rowing status (cf. Donnelly and Young, 1988, 1999). Clare said that she also actively avoided races where she would easily win points to avoid raising her sculling status without feeling that she had 'earned' these points in high status events such as Henley and the National Championships. I noticed that if the rowers had a drink after training, in both
clubs there was an established/outsider distinction between the senior and elite rowers who would not mix with the novices. As Emma explained:

"of course you paid no attention to them, 'cause they were novices, which they never let us forget now. 'You never spoke to us', and I said 'of course we didn’t, bad technique is contagious'. You’re not allowed to talk to novices, it’s against the rules ... never talk to anybody, never make eye contact, never, ever see the inside of anybody else’s house".

Similarly, for Sally, rowing in anything other than the first crew was not a consideration:

"I can’t not row in the first eight, I’d rather not row ... I’m either in the first eight or I don’t play. It’s not that I’m sulking about it, but sitting in the second boat just doesn’t mean anything".

The status also became self-perpetuating. At Bridgewater, the availability of coaches and training sessions was dependent on status. The rowers were divided into squads which were known as the ‘advanced’, the ‘improvers’ and the novices. Certain weight training sessions were exclusive to the advanced rowers which meant that the good would get better, and those labelled as less good had less opportunity to improve. In one conversation, an improver was told that she was not allowed to attend a training session designated for the advanced rowers. As Janet (a Senior 2 rower) said: “we should have every bit of equipment we want, the best equipment and if we don’t get it, we want to know why”.

Such an attitude also permeated into the availability of treatment for illness and injury. Alison told me of the different treatment available for herself (as a member of the Under 23 international squad) and an Olympian:
"she was the spare for the Olympics ... and she got injured ... he (the coach) was quite different with her, he was like doing everything ... I did pretty much the same thing ... and I am quite sure that I was forgotten about in the group until I came back ... you just got the feeling that if I had been at the Olympics it would have been a different matter and you wouldn’t be able to get rid of him”.

Status was also less obviously determined by the position that rowers occupied in the boat. Seats are numbered from the bow (the front of the boat), and it is evident that the higher number seats are more highly valued, with the stroke seat holding the highest status, since this is the rower who sets the rhythm and rate. Julie explained how:

“people are quite protective about where they are (seat in the boat) ... I find it very hard to accept someone else rowing at six here basically because I know that I am the best and the strongest and I should be sitting at six ... you don’t have the responsibility of stroking it but you’re in a power seat and you can influence the power of the boat, what kind of rating and how much work everyone is putting in. Not that I’m power crazed!”

During my own experience of coxing Julie’s crew, it was evident that the stroke dictated the work effort and in their seat, which was raised above my own, appeared more authoritarian. Similarly, prior to one outing, Sally said that she wanted to row at 2 “for an easy outing” but would not be able to because “I’m too big”. In this way, the bow seats are devalued for smaller and less powerful rowers, and being large and powerful maintains a higher status giving access to the valued seats in the boat. These seats were often referred to as the ‘powerhouse’ of the boat.

In addition, Roger suggested that there was also a status attached to different types of rowing. As someone who had been involved in both coastal and river rowing, he talked of how the former regarded the latter as the poor relation: “they used to take the mickey a bit because sometimes we went to river regattas and they would say ‘look at those river crews, as soon as they realise they’re beaten they wind down’. If you do that in a coastal
race, your chums will remind you 'til you're a doddering old man of 60 or 70. You do not wind down even if you're losing by about 50 lengths”.

The different status groups and hierarchies evident, gave rise to interpersonal conflicts within the clubs, which created their own issues. As Valerie said: “It can get very bitchy in a boat and that gets in the way of what you are actually doing, you can forget why you are doing the sport”. Emma identified this as a particular problem for female crews: “they’ll (women’s squads) get bitchy of course at times naturally, sometimes you get groups that aren’t bitchy but you get people who come out with little comments”. A number of the rowers identified this as an inevitable consequence of club politics: (“all the politics that go on”, Valerie; “it’s politics really, it’s like any club, Julie.)

It was recognised that these conflicts were often produced by people’s sense of status and lack of team identity. Julie admitted that “everyone’s, and I’m the biggest victim of this, giving their own point of view and doing what they want to do. The coaches aren’t authoritative enough” (to control potential conflict over decision making). However, when the coaches took an authoritative stance, this came with its own problems as identified by Janet: “because Mike was coxing they thought he had put Julie at stroke because she was his girlfriend”. Similarly, Sally said that : “I think that people try to pamper too much to individual personalities and I think in a crew you can’t do that”.

The result of this conflict was particularly evident at Bridgewater, where the advanced squad began to disintegrate with members leaving either the crew or the club altogether.
Sally said that she left the crew because: "I actually got quite cheesed off with the whole way that people were behaving and I wasn’t comfortable sitting in a boat with people not speaking to me". This was reinforced by Janet who said that: "they (the advanced crew) used to go down to the café and if you weren’t there they’d bitch about you". In an attempt to team build at Bridgewater, Mike asked the advanced crew to write a positive statement of each other crew member. Angela and Patsy had written an undisclosed paragraph on each person, Sally said she could not think what to write and Lorna said she could not think of anything positive to say about anyone!

Sally subsequently took up single sculling. It was of note that the single scullers presented a unique self. They distanced themselves from the crew dynamics and politics, to the extent that if they joined the crew land training they would often arrive late, leave early, and only do the training which suited their own needs. This implied a sense of superiority from the crew rowing and presented an impression of the single scullers as the more ‘serious’ athletes.

Such an atmosphere raises issues about illness and injury. For example, would the status hierarchy encourage risk-taking behaviour to achieve higher status? Does the stress of having a lower status lead to illness? Or do those of lower status internalise the stigma and present themselves accordingly? Does the conflict undermine the power of the sportsnet, and any messages about illness and injury? These issues are raised and addressed in the following chapters. Prior to this is a consideration of the embodiment of the (female) athletic identity.
4.4 "My ideal body": Rowing and body image

In the opening section of this chapter, the embodied nature of a person's self identity was discussed. In particular, many researchers have acknowledged that human bodies represent a series of processes of becoming, as a body project (Featherstone, 1996; Hardey, 1998; Shilling, 1993; Turner, 1997), and sport is one sphere where women's identities may be presented through interaction with others. Following Loland (1999, 298): "to build one's body is to build an identity". Body image is defined as "the ways in which the lived experience of the body is brought together with socio-cultural meaning in the ways in which we think about and imagine our bodies" (Lupton, 2000, 53).

In the questionnaire responses, more females than males identified construction of the ideal body shape as a reason for rowing training, although this was a minority response in both cases. Some ambiguity also became evident as some respondents stated that they were looking to construct the ideal body for the sport (comparable to Messner's, 1990, notion of the body as weapon which has an inherent illness/injury risk) and others a gendered body with respect to social norms of femininity (similar to that identified in aerobics subcultures by Markula, 1995). In either case, the embodiment of social status (Bourdieu, 1978) becomes apparent with body habitus related to both physical appearance and physical ability. Habitus has been used (e.g. Bourdieu, 1978; Elias, 1982) in analyses of identity construction, and specifically in considerations of embodied.
gendered identities. Habitus codes are not fixed and through their social and symbolic interactions, women actively construct their own gendered identities.

It may be that the desire to treat the body as a project is related to the social class status of the rowers. The women were also predominantly aged 18 to 35 (84 %) and classified their ethnic status as ‘white British’ (82 %). They identified predominantly as professionals with university qualifications, or as university students (see section 4.2). This middle class status was reinforced in the holidays taken by the members of Bridgewater and Rivertown who talked of vacations in Mexico (Lisa), America (Lorna), Africa (Sally), various skiing trips and Sue who went to Nepal to “get as far away from rowing and water as possible”! These women were therefore predominantly from privileged social backgrounds and higher classes who have been identified as more likely to use self-surveillance and treat the body as an end in itself, checking its health and aesthetics (Lupton, 1997). Drawing on the work of Bourdieu, Shilling (1993) has argued that the dominant classes have more time and resources to produce an appropriate body, which would be perceived as slim, since economic practice is linked to the presentation of self. It is notable that Sally and Lorna, who developed a more instrumental relationship with their bodies, valuing their strength and size for rowing ability, also came from working class backgrounds. Through the meanings attached to their sporting involvement, women are able to embody a diversity of identities, which are mapped out below through two broad discourses constructing the self ‘as rower’ and ‘as woman’.

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4.4.1 “Who’s biggest, who’s best”: The rower’s body

For those rowers for whom achievement of a ‘feminine’ body shape was not perceived to be achievable, the body was reconstrued to an alternative ideal of the ‘rower’s body’. Thus, idealised body image appears to extend beyond traditional feminine norms to indicate a layered sense of self (see Simmel, 1989, in Jarvie and Maguire, 1994). Julie described the distinction between her body ideals for her sport and for her femininity: “my ideal body for rowing is strong muscles, shoulders and back and stomach muscles and thighs. My ideal body normally is not large muscles”. Therefore, whilst slenderness was desirable, so too was muscle tone, and muscle size was often legitimated in presenting the powerful, muscled body as an effective rowing tool, as illustrated in Nicky’s comment: “who’s biggest, who’s best”. In this way, the heavier women are able to counteract being ‘out of face’ (Goffman, 1969) with respect to femininity, which raises an issue of whether such women may be involved in such a sport to overcome the stigma of not conforming to social norms of femininity (Palzkill, 1990).

The coaches themselves supported the development of a larger physique. Max described the ideal rower’s physique as: “very tall, quite heavy but very fit … it’s very much height that’s important”. Similarly, Mike attributed a recent racing loss by Bridgewater’s advanced crew to a size differential: “we lost, but that was expected, the girls were quite big … even the smallest was probably larger than me … they were built like battle tanks and pulled as hard as they could”. For Mike, he felt it was unlikely that his particular crew would ever achieve at the high levels of rowing due to their size: “this lot are
limited by genetics, at the end of the day, rowing is all about leverage and power and strength, and if you are smaller for starters that will limit the amount of leverage you can get and also the amount of power you can get”. Such an attitude affected the training that the rowers were expected to do. Roger suggested that rowers like strength training because they like to be big and strong, whilst Valerie described how her coach had “said ‘it is my mission by the summer to get you some muscles’. I didn’t have any dripping muscles, but I had some muscles by the end of the season”. The development of an athletic physique not only enables rowing performance, but also has been associated with women’s liberation and challenges to masculine hegemony in displays of a powerful, strong self (Bolin, 1998; Heywood, 1998; Obel, 1996).

These views were internalised by the rowers themselves. Valerie described herself as “scrawny in comparison to them (previous crew members), ‘cause they had muscles”, whilst Patsy talked of the need for “power and height, weight and leg length” and said that at “just over 5’7”, for our crew that is quite big … I’d be tiny if I was in another crew”. In describing the same race as Mike, Patsy also felt that they had lost because “they were just so powerful and so big, they had girls in the middle who were 5’11”, they were a lot taller”. It was of interest to note that when talking to Julie and Sarah together, Julie (the more experienced rower) was envious of Sarah’s size: “I know that you’re stronger than me and bigger … I hate that you’re taller than me so you will pull harder than me”. Similarly, Sally proudly told me that she had been moved in the boat because: “he (Barry) wants to beef up the bow side, so I’m beefy bow sider, even though I’m a stroke side rower”. This acknowledgement of women’s power enabled a rejection of
traditional images of femininity, and an acceptance of strength and power as more attractive features in women. Significantly, Mansfield and McGinn (1993) also use the term 'beef' as an illustration of the irony of the conjunction of gender (specifically femininity) and muscularity.

In particular, lightweight rowing enables strong women to be viewed as attractive (Chapman, 1997) conforming as it does to feminine norms of slenderness and leanness, and so such a physique was one that was admired and desired (cf. Gilroy, 1989; Maguire and Mansfield, 1997; Theberge, 1991). Rowing at National and International status is divided into lightweight and heavyweight categories and lightweight rowing was accepted into the Olympics in 1996. For many of the women, the lightweight status is difficult to achieve and the issue of body size is of particular significance for those aspiring to compete in lightweight competitions. For these rowers, they needed to find a balance of weight and power, yet were able to do this within a more ‘feminine’ physique. Thus, ‘making weight’ formalises a gendered body ideal (Chapman, 1997). Clare (herself a lightweight) explained the lightweight categories: “lightweight maximum is fifty nine kilos, that is nine stone four. So if you are in a single scull you should be nine stone four, in a crew the crew average has to be fifty seven, which is just under nine stone, it’s about eight thirteen”. The divisions into lightweight and heavyweight were created to enable a broader range of competitors. As Clare said: “there are girls out there who are six foot four and fourteen stone and however good your technique is you are probably not going to beat someone who is good and stronger and who is that size with long levers and momentum and so on.” However, it was evident that lightweight rowing
was not taken seriously by many of the heavyweight rowers. Emma described members of the lightweight crews at Rivertown: “a lot of them are little women which is the problem” and she went on to tell me that “quite a few of the little ones said they are not going to row properly next year, mind you, half of them weren’t rowing properly this year anyway”. Somewhat in contrast to this, Sally and Nicky (both heavyweights) expressed admiration at the lightweight physique. Nicky told me how she would love to have such a body, and Sally was heard to comment on a lightweight rower’s physique in a circuit training session, saying with admiration: “there’s nothing of her”.

In order to achieve lightweight status, Clare talked of having to be “really good” which entailed being “sensible about things, you have to think about what you are buying at the supermarket and you have to make sure that what you need to eat is there because otherwise if you are hungry you will eat something else”. This comment reminded me of a T-shirt that I used to wear when competing in lightweight rowing, which was printed with a picture of four pigs in a rowing boat eating crisps and the statement “please don’t feed the lightweights”. Clare explained that she was not a natural lightweight and so she would have to do long ergometer sessions, and occasionally would go for ‘sweat runs’ to lose the necessary weight. This was made worthwhile because: “if I am down to weight and comfortably there, then I feel really good, everything is easier like if you want to go for a run you feel like you are flying”. In this way, Clare was able to justify the disciplinary nature of the practices of making weight (cf. Chapman, 1997).
Body image extended beyond mere size, to issues of quality and tone of muscle mass. Nicky and Sally, who have already been identified as two heavyweight rowers who admired the lightweight physique, rationalised their own size in the context of how it would improve their rowing performance, rather than any aesthetic motives. As Sally explained:

“I tend to base my training on what it is I’m trying to achieve rather than my physique. I’m not really into body sculpting and flexing my muscles in front of a mirror, they’re all covered in fat anyway … I think if I lost a stone I’d actually be a hell of a lot better rower. I think I’m a stone overweight, so that’s a stone in the boat that’s doing nothing, it’s just like a lump of lard. So if I lost that whatever effort I put in would be of better benefit … I do think if I could get rid of some of my fat which is not the easiest, then I would be a lot more effective in the boat, particularly in sculling”.

This was reinforced for Sally when Mike had commented that members of the advanced squad needed to develop their endurance fitness and lose some weight, a comment which Sally believed was aimed at her.

Nicky identified similar reasons for wishing to reduce her body size: “I’d be taller and I think that I could actually lose quite a bit of weight and that might help. I know a lot of it is muscle but I could still tone up quite a bit and get in a bit of a better shape … I think it *might help* if I was a little bit lighter” (emphasis added). In their desire to reduce their body size, so Sally and Nicky were also hoping to construct an idealised identity. As Lupton (1997, 143) says, “fitness activities represent the attempt of individuals to find their ‘true selves’, to uncover the ‘fit’ and lean individual hiding beneath the layers of flesh”.
The rowers’ body image also included the attire worn. In many respects, it appeared as if on arriving at the boat house, the rowers would shed their work clothes and with them that identity to replace this with a specific rowing image and identity: following Gallmeier (1987), this is seen as ‘putting on the game face’. At one Head race, it was noted that the Bridgewater advanced crew wore T-shirts with logos such as ‘Strong Women Row to Win’ (Sally); ‘Just Pull It’ (Anna) and ‘Babes with Blades’ (Lisa) to state their rowing identity. This crew had taken all of the best club equipment to indicate their higher status: “we are the crew here to race, the other crews are just here to row” (Mike). Morgan suggests that “the nature of uniform is, among other things, to divert attention away from the particularities and idiosyncracies of specific bodies and to focus on generalized public roles and statuses” (Morgan, 1993, 72).

The wearing of kit enabled what Elias and Scotson (1965) have called an established/outsiders distinction, particularly since it was only some of the novice crews who did not wear clothing indicating their membership of a particular club. In interactionist terms, this would suggest that the long-serving rower had internalised the generalised other role to a greater extent than the newer members. This is in contrast to the model proposed by Solomon (1983) that those people less knowledgeable or accomplished may use ‘props’ such as clothing to symbolically compensate. Solomon’s theory has received support by studies of male sports participants. For example, Donnelly and Young (1988) noted that novice male rock climbers sometimes misrepresented their real identity and ability through the wearing of role appropriate clothing. The findings related to female athletes are less conclusive and it has been
suggested that higher involved athletes may be more concerned with expressing competence than lower involved (Casselman-Dickson and Damhorst, 1993). This would also apply in the circuit training sessions, where the senior rowers would continue to wear ‘rowing’ clothes advertising regattas attended and clubs belonged to. At Bridgewater, there was a predominance of blue clothing, the club colour, even for those who were not wearing the official kit.

Similarly, the rowers wore their rowing scars (hand calluses, bruised calf muscles, cuts) as a symbolic display, akin to medals from the contests fought. These were discussed and admired, as indications of commitment to their training. In this way, self identity appears closely linked with conformity to the rowing-related image. Some of the male rowers adopted particular ‘macho’ identities (Dunning, 1986; Klein, 1990; Messner and Sabo, 1992). For example, one had his hair in dreadlocks, another would always train topless and do the exercises differently to the rest of the group: press ups using only one arm or in a handstand, star jumps instead of burpees, reverse step ups. At regattas, many would be seen walking barefoot on the ‘hard’ (the concrete area leading from the boat house to the river) despite the cold or discomfort.

However, some of the female rowers had also adopted this attitude, as illustrated by Sarah: “I was really excited when I got my first callous, it was like ‘look at my hand, I’m a rower’. My friends are like, your hands are foul, and I say no, I’m a rower”. In this way, body maintenance is evidently not for health, but is for “enhanced appearance and a
more marketable self” (Sparkes, 1997, 90), such that injury or illness can be reconstructed as an acceptable part of self identity as signs of commitment to the sport.

4.4.ii “It’s really fucking ugly”: Rowing and the female body

Part of the appeal of rowing was that it maintained an athletic physique. As a result, for those rowers who had to take time out of rowing, negative constructions of body image became evident. Emma talked of her experience of giving up training: “five months of solid training and then two months of nothing was a bit distressing, I’m now a big unfit lump (laughs)”. This was reinforced by male members of the club. In particular one ‘old fart’ commented to Emma: “You’re not fit are you, too much lard and not enough muscle”. Similarly, Teri said that when she was not training: “I felt very very stodgy and very unalert, and I find that just doing a little bit keeps you sort of tighter, not that I’m tight but it keeps you a little bit better, you feel better in yourself”. The rhetoric used here reinforces the notion that ‘health’ is related to being thin and toned (Spitzack, 1990) and, as a result, the physical self has implications for the management of illness. This consciousness of bodily appearance in itself is a recognition of one’s body as a symbol of a person’s self-identity. In Goffmanesque terms, the body mediates the relationship between self identity and social identity (Goffman, 1963). The varied social constructions of the body are reflected in the symbolic metaphors that are used (the body as temple, as a machine, as the self) which make a difference in how we lead our lives and treat our bodies. This also takes place “within systems of meaning (or discourses) that are imbued with power” (Sparkes, 1997, 88): i.e. that ‘thin’ is better than ‘fat’, that
non-disabled is better than disabled; which begs the question, are illness and injury signs of an inferior body, and ability to perform with these signs of superiority?

It is well documented (Hargreaves, 1994; Klein, 1993; Mansfield and McGinn, 1993; Miller and Penz, 1991) that women who develop muscularity for their sport may threaten conventional constructions of gender. Within sports such as body building, guidelines for female competitors constrain participants within ‘acceptable’ levels of muscularity, whilst participants themselves conform to mainstream feminine ideals in wearing, for example, bikinis, ribbons and make up (Hargreaves, 1994). Thus, whilst such sport does provide for differing versions of the self (Miller and Penz, 1991), participants may be simultaneously empowered and manipulated to reinforce the subordinate status of women. Those rowers who did not meet, or actively rejected, conventional standards of femininity, were conscious of this and talked of the dichotomy.

For example, it has already been identified that the heavier rowers felt the need to justify their size in the context of its contribution to their rowing ability. However, this same size was also viewed negatively in the context of aesthetic considerations. During one post-training conversation, a group of the women compared themselves to animals, complaining that the results of their weight training sessions were leading them to feel "more like elephants than gazelles", with heaviness viewed as a negative factor. In the interview with Nicky, she talked about a desire to “tone up quite a bit and get in a bit of a better shape”. In particular, Nicky mentioned how “one thing I hate about myself is my
shoulders, I hate being so broad shouldered, I just think that if I didn’t have to do so many bench pulls and God knows what ...”.

When I asked other rowers if they would like to be bigger, their responses were generally negative conforming to idealised forms of femininity (Markula, 1995). Valerie who was observed to conform to feminine stereotypes of slenderness, said she had no desire to be any bigger. Large muscles remain anathema, even in this world of competitive rowing where size is an advantage (cf. Mansfield and McGinn, 1993). Janet summed up this feeling in saying:

“I’ve never wanted to get that big, some rowers, especially lightweight rowers, have got incredible muscles. I look at them and think, wow, it would be so nice to be like that, but then you look lovely when you’re rowing and everyone goes wow you’re so amazing, but then you go out normally, you can’t wear tight trousers because your legs are so huge they just look ridiculous ... you couldn’t wear strappy dresses unless you want people to comment on how huge your muscles are all the time. To me, at one point, that was quite nice, but now I’d rather be in between somewhere, be able to be fit but be able to go out wearing nice stuff. It’s difficult to look good in a dress when you’re huge and busting out the sides”.

Similarly, Sarah identified the problems caused by rowing for her femininity: “do you know the worst thing about rowing is no tits, it’s all the pulling, get in the boat, no tits, you might as well leave them at home, you’re not coming with me, when I give up rowing I’ll come back”. It became evident that the development of the ‘rowers’ physique was seen by many to compromise their sexuality, so embodying the dominant culture of ‘feminine’ heterosexuality (Hargreaves, 1994; Scraton, 1992): “a couple of people who were naturally big, Moira is just huge, she looked really muscly ... trying to turn yourself into men, there is a kind of stigma attached to it” (Valerie).
For some of the rowers, this avoidance of overt musculature and, therefore, the masculine, led them to take measures to 'prove' their femininity within a sporting identity. In particular, Sarah talked of matching g-string 'all-in-ones' that her and Julie had purchased for competitions; and also mentioned how she had had hair extensions which had to be negotiated in training, since they caused some pain. In this way, these women manage their public identity through the wearing of glamorous and sexy adornments on the front stage (Featherstone, 1991), to eliminate any deviant label allocated to them as rowers (Goffman, 1976). The less feminine work is then conducted on the back stage, away from the public eye. As Hargreaves said, through such identity management, they are able to "play like gentlemen and behave like ladies" (Hargreaves, 1994, 68).

Following Chapman's (1997, 219) logic "there also are contradictions between the discourses of sport and gender ... the emphasis on producing strong, powerful bodies, in contrast to the traditional image of the small, weak feminine body". In order to negotiate the conflict between the ideal physiques for rowing and being feminine, a reconceptualisation of 'athletic' as attractive became apparent. As Janet said:

"at the beginning I didn't really like it because I didn't want to get any bigger and then after a while I realised that you do look better ... I was always quite thin before I started rowing and when I started rowing I put on lots of muscles or a lot more muscle than I had so I felt better and I stopped being scrawny and ended up with a figure which was really nice, and now because you stopped doing as much training you certainly lose some of the muscle, definitely which is a shame" (emphasis added).

It is interesting to note that Janet moves to the use of second person, so disassociating herself as she talks of her less appealing body. During the circuit training sessions, it was
apparent that those women who conformed to the desired physique (Julie, Sarah and Janet) frequently stripped to tight lycra shorts and crop tops, in order to reveal toned torsos. In contrast, the larger heavyweight women (Sally, Lorna) invariably wore loose fitting clothing to conceal their shape, suggesting acceptance of dominant codes of gender-appropriate physiques (cf. Chapman, 1997; Markula, 1995). At the 1998 Women’s Henley Regatta, it was also evident that many of the leaner and more muscular rowers spent time in the enclosures in clothing revealing their physique.

Meeting the demands of both rowing and feminine ideals appeared easier for the lightweight rowers. As Clare said: “In myself I feel more comfortable at a lighter weight. It is vanity isn’t it?” In an informal conversation, Nicky also compared herself unfavourably with some of the lightweight and coastal rowers, stating how she aspired to their physique. In conversations with the lightweight rowers, they justified their dieting habits with reference to looking better, one stating that she became “lardy” in the off-season. However, this is not without its dilemmas, since too thin was also not desired:

“I do know of a couple, well a few lightweights that are taller but it starts to look a bit unpleasant. I mean I have been down to fifty seven and that doesn’t look good, it looks a bit too thin. But fifty nine is alright, it’s actually quite nice to sort of be able to get in to all my clothes. For me it is like, if you try clothes on when you are lighter, everything just looks nice doesn’t it, and when you try stuff on, I’ve been sixty six, which looks terrible, so it has got its advantages” (Clare).

In keeping with societal trends, most weight management was focussed on fat avoidance (Kissling, 1991; Maguire and Mansfield, 1997; Markula, 1995). When I asked Julie how she felt if she did not train, her answer stated: “like shit: bored, frustrated and fat.” Sarah followed this with the comment “ooh, there comes the girlie thing” after which both admitted that part of their training was to keep their weight, and specifically their fat

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levels, down. Sally was concerned that she wanted to lose weight, admitting that this was more for aesthetic purposes despite previously stating that her physique was only important in relation to her sport:

“at the moment I am conscious that I want to lose weight, so I’m going to start running and doing a lot more aerobic work (EP why do you want to lose weight?) because I’ve got a fat belly, and I’ve got to put a bikini on at the end of August on holiday so I want to get rid of this looking as if I’m six months pregnant ... I think my physique would be fine if I could lose a stone of fat. If I could lose a stone of weight, if I could get rid of the fat I think my physique would come through because I think I’m actually quite muscular underneath. And I think that would be good. I don’t mind being muscular, I just don’t like to be flabby. I hate it when I run at the moment and I can feel my stomach wobbling up and down, it’s not very pleasant. I hate it when I wear sleeveless tops, because my triceps and the backs of my arms are really fatty”.

Sally demonstrates an embodied role conflict in the self-consciousness of her dual identities as appropriately large rower and inappropriately large female. Following the logic of previous researchers (Maguire and Mansfield, 1998; Markula, 1995), Sally is both enabled and constrained by the bodily ideals she encounters in life. She is liberated from the constraints of femininity through the symbolic meanings of her powerful body, but reproduces her own oppression in her acceptance of dominant codes of femininity and subsequent dissatisfaction with her physique (cf. Chapman, 1997). Sally literally has a layered identity embodied in her layers of perceived muscle and fat.

For many, rowing enabled weight management without any additional effort. However, it was acknowledged that giving up rowing would create a need for a replacement activity to avoid gaining weight. In this way, continuing to manage weight was legitimised through culturally valued exercise rather than for aesthetic purposes (Chapman, 1997). Patsy said that whilst she had always been slim without effort: “if I did put on weight I
don't know what I would do, 'cause I've never really worried about that, so I don't know what I would do, I guess I would do more exercise that is more energised'. Similarly, Julie said that whilst "I'm quite happy to have big shoulders if I'm going to Australia. What I do have a real panic about is what I'm going to do if I, when I, ever stop exercise. I love the fact that I don't have to watch what I eat and the thought of not being able to eat so much and getting fat I can't bear". Janet admitted that for the time that she was not rowing she had stopped eating 'crap' to avoid putting on weight (she was nine stone in weight and five feet six inches tall). Here, dieting has become "an important discipline for regulating body size and shape in relation to cultural norms that reflect the particular aesthetic standards of the time" (Sparkes, 1997, 95). Femininity was a particular concern for Janet who was training to be a physiotherapist. She was heard to comment how some people on her course did not seem to mind being overweight and stripping off which she found unacceptable, and also that not all of the women removed body hair which she described as 'horrible'. This reflects a conformity to a cultural system valuing ideologies of slenderness, youth and feminine physical appearance, and stigmatising a body image which is not 'normal' (Goffman, 1963). It was also notable that after training, most rowers would chose to drink 'diet' versions of soft drinks to avoid 'undoing the good that they had done in training'.

For many, the desire to achieve the ideal body was influenced by various significant others. Clare told of the reaction of her ex-partner to her bodily changes throughout the season:

"all through the winter it was the lardy, the lardy, the lardy, and then in the summer it would be like as I got down there would be less and less comments,
and then the time I had to get to fifty seven it was like, you are too thin, you are too thin. It was like OK, give me an exact weight and I will stay there. I hated that.”

Similarly, Teri said that: “when I was fit I was never really skinny but I was quite slimmish, I suppose I just looked athletic rather than skinny … I like to feel a bit toned, and people do notice the difference … it’s a bit chauvanistic isn’t it because he (her husband) prefers me to be fitter as well”. Through these women’s interactions with significant others, it became evident that their multiple identities and senses of self were closely intertwined with their bodily awareness. This process of ‘becoming’ and presenting oneself is explained by Chapman in a comparable study of female lightweight rowers:

“The discourse of femininity thus reinforces the discourse of sport: producing oneself as a woman, like producing oneself as an athlete, means engaging in disciplines of body maintenance. Both discourses emphasize producing a specific type of physical body or a specific ‘look’ as central to being a success. Given this dual significance of physical appearance, it is little wonder that the study participants’ relationships to themselves were so dependent on the size and composition of their bodies (Chapman, 1997, 219).

4.5 Conclusion: ‘You’d better shape up’

In summary, during the course of the interviews and participant observation, it became evident that the rowers’ bodies were central to their sense of self both as rower and as woman. In negotiating and presenting their dual identities, the women also found themselves in a ‘catch-22’ position, whereby the positive attribute of power carried the negative stereotype of ‘masculinity’ through muscul arity, and the positive attribute of feminine slenderness carried the negative stereotype of perceived ‘weakness’ in rowing terms. This is illustrated in figure 4.3 by Halbert (1997):
In other words, the women wished to manage their identity as a woman, through feminine adornments, such as attire, and weight loss strategies (Featherstone, 1991), but being too feminine carried its own stigma of insufficient strength or power to be a rower. As a result, the women involved in the study had to weave a complex path through the maze of appropriate images. In so doing, they demonstrated layered selves: on the public or ‘front’ stage, there was a consciousness of size (particularly ‘fat’) as being ‘out of face’ (Goffman, 1969), whereas in the confines of the rowing subculture large muscles and hard physical effort, whilst negating aspects of the feminine self, became appropriate body projects (Shilling, 1993).

This careful balance of the multiple selves is complicated even further when one’s body project may be interrupted by what Sparkes (1996) has termed a ‘fatal flaw’: the stigma of becoming ill or injured, particularly if such an experience prevents maintenance of an appropriate body image. As a result, illness and injury experiences may present major epiphanies (Curry, 1993) not only in the body project but also in the presentation of self. Here, the rower not only has to manage a layered identity, but also has to deconstruct and reconstruct their sense of self as a result of the illness or injury. A concern of this study
is to inform athletes of the extent to which their identities are ‘embodied’. From this, it may be possible to make recommendations for how athletes can be supported by both policy-determined practical support and informed significant others, when their body project and sense of self is disrupted by illness or injury. These processes are considered in the following chapters.
CHAPTER 5

The sociogenesis of illness in rowing: Cause or cure?

“Rowers just don’t seem to get ill, it is rare for someone to get a cold” (Patsy).
“I seem to think that you pick things up easier the fitter you are ... I don’t know whether it’s because you are doing so much training and maybe your immune system gets run down ... most people have suffered from colds and things like that” (Nicky).

5.1 Introduction

Whilst the initial focus of this study had been on the rowers’ injury experiences, throughout the period of participant observation and the interviews, most of the women involved in the study had also experienced some form of illness. This is in keeping with Armstrong’s (1994) findings of women’s relatively high morbidity rates. Emma told me that in rowing “illness (rather than injury) seems to be the major problem”. This presented a problem of defining illness and, therefore, health. The World Health Organisation’s definition of health as a state of complete wellbeing is the most commonly cited, and yet is somewhat utopian. Others have moved away from such ‘top-down’ definitions to more ‘bottom-up’ approaches which explore the ways in which people experience health and illness (Hardey, 1998). It is also important to point out that I became interested in illness (the human experience of disease) rather than the disease itself (the biomedical concept of pathological abnormality) since it is the former which is the social phenomenon, having both an objective and subjective reality (Idler, 1979, 723). The ways in which people located experiences of health and illness within their sense of self was an emergent theme which was examined more closely in the latter stages of the
participant observation and interviews, and further reading was undertaken to clarify related issues. Most of these experiences are located within what Lupton (1997) has called ‘the imperative of health’: that there is a moral expectation for individuals to regulate their behaviour within definitions of a healthy lifestyle. Resultant from this, is a structure/agency tension, as consideration is given to the objective definition, or the way that society defines ‘health’ and ‘illness’, and the subjective experience of health and illness. I will explore, firstly, the opinion of many of the club members that rowing could be defined as a healthy lifestyle and helped to prevent illness. This will be followed by an examination of the phases of illness (cf. Kotarba, 1983) of becoming ill, being ill, and recovering from illness.

5.2 “Rowers just don’t seem to get ill”: Rowing ‘preventing’ illness

It became apparent during the course of the interviews that many of the rowers believed that the ‘outdoor lifestyle’ made them less susceptible and more immune to illness and claimed to be healthier because of their training. This reflects an internalisation of the bioscientific/biomedical discourse which ‘proves’ a relationship between participation in sport and reduced prevalence of health problems (see, for example, Ogle and Kelly, 1994; Allied Dunbar, 1992). Indeed, involvement in sport has been associated with the construction of subjectivity: fitness being equated with health, and so an ‘appropriate self’ within societal and athletic definitions (Lupton, 1997).
Rowing was repeatedly described as a healthy sport. For Barry this was because “it is a non-contact sport, it is quite healthy, it is cross-training” and Helen referred to rowing as an antidote to many people’s working lives: “I think fresh air is really good for you, if you sit in an office all day and don’t get out much, it is good for you, I don’t get coughs or colds”. Barry supported this view, stating that sport ‘toughens up’ the participants:

“being out there I get less ill ... I have actually become immune to a lot of the flu’s ... I find that with healthy young people who don’t eat dodgy food, who try and take care of themselves almost sort of surround themselves with cotton wool, get ill and get ill really quickly ... I think a lot of athletes are being possibly over careful, maybe with their diets ... rowers are probably ... quite healthy people because they are not just in the gym where you can’t breathe properly”.

However, this was balanced with a caution that over-commitment carried its own risks: “I think club rowing is really healthy ... I don’t want to see young girls get glandular fever, stunted growth and psychological problems and then give up anyway because they have just been pushed too hard” (Barry).

In contrast to Barry’s opinion of the risks of excess training, many of the rowers were of the opinion that there was a linear relationship between increased fitness and decreased illness. This was viewed positively in the context of the triplex: exercise = fitness = health (Lupton, 1997, 71). Patsy told me that “rowers just don’t seem to get ill, it is rare for someone to get a cold ... I agree you think it’s wet and cold but it seems to work the other way and make you more resilient”. This was supported by the views of other rowers. For example, Valerie said that she “would like to be fitter, you feel better when you are, sometimes I feel quite ill but you are just healthier” and Julie told me “it’s a shock to me when I get sick as well because I never get sick”. Similarly, Sally said:
"I think because I'm fit I'm less likely to be ill, and the fitter I am the easier I find it to fight off things. For instance, you can tell when you've got a cold, you can feel it coming on, but if I'm actually fit it tends not to come to a head in quite the same way as if I'm having a bit of a low. I don't have much time off sick, I'm quite lucky really”.

This is contradicted by my observations of Sally when it was noted that she was actually ill quite a lot, but she trivialised this in order to enable her to train through the illness. This is discussed in more detail in the final section of this chapter. However, as with Max’s presentation of self regarding injury, the contradiction in Sally’s story, of ‘what she said and what she did’ (Deutscher, 1973), suggested that Sally idealised her self as healthy, in keeping with her sporting identity. Subsequently, ill health was marginalised or in Goffman’s (1976) terms, dealt with on the ‘back stage’, where it would not threaten Sally’s sense of self. Finally, Teri felt that rowing had a positive psychological effect: “physically and mentally it’s a release isn’t it. You’re getting rid of all the stresses and the cortisone levels go up and then go down again and I find it helps”. Here, as on a number of other occasions, Teri utilises her ‘medical gaze’ (Foucault, 1976) as a haematologist, maintaining the biomedical discourse on the health benefits of exercise.

5.2.1 Rowing and the healthy lifestyle

The perception of rowing as a healthy activity was often linked to the lifestyle adopted by many members of the subculture. This was epitomised in a T-shirt seen at one of the regattas stating: ‘Choose Rowing: No Drinking, No Smoking, No Career, No Family, No Late Nights, No Relationships’. A number of the interviewees contrasted rowing with other forms of sport subcultures. For example, Lisa told me of her boyfriend playing
Sunday League football. She described this as a subculture requiring excessive drinking on Saturday nights, playing football on Sundays and then returning to the pub. The worse they feel (including being sick) the more ‘macho’ and acceptable it is. She described this as the opposite of rowing where the body needs to be fine tuned or, as Messner (1992) would suggest, treated as a ‘tool’ to do the job. The demands of rowing were summarised by Janet who told me that:

“it (rowing) is healthy because it encourages you to eat healthily, especially having to wear lycra as well, so you don’t want excess body fat hanging around. You’re doing a long distance and you’re doing it continuously ... people used to joke about the senior rowers, they used to say their bodies were temples and you only eat this and that and you wouldn’t go out drinking or stay out late or take anything to excess. I think there’s more of that in rowing than in many other sports ... with rowing you’re forced into doing as much training as you possibly can just to keep up with people. So it’s a change in lifestyle, because you can’t do that and drink and eat crap”.

For Janet, her attraction to rowing was partly as a result of this perception of it as a healthy sport. She was training to be a physiotherapist and said that she had

“started to become more aware of why people should do exercise. Not just for a good body, but for a healthy heart and healthy lungs and all the rest of it, and I’ve been working with people who’ve had strokes and I think that could be me in 40 years time if I don’t keep something up”.

These attitudes reflect the individualism of the ‘new’ public health, which is dominated by ‘healthism’: that people are expected to attain good health, that this is the responsibility of the individual, and that we all have the potential to be healthy. Kirk and Colquhoun (1989) identify the process of ‘victim blaming’: that illness is attributable to individual lifestyle factors, rather than any broader social or environmental influences.

In particular, the rowers told me that rowing had reduced their drinking and smoking habits. For Emma as a result of rowing “my alcohol consumption has dropped down from
what it used to be. Once you’ve done one 7.30 outing with a hangover. I remember once stopping at the Red Lion in Parkville, I was stroking and I changed over with the cox because ... halfway I’m feeling so seasick that it is an embarrassment. I can just about cox back, I don’t know why I do it to myself.” Similarly, Teri said that rowing had been the trigger for her and other rowers to stop smoking:

“it was too difficult to row and smoke, both physically and theoretically ... without rowing I would probably have never given up ... whether it’s psychological or not I don’t know, but definitely your chest feels a lot tighter when you smoke, especially if you’re doing a firm piece or a race. You know what it’s like after a race anyway, you feel like you’re coughing up blood. When you smoke everything just goes tight and I gave up. So that’s one health benefit to rowing. I think actually quite a few people at the club have given up smoking because of rowing”.

It was interesting to hear that Barry adopted a less healthy lifestyle at the cessation of his rowing career, as he said that he took up smoking as a result of having to stop rowing: “I stopped rowing because of a car crash and it took me four months to recover. That’s where I learnt how to chain smoke”. For Alison her illness problems were perceived to be related to not being able to live such a puritan lifestyle: “I’ve never been like this before I’ve always been fine and I’ve had in two years, two major illnesses and then one injury” (EP: why do you think this year has been worse?) “being in halls and people running around at 3am and screaming, you get no sleep and the food here, for a while, Gerry wanted me training at 5pm so I was missing tea ... I can’t wait until I’ve got a house and I can cook and sleep”.

In conversations with Teri, she challenged the idealised sport ethic presented by herself and others, suggesting that the objective reality was somewhat different (which could explain the contradiction between some of the interviews and my observations):
“I think if your body can do it you’ll do it but if you can’t you can’t. It’s like lots of things, the theory’s there but there’s always rules to be broken. Perhaps if I was coaching a crew it might be a bit different, but because it’s myself I probably break the rules. I don’t eat lots of carbohydrates like you should do. I probably don’t drink as much, well I probably do drink the wrong stuff!” (emphasis added).

I also became aware that, in speaking with the coaches, their ‘health promotion’ statements were located within the context of improving athletes’ performance rather than their wellbeing (see Maguire, 1991). For example, Mike commented at the end of a circuit training session that people should bring water bottles, ‘because dehydration isn’t good for training’, in doing so he displayed a mechanistic and dehumanised view of the body (Messner, 1990). Max also talked of the necessity of a good diet in his concern not to lose key crew members: “I say to them, eat lots of oranges, eat tangerines, get your vitamins down you, scoff yourself silly with them, if we can put up any barrier against it all the better” and his training regime focussed on maximising crew potential: “Only twice during the week will they go up to (training) two times a day. I don’t believe in pushing an athlete too hard when they’ve got to work. You don’t get the best out of them, they get depressed, shattered, and that’s it, demoralised” (emphasis added).

In summary, it became evident, therefore, that rowing may be less healthy than many of the rowers idealised it to be, and that measures to avoid ill-health were determined more by “performance efficiency” than “human development” (Maguire, 1991, 190). In the following sections, these illness experiences of the rowers are explored and elaborated through the stages of illness.
5.3 Becoming ill: “Illnesses are a part of sport”

When I asked the participants whether they were frequently ill, their responses varied from “no, never” (Nicky) to an acceptance that “illnesses are a part of sport” (Max). For example, during the period of observation Nicky had previously talked about an ear infection and a flu-like virus which had necessitated time away from her university studies and had meant that she had had to withdraw from a weekend’s competition. Nicky subsequently went on to say that “I seem to get run down every single year just before Christmas, I always get ill with flu” and Alison talked of occurrences of “being out of breath, getting colds, basically chest infections”. This was consistent with the findings of an Amateur Rowing Association study, where of members of the 1987 Great Britain squad, the most common illness was upper-respiratory tract infection, with other illnesses being related to chest infections, asthma, gastro-enteritis and one case of chicken pox (Budgett and Fuller, 1989). The lightweight rowers experienced specific problems related to their dietary restrictions (cf. Chapman, 1997): some would go on ‘sweat runs’ and experience the effects of dehydration, and Clare talked of psychological ill health, being ‘tetchy’ because of her diet-related tiredness.

Tiredness in itself was identified as a particular problem. Janet told me that she “didn’t get ill I got tired” and Nicky described how, in her club, “it seems quite common for people to be tired”. Similarly, Teri described how competing at a high level involved a cost of tiredness: “I think the level I was then before I had the children I used to feel tired
quite a lot". In other words, tiredness was accepted and normalised as the ‘price to be paid’ for high level involvement in sport.

5.3.i "You pick things up easier, the fitter you are”: Rowing as a cause of illness

The language used by the rowers when discussing their illness experiences revealed a tension between the perceived internal or external causes of illness risk. This raised the questions of whether the individual or the group were to be ‘blamed’ for illness and, therefore, who was responsible for the prevention and cure of illness. Self-determination, therefore, may be bounded by broader structural constraints which occur through interactions with significant others. Such a reflexive process enables the development of the self and may give rise to experiences of ill-health. The focus of this research study was to consider how the actors themselves contributed to this social structure and, in particular, how they came to define and experience illness.

For many of the interviewees, illness was directly attributable to their rowing training. Nicky told me that her opinion was that

“you pick things up easier the fitter you are, I don’t know why but people seem to pick up colds and whatever is going around. I don’t know whether it’s because you are doing so much training and maybe your immune system gets run down so you do pick up things but I would say most people have suffered from colds and things like that”.

In this case, health-risk may be perceived as a product of individual behavioural factors. However, the coaches were able to externalise the health-risk in rowing. For Max, it was accepted as 'part of the game': “you’ve got to accept that illnesses are a part of sport, it’s
not just us (Rivertown), I think every athlete in the bloody country has had it”. In this way, illness becomes a part of ‘otherness’, to be associated with involvement in dangerous practices (Hardey, 1998). Elias (1982) talked of a ‘fearful other’, whereby civilising processes had reduced some diseases, but new diseases now threatened ‘advanced’ society: BSE, HIV/AIDS would be examples of a fearful other, but so too could sport-related illness be a form of ‘new disease’. If health-risk is conceptualised as external, so the athletes are perceived to have little control over the health threat, which might affect their response to illness risk and its treatment (Lupton, 1997). Mike felt that illness was integral to the rowing subculture: “obviously you get the odd cold and that … in rowing you are always … in close proximity to everyone, it is bound to go round the group so you tend to get that. Sometimes you get people feeling quite lethargic and feel as if they are knackered”. This process of attributing health risk to the generalised other, rather than the individual self, creates its own problems. As Lupton has observed:

“to locate ill-health as a social rather than an individual responsibility does not remove blame or moral judgement, it simply shifts blame from stigmatized individuals to the marginalized groups of which they are a member, while at the same time serving to obscure the suffering of the individuals, who become anonymous ‘risks’ or ‘threats’ to the commonweal” (Lupton, 1997, 105).

A number of specific illnesses were also attributed to involvement in rowing. Clare for example, was a lightweight rower who talked of her diet-related illness: “I felt very very low energy and you know how you get, when you are hungry even if you are not dieting you can get really low because of it and that is how I felt, I just felt really low and sorrowful”. She also mentioned the problem of winter training causing her to lose some feeling in the tops of her fingers which eventually became painful, but trivialised this as being “a really common problem” and “just bad circulation”. Helen told me how she
“fell in and swallowed some water ... so I got some sort of stomach thing” and Emma believed that “it was damp Northwich mornings which were what started my bronchitis off in the first place”.

Illness was also perceived to be a more likely occurrence at the higher levels of achievement. Max told me that “athletes are pushing themselves to the limit so if there’s a bug they’ll catch it”, and this was reinforced by Alison who said that

“more and more people are getting it in rowing, it’s really difficult because you see all these people (in the National squad) doing so much training and doing well for it and you feel you should be doing the same but then again you don’t want to make yourself ill and spend two months doing nothing. And we’re hearing things at the moment like loads of people (in the National squad) being ill and they’re having difficulty because they’re doing too much training” (emphasis added).

Here, Alison’s ‘postmortem’ of the National squad utilises “gossip” (Goffman, 1976, 174) about the extended sportsnet to demonstrate that dramaturgical experiences may be shared even in non face-to-face interaction. Nicky similarly displaces ‘blame’ when she attributed her own illness experience to rowing at a higher standard: “I seem to get really run down and really weak, it took me a couple of weeks to get over it this year but I don’t know whether that was because I’d been training quite a lot more than I had been the previous year and it seemed to really take it out of me”. Oakley (1992) has suggested that if people have internalised the view that they are ‘at risk’, this may be detrimental to their health status, as it may become a self-fulfilling prophecy. Emma linked this with stress saying that illness might be due to “a lot of stress, a lot of people do get stressed out coming up to Henley and things so I mean I was ill this time last year and the squad was decimated coming up to Henley last year, Charlotte had the flu, I was ill, Nicky put her knee through the window” (emphasis added). In saying this, Emma normalises
stress-related illness experiences ('people do get stressed out') and reinforces the extent of such illness in rowing. However, this is also considered in terms of its effect on the squad rather than in human terms.

During the participant observation, it became apparent that many of the athletes felt that they were overtraining, perhaps over-conforming to the sport ethic (Hughes and Coakley, 1994). For example during the circuit training midway through the season a number of the advanced rowing squad at Bridgewater claimed to be tired and there was some suggestion this crew was overtraining. The rowers themselves put their tiredness down to combining rowing with working and having a life outside of rowing. Mike told them to take it easier during the week. Overtraining appeared to be an almost inevitable consequence of the rowing calendar, as Max said “rowing is probably one of the fittest sports in the world, there is no rest period, it just goes year in year out”. Teri once again utilised discourse from a ‘medical gaze’ (Foucault, 1976) saying that “it’s probably due to the decrease in IGA levels, secretory IGA levels ... that’s why all these high level athletes get viruses and I suppose Dougal (her husband, also a rower) does too when he gets tired. ‘I’ve got a bit of a cold’ is one of his sayings when he’s training quite hard”. Barry cited the case of one rower whose health was directly affected by an increased commitment to rowing: “we had one girl that had MS before and she felt that the rowing helped until she became too obsessive with the racing and then she started to get weak again, then the symptoms started to return”. 
In some cases, training to the extent of causing illness was considered to be a positive attribute. Klein (1995) describes how groups whose behaviour may be socially labelled as ‘deviant’, respond to marginalisation by subverting the stigma to “wear it as an emblem of status or resistance” (Klein, 1995, 106) akin to Goffman’s (1963) notion of disaffiliation, whereby some pleasure is taken in the deviant role. In Julie’s case, she showed her greater commitment to her crew telling me “I’ll give (them) everything, I’ll puke for (them) tonight”, and she was frustrated with others who did not make the same commitment to the crew. In this way she demonstrated role distancing (Goffman, 1961) from the generalised other. Similarly, Sarah, a relative newcomer to the sport of rowing, showed how her choice to train hard again reflected an internalisation of an over-conformity to the sport ethic (Hughes and Coakley, 1994), claiming “you’ve got to go ‘til you puke”.

In considering health in its broader context of psychological as well as physiological attributes, some of the rowers identified rowing as the cause of psychological ill-health. It has been noted that Clare talked of being ‘tetchy’ whilst trying to lose weight for forthcoming lightweight competitions. In the case of Sally she told me how “sometimes a sport can dominate you … if things are going well then yes I’m on a high all round, but if I’m having shite time that has a knock on effect … into your work life, your social life”. In each of these cases, it became apparent that, despite the coaches attempts to transfer risk to external agencies, the causes of illness were more internal than external, (i.e. within the individual’s control), which Hardey (1998) suggested meant that people are more likely to accept responsibility for their condition and its treatment. The
following section considers how athletes would either take responsibility for their illness, or would ‘externalise’ their illness by attributing blame elsewhere, in particular to significant others.

5.4 Being ill: “I was ill, but I was dying to get back to it”

In “The Social System” (1951), Parsons identified the ‘sick role’ whereby illness is perceived to be deviant, which is a similar construct to Goffman’s (1963) notion of stigma, in that sick people cannot undertake their normal social roles. The sick role constitutes the right to be exempt from normal expectations, but also the obligation to seek treatment and recover quickly, which is not too far removed from Kirk and Colquhoun’s (1989) concept of healthism. Whilst the functionalist approach is not unproblematic, this is a useful formulation in considering the responses of the athletes and their significant others to illness.

Occasionally, it was apparent that some rowers would take time out of training due to illness. Emma told me that she averted crew pressure to train (“I was refusing because I was ill”) and that she had “had to stop rowing in January because of stomach problems (laughs). I had a dodgy stomach for a while so I couldn’t train”. Nicky had also taken time out of sport, but indicated her frustration with this decision which was dictated by the severity of the illness: “I completely stopped, I couldn’t even get out of bed let alone go training, so I just phoned my coach and told him I was ill, but I was dying to get back
to it”. Nicky also suggested to me that taking time out of rowing was only acceptable if the illness was visible to other members of the sportsnet:

“she’s (a club member) had problems with her thyroid and she was ill after Christmas with it and told to stop training and she came back to training and she got really ill again and obviously that’s something that she can’t make up or hasn’t, it’s true and people have seen that she’s been very ill through it so obviously no questions were asked about her” (emphasis added).

Nicky feels that this illness is justified because it is presented to others in its visibility. This is problematic because much illness and injury is invisible (see Scarry, 1985) and so, by this logic, would be less acceptable.

In speaking with the coaches, they presented to me a ‘sanitised’ view of their approach to ill athletes whereby they suggested concern for individuals, but this appeared to be largely rationalistic, and crew needs would take precedence over human welfare. For example, Mike told me that “if someone says to me look I feel that bad and they’ve got a cold then I tend to send them away, so right go and rest and not ask them to train through it”. Max also said that “if an athlete says they’re not well you don’t let them train, refuse to let them train” but this again was to ensure a fit crew for the future: “go home, I want you back next week fully fit” (emphasis added). It also became apparent that this was at least in part to protect himself rather than the athlete: “as coaches we’re responsible, an illness can turn into a death and I don’t want that on my hands, so I keep athletes at arms’ length when they’re ill” (emphasis added). Here Max clearly also does not want to be associated with unhealthy individuals who do not meet the ideal of the athletic self. In further discussion, it was evident that Max would also encourage ill rowers to do some training knowing that they would do so to avoid letting “the rest of the crew down”. This
was justified on the basis that the rower had a choice: “do you want to row, well let’s try one outing, if you don’t feel up to it, halfway through just put your hand up and we’ll stop the work, and they’re pretty good like that”.

5.5 Recovering from illness: “It’s all or nothing”

Giddens (1991) suggests that contemporary society is characterised by an erosion of traditional moral codes. As a result, people are confronted by a need to make choices that involve risk and uncertainty to the extent that Giddens would argue that risk is the dominant organising principle in high modernity (also see Elias 1978, on the fearful other). Similarly, Beck (1992, 21) has suggested that risk is “a systematic way of dealing with hazards and insecurities induced and introduced by modernisation itself” (emphasis in original). These are different to ‘older dangers’ such as insufficient sanitation and medical care, and part of the difference is that, to a large extent, individuals have control over their risk-taking in contemporary societies. The body is, therefore, seen as “the ‘last retreat’ where individuals feel they can exert control” (Hardey, 1998, 20). In most cases, as with injury experiences, athletes would continue to row through illness. This was justified on the basis of the illness being insufficiently serious, or as a result of internal or external pressures. In particular, it is possible that some might enjoy risk-taking, and even the stigma of being ‘outside’ the norm of society, as what Goffman (1963) terms a ‘disaffiliate’. Beck (1992) has suggested, therefore, that we are no longer primarily divided by access to wealth, but more by our relative susceptibility to risk (see Green, 1995).
5.5.1 "Maybe I’m just being a bit of a hypochondriac"

Many of those who had experienced illness were able to distinguish between serious and non-serious illness: the former preventing continued training, the latter enabling training to continue. This is comparable to the distinction of pain and injury (Young et al., 1994) previously discussed and is similar to Williams’ (1983) premise that “if I am active, then I am not ill”. This was identified as a way that people could deny symptoms of illness if they saw illness as destructive because it prevented their normal lifestyle. In this way, they protect their identity as “productive, able and valued individuals” (Hardey, 1998, 39) by focussing on positive values of health.

Nicky was very clear on this, telling me that “the only time really that the training does stop is if someone is actually physically ill”. She went on to explain how the seriousness of an injury is gauged:

“most people do stop but if it’s just a little cold they’ll just train through it, but if it’s something that’s making you really tired and you can’t get out of bed then people do stay in bed. I think that people who are working only really think it affects them if they can’t go to work, if it’s something they can carry on with and go to work with then they’ll still go training but if it’s a case of not being able to make it into work then they don’t go training as well. It’s all or nothing”.

For Emma, the degree of illness would be reflected in the level of training, and so for someone with a recurring illness, light training was appropriate: “Helen’s thyroid problem has come back so she can’t do anything strenuous until she knows she’s got another blood test, so I said that I would go out with her for a couple of light outings".
This presented problems for rowers like Alison who struggled to diagnose the extent of her own illnesses and therefore the appropriate level of training:

"I think there’s no obvious symptoms and maybe I’m just being a bit of a hypochondriac. You get ill, you get a cold and then you don’t want to go training because you don’t want to make it any worse and then it doesn’t seem to clear up so you might train and then everyone else is moving on and you just feel that maybe you should be getting on with your training. It’s really difficult to know what to do and with it being a virus you can’t say it’s this bad and this is how long it’s going to take".

In such cases, rowers also became concerned with the invisibility of many illnesses (cf. Scarry, 1985) and the subsequent perception of their sporting net: "occasionally you get the feeling that they think you’re faking" (Emma). Emma demonstrates concern here that she is not presenting an idealised self and is at risk of stigma of not fulfilling the athletic norm of fitness and health. To enable training to continue whilst ill or tired, athletes would therefore engage in some form of bargaining with themselves, a classic stage of the grief-response process (Kubler-Ross, 1969). Teri described how “if I feel tired, probably because I’m a bit older, I don’t do the session. What I did the other week because I felt quite tired was three lots of 10 minutes and had a break in between the three 10 minutes just so that I could do the exercise”.

5.5.ii “I want to train”: Internal pressures

Despite the fact that illness was often attributed to overtraining, many of the rowers who were experiencing exhaustion and cold-like illnesses felt that they needed to train harder to compensate for their tiredness (cf. Young et al, 1994). When Nicky admitted to having been “really run down and really weak” probably because of overtraining, she said that
she had returned to training before complete recovery because she was concerned that “I was losing my fitness” and “if you’re not seen for a while you’re kind of forgotten about”. Subsequent to the interview, Nicky was observed claiming to be feeling very tired when her training was increased in preparation for the National Championships. She told me that she felt physically and psychologically exhausted. She had experienced an ear infection, colds and general tiredness which she attributed to overtraining, and her partner, Charlotte, had also been ill with colds and tiredness. However, Nicky was concerned that they still need to train harder and they were intending to increase their training to twice a day. At the championships, they reached the finals in the eight and the pair.

Such an attitude was not unique. Alison was also only concerned with her illnesses because they had prevented her from training, rather than expressing any concern with her actual wellbeing: “I’ve had like two illnesses the last two years running, a virus before Christmas ... last year it wasn’t too bad because I missed just one part of winter training but this year, I’ve had two winters where I haven’t had proper training”.

The tendency to train through illness seemed common, even for those who were not intending to compete at National level. Nicky told me of “a girl down at the club who has problems with a stomach ulcer and she still trains with it and some days she feels fine and some days she doesn’t but she still trains” and Teri explained that “when you got tired you just worked your way through it and didn’t really notice”. Valerie trivialised her asthma suffering saying: “I have trouble with things like running and ergs, it's just a
mental thing" (emphasis added). For Julie the frustration of not being able to train was comparable to that experienced by injured athletes: “I’ve had a cold for five days and Mike is like you can’t train or you’ll never get better and I’m like but I’ve got to, I want to train (EP: how do you feel when you don’t train?) Like shit. Bored, frustrated and fat”. Here, Julie shows signs of impression management, being ill is inconsistent with her self-image, and so her attempts to train are a means of addressing having ‘wrong face’ (Goffman, 1969). She is also having to stage an appropriate emotional response (Gallmeier, 1987): feeling ‘like shit’ and ‘frustrated’ demonstrates commitment to her athletic self identity.

It is probably not inconsequential that the coaches who did not question the ethics of training with illness, had also trained through illness themselves. Max accepted rowing as a situation of chance (Goffman, 1969) and was quite proud to tell me of his experience as an active rower: “this is how stupid it was, I got glandular fever, and didn’t know five weeks into it, I was still training and racing, and I raced, won and collapsed in the boat at the end of it”. In sharing Roger’s diaries, I also noted repeated entries documenting tiredness and colds: for example:

“‘31/1/87 – scull 3m, feeling ill (heavy cold)’; ‘10/10/87 – scull 3m and run 3m – not feeling well (sore throat, swollen glands, stomach upset, felt weak)’; ‘16/1/88 – scull 10m, “too tired for much work”’; ‘14/2/88 – 1 x 5000 + 1 x 500 – too tired to do any more; 8 x 1m/3m – don’t know where the energy came from”’ (emphasis added). It has been suggested that the keeping of such training diaries is in itself indicative of an addition to exercise (Ogle et al., 1995). Such examples are also illustrative of the moral
hierarchy (Klein, 1995) whereby athletes will abandon less valued norms (such as health) in pursuit of a more highly valued norm (such as rowing ability/fitness).

5.5.iii “You’re letting the crew down”: The role of significant others

Just as pain has to be dealt within the social context of interactions with significant others (Kotarba, 1983), so illness is negotiated through social interactions. As a result, in addition to the internal pressure to return to training with illness, there were also external pressures (Messner, 1992), in particular from significant others within the sportsnet. Crew members were identified as the cause of much of this pressure. Emma said that “my main thing isn’t pressure to row when I’m injured, it is pressure to row when I’m ill … I’m prone to bronchitis … I used to get a lot of aggro about not rowing … just comments, you know, you’re letting the crew down”. This was supported by Nicky who demonstrated a self-consciousness of the expectations of the generalised other in saying “it was important to show that I still wanted to be there, and still wanted to do some training even if I couldn’t do it I wanted to show that I was willing to try. Willing but not necessarily able (laughs)”. This was taken a stage further by Janet who explained that rowers have to ‘prove their worth on the team’ (see Fine, 1987): “you don’t have time to be ill. If you’re ill for a couple of weeks then that would be your place out of the crew, literally. Everyone else would be complaining that you haven’t been training for two weeks, and that you shouldn’t be in the crew”. Losing one’s place as a result of time out due to illness was an experience of Valerie’s, even though she still returned to training whilst ill: “I actually had glandular fever … I went home for four days and then came
back because I really wanted to, we had national sports coming up in three weeks ... I wasn’t too ill, but it does exhaust you”. She returned to discover that her place had been allocated to a substitute rower.

Similarly, coaches have already been identified as the cause of external pressures to train through illness (Blinde, 1989; Duquin, 1991): Max told me of “other coaches, including international coaches will say it’s all in the head, that it’s not going to affect six minutes of full pressure rowing, you’ll have a cough and you’ll splutter your guts up but you will be able to do it” and Roger explained coaches’ motives for such behaviour: “if you’ve got one person who says sorry coach I can’t do it, you’ve actually got a problem, because you don’t want to drop someone from a crew if they’re a first person because the replacement is not going to be as good”. The rowers are, therefore, expected to display competency (Goffman, 1976), sacrificing their body for the good of the sport (Brohm, 1978).

Conversations with individual athletes presented several examples of coach pressures to train ill and injured. Emma told how her coach “thought I should get out of bed at half five in the morning and go rowing” when she was ill. Nicky was not discouraged from training ill: “he (Max) did actually say to me ‘are you sure you should be back?’ and I just said ‘I’ve got to do something’ and he just said to take it really easy”. In this way, Max had transferred the risk (Beck, 1992; Frey, 1991), by not taking responsibility for Nicky’s decision to train ill. I spoke with Nicky informally at a later date when she told me that she had an ear infection and was feeling ill before her outing the previous night. At the end of the training, she had to be helped out of the boat. Her crew members were
loading the trailer ready for a regatta at the weekend but Nicky was not capable of helping and so went home. She told me that Max, her coach, had ignored her, once again contradicting his presentation of an idealised self as a concerned coach (see chapter 4). Her visit to me was to ask my opinion as to whether she should still race. Despite deciding to do her pair but not her eight, she ended up being too unwell to do either.

Some of the coach pressure was more covert. Julie told me that she liked being pushed hard because:

"with the coaches you earn their respect, they will know when you can't do any more, they've seen you giving 100 per cent. If you're slightly off colour, they'll know that you're not wimping out, they will know there is a reason why you are not doing it, so you get respect from them".

This final statement is crucial in suggesting that coaches expect and respect total commitment, with its inherent risk, from the athlete (cf. Blinde, 1989; Duquin, 1991). The need to avoid being perceived as 'wimping out' was reinforced by a comment made by Barry talking in the bar after circuit training one evening about some school girls he had been coaching who were 'too feeble' as they did not want to row in cold weather. The temperature was near freezing on the day in question.

The clearest example of coach pressure came in the experiences of Sally who had claimed never to be ill. She had been unwell with a 'flu like virus in the early part of December and returned to join a circuit training session. During the warm up stretch, Barry tried to persuade Sally to do a Head race at the weekend even though she had not been out with the crew due to her illness. Barry said that getting out into the cold air would make her feel better. Sally was reluctant to accept but said she did not want to let
down the crew and was then informed that she would be stroking the boat which many would consider as the most demanding position in an eight. It was notable that this was a big risk as she was about to go off on a month’s vacation including a safari and climbing a mountain. In early January, Sally returned from her vacation with pleurisy which she believed was at least in part attributable to the incidents and illness before Christmas. She had been told by her doctor that it would be ‘OK to exercise if it is OK to work’ on the understanding that she did not do anything active. In trying to explain this contradiction, Sally merely said: “you know me”. Sally missed the first week of training due to her illness, to which Barry said that Sally should come down and do some sculling to make her feel better. A few days later, Sally said she would return to training the following week regardless of her health. On doing so it was notable at the beginning of her first training session that many of her club members gathered around her to ask after her illness. Several of them expressed admiration to Sally for climbing a mountain and returning to training with an illness, telling her that they were ‘impressed’ with her commitment.

Dissatisfaction with medical advice was associated with treatment for illness and is a point to be elaborated in consideration of the rowers experiences of injury (see chapter 6). Valerie described the indifference of her doctor, which she attributed to: “people are always coming in with sniffles and everything and they don’t get any sympathy”. Similarly, Alison felt that she received inadequate support from her doctor, saying “you go through your normal doctor here and they say you’ve just got a virus, take it easy for a bit and that’s not really very helpful”.

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5.6 Conclusion

The rowers’ stories and my own experience of the parts of their lives that they allowed me to share, have suggested that rowing may not be as ‘healthy’ as some of the biomedical literature might suggest such a sporting activity should be (Ogle and Kelly, 1994; Allied Dunbar, 1992). Instead it appears that aspects of the rowing culture produce illness risk and normalise illness experiences as ‘part of the game’. Sport, and specifically rowing, therefore seem to contribute to the structure of risk apparent in contemporary societies (Beck, 1992). Perhaps most significantly is that the rowers believed their behaviour to be self-determined, with limited consciousness of these broader structural factors, which they both contributed to and were constrained by. The illness risk also appeared to be enhanced by the risk transfer (Frey, 1991) of the coaches. In encouraging individual responsibility for illness diagnosis and treatment, the coaches enhanced the athletes’ susceptibility to pressure from significant others within their sportsnet. This, in turn, was enhanced by the invisibility of illness, which appeared to encourage a risk-taking attitude since a non-visible condition created doubt as to its existence.

Experiencing illness also creates its own stigma for the individual. Kleinman (1988) has suggested that we live in a “healthist society”, and particularly within sporting subcultures, sport is equated with fitness and therefore health (Lupton, 1997). Not to be
healthy stigmatises the athletic individual and threatens their sense of self. As Kleinman (1988) has said:

"Healthist society requires the body both to perform, functionally, and to present, visually. The value we attach to the self depends on the body's capacity to do its performing and representing. When it fails, we fail; our bodies, ourselves" (cited in Frank, 1990, 141; emphasis added).

In order to perform and present the idealised (healthy) athletic self, so risk-taking appears to have become part of the rowing identity. In this way, the rowers have adopted the role of 'disaffiliate' (Goffman, 1963), over-conforming to the sport ethic (Hughes and Coakley, 1994) and so risking their bodies and their health to pursue the more highly valued goal of identity as 'athlete'. It appears that this process is particularly significant for female athletes who are already deviating from norms of femininity, and so success in their new identity as athlete becomes even more important.

In what follows in Chapter 6, such over-conformity and risk-taking is explored further in the specific experience of injury related to participation in rowing. Once again, the role of injury in presenting an athletic self is explored, through interactions with significant others and within the values of the rowing subculture.
CHAPTER 6

The risk/pain/injury nexus: A natural thing in rowing?

"It's very difficult to stop doing things when you're used to being active. I wound my back up a few times before the penny finally dropped. But when you roll out of bed and cannot stand up let alone dress yourself, the joke is over" (Susan).

6.1 Introduction

In 1991, the United Kingdom Sports Council surveyed the number of sport and exercise-related injury incidences in England and Wales. Categorising rowing amongst a number of other water sports, the findings estimated one million annual injury incidences for this group. Research dealing more specifically with rowing has identified it as being amongst the most physically demanding sports (Hagerman, Hagerman & Mickelson, 1979). Redgrave (1992) acknowledged the risk of injury in rowing, attributed to poor technique and overuse. The Amateur Rowing Association (ARA) found that most of the British national rowing squad in 1987 had injuries related to rowing participation and training (Budgett and Fuller, 1989), and a further study in 1994 found that 71 per cent of the senior British trialists had taken time out of rowing due to back pain (Edgar, 1994). In April 1994 the ARA established a working party to develop the nationwide 'Injury Reporting System for Rowing' using what they termed a 'yellow card reporting system'. Members of this group included a team doctor, team physiotherapist, national coach and accomplished athlete. Significantly, injuries were only to be reported if they "were likely to result in a reduction of training load or time off training" (Bernstein, 1995, 24). In the months between October 1994 and September 1995, 71 injuries were reported (Bernstein,
1995). In an interview with Alison, a member of the British Under-23 squad, she talked of the injuries of the international senior squad: “they’ve had so many rib injuries, stress fractures and I’m not quite sure why that’s so common but loads of them have had it and you hear of lots of people being injured”. Similarly, the questionnaire responses identified a substantial number of respondents experiencing rowing-related injury (66 %):

**Figure 6.1** Number of rowing related injuries

(see chart 16, Appendix 2)

This was despite there being only a minority (18 %) who agreed that there is a high risk of injury in rowing:
Such evidence of pain and injury in rowing resembles the situations of chance described by Goffman (1969, 1970). The purpose of this chapter is to elaborate the injury experiences of members of Bridgewater and Rivertown. Following Kotarba's (1983) logic, these will be considered within the phases of injury, identified as becoming injured, being injured and recovering from injury.

6.2 Becoming injured: "A really common problem"?

In this first phase of the injury experience, consideration is given to the manner in which the injuries were incurred and the onset of pain. In particular, it became apparent that the sport ethic (Hughes and Coakley, 1994) was predominant in rowing since rowers in the
study saw pain and injury as an integral part of what it meant to be ‘a rower’. They also believed that taking risks was an essential prerequisite to rowing success, and that injury-avoidance was often more through ‘luck’ than judgement.

6.2.1 “It can never hurt enough”: Normalisation of risk, pain and injury

The majority of the questionnaire respondents and interviewees had experienced some pain and injury during their rowing careers to the extent that for many this was normalised as part of the sporting experience (Duquin, 1994; Nixon, 1993; Young, 1996). On a sample rowing club membership application form (ARA, 1998), it can be seen that after the sections asking for name, contact details and rowing standard, the third and largest section of the form asks for injury and illness history. This assumption of injury risk in rowing has been frequently attributed to the technique inherent in rowing (as opposed to sculling, where each athlete has two oars) which necessitates a one-sided action (Edgar, 1999). Barry explained how Helen’s neck injury seemed to be related to this: “the rowing did worsen it and recently she has done very little rowing, and the sculling has been much better for her”. Janet talked of her “muscle imbalance” due to rowing on one side, revealing that “I’ve got a slight curve in my spine ... and there is definitely more muscle bulk on one side than the other”, and Emma also told of how “my shoulder droops a bit, you know how rower’s shoulders droop”. Max took this a stage further when explaining the lower back injury of one of his senior rowers who he believed to have inflamed the two muscles either side of her spine: “it’s a natural thing in rowing, because you’re pivoting from the hips ... if you press it and press it so much, it
can only inflame the muscle around it and it’s one of the biggest things that rowers get” (emphasis added). Similarly, Pauline accepted that her knee injuries had been exacerbated by rowing technique: “well, driving on the footboard makes it bad” and Patsy, who repeatedly claimed that she had not been injured, admitted to wrist pain and tendon problems “from gripping too tight” and back pain “when the boat is not balanced”. In this way it was accepted by rowers and coaches alike that pain and injury were effectively ‘part of the game’ (Sabo, 1986) which is substantiated by evidence from doctors and physiotherapists working with rowers (Edgar, 1999; Redgrave, 1999). Nicky indicated that injury risk is not only for the elite but also for novice and weaker rowers: “it’s people that have bad technique that are under more pressure, more susceptible to injury. But then, sometimes, part of your body might be weak and you might be putting it under too much pressure, so it’s more overuse injuries”.

The pain experienced during rowing sessions was often a part of the general rowing experience rather than always being attributed to the specific technique of the sport. Nicky accepted as an inherent aspect of her training regime that she would experience “a lot of tiredness and achy muscles and tired body” and Alison talked of how she would “normally get pain, upper back, just from weights and not from doing anything wrong, just from too much use basically”. Similarly, Sally accepted that “at the end of an outing I would have a stiffness in some part of my body” but tolerated this since “I think I’ve got quite a high pain threshold”. This is consistent with research suggesting that athletes (along with the military and some manual workers) are more able to tolerate pain
When I asked Nicky about injuries experienced by other members of her club, she responded:

"Wrists, complaints about their backs, complaints about knees, you hear it all really. You hear people say 'oh, my knee's a bit sore today', or 'my back's been giving me a bit of pain'. I've had one girl lying on the floor stretching her out, dragging her by her arms trying to stretch her back out because she was all stiff and in a bit of pain ... (EP: 'But then she went out?') Oh, then she went out, yes absolutely (laughs)".

In discussing pain and injury with members of the sportsnet (Nixon, 1992), the messages reinforcing such normalisation may increasingly encourage hurt athletes to tolerate such experiences to maintain their athletic self (Adler and Adler, 1991). For example, despite having ongoing osteopathy for a back injury, Clare did not feel that she had experienced rowing-related injury. Instead, she displayed a mechanistic attitude to her body (Messner, 1992), only being concerned with the effect of any pain on the ability of her body to perform at forthcoming regattas. Ergometer training was also mentioned by a number of the rowers as the cause of "agony" (Julie), and Emma accepted the pain of ergometer interval sessions where after the rest period "I get back on and complain because it hurts".

It is evident from the rowers' stories that there is some confusion as to what constitutes 'pain'. Morris (1991, 1) suggested that pain only emerges at "the intersection of bodies, minds and cultures", indicating that pain is not only physiological but also mental and emotional. The difficulty in conceptualising pain is largely due to the way it has been "medicalised", resulting in the inevitable Cartesian split between body and mind" (Bendelow and Williams, 1995, 84), reflected in the rowers' reticence to articulate or recognise pain unless it was related to some visible injury.
In recognising that pain may be socially constructed, and even meaningful to the social actor as an inherent component of a broader activity, so for the rowers in some cases, the pain experience was seen as a ‘positive’ one. When one rower complained to Mike that a particular exercise in a circuit training session was hurting, Mike responded that “it’s not pain, it’s pleasure”. This normalisation of pain and injury was also developed by Julie and Sarah who felt that the absence of blisters on the hands was problematic “because it means that I’m not rowing” (Julie), with these blisters acting as an appropriate presentation of one’s self (Goffman, 1976) as a rower. Similarly, Julie felt that cuts to the hands and legs are a sign of correct technique: “you should get them when you’re sculling, oh and scratching tops of hands when you’re sculling that’s another one” (emphasis added). It was noted during an observed training session, in response to a comment that the training was hurting, Julie had replied “it can never hurt enough”.

6.2. ii “I’ll puke for you”: The winning ethic and acceptance of risk

“Coaches must place the well-being and safety of the performer above the development of the performance” (Amateur Rowing Association: A Summary of Coaching Ethics, 1998).

The Amateur Rowing Association’s guidelines reflect the dichotomy in sport science between performance-efficiency and human-development in participant and coach practices (Maguire, 1991). Implicit in the training of the rowers was an emphasis on
winning rather than just taking part. Analysis of the questionnaire responses found that 54% of the respondents agreed with the statement that winning is everything and losing is nothing:

Figure 6.3 Agreement with statement: 'In rowing, winning is everything and losing is nothing'

![Chart showing agreement levels for the statement 'In rowing, winning is everything and losing is nothing'.](see chart 61, Appendix 2)

This issue became a focus of conversations with Roger, one of the coaches at Rivertown. Roger asked for most of our conversations to be off-record (see Chapter 3), but explained in a recorded interview that "if you have mass participation sports, the statistics are such that winning isn’t one of the things that you worry about". However, with rowing being a relatively ‘minor’ sport, Roger said that "then, of course, the pressure is to win, and then you have all the conflicts". In other words, with fewer participants, it is easier to achieve some success. In such cases, it appears that athletes may be more likely to take risks to
be remembered for their athletic achievement, since athletic success can have its “symbolic reward of immortality” (Curry, 1993, 23). This became evident when observing the Bridgewater crews prepare for a Head race. There were three crews racing from this club, and the advanced crew had taken all of the best equipment: the lightest cox, the cox box, the best boat “because we are the crew here to race, the other crews are just here to row”. During the team talk, the emphasis was on beating the other Bridgewater crews by at least one minute, and Mike said to the crew that “enjoy is not the word, enjoy is not important”. At the end of the race, the crew members told me that they had not enjoyed the pain but that they were satisfied after the race. For these rowers, the ‘profit’ in the form of winning medals made the pain worthwhile. Thus, whilst these rowers were amateurs, the ‘symbolic rewards’ produced a risk culture akin to one where the rewards are financial (Young, 1992).

For Roger, this attitude was particularly problematic, and he talked of “coaches who simply say ‘if you can’t stand the pace, go away, we don’t want you in the squad’”. At this point, Roger asked for the tape to be turned off (see Chapter 3), and he then gave specific examples of known coaches who pressured their athletes to push to their physical and psychological limits. In reflecting on such practices, Roger stated his opinion that “there must be more to coaching than merely attending to the people who are going to be your stars”.

It is notable that Roger was retired from full-time employment, and coached voluntarily and only with novice rowers. On the other hand, the coach of the elite squad, whilst still
effectively unpaid, had a contrasting attitude to coaching and training. Max specifically coached a winning mentality, believing that “there’s no point in doing it unless you want to train and win”. For Max, this approach is linked with an overriding passion for the sport of rowing, which was a recurring theme throughout the interviews and was discussed in more detail in Chapter 4. Max stated that “there is no second best, and that’s why I’m a great believer that the competing is very important but to me winning is the ultimate”. This attitude was reflected in Max’s expectations of the rowers’ training, which he believed has “got to be 100% all the time”. Max described the sessions where the women were training on the water, telling me “I’m consistently in their heads, I get right alongside and I’m in there saying, ‘come on, let’s generate the power, work at it, work at it’, and at the end of it they’re exhausted. You’ve got to give them time to recover ... otherwise you don’t get the quality in the next one ... I work them very hard”.

In noting Max’s recurring use of the word ‘work’, I also began to notice the stage (Goffman, 1976) upon which the training took place. The actors would shed the clothing of the outside world and assume the identity of ‘rower’, usually in lycra and often advertising their club membership or races entered. Their clothing and other ‘props’ (Solomon, 1983) evident in the training room were symbols of a ‘working’ environment, in keeping with the work ethic which is seen as central to the dominant sports culture (Donnelly, 1993). At Bridgewater, the circuit training was conducted in a room next to the bar. In the room were rowing ergometers, moved to one side throughout circuit sessions, wooden benches, and there were usually ladders and some tools lying around. Barry would bring in a stereo to play music at a volume that denied any possibility of
conversation throughout the training, and drowned Barry's own comments into an unintelligible shout. The room's decoration was spartan in its white walls, metal ceiling with strip lights and a grey carpet not fitted. There was a painting on one wall of a rowing scene (framed in plastic rather than glass to avoid breakage during training) and a single red lightbulb, always switched on but lost in the strip lighting, which I was told was there for a subdued effect at weddings and other functions! When Barry's instructions could be heard over the music, these were usually encouraging 'working hard', 'working for the full time available' (emphasis added).

The Rivertown circuits took place in a College sports hall, similarly set up with 'work stations': fifteen at Rivertown, ten at Bridgewater. Each station is a different exercise, representing a division of labour by isolating one body part: press ups for the triceps, squats for the quadriceps, sit ups for the abdominals. At Rivertown, Roger would give very precise instructions, lining up the rowers against one wall for stretching and encouraged surveillance practices by publicly drawing attention to anyone executing them incorrectly (see Foucault, 1977). Many commented that they felt they were subject to military drills, referring to Roger as "sergeant major" and his tone as "patronising". There was no music at Rivertown, just the sound of people stepping, jumping, turning a skipping rope, and every thirty seconds, Roger's whistle to move on to the next station. Occasionally, Roger would become involved with talking to one person and then there would be shouts from people reminding him to blow the whistle to signal the change. In between stations, the more fit would run to the next exercise, the less fit would walk to increase their breaks and reduce the time spent working. The allusion to a factory
production line work day was increased by time being counted down from a maximum work time divided between the work stations, and the circuit always being organised anti-clockwise such that the actors appeared to be turning the clock back. Such a stage created a work-like 'professional' atmosphere for an officially amateur activity. In so doing, it became apparent that there was an increased risk of success taking precedence over personal wellbeing (Young, 1992), reflected in the calls for harder work, and the sacrifice of quality of exercise for quantity of repetitions by many participants.

The work-like atmosphere and attitude of coaches like Max reverberated throughout the interviews with many of the rowers. In talking to Julie, she told me that a large part of the appeal of rowing was “that you get to train really hard, and I have to train really hard and push myself as much as I can to achieve the goals that I want”. After one training session, members of the advanced squad at Bridgewater were given a sheet to complete listing the training that they were doing during the week and rating each training session from 1 (easy) to 4 (hard). When Mike asked Janet why she had not rated any sessions at 1 or 2, she replied “because it is not worth doing”. This statement seems to imply that any moderate work (which would include technical training) was not of value. However, perhaps more significantly she suggests that the intrinsic value of training for oneself is undermined by a sense of training only being of value if it is sufficiently intense to effect performance (with an increased risk of illness and injury).

In contrast to this, Barry, one of the coaches at Bridgewater, described how this was a recent trend in rowing developed since his own competitive days in the previous decade.
At the time of Barry’s interview, we were sat in the club boathouse drinking cups of tea whilst sat on upturned wooden crates with a smaller one between us acting as a table. It was cold but the sun was shining and we could see the river from where we sat. Occasionally a sculler would row past but it was mid afternoon and most of the rowers did not arrive from their workday until we had finished the interview. Behind us, inside the boat house, another rower was sanding and varnishing a wooden boat, and the smell of the oil overpowered the taste of the tea as Barry reflected on his own history as a competitive rower. He told me in a somewhat melancholy tone that he felt:

“technically the beauty of rowing has gone out of the window for a lot of it - the big blades. The beauty, the fluidness, the subtlety, the wood, has gone away from it. So before when we learnt, we were told that the shell was like a female and, OK, you could try and be strong, but you should never ever torment it or bash it about or just be rotten to it, because it is not going to respond. And you could feel that in the bubbles under the shell. But nowadays, it is like get out there, put your oar in and do what you like”.

In this statement, Barry indicates the transformation of the rowing subculture from the day of the ‘gentleman amateur’ treating the boat as a female form, to the more open form of the sport. In its contemporary form, rowing enables more female competitors and has become incorporated into the dominant commercialised and technological culture with its winning ethos (Donnelly, 1993).

Barry linked the winning ethic to the normalisation of pain saying “it’s a hard thing isn’t it, that ‘I am not going to be a world champion if I can’t go through some pain’”. He told me of a rower who endured an injury, “her spine was twisting over time, and she was putting off the operation because she wanted to try and go for the (Olympic) squad”. She was unsuccessful. Given these expressed concerns, it was interesting to hear a contrast to
this sanitised view of training principles in Barry’s opinion that the British culture and particularly school physical education is “breeding a generation of weaklings”. After the taped interview, he told me that he felt that most youngsters are just too “feeble” to cope with the demands of competitive rowing. For him, the necessary pain experiences of competing crews that he had coached were so intense that he felt he shared the experience: “when I even watch them my muscles hurt. I mean, I am so committed to it, so I get tired and psychologically I am exhausted”.

It is possible to hypothesise, therefore, that a commitment to a winning ethic may be associated with an acceptance of risk and what has been termed the ‘no pain, no gain’ principle (Sabo, 1986).

**Figure 6.4 Agreement with statement: ‘Being a rower means that you have to be willing to take risks’**

(see chart 53, Appendix 2)
More than half of the respondents (60 %) to the questionnaire agreed with the statement that rowers have to be willing to accept risks (see figure 6.4). When the responses to this statement were analysed separately for injured and non-injured females, a trend of injured rowers agreeing with this statement was identified, which approached statistical significance in comparison to responses of the non-injured. In addition, there was majority agreement with the statement that rowers should push themselves to their physical limits (87 %):

*Figure 6.5 Agreement with statement: ‘Rowers need to push themselves to their physical limits’*

(see chart 50, Appendix 2)

Similarly, two thirds of the rowers agreed with the statement ‘no pain, no gain’ (67 %) (see figure 6.6). In many cases, this was inherent in the demands of the training programme. Despite being an amateur sport undertaken by people working in other occupations or studying full time, the expectation was that they would train every
evening, except Fridays, and both mornings at the weekend (at Rivertown this was two water outings each day).

Figure 6.6 Agreement with statement: ‘No pain, no gain’

![Pie chart showing agreement levels]

(see chart 52, Appendix 2)

Once again, this was discussed with Max who told me that in order to become an elite rower “you’ve got to be able to overcome pain”. Here Max has adopted the view of many sport psychology texts that fear and pain have to be controlled to enhance performance (Duquin, 1994). The role of significant others, and in particular, evidence of coach expectations to train through pain (Nixon, 1993, 1994) was epitomised in the experience of Clare, a sculler intending to try out for the national squad, who had been coached into an attitude of “you have got to hurt yourself, there is no sort of mucking about, if it is hurting you have just got to sort of push through it and keep going”.

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Similarly, Nicky had experienced coach pressure to change her technique to be a more effective rower, but in the knowledge that such technical ‘improvements’ were causing her pain and could potentially injure her back: “I’ve been coached as a senior that the way I row is because I’ve been taught to protect my back and now part of my technique is being changed”. She excused this in saying that it is “because it’s something my body is not used to that maybe that’s causing a little bit of the pain. But it is actually more effective when I’m doing it and you can feel the difference in the boat”. As a result, Nicky’s experience of pain was framed with technical efficiency taking precedence over personal safety (Brohm, 1978) since she was not “really bothered about the pain I was in, it was just that I was annoyed that I couldn’t sit properly” because it was affecting her technical efficiency.

Whilst the questionnaire responses identified that very few rowers (19 %) felt pressured by their teammates to take any risks, during the interviews it became evident that those rowers who aspired to higher levels of achievement had internalised the expectation to play through pain, and even reinforced this within their own sportsnet (Nixon, 1992, 1993). The discussion of risk taking in situations of chance by Goffman (1969) promotes the notion that athletes may take self-determined risks in non-professional situations in the absence of the pressures of professional contexts, due to the challenge presented by the setting. The rowers’ stories, suggested that in order to acquire symbolic competence as a rower, they should be seen by significant others in their subculture (peers and coaches) to take risks and endure pain. Clare expressed a lack of trust in rowers she trained with because “I have never felt that they were pushing themselves ‘til it hurt”. In
this way, more covert peer pressure is in evidence to prove one’s worth on the team (Fine, 1987). For example, when speaking to Nicky at the Rivertown clubhouse following a training session in preparation for the National Championships, she told me that she had no trust in her crew, believing that they were not training hard enough. In particular, Nicky was suspicious of one crew member who trained separate to the rest of them. In deviating from the norm of training within the sportsnet, this behaviour appeared to be threatening and so the individual was stigmatised as not training as hard, was being isolated from the rest of the crew, and risked losing her place in the boat. Julie demonstrated a similar frustration with the lack of social cohesiveness amongst some of her crewmates explaining that “if you’re rowing in an eight, you need to feel like everyone else has put in everything they’ve got” but she often felt that the other members “couldn’t be bothered”.

This reflexiveness was reinforced by Sarah who felt that people are frightened of pain which undermined their potential for success:

“that’s one of the things in races and stuff, they never get to the stage when they puke and then they’re alright, ‘cause they’re all so frightened that they think the pain will never go away, and they never get to the point where after the pain they think ‘that’s brilliant, I really put it all on the line and I’ve been training for two years and I can do that’. They stop after five minutes when they can’t breathe and they feel like they’ve smoked a hundred fags. They never get to the other side of that which I think is a real shame. There’s so much more to get out of it … you’ve got to go ‘til you puke” (emphasis added).

The self-consciousness of pain (Mead, 1934) thus becomes its own reward as illustrated by Nicky: “if you’ve had a good outing you get off and you feel they’re worthwhile and you don’t mind putting yourself through the pain”. This was even reinforced when I was asked if I would do some coxing at Bridgewater. I agreed to do so, in order to gain a new
perspective for my participant observation, but explained my concerns about my own back injury. A number of rowers and the coaches agreed that I would experience pain from coxing, but rather than suggest that I should not, since it was to the advantage of the crew to have a lightweight cox, they suggested I took some padding into the boat to support my back. I was also informed that I would initially cox a novice crew, something which would mean that the boat would be less stable and so cause me more pain, but which they seemed unconcerned about.

Interestingly, as a result of her conversation with me, Clare’s internal pressures (Messner 1992) were heightened and she became concerned that she should train harder: “now you mention it, I’m thinking ‘well, am I pushing myself when it is hurting?’, I think I am, I think I am, I mean certainly at the end of the races I have been doing, I have been absolutely down to the bottom of my lungs and really absolutely dying”. For Nicky, internal pressures to push herself unwittingly was reproducing a culture of risk within her sportsnet (Nixon, 1992). She told of how she and her rowing partner would cycle home from training together and this became a competition between them: “who’s fastest, who’s fittest, and you’re cycling home and it’s who can keep in front of each other and gets home fastest ... the added pressure of who’s biggest, who’s best”. Similarly, when she has been training on the ergometer “in absolute agony”, she felt that she could not stop training because some male rowers entered the room and “I was just determined that I was going to keep my score down and not give in to the pain. I just decided to stay on there for the full time (laughs) because I didn’t want to be beaten by them”.

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Research by Ryan (1995) has already indicated pressures upon athletes to train intensively at an age when they might be too young to understand the potential long-term implications. In the sport of rowing, a study of the 1992 British under-18 squad found that more than half of those attending a training camp were injured (Edgar, 1993). Similarly, a study of 16 year old rowers found that 22 per cent of those at a sculling camp had current back problems, and 40 per cent had a history of problems (Carratu, 1995). Of particular concern from this study were the findings that junior scullers had a tendency to lumbar spine curvature making it prone to disk damage, the “number of unresolved injuries either decreasing body economy or at worse laying foundations for degenerative changes” (Carratu, 1995, 9) and the unreliability of athletes in reporting problems. I asked the women interviewed to reflect on any pain and injury experiences from their junior rowing careers. Of the rowers involved in the interviews, only Alison was currently competing in junior (Under 23) competitions. The remaining rowers all competed at senior level, regardless of their age. However, Nicky and Julie also had trained and competed as junior rowers.

Nicky’s memories of her junior rowing career was of “an enormous amount of pressure (from coaches and crew members), and it wasn’t just physically draining, it was emotionally draining as well”. Her coaches expected her to be training twice a day (before and after school) “and our coach would always say that that’s the minimum you should be doing – 25 hours a week training – to be competing for the squad”. This was something that Julie felt lacking in her senior training at Bridgewater. She described the training that she undertook as a rower in her boarding school squad: “running up and
down hills and all that kind of crap, middle of winter, crying that I’m late for supper and they don’t care that you’re late for supper, just go and do five more”. When asked how she had felt about this, Julie’s response was “oh, I adore it”. Alison was training with the Under 23 squad at the time of the interviews and, despite being a full time university student, was training three times a day with only one day a week free. Alison’s experiences, along with many of the other rowers, of training hurt to avoid being perceived as injury-prone or a ‘wimp’, and risking her place are explored further in section 6.3 on ‘Being Injured’.

6.2.iii “100 % all the time”: Causes of injury

It has become evident from the previous sections that many of the athletes with whom I came into contact have had some experience of risk, pain and injury. In order to elaborate the particular risk factors central to such subcultures, it is worth giving consideration to the circumstances leading to the pain and injury experiences. Several of the rowers had injury careers stemming back to their childhoods through participation in various sports. It is notable that Nicky’s experience of rowing-related injury as a junior was excused as resultant from her own poor technique. She said that she had suffered: “tenosynovitis, that was when I was about 15, 16, and I think that was to do with my sculling technique, just putting strain on the wrist and forearm” and so was not a reason for giving up the sport, even though Nicky did recognise that the weights they were doing as teenagers “were putting quite a bit of pressure on our wrists”. Teri had also had wrist injuries in earlier years related to weight training, and tendonitis in her foot through
running in ill-fitting trainers. Emma had been injured speed skating where she “wrecked her knees and couldn’t do sport for four years”.

The questionnaire results identified the back as the body part most susceptible to injury. This supports the findings of previous research that rowing is most likely to cause back injury (Budgett and Fuller, 1989; Bernstein, 1995; Follett, 1995; Wajswelner, 1987). Mike reinforced this picture with the statement that “it is more than likely that rowing, your back is going to go”. Stallard (1994) has suggested that this could be the result of the use of ‘big blades’, the weight training, insufficient warm up, prolonged endurance training, ergometer work, or rowing style. The questionnaire responses also indicated that most injuries were incurred through training in the boat rather than on dryland. For example, Valerie had a head-on collision with another boat whilst out training, which caused both boats to crash and for her to injure her spine. She was diagnosed with a “slipped disk” when receiving treatment after a subsequent car crash. Nicky also described how after a rowing outing just prior to the interview she “had a really shooting pain on the left side of my back, and it feels like a trapped nerve”.

Injury incidence was not exclusive to the rower’s back. In particular, the knees, shoulders and wrists were identified as most at risk (Budgett and Fuller, 1989; Hagerman, 1984). Teri talked of how she injured her wrist “training for a Head and it was the coach who caused it because he made us do too much rowing”. Teri expressed surprise that “our backs didn’t go” accepting that they were at risk, and explained that she developed tenosynovitis as a result of “gripping probably because I was tired”. Teri’s language
reflects her medical gaze (Foucault, 1976) as a hematologist, although others had also learned the medicalised rhetoric, most likely from having undergone treatment, which enabled them to symbolically enhance the seriousness of their condition. In describing her knee injuries, Pauline seemed to blame herself for becoming injured, attributing it to her being “slightly flat footed” and so “when you do row you drive off the footboard and the ball and socket joint wasn’t going down in the right place, it was going off, and it inflamed the inside of the knee joint”. It is interesting to note that having blamed the inadequacy of her body for causing the injury, she then depersonalised the pain (Young et al, 1994) by talking in second person and referring to ‘the’ joint (not ‘my’ joint) and ‘it’. In this way, Pauline compensated for being ‘out of face’ (Goffman, 1969) with respect to the ideal athletic identity.

Injury also appeared to be caused by activity related to participation in rowing, if not the actual rowing itself. One report (Budgett and Fuller, 1989) suggested that running, weight and circuit training, lifting the boat, and even the warm up and stretching contributed to injury risk. As a coach, Barry supported this in saying that “a lot of the injury, of course, is taking the boats and that out of the boat shed. Today, Owen injured himself, he caught his foot on one of them and I had to take him in and get five stitches, so that’s an injury and that is connected with the sport”. Emma described how she had “dropped a scull on my arm at one stage and nearly broke my arm”. Clare’s coach believed that “running and rowing go hand in hand ... and someone came up with this bright idea of combining runs with circuit training”. During a session of stopping every half mile on the run to perform exercises, Clare “twinged something right in my buttock,
it was agony, absolute agony. I had four weeks of physiotherapy”. Nicky had “a few problems with her knee” related to training on the ergometer. Others identified weight training as the cause of some injuries, for example Emma damaged her shoulder tendons doing the bench press exercise and Alison injured her back doing a powerclean exercise. For Alison, this injury was something of an epiphany (Curry 1993), since she was now forced to make a distinction between disrespected pain which she could train through and injury which she could not (Young et al, 1994): “I’ve had back trouble before but just from overuse and never actually damaged anywhere, so that was quite different really”, since she now had to take three weeks out of her regular training regime and supplement with alternative training methods.

Inevitably perhaps, some rowers also became injured outside of their rowing training, but this still affected their rowing. Sally injured her shoulder in a sailing accident three years previously. She was able to justify her body’s fallibility by describing the life-threatening nature of the situation which caused the injury: “it was that or I would have ended up in a little box”, and as a result “the scar tissue built up which means there’s not enough room for the muscle and bone to move around basically”. Clare described an evening where she got “horrifically drunk” to cope with an evening out with her boyfriend and his friends who “just didn’t understand my rowing”. She fell down the stairs, found herself “in agony, I cried all the way home, woke up the next morning and literally couldn’t move”. Clare’s response to this represented a ‘body as weapon’ (Messner, 1990) mentality in that “it was all pretty annoying from the point of view that ... at that stage I was going quite fast in my sculling boat and I had the squad trials in two
weeks time”. Alison also recounted the story of one of her club members who “gets a bit stressed and she’s been cutting herself, and recently she’s just cut her arm so deeply that she’s cut a tendon in her thumb”. I did not have the opportunity to speak to this individual to explore the motives for such self-abuse. However, for Alison and her crew members, their difficulty was in understanding a self-inflicted injury but primarily because this would interfere with the efficiency of the team: “it really messed up the whole season for everyone else and they’ve all lost confidence in her”.

6.2.iv “A token gesture”: Injury avoidance measures

The contradiction between the perceived lack of risk and the actual incidence of injury in rowing permeated the injury-avoidance measures undertaken. Roger was of the opinion that “nobody thinks that rowing justifies willfully running risks which could lead to death or permanent injury ... rowing is not a sport like mountaineering where danger must be accepted”. Similarly, Valerie told me that “the thing about rowing is that it is a non-contact sport, it is low impact”. However, although the rowers did not perceive their sport to be ‘risky’, they turned it into a situation of chance (Goffman, 1970) by, for example, not stretching prior to training or racing thus increasing the risk of injury. Many also felt that injury avoidance was a matter of ‘luck’ (“I’ve been really lucky in that I haven’t suffered any major injuries”, Nicky; “I’ve been very lucky”, Patsy; “the advanced lot miraculously haven’t hurt themselves”, Julie; “we were quite lucky”, Mike).
Nicky told me of a training session where she had been experiencing pain in the boat, and said that although the coach had “admitted that I looked uncomfortable in the boat, he wasn’t going to do anything about it” and it was only because she was insistent that she could not enter the race that some changes were made to the set up of the boat: “I think you need to ask or nothing gets done really”. For those rowers who were less forthright, they might miss out on such preventative measures altogether. Julie epitomised such an attitude in telling me “I’ve never been injured, I’ve never been in hospital, so I’ve kind of had the attitude that I’ll never get injured, which is probably dangerous, so OK no I don’t take any precautions”. When I spoke to Janet about this, she told me that on the physiotherapy training course that she was taking “I was always the stiffest person in the class, even people who didn’t do sport were more flexible than me. My tutor used to say ‘but you’re a rower, rowers are renowned for being completely inflexible’”.

Several of the rowers described pain and injury experiences resulting from weight training for rowing. Both Alison and Nicky felt that they had been “instructed very carefully as to how to lift weights” as juniors in the national squad which had helped them to avoid any back injuries. Alison said that, for her, “when you do injure yourself it’s an embarrassment as well, because it’s a reflection on how well you’ve trained”. Alison’s use of the word ‘embarrassment’ is indicative of her concern that injury threatens the rower’s identity. In Goffmanesque terms, it is a sign of a lack of social competency (Goffman, 1972) and it can be perceived by the individual that they have not presented a “socially appropriate self” (Kuzmics, 1991, 3-4). However, it became evident from conversations that injury risk could be attributed to interactions with others,
since the rowing coaches who taught the club rowing were not usually qualified weights instructors. Teri told me that even those coaches with rowing coaching qualifications would not have received instruction on "how to teach them to do weight training" (cf. ARA Instructors Award). In one circuit training session, Mike demonstrated that he was actually self-taught about training principles by replying to a question about why an exercise was performed in a particular way: "because that's what it says in the book". When Mike took the stretching prior to circuit training, he usually had a list of exercises in front of him. As Julie said, inadequate instruction was a certain way to increase injury risk:

"if you go and do a weights circuit that you're not strong enough for or you're not prepared for, or if you jump on an ergo and do half an hour pulling 2.10 when you know you're not fit enough to do it, and if you row like an idiot, using your back and your arms and not your legs. If you're not taught how to do it properly, then you are going to injure yourself."

It was noticeable from participant observation in circuit training sessions, that people who arrived late for circuits were not encouraged to do a warm up before commencing their training, and that those who missed the early weeks of training were not given any explanation as to how to perform the exercises and were frequently seen to be training in an incorrect and potentially injurious way.

A consistent theme throughout the interviews was a belief that it was important to stretch prior to training or racing to prevent injury. Teri attributed this knowledge to the developments in sport science:

"I mean, when I first started in the early '80's, sport science was unheard of. You just went out on the water, do what you had to do, didn't even stretch before hand, did nothing like that, and when you got tired you just worked your way through it
and didn’t really notice ... the novices of today are far more clued up as to what their bodies can and can’t do”.

Max told me that the only injuries that his crews had suffered were “for silly reasons, not stretching, it’s something that I get really annoyed about is when people come down five minutes late and they can’t stretch. I’ll delay the outing and wait for them to stretch for ten minutes. It’s so important athletes stretch otherwise you can end up with back injuries for the rest of your life”. Such advice was lost on Celia who believed that her lack of flexibility was the very factor preventing her from becoming injured, since it meant in the boat she could not stretch forward far enough to cause herself any damage. She seemed unaware that her lack of flexibility might actually cause an injury (Edgar, 1999). Through my participant observation in the circuit training sessions, I was involved in lengthy warm ups which suggested that the coaches were keen to adopt preventative measures. These would include running around the room in which the circuit was based, short sprints, lifting the knees whilst running, touching the ground, and then followed by some stretches usually led by a coach. At Bridgewater, Mike who led the stretching started to join in the circuits for his own training purposes and so stopped giving instructions, and when he left to move to Australia, the stretches were left to the rowers to lead for themselves.

In speaking with the rowers, it appears that this idealised view of pre-training warm up and stretching was not always applied in practice, despite Max’s opinion that “it’s something that’s been drummed into them that they’re not allowed to get away with it”. Pauline said that rowing had caused her injuries “because you get strong muscles, if I had stretched a lot and remained flexible it would have been OK”. When I asked her if she
now stretched, she responded that she “would do a few quad stretches, but possibly (as) a token gesture”. She went on to say that during land training they were taught to stretch but with the water sessions “we don’t stretch before or after”. In fact it seemed that there was almost a stigma (Goffman, 1963) attached to stretching, since those that do stretch “just do it quietly” whilst the others “hang around and you talk and then you have to go out and you don’t have time to do a pre-stretch”. In an informal conversation with Celia, I was told that “the mouth is the only part of the body that gets exercise!” prior to training, and Janet told me that for warm ups they would “sit on the ergos and chat to each other”. Similarly, Nicky said that as a junior rower she had “always been very, very keen on warming up”, but “at senior level, it’s more do it yourself, you’re left up to yourself” and so the stretching “just seems to have phased out now”. Sally agreed with this, telling me that she would sometimes remember to stretch before crew rowing, but “if I go out sculling, I turn up, take my boat out, put it on the water and go, and I won’t stretch at all”, and similarly “one thing I’m very bad at is stretching after”. Often, the lack of stretching was excused by time constraints. As Helen said: “quite a lot of the time you come straight from work, get changed and get in the boat”. However, I noticed that even when crews met early prior to races, they would not always use this time to stretch, and when taking part in Head races the queue to start a race meant that crews would often sit in their boat, unable to move, for more than thirty minutes (and this in the British winter season!). For Pauline, she felt that unless you were in pain or recently injured “you forget about it and it goes to the back of your mind”, and she commented that the interview had raised her awareness of such issues: “talking to you now I think I should do more things, stretch more and get the right shoes”. From these stories, it is
evident that transferring responsibility to the athletes for their own stretching (for example, when Mike left Bridgewater), whilst potentially empowering, actually exposed them to risk-taking messages from members of the sportsnet (Adler and Adler, 1991; Frey, 1991; Nixon, 1992).

6.3 Being injured: “There’s not much you can do about it”

It is well documented that individuals who identify strongly with being an athlete, with its consequent ‘role engulfment’ (Adler and Adler, 1991) are at risk of crisis if they experience a “biographical disruption” (Bury, 1982, 167) as a result of having to take time out, or even retire from, their sport (Brock and Kleiber, 1994; Sparkes, 1996, 1998; Young and White, 1995; Young, White and McTeer, 1994). In particular, such athletes are likely to experience emotional reactions similar to a grief response related to death or loss (Kubler-Ross, 1969) which will determine how they deal with their injury and necessary reconstruction of their identity.

As a result, in the second phase of the injury experience, it became evident that many of the rowers displayed stages of denial, saying that they felt the need to ‘train hurt’ (Nixon, 1993; Sabo, 1986). This was as a result of both internal and external pressures (Messner, 1992) from the reflective self, significant others and the generalised other within the sportsnet (Nixon 1991). In negotiating the identity of ‘injured athlete’ so the rowers also encountered and presented various emotional responses, including anger and frustration.
6.3.1 “I did the honourable thing and ignored it”: Training hurt

Having received an injury, more of the questionnaire respondents claimed to have continued to train with the injury than not (65 %):

Figure 6.7 Rowers continuing to train whilst injured

This was seen as appropriate behaviour within the rowing ‘self’. As Susan said: “when my lower back started to complain regularly whether I was in or out of the boat, I did the honourable thing and ignored it” (emphasis added). By ignoring the pain, Susan is able to stage an appropriate emotional response, or ‘dramaturgical discipline’ to enable her to continue to train with injury (see Gallmeier, 1987; Hochschild, 1983; Snyder, 1990).

This was sometimes attributed to the nature of rowing whereby once a person is strapped
into the boat and having to keep rhythm with the rest of the crew, it becomes difficult to stop: “you don’t have a chance to stop rowing, change seats, you’ve started so you’ve got to keep going” (Valerie); “if I’m rowing, I just have to carry on, I don’t have much option, but I modify my stroke, so I won’t rock over as much for instance or I try to ease myself into a better position so that it makes life a bit easier in the boat, but there’s not much you can do about it really” (Sally).

Of those rowers prepared to train in pain, most stated that they did consider the risk of causing more serious injury (81% of the questionnaire respondents):

Figure 6.8 Response to question: ‘Do you think about the risk of more serious injury?’

![Pie chart showing responses to the question](chart)

(see chart 27, Appendix 2)

Sally admitted that her rowing training was increasing the risk of further muscle tears in her shoulder and “every time I tear the muscle I get more scar tissue, and eventually I
shall tear the muscle so badly that it won’t be able to repair itself and therefore I could end up with a really serious injury which I may not be able to do much about”. Emma talked of how she “tweaked” her shoulder undertaking a weight training session without prior warm-up, but was asked by her coach to do a test the following day “so I went and did the ergo test on top of it”. Her physiotherapist recommended six weeks out of training for damaged bicep tendons and so Max, Emma’s coach, suggested she took up running, which culminated in a further injury to her leg. When I asked Emma if she still experienced pain, she mirrored Edgar’s (1999) comment that it is “just the general masochistic agony each time you train ... enjoyable pain” (emphasis added), and she distinguished between pain where “it’s just your body complaining, and then there’s your body saying ‘stop, something’s wrong’”. Following Hochschild (1983), Emma has negotiated the ‘feeling rule’ of normalising pain and its related emotions to enable her to continue to train.

This distinction of pain and injury (Young et al, 1994) is well documented and in many cases enabled athletes to train whilst in pain. As Nicky said “I think the only time really that the training does stop is if someone ... had a serious enough injury to stop them training. It’s not often the case that people will stop when they’ve got an injury if they think they can carry on with it”. With regards to her own experiences, Nicky said “I know myself whether I’ve just got sore muscles or whether I’ve actually got an injury, and she illustrated this with a story of going training with pain in her back “so I went on the ergo and it just loosened up straight away and then I was fine to get in the boat”. In describing this episode, Nicky omitted to mention that the back pain was still ongoing.

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despite her diagnosis of being ‘fine’. Sally also felt able to continue to row with her shoulder injury because the rowing action used a different “plane”, despite recognising that “obviously rowing doesn’t help, you’re still using those muscles”. Sally seemed more conscious than Nicky of her overconformity to the sport ethic (Coakley, 1998), which raises questions as to whether actors are conscious of their acts, or behave at a more unconscious or habitual level (see Jarvie and Maguire, 1994; Maguire, 1999). This issue is returned to in section 6.3.ii. Sally recognised that she needed rest and treatment, saying “in hindsight, probably what I should have done was stop when I first did it, got it treated and then not done anything for a couple of months and it might have been fine. But now I’ve got the problem and it will always be there”. Interestingly, Sally went on to say that “it’s a lot better at the moment” representing her public self as fit despite the underlying condition. When I asked Clare if she was currently injured, she responded “not very badly injured ... my lower back is very static, the whole of my back will bend accept for this area here. I am not in pain, I mean I can feel it, it’s not comfortable but ... I wouldn’t call it an injury”.

The pressure to train in pain was sometimes attributed to “what I need to do to achieve in rowing” (Sally). Budgett (1990) suggested that any rower who was injured for more than 30 days in one season was unlikely to achieve national selection. Sally talked of how she had been socialised into a risk attitude: “having been involved in sport since I was 11, you go through having injuries and you just get on and do it”. Following Stevenson (1990), Sally has learned the attributes required to succeed in her chosen sport. Janet voiced the concern for many rowers that “if you give up for a couple of days then you’re
going to get less fit and you’re going to have to work twice as hard to get back into a crew”. For many of the rowers, training in pain was as a result of being “worried about my place in the boat” (Nicky); “because I wanted to be in a boat, I didn’t want to be dropped” (Sally). Nicky recounted her years of junior squad training when she “got a few sharp pains in my knees, but it never stopped me getting in the boat because at the time it was if you’re racing you’re racing for your seat and you didn’t want to call out with an injury so you just carried on and kept going”. Sally also continued to train with her injury, “supplementing certain exercises for something else” if her injury prevented her from doing them, so that “there wasn’t a question of my fitness”. It, therefore, became evident that injured rowers were concerned to avoid the emotions of guilt and embarrassment related to presenting an inappropriate self to the generalised other (Shott, 1979). In order to maintain their status as one of the established group, they trained hurt to avoid becoming an outsider or ‘second class citizen’ (Elias and Scotson, 1965, 1994) since, as Sally said “once you’re out of a crew it becomes that much harder to get back in”. Similarly, when Alison found that she was unable to row due to an injury, she “just went swimming and it wasn’t too bad to cycle. I went to the gym and just ran on the treadmill and the step machines” in order to maintain her fitness. These responses indicate that these women displayed signs of addiction to exercise, whereby guilt is an emotional response to withdrawal from activity and encourages persistence with some form of exercise (Ogles et al., 1995).

Notably, given their influence over the athletes, the coaches had themselves trained through injury. Roger told me that his own rowing-related injuries were
"entirely self-inflicted through my own either ignorance or stupidity. They've usually been through not taking the advice of people who have given good advice. I think it's only too easy for even recreational athletes to do more than their body is capable of standing up to".

Roger subsequently told me that he felt that "all coaches have a responsibility to protect all athletes" following this with the comment that "you must be slightly amused ... knowing my previous record of over-training and self-induced sports injuries, to see so much caution!". I spent some time with Roger reading through his training diaries from 1986 through to 1997. In these diaries there were repeated reports of tiredness, illness, and pain especially in the ankles and legs. It was suggested in chapter 4 that this might in itself indicate an addiction to exercise (see Ogles et al., 1995). Throughout much of this was evidence that Roger had trained whilst hurt, for example in February 1996 there were repeated references to painful ribs requiring rest, but Roger documented that he carried on "being careful, no bent over rowing". Similarly, Mike told me of his back injury but stated that "it was bearable because I could train through it". Mike's story is important, because Mike trained with the rowers at Bridgewater in their circuit training sessions, and as a significant other to all of the rowers, Mike presented a role model of training in pain. Towards the end of my observation period, Roger injured his elbow falling over after training, and this necessitated stitches. Roger proudly announced during the subsequent circuit training session that he had been training on the ergometer all week against medical advice since it "didn't do any harm".

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6.3.ii "You’re letting the crew down": The role of significant others

In recognising that many of the rowers were prepared to train in pain and with an injury, it is important to consider whether such behaviour is self-determined, or as a result of the presence and role of significant others. Furthermore, the issue remains as to whether the rowers were conscious of their acts, or whether their behaviour operated at a more unconscious or habitual level, as a result of what may be termed ‘second nature’. Following Bourdieu, culture may be embodied and so social practice is determined through the dynamic of society being written into the body as the individual culturally learns how to act; but this in turn empowers the individual to act back on the social world (cited in Jarvie and Maguire, 1994). Similarly in symbolic interactionist terms, it is possible to see knowledge and consciousness as deeply layered in the relationship of structure and agency. For example, symbolic interactionist researchers such as Mead (1934) and Denzin (1971) have argued that a person’s mind and self develop through taking the role of significant others (in the first stage of socialisation) and the generalised other (in the second stage of socialisation). Such a reflexive process enables the self to emerge out of the social situation. Thus, while it appeared that many rowers were choosing to play hurt, such behaviour could be attributed to an internalisation of the response of the ‘other’ (Goffman, 1976; Curry, 1993).

For example, several of the rowers seemed happy to diagnose their own injuries, decide themselves whether they were fit to train and, if deemed necessary, self-prescribe treatment. This was despite the fact that with the exception of Teri, a qualified
haematologist and Janet who was training to be a physiotherapist, none of the rowers interviewed had any medical qualifications. As Teri said, “it’s only because of this health and fitness lark taking off in the last ten years, health and fitness magazines, gyms springing up everywhere so they’re far more clued up”. It would appear that for many of the rowers, being ‘clued up’ gave them the confidence to make decisions about their own injury status. In this way, the rowers compensated for lack of cultural capital (in this case, education), through symbolic capital (how they present themselves) (cf. Bourdieu, 1978; Goffman, 1976). Valerie told me that when people told her she was ‘mad’ for training with her injuries, “they are not in my body so they can’t see that it is not causing any injury”. Similarly, when Lorna (a member of Bridgewater) developed tenosynovitis in her wrist, she continued to train wearing a strap, saying that she could row with pain and would only stop if she could not continue.

The evidence from these rowers suggested that, whilst few of the respondents (4 %) felt overt pressure from their coaches to take risks, there was a clear suggestion that coaches devolved responsibility for their athletes wellbeing akin to a ‘risk transfer’ (Frey, 1991; Nixon, 1992). When I asked Lorna about the coaches response to her decision to train with an injury, she replied that “they trust us to make our own decisions about our fitness”. Emma recounted an occasion when some covert stigma strategies became evident when she told Max that she had hurt her shoulder and his response was “‘ha, ha, ha, ha’, so I got in the boat and it (the shoulder) went on me half way through a piece. I was in absolute agony”. Here, Emma’s recollections of Max’s response is in contrast to his own presentation of an idealised sporting ethic, which is discussed later. As a result
of this, Emma ended up unable to row for eight weeks with tendon damage in her biceps. For Emma, this appeared to be part of a wider experience of coach pressure. She said that “Max doesn’t trust us (her and Nicky)” and that he “would come down and check up” on their training, so when she told him that she was not injured “he didn’t believe me”. This was further substantiated in Nicky’s experience of Max, after a race heat in which she told Max that “I am really uncomfortable and I just don’t want to do it (race the final)”. The response of the coach to this was that they should “go back in and see if we can make an adjustment” rather than any suggestion that Nicky should stop rowing. I observed this particular race and Nicky told me that during the race she had stopped trying when she realised they might win, since she was so uncomfortable that she did not want to have to go through another round. This coping strategy enabled Nicky to deal with her pain, without having to ‘lose face’ by a more overt action such as not rowing or withdrawing from the competition. Having said this, her crew did win and subsequently went on to race the next round.

At Bridgewater when members of the group were injured, they were allowed to do exercises incorrectly in the circuit training to accommodate for their injury, rather than missing an exercise or being provided with an alternative. Sally told me how she had told Barry and Mike about her shoulder injury and she would now “overcompensate by using other muscles”, and so she “used to do the triceps dip on the bench with one arm”. This also contradicted the emphasis that the coaches usually placed on quality and avoiding pain. Thus, the informal structure of Bridgewater providing individual agents with autonomy in decision making, may, in many ways, have created the very culture of
risk that it sought to avoid. This was because non-intervention by the coaches seemed to ensure that the rowers, left to their own devices, would choose to train hurt. Whether the coaches were aware of the consequences of their lack of action was not clear.

Pressures to continue rowing whilst in pain may come from members of the sportsnet other than the coach. In particular, peer pressure was evident, and Alison explained how a coach might suggest that a rower should rest an injury, knowing that they would train in pain to display competency (Goffman, 1976) because “when you’re in an atmosphere where everyone is training, it’s more that you would want to carry on and you don’t want to get behind”. Sometimes this pressure was more an internalised desire to be part of the ‘we-group’, in the context of a ‘we-group/they-group’ identification (Dunning and Maguire, 1995). As one senior 2 rower stated on the questionnaire “you are aware that you need to rest an injury but rowing is your life and you tend to feel ‘out of it’ if you stop”. Another senior 2 rower described how she acquired a hamstring injury winning a semi-final, so losing face (Goffman, 1969) and so she went on to race the final in pain in order to protect her identity as a fit rower and save face: “this resulted in a ripped hamstring. We lost. My advice is ‘don’t take the risk’. I have problems with it now, and I have to stretch more than others”. Despite this advice, this rower continued to agree that rowers have to be willing to accept risks, that serious rowers have to train with pain and injuries, and concurred with the statement ‘no pain, no gain’. Emma suggested that this often was because of a feeling that “you’re letting the crew down”. Sally justified her decision to race with an injury on the grounds that “I know that I’m a better technical rower than most people in the boat”, and given that “it’s only a 500 metre course” she felt
that she could “handle it” rather than let down the crew. This was supported by Pauline who explained that as a result of her injury “the eight disbanded”. It was particularly problematic if the injury was not visible. As Brock and Kleiber (1994) state, more dramatic injuries are more acceptable to significant others, whereas with an invisible injury: “you get the feeling that they think you’re faking ... they believe it only if they can see it” (Emma).

As a result, many of the rowers told me that having an injury “is not something you shout about” (Pauline). This exacerbates the problem, identified by Scarry (1985), of the difficulty in describing pain, since a non-verbalised pain becomes invisible, and so a non-visible injury can be ignored. When I asked Pauline if she had made a decision not to tell people of her injury she replied: “yes, I suppose I’ve managed it myself ... it’s not as if I hide it, it’s just that I just don’t outwardly tell people” (emphasis added). Similarly, Clare told me that “no one really knows that my back’s a bit sore”, trivialising the injury in this statement. Sally confirmed this by stating that “people don’t really say an awful lot”. In this way, the rowers are seen to be “putting on the game face” (Gallmeier, 1987): staging their pain and emotions such that in public they present an appropriate athletic self, and deal with negative feelings off stage (see Snyder, 1990).

Similarly, in an informal conversation with Francis at Rivertown, she told me how she had trained up to and through a Head race with an arm injury. She informed me that she had not told anyone because it did not affect her rowing, and that when her physiotherapist suggested she had shoulder tension which may lead to an injury, she had
ignored this believing that “everyone has tense shoulders, it’s just the way I am”. When I explored this further, the rowers explained the stigma of being injured: “people might not want to row with you because you are like injury prone or you are going to drop out” (Pauline). This is in keeping with the findings of Kotarba (1983) that an athlete will conceal pain or injury if the costs of disclosure outweigh the benefits, or if an athlete feels shame at their defective body. Nicky explained that there was a difference between a rower “who trains hard consistently through the year and has very few times off” and someone who is seen as “a bit of a complainer or likes to opt out of things”. In the former case “allowances are made for them and they are given time off”, whereas in the latter, “there’s a little bit of a question mark put over them and then question marks are put over whether they should be in the boat or not ... some people are classed as whingers”. Here a labelling process is evident, whereby the presentation of illness or injury disrupts the athlete’s body, identity and sense of self (Goffman, 1976; Hardey, 1998). In this case, the ill or injured in turn disrupts the exercise = fit = healthy triplex (Lupton, 1997). The individual is stigmatised as deviant from the athletic norm and so the ‘question mark’ is over the appropriateness of labelling such a person as ‘athlete’. Instead, they are labelled ‘complainer’ and ‘whinger’. In order to manage her identity as a fit rower, Alison explained that when she experienced pain in a training session, she “didn’t want to say anything because it was going to look like I was trying to wimp out of doing this training, and that’s more what you’re worried about, how people are going to perceive you”. In this way, pain is dealt with in private or on a back stage, whilst the idealised self is publicly presented on the front stage (Goffman, 1976).
Often the peer pressure was more overt and external, and the interests of the crew could take precedence over the wellbeing of the athlete (Young, 1991, 1992). Emma felt “under pressure” to compete in a forthcoming Head race from her crew who repeatedly asked her “do you think you can do it” and saying “you do get the feeling that people think you are letting them down”. It was not until Emma “stopped and burst into tears” that her crew really believed that she “had something wrong”. A member of the veteran’s crew (“one of the old farts”) at Rivertown told Emma that her injury was “no reason not to get in the boat, ‘you can row with that’”. I noticed in one circuit training session that a member of the novice crew left after the warm up set. Instead of checking up on her welfare, several people suggested that she should not leave a training session and made derogatory comments suggesting that she “could not take the pace”. In leaving early, she distinguished herself from the established (Elias and Scotson, 1965, 1994) group, who in turn avoided the stigma of associating with someone who was an outsider by virtue of being a novice and now by not completing the training session. The message was clear: not to train was to be labelled deviant. Sally told me that when she continued to train with her injury, this was a “significant symbol” (Mead, 1934, 43) since “it was viewed quite positively in a sense that I did have a bit of an injury but I was obviously still keeping fit and could still row”. In particular, Sally’s shoulder injury prevented her from exercising that arm and she commented that one of the male rowers was “quite impressed that I could do one-handed tricep dips”. Many of these messages were even reinforced in the clothing that was worn. At regattas, rowers could be seen wearing T-shirts with slogans stating ‘strong women row to win’, ‘if you can’t cope, get out of the boat’ and ‘row hard, no excuses’. These acts and symbols are evidence of rowers undertaking
‘reparative acts’ (Shott, 1979, 1327) in order to compensate for the shame of a deficit body and so restore their self-presentation.

6.3.iii “Incredibly frustrating”: Emotional responses to injury

Following these examples, and given that pain has been recognised as being multi-faceted, so it is evident that the experience of pain extends beyond the physical to a psychological and emotional response. Interactionist perspectives enable a holistic approach to the pain experience: how it involves mind and body, and takes place in a social context. Denzin (1987) in particular locates the person in the broader social context, suggesting that rather than considering ‘emotions’, the focus should be on ‘emotionality’ or the process of being emotional. A consideration of the process, therefore raises broader social issues including the gender of the pain-afflicted individual, and the presentation of pain in interaction with significant others. In dealing with injuries, chi square analysis of questionnaire responses indicated significant difference between females and males with the female respondents suggesting more strongly than their male counterparts that they had to deal with their injuries emotionally ($\chi^2[1 N=65] = 4.36, p < .05$). The major emotions experienced (to varying degrees) were frustration (83%) (see figure 6.9), and anger (52%) (see figure 6.10):
Figure 6.9  Emotional responses to injury: ‘Frustration’

(see chart 46, Appendix 2)

Figure 6.10  Emotional responses to injury: ‘Anger’

(see chart 48, Appendix 2)
This is despite the suggestion that males in particular may be vulnerable to the stigma (Brock and Kleiber, 1994) of inconsistency between the virtual and actual athletic identity, given that the internal structure of masculinity has been suggested to incorporate risk-taking and an instrumental view of the body (Curry, 1993; Messner, 1992; Messner and Sabo, 1990).

The emotional reactions to injury were consistent with psychological models of standard phases in response to grief (Kubler-Ross, 1969) usually related to death, but also loss (in this sense, loss of the athletic identity). Examples of the management of emotions related to injury experience are particularly evident in stories of Pauline and Emma. Pauline talked of being “absolutely frustrated, fed up … incredibly frustrating that an injury is going to stop me”. Emma described how “not being able to get out (in a boat) was driving me nuts”, and “it drives me mad”. She also displayed anger in her response to a woman who came to see how she was when she had fallen. Her anger was because “all I was thinking was that’s me out of training for God knows how long”. The (male) coaches had also had to manage emotions due to their own injury experiences. Roger’s training diaries recorded feeling anything from “a bit down” to “very depressed” as a result of “enforced rest” due to pain and injury. This is significant for two reasons: firstly, the coaches are presenting role models to their athletes that they should be able to manage their emotions and continue with their sport; and secondly, it has been described above how the coaches indicated in their reactions to athletes that they should be able to deal with injury and concurrent emotions.
6.4 Recovering from injury: "Doctors just say 'rest and take Ibuprofen'"

The final stage of the injury experience is concerned with athletes' responses to the recovery process. During this phase, the rowers had to identify appropriate sources of help with their injury, undergo varying forms of rehabilitation, and then decide whether to return to their sporting activity. In response to the statement posed on the questionnaire that rowers should try to recover quickly from injuries, chi square analysis revealed that males were more likely to agree with this statement than females ($\chi^2[1]_{N=96} = 4.9$, $p < .05$). However, on reflection, this statement did not clearly indicate whether this meant that a rower should get help quickly, or return to the sport quickly after injury irrespective of complete rehabilitation.

Figure 6.11 Length of time out of rowing following injury

(see chart 29, Appendix 2)
More evident from the questionnaire was that a reasonable proportion of injured rowers (26%) did not take any time out of rowing when injured and sought no professional help (see figure 6.11). A larger proportion (44%) did not omit anything from their training as a result of injury. Furthermore, 40% received no treatment, and 50% took no rehabilitation programme. A novice rower who was also a medical doctor stated that “anyone who feels they need to endure pain/injury and continue training through pain and injury needs their head looking at ... If the club does not allow for adequate recovery from injuries then they are not a club worth rowing for.” Paradoxically perhaps, she also agreed that rowers have to be willing to accept risks, and with the statement ‘no pain, no gain’. The issue raised by this rower of club responsibility was mentioned by a number of the interviewees who told me that the rowing clubs did not have any contacts with medical practices, physiotherapists or other specialists. The exception to this was Alison who, as a member of the national Under-23 squad, had access to medical support. She explained that, even in this group, only the elite would get full attention, and this largely to get them back training as soon as possible, exchanging bodily performance for rewards (Nixon, 1993; Shilling, 1993). When Alison became injured her coach “was sort of helpful but you just got the feeling that if I had been at the Olympics it would have been a different matter”. It was apparent that some of the club rowers took advice from within the sportsnet, specifically by placing their trust in their coaches for medical advice (despite lacking any relevant qualifications), and Nicky recounted her coach advising a crew member: “Deep Heat and some painkillers ... rest it for a couple of days, but just keep it hot, keep working it, and take some of whatever he advised”. Such biased support may reinforce the culture of risk (Nixon, 1992). It was interesting when speaking to this
coach to hear him say that he had sent a rower to a “sports doctor” for treatment and that if the doctor said she was not recovered “we’re going to have to rest her again. You’ve got to take advice” (Max). It was not clear whether Max was presenting a sanitised view of his coaching methods because of the interview situation, or whether his intentions were genuine in this instance (the rower in question was his partner). In fact, this contradiction between Max’s view of his actions and the views of him from his crew presented a problem in representing Max accurately. The advantage of utilising an interactionist perspective is that it raises such dilemmas and frames the individual’s presentation of self. In this case, Max seemed to be presenting a rationalised self for the purpose of the interview and so any interpretation of Max’s opinions need to be contextualised within his own history and his relationship with his partner who was also a rower in his squad (see Deutscher, 1973).

Where treatment was provided, a trend became apparent of males predominantly choosing traditional pathways of doctors and surgeons, whereas females were more likely to use selected forms of complementary medicine (59% of females compared with 10% of males). This gendering of the pain/injury/illness experience is consistent with findings which suggest that women rather than men are more likely to use non-orthodox practitioners (Sharma, 1992).
Similarly, the middle classes are more likely to use such practices than the working classes, partly due to price differentials. This may be as a result of the 'femininity' of treatments such as massage and aromatherapy which use fragrant oils (Hardey, 1998), and the holistic approach to health balancing body, mind and spirit. This is in contrast to more "aggressive military metaphorical conceptualisations of the body" (Lupton, 1997, 128) in orthodox medical care which may be perceived to be more 'masculine' in the diagnosis/treatment cycle. The choice of medicine may also mirror an attempt by the athlete to present an appropriate (gendered) self (Goffman, 1976) at a time when their identity is threatened by the deviancy of the injury experience.
This trend may also be attributed to the perceived inadequacy of General Practitioners (GP) and hospital treatment, expressed by several of the female rowers: “the doctor was atrocious” (Pauline); “they are incredibly incompetent” (Valerie); “the consultant was slightly perturbed by my condition, but not enough to get off the phone while examining me” (Susan). Emma described her GP as someone “who didn’t know anything about sports injuries”, and Valerie, who was a schoolgirl rower at the time of her injury (cf. Ryan, 1995), also said that her doctor “fobbed me off ... if they don’t know, they won’t admit it and they won’t refer you ... if they don’t know, they don’t want anybody else to cure you”. It took six months for Valerie to be diagnosed as having a “slipped disk”. Helen was also incorrectly diagnosed by her doctor as having a gland problem and was told “there’s nothing you can do about it, so don’t worry about it, it is just one of those things”. She was recommended to a chiropractor by a friend and was told that she had “vertebrae out of place” in her neck which has required ongoing treatment. A senior 3 rower with a strained ligament in her back described on the questionnaire how she “found it difficult to get a doctor to diagnose my back injury - 5 months later it still hurts and I would like to know for sure whether I’m causing permanent damage - doctors just say rest and take Ibuprofen”. In keeping with many of the interviewees, Pauline’s doctor also told her to rest: “he was absolutely hopeless ... he told me about six months not doing exercise was better than not being able to walk”. When the rowers sought medical assistance they found themselves presenting a new identity in adopting the role of ‘patient’ in this performance. Their frustration in this role therefore frequently manifested itself in anger directed toward the new significant other of medical
professional. Such “doctor bashing’ is not uncommon, and medical professionals have been criticised for being both overly expansionist and exclusionist of the underprivileged, with illness caused by both deprivation and medical domination (Lupton, 1994). Similarly, the problems experienced by these rowers in the doctor-patient encounter are indicative of the control the doctor has over much of the encounter: in their greater access to medical knowledge, and their control of the physical environment or stage of the surgery (Hardey, 1998). Women have traditionally suffered most from the male-dominated medical experience, and so “it is little wonder that many women turn to the complementary, fringe or holistic health care, which appear to offer women a measure of control and power over their lives” (Wilkinson and Kitzinger, 1994, 129).

Some of the rowers that I spoke to told stories of visits to the hospital for treatment. Emma described how her “hospital managed to get my files muddled up between my shoulder injury and my knee injury” and tried to treat her shoulder when she went for treatment on her knee. Teri was accused of “malingering, because they weren’t interested in sports injuries”. Since Teri worked as a haematologist, she was able to get “through the back door” into the physiotherapy department for the necessary treatment on her wrist. Sally saw a consultant concerning her shoulder injury, but since he said “there was no guarantee it would be any better ... and that it might go wrong, I would end up without the use of my arm”, she decided to forego the surgery. For Sally, it was more important that she had “some use of (her) arm than no use” even though she knew that avoiding the operation was risking it becoming “really desperate”. She had subsequently gone to see a specialist (“a chiropractor ... no, she’s an osteopath”) “who said my back
was fine”, and was satisfied that this diagnosis gave her the go-ahead to continue training, despite the advice of the consultant to the contrary.

Many of the rowers seemed to have faith in various forms of complimentary and supplementary medicine. Clare expressed uncertainty in the ability of physiotherapists who “treat the symptoms but not necessarily fix the structure that is underneath it”, and chiropractors who “are quite rough, you know with that table that comes up in the middle and you go bang ... it can’t be right”. In contrast she referred to her osteopath as “unbelievable, he is just like (a) faith healer man”, and said that if he ever retired, she would have to give up rowing. Similarly, Valerie was referred to a school physiotherapist who “completely ignored me”, and she believed his treatment “was causing so much more pain ... I think he was damaging me more”. Valerie went on to receive treatment from a chiropractor who would “sort of crunch ... basically he put it all back into place, and you know as usually happens it will pop back ... and I didn’t feel that was actually getting anywhere”. Eventually Valerie also ended up at an osteopath whose treatment she felt was “a lot more long lasting”, and who also “will appreciate other people’s methods”.

For those rowers choosing to receive treatment from physiotherapists, adherence to any prescribed rehabilitation programme was varied. Pauline told me that her physiotherapist recommended “lots of stretching and he would manipulate it and obviously do things to calm it down like they put that impulse thing through it with the machines”. When I asked Pauline if she had maintained her programme, she admitted that she did not stretch
as much as she should and that financial pressures (Nixon, 1993) prevented her from purchasing the shoe insoles recommended for her use in the boat. She also told me that the women at Rivertown were disadvantaged because the shoes in the boats were men's sizes and so her injury was aggravated by a lack of foot support in the boat. It was noticeable in conversations with Pauline that she would attempt to medicalise her injury in reference to machines, needing “computer images” of her feet for insoles and telling me that her injury had a name (“but I don’t know what it is”). In displaying symbolic competence through medicalised language, Pauline could make the injury sound serious. She also simultaneously disassociated it from herself making it a medical condition needing technical help to prevent any threat to her athletic identity (Goffman, 1969).

Interestingly, very few of the respondents admitted to taking any pain killers, in contrast to research findings of Messner (1992) and Young (1992). Helen admitted that she would “take Neurofen if it (her neck) is really bad”. Nicky told me that she would “rather get it seen to than just try and get rid of it by taking pain killers”, largely because of the experience of a training partner she had when she was in the junior national squad: “whenever we went to training camps she’d always have a hot water bottle, Ralgex, Deep Heat, and a packet of pain killers”. Emma did admit that after her injury “Max (her coach) suggested drinking (alcohol) so I took it up big time”. This appeared to be an alternative way of masking both the pain, and the stigma, or the injury.
Despite having experienced such high levels of pain and injury, the majority of respondents (71%) to the questionnaire stated that it is difficult to quit rowing, even after a serious injury:

Figure 6.13 Agreement with statement: 'It is very difficult for rowers to quit, even after serious injury'

(see chart 60, Appendix 2)

Mike, one of the Bridgewater coaches, explained that having an injury makes people “more aware” and so they can return to rowing confident that they will not receive the same injury again. Mike thought that such awareness as a result of experience was “quite good … injury avoidance comes out of education and a bit of body awareness”. Emma told me that when she returned from her injuries, the crews were established and “so it was either sit on the bank or go and do something, so I decided it was time I got back in a sculling boat again”. After Clare’s osteopathy treatment for her back injury, she said that she did not row at all for three months because she had “lost a lot of confidence and a lot
of interest in it”, but at the time of the interview was training in pain with aspirations to race at the National Championships and trying for the National squad. Pauline said that when she returned to rowing she was “really scared” that her injury would recur and so was “overcautious’ when she returned to rowing. In particular, Pauline was worried that “my bloody knee is wearing out, it’s crap”, but repeatedly expressed during the interview the prohibitive costs of the treatment and equipment that she needed to prevent a recurrence of her injury. She was, therefore, continuing to row without the necessary equipment, rather than give up the rowing. This is in keeping with reports that the majority of injuries have occurred in the same athletes previously (Bernstein, 1995).

Pauline’s story was similar to many others for whom giving up rowing was “not really an option” (Helen). Helen was one of many who would try to manage her own injury: “I kind of massage down my neck”, and when she hurt her knee “I stuck a bandage on it” in order to continue with her sport. When I asked Helen about the appeal of rowing, she replied that it was simply “being on the water”. She also enjoyed the fact that “there is a certain amount of skill involved … you can feel progression … I find it relaxing as well, it’s good to wind down”. This quest for exciting significance (Maguire, 1993b) was elaborated in Chapter 4, and is of relevance in the injury career of rowers, since as Helen said “it’s worth the aches and pains”.

Having observed the experiences of so many other athletes, in the last session that I observed at Bridgewater, I tripped over a mat during a circuit training session. I fell hard on to one knee, which immediately swelled and started to bleed. I ran into the changing
room to stem the bleeding so as not to expose anybody else to my blood, returned to the circuit having missed only one exercise, and continued training, in some pain and subsequently unable to perform some exercises correctly. Had I stopped training and iced my knee I would probably have recovered from the fall within a couple of days. As it was, I suffered from pain and lack of mobility for about three weeks in my attempt to complete the circuit. It was at this point that I realised I was in danger of ‘going native’ and was in danger of losing the blend of involvement and detachment that I had deemed so crucial to the study (see chapter 3). On reflection, I decided to complete my participant observation.

6.5 Conclusion

From the rowers’ stories which have been presented, it became evident that there may be more injury related to participation in rowing than was apparent from the initial review of published statistics and the informal preliminary discussions with some of the rowers. In fact, evidence from the Amateur Rowing Association and the more in-depth research presented above suggests that there are actually quite high levels of pain and injury in rowing subcultures to the extent that the Amateur Rowing Association has developed an injury reporting system. The picture is distorted in part by the rowers themselves who display a “masochistic” (Edgar, 1999; Redgrave, 1999) attitude, believing that there is a lack of risk of injury (and illness) in rowing, and train hurt. As a result, pain and injury become embodied in the sporting experience, partly through the layers of consciousness which evolve through the interactions with significant others who reinforce attitudes,
turning rowing into a situation of chance (Goffman, 1969). Athletes tolerate injury and illness experiences in order to maintain their athletic self. This seems to reflect a transformation of rowing into the dominant commercialised sports culture, whereby performance efficiency has taken precedence over wellbeing (Maguire, 1991). The very stage upon which rowing is set is ‘work-like’, with the training props and uniform reinforcing the participants’ identity as rower. It is of particular concern that there are signs of risk-taking amongst younger participants. The resultant injury experiences distort the notion of sport as healthy (Lupton, 1997). As a result, it appears that illness and injury are disrespected (Young et al., 1994), if they are invisible. Many of those interviewed staged emotional responses (such as embarrassment) when they became ill/injured and undertook reparative acts, such as training hurt. In addition, the attitudes of health professionals outside the immediate athletic subculture or sportsnet, appear to perceive such risk-taking as deviant, and so treat the resultant injury conditions with little understanding and, therefore, limited effect. The inadequacy of medical care available is of particular concern and is addressed further in chapter 7.

These three discussion chapters have, therefore, presented a dilemma of the ‘fatal flaw’ (Sparkes, 1996), whereby injury and illness threaten the identities of the rowers. This is because the injury/illness experience appears to disrupt their biography of self as athlete as they deal with the stigma of presenting an inappropriate athletic self (Goffman, 1963). This is particularly significant for females whose story is already complicated as they negotiate their dual (and apparently contradictory) identities as woman and rower. Since both of these identities are embodied, the fatal flaw threatens their status as both female
and athlete and undermines their entire identity. In what follows, the implications of these findings for future practice are discussed. Particular attention will be given to improving understanding of the implications of risk-taking behaviour both for participants and coaches, and also informing health-care for ill and injured athletes.
CHAPTER 7

Concluding thoughts and some recommendations

This thesis set out to explore the injury experiences of a group of female amateur British rowers, in order to ascertain the major injury-risk factors and inform future practice. In keeping with Maguire (1999, 207), I did this “without having a full knowledge of the conceptual and empirical terrain I would have to travel. I still have to fill in the gaps in my knowledge and, if anything, have become more aware of the size of the task I set myself and the limitations that remain”. In particular, I was unaware of how a study of injury would lead me into the diverse and complex world of health and illness, which still remains relatively unexplored in sporting contexts; how these experiences would be framed within embodied emotions; or how I would have to reconsider my standing on the debate over the philosophical underpinnings of research paradigms and methodologies.

7.1 Summary

Prior to assessing the worth of this study or making any recommendations, I would like to summarise the major research findings. The stories of the women involved in my study support previous literature which suggests a culture of risk in sport (Nixon, 1992). The incidence of illness and injury in the two case study clubs also supported evidence of such trends amongst elite rowers (Bernstein, 1995; Edgar, 1993, 1999; Redgrave, 1999). The risk factors in rowing were summarised in the typology presented in Chapter 2. These earlier research studies informed my own work, by providing a framework of the
stages of pain (Kotarba, 1983) through which the athletes progress. These stages were related to other suggestions of processes and epiphanies in the athletic experience, including the body project (Shilling, 1993), and the development of a (deviant) identity (Downes and Rock, 1988). In addition, the women acknowledged in their questionnaire and interview responses, the emotions that they experienced in the injury process, which are akin to the psychological literature on grief-response patterns (Kubler-Ross, 1969).

The findings of this study progressed from these earlier research projects in the suggestion that injury is part of a much broader experience of illness in sport: as Emma said “illness seems to be the major problem”. This is in direct contrast to the biomedical discourse which indicates a relationship between physical activity, fitness and improved health status (Lupton, 1997; Ogle and Kelly, 1994). The risks of illness and injury in sport have been suggested to support Elias’ (1982) notion of a fearful other, whereby developments in technology and industry have alleviated traditional health problems but created their own risks. -This fearful other is, therefore, a product of the technological and lifestyle habits of contemporary societies, often related to the achievement striving evident in many Western nations (Beck, 1992; Donnelly, 1993; Lupton, 1997). These risks were frequently exacerbated by negligent coaching practices in the examples of coaches excusing themselves from responsibility for athlete behaviour to transfer the risk-taking practice to the athlete (Blinde, 1989; Duquin, 1991; Frey, 1991). Furthermore, the athletes stated suspicion concerning medical practice, which sometimes led to avoidance of medical support. In assessing the athletes’ attitudes toward illness and injury, it also became apparent that they believed their behaviour to be self-
determined and were largely unaware of any such structural constraints on their behaviour.

A major emergent theme from the rowers’ stories was the way that experiences of illness and injury affected their sense of self. This appeared to be because their identities were embodied: either in the presentation of the physical self as an athlete (‘fit’, muscular), or as a woman (slim, ‘feminine’). Any fatal flaw (Sparkes, 1996) in the body had the potential to disrupt an embodied biography and threaten the self. As a result, just as Messner (1992) has suggested that male athletes experience internal pressures to train hurt to prove their masculinity, so the females in this study adopted compensatory behaviour. This involved taking further risks to negotiate the epiphany presented by the injury experience (Curry, 1993), not least in the disruption to their body project (Shilling, 1997). Such behaviour included continued participation whilst ill or injured, epitomised in Nicky’s comment that she was “willing but not necessarily able”. Following Maguire (1999), these behaviour patterns add to our understanding of the body as many layered. Maguire suggests that people experience their bodies in four main ways: as biomedical, not least through the scientisation of performance and illness; as disciplined, as bodies are regulated in training regimes; as commodified in the wearing of commercial products; and as symbolic whereby embodied identities need to be understood in the context of the sportisation thesis. This latter point reiterates the need for future research projects to explore risk-taking behaviours (such as those evident in these rowing subcultures) in the context of a pursuit for “exciting significance” (Maguire, 1999, 68).
Such findings add to our understanding of overconformity to group norms, which has traditionally been dominated by sport psychologists and notions of exercise addiction (Ogles et al., 1995). As Janet said, to be ‘a rower’ meant that you “eat, sleep, think about it” all the time. One particular suggestion from this study is that participants in minority sports may be subject to the specific risk factor of competing in an environment where success is more readily achievable by virtue of the minority status of the sport. The risk of injury in minority sport is belied by the relative lack of literature of such subcultures, but it is in exactly these environments that the “symbolic reward of immortality” (Curry, 1993, 23) is more achievable and so the risks more worthwhile. The focus upon women’s rowing, whilst a minority sport, nonetheless highlighted several key issues regarding gender, pain, illness and injury in sport more generally.

7.2 Policy suggestions

On the basis of these findings, it is possible to make some evidence-based recommendations.

7.2.1 Coaching practice

The stories of the rowers in this study indicated that pain, illness and injury experiences are steeped in emotion. This suggests the need for more humanistic coaching practices that consider the development of human potential rather than being merely performance oriented. This is not a new concept: Allen (1973) identified the importance of
recognising athletes' basic needs in order to move towards their self-actualisation. Such practice should consider being more directive in injury avoidance measures. It is clear that whilst coaches may pay 'lip service' to warm up and resting an injury, the reality is that athletes are often given freedom of choice. Cross (1991) has suggested that humanistic coaching practices involve being more advising and supportive, and ultimately enabling the athlete to be responsible for their actions and consequences. The experiences of the rowers in this study suggests that such an approach makes them vulnerable to the pressures of the sportsnet along with their own internal pressures to continue to train. The need for greater collaboration and flexibility to cater for individual needs is an attractive aspect of Cross' humanistic coaching process. However, his suggestion that “the very elite athletes know themselves much better than you do” (Denison, 1990, cited in Cross, 1991, 18) is supportive of a 'risk transfer' (Frey, 1991). To be truly effective, coaching practice needs to be informed, and any empowerment of athletes should ensure that their decisions are educated and conscious of potential outcomes.

7.2.ii Medical practice

A consistent theme recurring through the questionnaire responses and the interviews, was the perceived incompetence of medical personnel in dealing with sport-related injuries. Doctors were referred to as “incompetent” (Valerie), “atrocious” and “hopeless” (Pauline). Given that I found limited literature documenting illness and injury conditions in sport, with appropriate treatment, I was not surprised that medical professionals (and
particularly GPs with their broad remit) were unable to offer detailed advice themselves. A recommendation of this study would be the need for the further dissemination of theory and practice for those working with ill and injured athletes. Many of the women were attracted to forms of complementary and supplementary medicine, certainly in greater numbers than the male respondents to the questionnaire. It has been suggested that this may be because traditional medical care has an inherent power relationship between the doctor and patient, with women suffering more from this experience (Hardey, 1998; Lupton, 1994). In the complementary and holistic health care services, women experience a more ‘feminine’ approach to treatment (Hardey, 1998; Sharma, 1992) which contrasts with the more aggressive and ‘masculine’ style of orthodox medical care. Given that the illness and injury experience may threaten the presentation of (a gendered) self, so a holistic treatment is necessary to deal not only with the biomedical condition, but also the disruption to the individual’s identity. Non-orthodox medical care also presents women with an opportunity to take some control over their own lives in its development of informed self-help practices (Wilkinson and Kitzinger, 1994). This is important since ill people feel vulnerable if they are isolated, whereas “active patients involved in their own treatment feel less vulnerable because they are taking control” (Charmaz, 2000, 288), particularly if this is complemented by a knowledge that others have experienced, and weathered, similar experiences. Obviously, one additional factor is the financial cost of complementary treatment. Whilst this was less of a consideration given the middle class status of the women who were interviewed in this study, a recommendation from these findings would be the need to develop free or subsidised non-orthodox health care, particularly given its apparent benefits for women.
In a response to the inadequacy of the health-care services, the rowers seemed content to self-diagnose their own conditions and treatment, and to adopt the advice of significant others within the sportsnet: in particular the coaches who lacked the qualifications to substantiate the advice given. The findings of this study are, therefore, not only relevant to sports scientists, but also to professionals who study people's lives 'in the round' (Maguire, 1991). For example, those working in health promotion need to be aware of the limitations of the individualistic approach to health care which can be disenabling and presents a potential risk to wellbeing (Lupton, 1997).

7.3 Methodological considerations

This study was located within a symbolic interactionist framework. This enabled an in-depth exploration of the development and presentation of self as an athlete, and the stigma of illness and injury within this self definition. It also framed the understanding of the role of significant others (particularly the male coaches) in this process. Symbolic interaction also has at its core the embodied emotions which became so central to the analysis. These emotional responses were of particular significance with respect to the athlete's acquisition of symbolic competence. For example, risk-taking frequently appeared to be a form of impression management to cope with the negation of the self-concept as a result of illness and injury, and the emotions were often a response to the presentation of an "inept" body and self (Shott, 1979, 1325). It is possible that some athletes also enjoyed their status as disaffiliates (Goffman, 1963), behaving in ways that
distinguish them from their non-rowing peers, including the taking of risks, and training with pain.

Other theoretical perspectives were drawn upon during the course of the analysis. Whilst I would maintain the suitability and fruitfulness of symbolic interaction for future research, other approaches should not be ignored. For example, any consideration of the gendered nature of illness experiences needs to utilise a feminist perspective; the structural constraints on behaviour may usefully draw upon cultural studies work; and to locate this understanding within developmental perspective, the process-sociological work of the figurationalists comes to the fore.

Symbolic interaction also enabled an exploration of the debate over combining quantitative and qualitative methods. Whilst symbolic interaction is usually considered to be a form of interpretive research (Sparkes, 1992a), the early work of Mead was more positivist in orientation. In rejecting the traditional distinction of qualitative and quantitative methods, I found myself encouraged by the potential offered in the more diverse and critical approach to research which characterises the ‘fifth moment’ of qualitative research methodology (Denzin, 1997). In particular, the multiple method approach recognises “the variegated nature of social reality” (Layder, 1998, 99) and enabled an exploration of the relationship between the structural context and the individual biographies (Klein, 1997) to ensure that any findings are not merely context-bound (Silverman, 2000).
Given these considerations, there are some specific recommendations for the methodological tools which may be used in a study of this nature. Firstly, since the illness and injury experience may form a fateful moment (Giddens, 1991) in the individual’s life, it has been suggested (Sparkes, 1996) that biographical narrative work can develop the understanding of such epiphanous events in the lives of sports people. In particular, these personal accounts may assist exploration of the meanings of pain, illness and injury in the individual’s life, and the body-self relationship. The debate over the utility of the personal narrative, and specifically ethno-autobiography, was explored in detail in Chapter 3. The issue being raised here is the need to counter a tendency to present disembodied stories in the tradition of more positivist and biomedical discourse, by giving primacy to the voice of the participant whilst not denying the role of the researcher in the critical interpretation of the findings. Following this logic, voices may be recorded in other ways beyond the interview setting. I found the access to Roger’s diaries a useful way of initiating conversation, and these also supplemented Roger’s story and his approach to coaching. The use of diaries and other texts have been recommended as a way of achieving “the meaning and context embedded in particular social, historical and political settings” (Lupton, 2000, 51). It was particularly useful in this study, given Roger’s reticence to talk through some issues, since the diaries could fill some of the gaps. Whatever the specific choice of methods, following Charmaz (2000), future studies need to foreground the social construction of the human experience. Charmaz’s words are worthy of quoting at length:

"Which direction should our studies take next? The body of research in this area points the way to go deeper into the subjective and further outward into the social ... we are embodied beings and we do have feelings. Past social scientific emphasis on rationality has channeled vision away from these two subjective
dimensions of human experience. This area of study brings them back with challenges to create nuanced analyses not only of crisis, suffering and loss, but also of renewal, hope, and transcendence. Chronically ill people’s stories mediate between their bodies and emotions because their stories make sense of their altered lives and limited bodies” (Charmaz, 2000, 288).

7.4 Limitations and implementation

The very nature of a research study such as this is limited in its generalisability by virtue of focussing on a small population at a given time and place, which may not be representative of a broader population. However, the in-depth analysis of the specific case studies has allowed illumination of experiences, and the triangulation of methods facilitates some degree of generalisability (see chapter 3). Therefore, whilst this has not been a wide-ranging national survey, the critical case study can help to both inform practice, policy and theory, and also has implications worthy of further investigation. In addition, given that these women’s experiences of illness, injury and their embodied emotional identities were framed within interactions with significant others and socio-cultural contexts, it is likely that other women in similar situations would share aspects of these experiences. In this way, moderatum generalisation is possible (Williams, 1998) about identifiable aspects of the research situation. Having said this, it is important to recognise the relatively privileged position of the women in this study, since whilst they share experiences of gendered oppression, they experienced the benefits of their status as white, university educated, middle class professionals.

It was important as an interpretive researcher to feed back the findings to the informants in order to inform their future practice. The responses of Helen and Sally to the interview
process supported this. Both of them claimed to have felt liberated by talking through
their stories with me. I spoke with Sally at some length at the end of my data analysis
whilst I constructed the framework for the final write-up. She told me that being
involved in the study had increased her awareness of her own risk-taking behaviour, and
she supported the issues which I identified as significant from the research process. I
became conscious that in order to be more effective in empowering participants, future
research may need to take a more critical theoretical approach.

In considering the implications of these research findings for the sociology of sport,
several issues arise. Firstly, symbolic interaction would seem an appropriate framework
for further research. It was suggested in chapter 2 that sport is a form of symbolic
interaction, and through such an approach it may be possible to uncover the meaning
systems which are central to the development of a gendered athletic self. However, it
would also seem important to develop a more reflexive symbolic interaction in order to
explore the less-conscious and more-habitual behaviour patterns, specifically related to
the risk-taking observed in these subcultures. A second recommendation would be that
studies exploring the risk/pain/injury nexus in sport might usefully be developed to
consider this as part of a broader experience of ill-health. Furthermore, whilst these
studies have provided extensive evidence on risk-factors in sport (Messner, 1990, 1992;
illness/injury experience is epiphanous in the social construction of self. More attention
therefore needs to be given to the effect of this biographical disruption in influencing
athlete behaviour, particularly in the phases of 'being' and 'recovering from' illness and

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injury. Thirdly, this study has implications for the broader sociology of sport, in understanding deviant behaviour, and developing more human-centred approaches to working with athletes. Finally, the experiences of the participants in this study were centrally located within embodied emotions, and so it would seem that continuing the discourse between sociologists of sport, the emotions and the body, is necessary to fully understand people 'in the round' (Maguire, 1991).

7.5 Concluding comments

As I reached the end of my write-up, I read a paper by Donnelly (1999) written after his recent visit to the American College of Sports Medicine (ACSM) Annual Meeting. Donnelly's paper reflected my own concern with the focus of rehabilitation professionals on returning athletes to sport as quickly as possible, in the interest of sporting performance. He questioned whether other (non-sporting) work employees would be expected to do the same and whether work unions would tolerate such a trend. I was sympathetic to Donnelly's (1999, 457) suggestions that "high performance athletes and professional athletes need strong unions", and that "sport sociologists, need to develop our sociology of sport science and our sociology of sports medicine" if we are to impact on the development of a holistic and humanistic approach to treating athletes (see also Waddington, 1996). However, I felt disheartened after the years I had just spent in my own data collection, at the realism of Donnelly's suggestion that there may be a conflict of interest for sports medicine professionals in preventing illness and injury, since this would undermine the purpose of their own work. In keeping with Donnelly's (1999)
concerns, and following Lupton (2000), the development of social constructivist analyses would seem an appropriate method of deconstructing the discourse and practice of biomedical work. As Lupton has suggested:

"it is impossible to extricate physical bodily experience from their sociocultural contexts, for the ways in which we think about, treat, and live our bodies are always and inevitably socially and culturally shaped. This is not to argue that the material world or 'real' phenomena such as pain, disease or death do not exist. Rather, it is to contend that we can only ever know, think about, and experience these realities through our specific location in society and culture" (Lupton, 2000, 50).

After two years of data collection, I left the field for six months in order to write up my findings. At the end of this period, I returned to Rivertown and Bridgewater to feedback my conclusions and see those women with whom I had spent so much time. I was disappointed, although not surprised, to discover that most had left the clubs, and rowing, altogether. At Bridgewater, Mike and Julie had gone travelling, and most others had given up. Sally and Barry remained, although Sally's plans to compete at a higher level had not developed. I spoke with both of these about my research findings. Sally felt that she no longer trained hurt, although this may also be attributed to her decreased desire to compete given that she had taken on a new role in her job and was just commencing her own doctoral studies. At Rivertown, again only Max, Roger and Teri remained. Max had moved on to coach the men's squad, Roger had given up coaching and returned to his own veteran's competitions, and Teri had taken over the coaching of the circuit training sessions. In both clubs, I was conscious that there was a new generation of rowers who had joined whilst I had been away, full of the same ambition and over-adherence to the sport ethic as those with whom I had spent time. The late arrivals at the training session still did not warm up prior to joining in, the talk of pain and illnesses had not disappeared.
in my absence, and whilst the names and faces had changed, the bodies, the emotions and the potential experiences had not. I could not help but feel that the devolution of responsibility to the athlete for illness and injury prevention and treatment, is misguided. There is a need both for greater awareness of the risks and their implications, and a more holistic and informed training of both the coaches and the health-care personnel. In that way, it may be possible to develop a challenge to the misconception that illness and injury are “a natural thing in rowing”.

REFERENCES


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APPENDIX 1

Copy of questionnaire
ROWING QUESTIONNAIRE

This questionnaire has been designed to find out about people's experiences of being involved in rowing and sculling. The questions ask about who is involved, what sort of training they do and what sort of injury risk is likely as a result of participation in these sports. If you are, or have recently been, involved in rowing/sculling, your experiences will be very relevant to this research.

I would be grateful if you could spare about 20 minutes to answer these questions.

The information that you give on this questionnaire is completely confidential. You do not have to put your name on the questionnaire. However, if you would be willing to be interviewed to discuss these issues further, please could you give your name and a contact number at the bottom of the questionnaire. This will not be revealed to anybody else.

If you would like to add anything further which is not required by the questionnaire, please feel free to do so.

Thank you for taking the time to fill out this questionnaire.

Please return your answers to me when you are finished.

Liz Pike
Department of Sport Science, St. Mary's University College,
Waldegrave Road, Strawberry Hill, Middlesex, TW1 4SX.
Please indicate your answer by ticking the most appropriate box(es):

SECTION A: ABOUT YOU

1. Are you male or female?
   - Male [ ]
   - Female [ ]

2. How old are you?
   - Under 18 [ ]
   - 18 - 24 [ ]
   - 25 - 29 [ ]
   - 30 - 35 [ ]
   - 36 - 42 [ ]
   - 43 - 49 [ ]
   - 50 - 54 [ ]
   - 55 - 59 [ ]
   - 60 - 64 [ ]
   - 65 - 69 [ ]
   - 70+ [ ]

3. Which of the following best describes your ethnic origins?
   - African/Caribbean [ ]
   - Asian [ ]
   - UK [ ]
   - European [ ]
   - Other (please describe) [ ]

4. Which of the following best describes your employment status?
   - Senior management [ ]
   - Middle management [ ]
   - Other professional (please specify) [ ]
   - Other non-manual (please specify) [ ]
   - Skilled manual [ ]
   - Other manual [ ]
   - Student [ ]
   - Non-employed (please describe) [ ]
   - Unemployed [ ]
   - Other (please describe) [ ]

5. What is your highest educational qualification?
   - No formal qualifications [ ]
   - GCSE or equivalent [ ]
   - 'A' level or equivalent [ ]
   - Undergraduate [ ]
   - Postgraduate [ ]
   - Doctoral [ ]
   - Vocational qualifications [ ]
6. Other than rowing, what other sports do you participate in?

- Team games (please specify)
- Racket games (please specify)
- Swimming
- Athletics/running
- Cycling
- Aerobics/dance
- Weight training/keep fit
- Equestrian
- Other water sports (please specify)
- Other sports (please specify)

SECTION B: ABOUT YOUR ROWING

7. In which of the following rowing events are you currently competing?

- Rowing only
- Sculling only
- Rowing and sculling
- None (recreational only)
- Other (please specify)

8. If you row, is this most commonly in:

- an eight?
- a four?
- a pair?

9. If you scull, is this most commonly in:

- a quad?
- a double?
- a single?

10. What is your rowing status?

- Junior (please specify category)
- Novice
- Senior 4
- Senior 3
- Senior 2
- Senior 1
- Elite (lightweight)
- Elite (heavyweight)
- Veteran (please specify category)
11. What is your sculling status?
- ☐ Junior (please specify category) ........................................
- ☐ Novice ☐ Senior 4 ☐ Senior 3
- ☐ Senior 2 ☐ Senior 1
- ☐ Elite (lightweight) ☐ Elite (heavyweight)
- ☐ Veteran (please specify category) .................................

12. How long have you been actively involved in rowing and/or sculling?
- ☐ < 1 year ☐ 1 - 2 years ☐ 3 - 5 years
- ☐ 6 - 10 years ☐ 10 + years

13. How often do you train off the water (per week):
- ☐ < once ☐ 1 - 2 times ☐ 3 - 5 times
- ☐ 6 + times

14. What sort of training do you do (off the water)?
- ☐ running ☐ circuits ☐ weights
- ☐ ergo ☐ cycling ☐ aerobics
- ☐ tank ☐ other (please specify) ...............................

15. How often do you train on the water (per week)?
- ☐ < once ☐ 1 - 2 times ☐ 3 - 5 times
- ☐ 6 + times

16a. Do you use rowing/sculling to help you to create your ideal body shape?
- ☐ yes ☐ no

16b. If yes, please describe how .................................................................
........................................................................................................
........................................................................................................
........................................................................................................

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17a. Have you ever used any methods of weight control to aid your rowing/sculling?

☐ yes  ☐ no

17b. If yes, please describe ..........................................................................................
..................................................................................................................................
..................................................................................................................................

18a. Do you consider your participation in rowing/sculling to be a risk to your body and/or your health?

☐ yes  ☐ no

18b. If yes, to what degree:

☐ extreme risk  ☐ high risk  ☐ some risk
☐ slight risk  ☐ minimal risk

18c. If yes, do you believe that the benefits of participation outweigh the risks?

☐ yes  ☐ no

19. How many sports injuries have you sustained through your participation in rowing?

☐ 0 (please go to section C)  ☐ 1 - 3
☐ 4 - 7  ☐ 8 - 11  ☐ 11 +

20. Which body parts have you injured through participation in rowing?

☐ back  ☐ neck  ☐ shoulders
☐ wrists/forearm  ☐ hands  ☐ other arm injury
☐ groin  ☐ shins  ☐ knees
☐ hamstrings  ☐ ankles  ☐ feet
☐ other leg injury  ☐ head  ☐ abdominals
☐ other injury (please describe) ..................................................................................
21. What types of injury have you sustained (please indicate the number in each category)

<table>
<thead>
<tr>
<th>Injury Type</th>
<th>0</th>
<th>1-3</th>
<th>4-7</th>
<th>8-10</th>
<th>11+</th>
</tr>
</thead>
<tbody>
<tr>
<td>muscular soreness</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>strains/sprains</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>fractures</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>breaks</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If other, please explain ................................................................................................
....................................................................................................................................

22. What is the most severe injury that you have experienced as a result of your involvement in rowing? (please give details)

........................................................................................................................................
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................

23. What were you doing at the time of your most severe injury?

- rowing (training)  
- rowing (racing)  
- sculling (training)  
- sculling (racing)  
- tank  
- ergo  
- running  
- circuits  
- weights  
- cycling  
- aerobics  
- other (please specify) .........................................

24. Which of the following (if any) have you omitted from your training due to injury?

- rowing  
- sculling  
- tank  
- ergo  
- running  
- circuits  
- weights  
- cycling  
- aerobics  
- other (please specify) .........................................
- none
25. If applicable, for how long did your most severe injury prevent you from rowing/sculling?

☐ not applicable (never missed training or competing through injury)

☐ < 1 week ☐ 1 - 2 weeks ☐ 2 - 4 weeks

☐ 1 - 2 months ☐ 2 - 6 months ☐ 6 - 12 months

☐ > 1 year (please specify) .................................................................

26. How long did your most severe injury affect your normal training regime?

☐ not applicable (never missed training through injury)

☐ < 1 week ☐ 1 - 2 weeks ☐ 2 - 4 weeks

☐ 1 - 2 months ☐ 2 - 6 months ☐ 6 - 12 months

☐ > 1 year (please specify) .................................................................

27. From whom do you normally seek professional help with your injuries?

☐ none sought ☐ doctor/surgeon ☐ physiotherapist

☐ chiropractor ☐ your coach ☐ osteopath

☐ aromatherapy ☐ masseur ☐ Chinese medicine

☐ other (please specify) .........................................................................................

28. From whom did you seek professional help with your most severe injury?

☐ none sought ☐ doctor/surgeon ☐ physiotherapist

☐ chiropractor ☐ your coach ☐ osteopath

☐ aromatherapy ☐ masseur ☐ Chinese medicine

☐ other (please specify) .........................................................................................

29. Please indicate which of the following your most serious injury required:

☐ surgery ☐ ongoing physiotherapy

☐ drug consumption (prescribed by other)

☐ drug consumption (self prescribed)

☐ other (please specify) .........................................................................................
30. Did you follow any prescribed advice/rehabilitation programme?

☐ none given
☐ yes, in full (please describe) .................................................................
☐ yes, in part (please describe) .................................................................
☐ yes, until recovered sufficiently to return to training (please give details) ......
☐ no (please give details) ........................................................................

31. How normal is it for you to feel pain on a weekly basis?

☐ not at all normal ☐ not very normal ☐ normal
☐ very normal ☐ all of the time

32. How much pain do you experience on a weekly basis?

☐ none ☐ some but nothing severe
☐ a little pain ☐ severe pain ☐ unbearable

33a. Have you ever willingly trained or competed whilst injured?

☐ yes ☐ no

33b. If yes, do you ever think about the risks of causing more serious injury?

☐ yes ☐ no ☐ sometimes

34. Have you ever been encouraged to train or compete with pain and injuries by others?

parents ☐ yes ☐ no
teachers ☐ ☐
coaches ☐ ☐
other rowers ☐ ☐
other family ☐ ☐
35. Do you find that pain and injuries have to be dealt with emotionally as well as physically?

☐ yes  ☐ no  ☐ sometimes

36a. Has being injured ever caused you emotional stress?

☐ yes  ☐ no

36b. If yes, what is the form of this emotional stress?

........................................................................................................................................

37. Has being injured ever made you feel:

<table>
<thead>
<tr>
<th></th>
<th>Always</th>
<th>Often</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guilt</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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</tr>
<tr>
<td>Shame</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Uncertainty</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Frustration</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
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<td>☐</td>
<td>☐</td>
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<td>☐</td>
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</tbody>
</table>

38. Have you ever gained respect for training through pain and injuries?

☐ yes  ☐ no

39a. If so, from whom?

parents  ☐
teachers  ☐
coaches  ☐
other rowers  ☐
other family  ☐
39b. How was this respect confirmed?

☐ verbally to yourself  ☐ non-verbally to yourself

☐ verbally to other coaches  ☐ non-verbally to other coaches

☐ verbally to other rowers  ☐ non-verbally to other rowers

☐ other (please describe) ........................................................................................................

40. If you would like to give any additional information about your rowing-related injuries, please feel free to do so below:

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SECTION C : YOUR OPINIONS

Listed below are a number of statements about pain and injury. Please indicate how much you agree or disagree with each of these statements by circling one of the numbers following each one. Use the key below to interpret the numbers you can use for your answers.

1 - strongly agree
2 - agree with reservations
3 - disagree with reservations
4 - strongly disagree

<table>
<thead>
<tr>
<th></th>
<th>Statement</th>
<th>1</th>
<th>2</th>
<th>3</th>
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<td>Rowers need to push themselves to their physical limits</td>
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<td>There is a high risk of getting injured in rowing</td>
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<td>No pain, no gain</td>
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<td>Being a rower means that you have to be willing to accept risks</td>
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<td>Rowers will do everything possible to row despite pain and injury</td>
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<td>Serious rowers have to train with pain and injuries</td>
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<td>Rowers who care about their crew will try to train and compete with injuries and pain</td>
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<td>Rowers who complain about pain and injuries ought to be worried about losing their position in the boat</td>
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<td>49</td>
<td>Rowers who endure pain and train with injury deserve respect</td>
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<td>50</td>
<td>Rowers should try to recover quickly from injuries</td>
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<td>51</td>
<td>Rowers ignore injured crewmates</td>
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<td>52</td>
<td>It is very difficult for rowers to quit, even after serious injury</td>
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<td>53</td>
<td>In rowing, winning is everything and losing is nothing</td>
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</tbody>
</table>

Thank you for completing this questionnaire.

If you would like to make any additional comments, please feel free to do so below or overleaf:

..................................................................................................................................
..................................................................................................................................
..................................................................................................................................

If you would be willing to be interviewed, in complete confidence, please give your name and contact details below (these will not be revealed to anybody else).

Name : ............................................................
Contact details : ..............................................
..................................................................................................................................

11
APPENDIX 2

Questionnaire results
This appendix will present the findings from the questionnaires completed by the female rowers in keeping with the overall focus of this project. Some comparisons are made with the findings from the male respondents. Chart 1 illustrates the gender split of the respondents.

**Chart 1**

**Social Status of Respondents**

The respondents to the questionnaire were predominantly aged between 18 and 35 (83.5%), classified their ethnic status as white British (82%), and professionals (65.7%) holding university qualifications (71%), (with an additional 24.7% as students) (see Charts 2 - 4).
Chart 2

Ethnic Origins (female)

- African/Caribbean: 39%
- Asian: 16%
- UK: 10%
- European: 10%
- Australian: 0%
- South American White: 0%
- Eurasian: 0%

- Other: 84%

Chart 3

Employment Status (female)

- Senior Management: 33%
- Middle Management: 15%
- Other Professional: 25%
- Other non-manual: 0%
- Skilled Manual: 0%
- Other Manual: 0%
- Student: 0%
- Non-employed: 49%

- Unemployed: 3%

A number of the respondents were also involved in other sporting activities.
A number of the respondents were also actively involved in other sporting activities (see Chart 5).
The most popular activities included forms of weight training and keep fit which could be related to training for rowing, but other activities included are swimming and cycling.

The majority of respondents were rowers (86.3%), with an additional 11% who rowed and sculled (see Charts 6 - 8).

Chart 6

The respondents indicated a preference for rowing in larger boats (see Chart 7) but sculling in smaller boats (see Chart 8).
Most were of non-elite status (93.1%) (see Charts 9 - 10). It is important to note that even those who are categorised as ‘elite’ by the number of races that they have won, still meet the criteria of ‘non-elite’ with respect to lack of financial reward and media status for their rowing.
Most of the respondents had been involved in rowing for less than five years (80.8%) (see Chart 11).
The majority stated that they trained between 3-5 times per week (see Charts 12 and 13).

Chart 11

Length of Involvement (female)

- 10+ years: 29%
- 6-10 years: 14%
- 3-5 years: 38%
- 1-2 years: 15%
- <1 year: 4%

Chart 12

On-water training frequency (female / week)

- < Once: 3%
- 1-2 times: 4%
- 3-5 times: 10%
- 6+ times: 83%
The off water training largely took the form of ergometer work (79%), weight training (78%), circuit training (75%) and running (75%) (see Chart 14).
When comparing the responses of male and female respondents, it became evident that more females than males identified the construction of the ideal body shape as a reason for rowing training, although this was a minority response in both cases (Chart 15), and some ambiguity became evident as some respondents stated that they were looking to construct the ideal body for the sport (cf. Messner, 1990) and others a gendered body with respect to social norms of femininity.

![Chart 15: Rowing to create ideal body shape (female)]

The majority of the respondents (66%) had been injured through their involvement in rowing (see Chart 16).
However, most did not perceive their involvement in rowing to pose a health risk (23%) although this was a higher Chart than the males (4.3%), and only a minority (38.4%) agreed that there is a high risk of injury in rowing (see Chart 17).
Chart 18 indicates that the majority of injuries are to the back, wrist and forearms, and knees, as might be expected in rowing.

In Charts 19 - 23, it can also be seen that the majority of injuries are muscle soreness, strains and sprains, with relatively few fractures or breaks.
Chart 20

Frequency of strains/sprains (female)

- 0%: 10%
- 1-3: 0%
- 4-7: 50%
- 8-10: 38%
- 11+: 2%

Chart 21

Frequency of fractures (female)

- 0: 4%
- 1-3: 2%
- 4-7: 94%
Chart 22

Frequency of breaks (female)

- 96%
- 4%

Chart 23

Frequency of other injuries (females)

- 79%
- 21%
Charts 24 and 25, reiterate the trend of the most frequently injured body parts, with the most severe injuries most commonly being caused in rowing training.
Having received an injury, more of the respondents claimed to have continued training
with the injury than not (64.6%):

![Chart 26: Training whilst injured (female)](image)

Of these, most stated that they did consider the risk of causing more serious injury
(80.6%):

![Chart 27: Do you think about the risks of more serious injury (female)](image)
Charts 28 - 30 illustrate how most rowers took little time out of training, and omitted little from their training programmes, as a result of their injuries.

**Chart 28**

*Omitted from training through injury (female)*

- Chart showing frequency of time out of rowing for different training types (Rowing, Ergo, Circuits, Cycling) and total (All).

**Chart 29**

*Length of time out of rowing (female)*

- Pie chart showing percentage distribution of time out of rowing for different time periods (None, <1 week, 1-2 weeks, 2-4 weeks, 1-2 months, >1 year, Not specified).

- Statistics:
  - None: 20%
  - <1 week: 6%
  - 1-2 weeks: 6%
  - 2-4 weeks: 13%
  - 1-2 months: 15%
  - >1 year: 19%
  - Not specified: 15%
Many of the respondents failed to seek any professional help with, or treatment for, their injuries (see Charts 31 and 32).
Where treatment was provided, a trend became apparent of males predominantly choosing traditional pathways of doctors and surgeons (see Chart 33),
whereas females were more likely to use selected forms of complementary medicine (59% of females, compared with 10% of males).

Whilst the rate of reporting injuries appears quite low, it is interesting to note the findings indicated in Charts 34 and 35, that the majority of respondents experience some pain on a regular basis.

**Chart 34**

*Experience of pain (female/week)*

- 34%
- 29%
- 27%
- 6%
- 4%
Following on from the trend identified above of rowers continuing to train 'hurt', the questionnaire explored any pressures to continue to participate with injuries or in pain. Charts 36 and 37 indicate that there was little suggestion of any pressures from significant others to 'play hurt'.
Similarly, Chart 38 illustrates that few of the rowers felt that they had received respect for playing in pain.
In the limited cases where rowers did feel that they had received respect for playing hurt, this respect most frequently came from other rowers and was communicated verbally (see Charts 39 and 40).
In dealing with injuries, chi square analysis indicated significant difference between males and females with the female respondents suggesting more strongly than their male counterparts that they had to deal with their injuries emotionally ($\chi^2[1 \ N=65] = 4.36, \ p, .05$) (see Charts 41 and 42).

**Chart 41**

*Dealing with injuries emotionally (female)*

- Yes: 58%
- No: 25%
- Sometimes: 17%

**Chart 42**

*Injury causing emotional stress (female)*

- Yes: 60%
- No: 40%
Almost half of the respondents claimed to experience some degree of guilt as a result of their injuries (Chart 43).

Less than a quarter of the respondents felt shame at their injury (Chart 44).
Approximately two thirds of the respondents experienced uncertainty on becoming injured (Chart 45).

The most commonly experienced emotion was frustration at being injured (Chart 46).
Approximately two thirds of the respondents experienced feelings of depression and anger on becoming injured (Charts 47 and 48).

**Chart 47**

*Injury causing depression (female)*

- Always: 19%
- Often: 38%
- Sometimes: 6%
- Rarely: 6%
- Never: 6%
- No response: 6%

**Chart 48**

*Injury causing anger (female)*

- Always: 25%
- Often: 38%
- Sometimes: 6%
- Rarely: 6%
- Never: 6%
- No response: 6%
The final emotion that respondents were asked about was whether they felt selfish at being injured. Only a minority (25%) acknowledged any sense of this emotion in their responses (see Chart 49).

![Chart 49: Injury causing selfish feelings (female)]

The last section of the questionnaire asked rowers for their attitudes to risk, pain and injury. A number of statements were presented, and respondents were asked to indicate whether they strongly agreed, agreed, disagreed or strongly disagreed with the statements given. The results from this section are presented in the following Charts.
Nearly half of the respondents agreed that rowers have to be willing to push themselves to their physical limits:

As indicated above, despite the high number of rowers getting injured, only a minority (38.4%) agreed that there is a high risk of getting injured in rowing:
Approximately two thirds of the respondents agreed with the statement 'no pain, no gain':

![Chart 52](image)

More than half of the respondents agreed with the statement that rowers have to be willing to accept risks:

![Chart 53](image)
When the responses to this statement were analysed separately for injured and non-injured females, a trend of injured rowers agreeing with this statement was identified, which approached statistical significance in comparison to responses of the non-injured.

Chart 54 illustrates that approximately one third of the respondents felt that rowers will do everything possible to row despite pain and injury:

![Chart 54](image)

Similarly, in Chart 55 it becomes evident that only 25% of the respondents believe that serious rowers have to train with pain and injuries:
In keeping with the comments made above concerning the lack of perceived pressure from significant others, less than a third of the respondents believe that rowers who care about their crew will try to train and compete with injuries and pain.
Consistent with the above findings, there was also minority agreement that rowers who complain about pain and injuries ought to be worried about losing their position in the boat (Chart 57), or that rowers who endure pain and train with injury deserve respect (Chart 58):
Analysis revealed that males more than females were likely to agree with the statement that rowers should try to recover quickly from injuries ($\chi^2[1, N=96] = 4.9, p < .05$):

The majority of respondents (69.9%) also stated that it is difficult to quit rowing, even after serious injury:
Finally, more than half of the respondents felt that winning is everything and losing is nothing:

![Chart 61](image)

**In rowing, winning is everything and losing is nothing (female)**

- Strongly Agree: 19%
- Agree with reservations: 18%
- Disagree with reservations: 23%
- Strongly disagree: 35%
- No response: 5%
APPENDIX 3

Example of field notes

The 'warm up' consists of a series of mini exercises for the entire body of the room. On entry to the exercise area, the group leads into the gym, once the group has lifted their legs up high. This has not been explained, but everyone in the group knew as they started. Mike, with a soft touch, does a slow arm change followed by arm up:

The person stands on the floor facing the mirror, with their arms stretched up high in the air. Mike speaks to the group, saying, "One thousand with your feet planted on the floor, moving your arms up high and down on your sides, slowly." This is repeated, with the group following along, the warm-up.

The circuit consists of a series of stations with a different exercise at each, designed to target specific muscle groups and strengthen various aspects of fitness. Each exercise is performed by groups of three, which are rotated through the station every minute for three minutes on each exercise, changing positions on the circuit after each set. This is repeated, with the group following along, the warm-up.

The warm-up ends with a stretch, where the group stretches the entire body and finishes the session.
FIELD NOTES

Circuit training session

Place: Bridgewater clubhouse
Date: October 30th, 1997

| Activities | The ‘warm up’ consists of a three minute run around the outside of the room. On Barry’s instruction the group change direction, touch the ground, run lifting their knees up high. This has not been explained, so newcomers to the circuit learn as they train. Music with a fast beat is played loudly during this warm up.

This is followed by stretches, which Mike leads. Mike stretches each body part starting with the neck, and working through the body to the ankles. Each exercise is done once and held for approximately 20 seconds. Mike calls for ‘slow’ and ‘breathing’ during this. Some of the men mock each other’s lack of flexibility and there are some ‘in jokes’ related to recent rowing events being shouted across the room. The women are quieter, talking to the person nearest them, but this is unintelligible to anyone further away. The music at this stage has been changed to a quieter and slower choice.

The ‘circuit’ consists of ten ‘stations’: each of these is a different exercise to ‘work’ different muscle groups; many simulate aspects of rowing technique. The participants train in groups of three which are generally single sex, spending 30 seconds on each exercise, changing station on Barry’s whistle blow. This week, the circuit has increased (from four) to five circuits, 25 minutes of work. The stations are: v-sits (abdominals), rowing squat (quadriceps and shoulders), pole rowing (abdominals), step ups (legs), dorsal raises (back), press ups (pectoralis), bench jumps (legs), leg raises (lower abdominals), burpees (full body), skipping (cardiovascular).

The music playing now is fast and louder, preventing any conversation and making it difficult to hear Barry’s comments. Mike has joined in with the circuit this week, and so only Barry is available to give individual help or instructions, which are necessarily limited since he also has to time the circuit.

The circuit ends with a three minute run round the room and a repeat of the stretches. Some people leave for a ‘Bridge run’, which is a run to a bridge approximately a mile away. |
After the circuit, some people shower, some leave to go home, and others get changed and go to the bar for a drink. I join the latter group. In the bar, most people have soft drinks, usually the diet variety, although Barry and one of the novice women have a beer. Barry is also the only person smoking. Two groups are formed, one at the bar, and one at the tables. I join the group at the tables, since the group at the bar are predominantly the men and members of the club who share the clubhouse with Bridgewater.

**Physical environment**

The clubhouse is set by the side of the river opposite the other clubhouse that Bridgewater use to store some of their boats. There is a small pathway between the building and the river, but no direct access to the river, so crews have to carry boats along this path to some steps which lead to a landing area. They are planning to move all of their boats across the river to avoid having to do this walk. The building is on two floors. On the ground floor is the boat house. Upstairs are the changing rooms, training room and leading off from this is a bar which overlooks the river.

The training room is very worklike. There are rowing ergometer machines and benches at the side of the room, a ladder in the corner, and some tools lying around. The walls are all painted white, the metal ceiling is also white, the grey carpet is not fitted, and the strip lighting adds to the clinical and sparse feeling of the room. In contrast is one red light bulb, used I was told for subdued effect at weddings and other functions! On one wall is a painting of a rowing scene, framed in plastic to avoid breakage.

In the bar, there are metal tables and chairs at the edge, and some metal-bar stools. The bar is along the left hand side of the room, and we had to wait for the metal shutters to be raised before we could be served. At the end are patio doors leading to the balcony, closed due to the cold weather. Along the wall at the right, behind the tables and chairs are innumerable framed photographs of rowing crews, some current, some dating back to the turn of the century. There is also a painting of the clubhouse.

**Actors**

There were approximately 30 people training, 10 of whom were male, 20 female. Both coaches were present, both male. All of the actors are white.

Everybody present was dressed in sports wear. I noticed this evening that most of them wear blue kit – in some cases, this is because they are in the club kit, others just happened to be
wearing blue. This gave the feeling of a work uniform. The kit either signifies membership of the club, or displayed logos indicating attendance at rowing events. During the circuit, Julie and Janet both stripped to crop tops, revealing their lean torsos. Both of these are lightweight rowers. In contrast, the heavyweights wore loose-fitting t-shirts, and some wore tracksuit bottoms, rather than the standard cycling shorts, to conceal their physiques.

<table>
<thead>
<tr>
<th>Events</th>
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| Sally adapted certain exercises to compensate for her own injury (e.g. doing one arm press ups or pressing up against the wall). The coaches did not comment on this or suggest that she should not be training with an injury. The calls from Barry (which could be heard) during the circuit included ‘make it hurt, it’s now or never’. He also called for ‘harder and faster’ work in contrast to Mike who called for more quality and less quantity. In the bar afterwards, the ‘advanced’ squad were discussing their training. It appears that the other dryland training session which takes place on a Tuesday is exclusive to this group, as members of the ‘improvers’ and ‘beginners’ were not invited. Sally mentioned that she wanted to row in the ‘2’ seat at the weekend for an ‘easy row’, but thought it was unlikely ‘because I’m too big’. They had been asked to list their week’s training, rating it 1 (easy) to 4 (hard). Mike asked Janet why she had not listed any 1s or 2s. She replied that moderate training ‘is not worth doing’.

<table>
<thead>
<tr>
<th>Reflections</th>
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<tbody>
<tr>
<td>Cold weather – warm up not increased, and the tricep stretch was omitted in this week’s session. There is never an achilles stretch. Dilemma for the interpretive researcher – I am observing potentially injurious practice. Is my role just to observe for now? Should I mention this even though it will change the situation? How are the coaches trained? Are they qualified? What role does body image play in the presentation of the rowing identity? Is this different for light/heavy weights? Does this conflate with experiences of injury? Sally’s actions – is the coaches lack of action an ‘external pressure’? Why does she feel the need to train despite an injury? Is there a status hierarchy of the different squads, and of different positions within the boat? Does this perpetuate risk behaviour in attempts to achieve the higher status?</td>
</tr>
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</table>
Janet's comment to Mike about moderate training – does this include technique training? How do they define moderate/hard?

I got frustrated with people ahead of me in the circuit who were slow in moving on to the next station – brought me up sharp that I am here to observe not just train!
## Biographical details of participants

<table>
<thead>
<tr>
<th>Participant</th>
<th>Age</th>
<th>Sex</th>
<th>Handicap status</th>
<th>Injury</th>
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<td>Back injury</td>
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<tr>
<td>Mike</td>
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<td>27</td>
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<td>Neck vertebra damage</td>
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<tr>
<td>Jani</td>
<td>26</td>
<td>Female</td>
<td>Senior 3 swimmer</td>
<td>Back pain</td>
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# BIOGRAPHICAL DETAILS OF INTERVIEWEES

## BRIDGEWATER

### Coaches

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### Rowers

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<tr>
<td>Pseudonym</td>
<td>Julie</td>
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# Rivertown

## Coaches

| Pseudonym | Max |
| Club       | Rivertown |
| Age        | 40 |
| Sex        | Male |
| Rowing status | Coach |
| Illness/injury | (As a rower, back problems, glandular fever) |

| Pseudonym | Roger |
| Club       | Rivertown |
| Age        | Approx. 65 |
| Sex        | Male |
| Rowing status | Coach and veteran sculler |
| Illness/injury | Recurring knee and leg pain, colds |

## Rowers

| Pseudonym | Clare |
| Club       | Rivertown |
| Age        | 28 |
| Sex        | Female |
| Rowing status | Elite sculling, lightweight |
| Illness/injury | Lower back |

| Pseudonym | Emma |
| Club       | Rivertown |
| Age        | 27 |
| Sex        | Female |
| Rowing status | Senior 2 rowing, novice sculling, heavyweight |
| Illness/injury | Recurring bronchitis, damaged shoulder tendons, bruised knee |

<p>| Pseudonym | Nicky |
| Club       | Rivertown |
| Age        | 22 |
| Sex        | Female |
| Rowing status | Elite rowing and sculling, heavyweight |
| Illness/injury | 'Flu like illness, recurring back and knee pain, tenosynovitis |</p>
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APPENDIX 5

Example of interview transcript

Background Information:

Nicky has acted as the gatekeeper to Brantwood rowing club and has been well known to me for three years.

This interview followed a period of prolonged participant observation and a series of informal conversations with Nicky.

At the time of interview, Nicky was suffering with pain in her back, had recently come back from a cold and was increasing her training in preparation for the National Rowing Championships.
INTERVIEW 7

Pseudonym: 'Nicky' (Rivertown)

Venue: a room in my place of work (Nicky's choice)

Date: June 30th 1998

Background information:
Nicky has acted as the gatekeeper to Rivertown rowing club and has been well known to me for three years.

This interview was followed by prolonged participant observation and a series of informal conversations with Nicky.

At the time of interview, Nicky was suffering with pain in her back, had recently recovered from a virus, and was increasing her training in preparation for the National Rowing Championships.

INTERVIEW TRANSCRIPT

Legend: Nicky (pain font)

EP (italics)
Tape 7a, Side i

Well, tell me about Saturday to start off with (a race that I had observed).

What - being in lots of pain? (laughs). Why was that? It was just the set up of the boat. I was just so uncomfortable and you kind of get in and think 'oh well I will give it a go anyway' because everyone else is racing. But we had been out in the morning and I was just really uncomfortable. We made an adjustment with the seat and I thought 'oh this is better' and half way through the outing Alice, the stroke, just stopped and said 'this is absolute rubbish, can we try and pull it together' and I said 'you've got to understand that I am leaning completely the wrong way out of the boat and I can't get my blade off the water'. I said 'I am really uncomfortable and I just don't want to do it'. He (the coach) said 'well we'll go back in and see if we can made an adjustment'. So we changed the height of the rigger but it just didn't seem to make much difference when we actually went out to race. I was sitting in such an awkward position that my whole body was just completely screwed up. My back didn't really hurt when we were doing the light or even when we were racing it was once we turned round at the finish and we were coming back down and I was trying to sit in the right position but I just couldn't get my body in the position so my back just started to really ache and I thought 'if I have got to race again I've got to change it otherwise I will just end up putting myself under more pressure'. To put myself under pressure in a boat which I am not even going to be concentrating on, I need to stay fit to be in the pair, in the eight its just stupid, so I complained (laughs) and made them adjust the boat - because I'm like that (laughs).
Do you have back problems generally?

Not generally, but I did have problems on Sunday after I had been in the eight.

Oh, did you?

It’s happened a couple of times before but I have never really paid much attention to it. But I got out of the boat on Sunday and I had felt no pain during the whole outing and I went to put my blade away and as I was walking I just had a really shooting pain on the left side of my back, and it feels like a trapped nerve. It eased off a little bit and then I was walking around and it started again, it just seems to shoot up my left side. It happened a couple of times and then it’s absolutely fine and I don’t feel anything. I mentioned it to one of the girls in the boat and just said ‘its really strange, I get this sharp pain which sort of paralyses you for a couple of seconds and then you can walk again’, and she said it sounds like maybe you have trapped a nerve. But it doesn’t bother me any other time just occasionally I get a little bit of pain there. I think, really, I haven’t suffered from back problems because of the way I was taught to row as a junior.

How was that?

When I first started to train as a junior they weren’t really bothered about weights and what age you did weights and I started about 14 lifting fairly heavy weights, but I was
always instructed very carefully as to how to lift weights and never put my back under any pressure and I never suffered as a junior with my back. But it’s been commented on now I’ve been coached as a senior that the way I row is because I’ve been taught to protect my back and now part of my technique is maybe being changed. They said when I was out with the coach a couple of weeks ago, he said ‘because you did so much junior rowing and the way you were taught to row then so as not to damage your back you need to change a little bit now’. It’s all to do with driving back with the back and extending the shoulders and things like that at the finish which is how I wasn’t taught as a junior, but my back has always been fine mainly. I’ve had a few problems with my knee through I think over compression and maybe on the ergo that’s when I find the most trouble in my knee but I’ve never had any major injury which has stopped me from training for a long time. I had teno. when I was younger and that was just rest but that was really bad technique as well, not feathering properly, and it caused that.

Do you think changing your technique now might put your back under pressure?

Maybe that is partly due to the reason why I felt that pressure at the weekend, I’m not sure, but we were out in the pair a couple of weeks ago and another coach looked at us and he was trying to get me especially to open my shoulders at the finish.

Why did he want you to do that?
Well, he just said that I was sitting a little bit curved in the boat and I wasn’t accelerating the finish and sending the finish away fast enough so to spin my hands he wanted me to open my shoulders and then spin. He said, I’m rowing on bow side, and he said I’m opening my right shoulder but not opening my left and I was sort of drawing round in a curve as opposed to sitting up straight and drawing back level. So he said, the whole outing was spent with me focusing on that and then Alice, my partner, focusing on another point of her technique. I’ve just been told to open my shoulders, open my shoulders and that’s what I am continually being told to do, and he just said that he thought that was to do with the way I had been taught to row as a junior and for the past couple of weeks that’s all I have been really focusing on.

Is that to make you a faster rower?

Yes, but it’s more they are trying to give me a more effective technique or what they consider to be more effective and so that’s what I’ve been concentrating on for him and my coach, every time we go out on the water that’s what they are asking for and looking for. They’ve both said that I’ve improved a lot and that I’m doing what they want me to do but I don’t know whether that’s because it’s something my body is not used to that maybe that’s causing a little bit of the pain. But it is actually more effective when I’m doing it, you can feel the difference in the boat so when you are doing something you are told to and you can see the difference you tend to carry on doing it because you think it’s going to make it better. So we’ll just wait and see how that one goes really.
How did the coaches react to you getting your back pain on Saturday?

Well, once I'd said that I was in pain my coach did agree to change the set up of the boat but I think it was only really, I mean I've mentioned a couple of times during the week how unhappy I was with the boat and I think it was just really through me saying how unhappy I was that it made a difference. I think if I had just, I could quite easily have not said anything and let it pass and my coach, he'd admitted that I looked uncomfortable in the boat, but he wasn't going to do anything about it, it was only that I'd asked for something to be done that he agreed to change it and make me more comfortable. So I think you need to ask or nothing gets done really.

Was there ever a consideration that you wouldn't race because you were uncomfortable?

No, never, never. It was just, the first outing we had in the boat when we came in we always discussed how the outings been with him when we get in whether he's been out in the launch with us or not. I couldn't stress how unhappy I was in the boat and the whole crew knew and it was questions like 'oh, we're not good enough for you, is it the people in the boat' and I said 'it is not the people I'm rowing with', but it's just I have had so many, not trying to put them down, but I said 'for someone with my experience and the amount of years I've had behind me, for me to sit in a boat and not be able to get my blade off the water, it's not me. I'm not technically that bad, it's something with the boat and I just feel very very uncomfortable' and they all understood then that something needs to be done and that's when I suggested changing the height and looking at the actual boat. The
girl sitting in front of me at 2, she said that for me to constantly have my blade on the water it wasn’t me, ‘cause they recognise that it wasn’t my inability to row it was the set up of the boat really.

What was your main concern - the pain, or the fact that you weren’t being efficient?

To be perfectly honest, I felt that I couldn’t put any pressure on and that was what was bothering me because I was steering and it was affecting the steering as well. I am confident at steering but I like it just to be straight forward and not to have to think about it. But there were times when, because I couldn’t get any work on and because I wasn’t being very effective in the boat and I also felt that because I was the one complaining all the time that when the boat wasn’t going very well, they just thought that I was sitting in the bows doing nothing, which I probably was (laughs). That did really bother me because we were doing practice starts and I wasn’t getting tired and I just felt that the physical exertion in that boat was nothing compared to what I experience in the pair and I knew then that I obviously wasn’t rowing very well or wasn’t training very hard when I was actually in the boat. So that did bother me. But, no, I wasn’t really bothered about the pain I was in, it was just that I was annoyed that I couldn’t sit properly and sit comfortably. But then once my back did start to hurt after the race I thought that was just too much, I couldn’t have gone out and done it again, sitting in exactly the same position.

Do you experience a lot of pain with rowing generally?
A lot of tiredness and achy muscles and tired body, yes, I think the time when I feel it most is when I’m cycling home.

Really?

I cycle down to the club looking forward to going out on the water and you go out and you might do some really hard pieces, but generally if you’ve had a good outing you get off and you feel they’re worthwhile and you don’t mind putting yourself through the pain. But then, when you cycle home and your legs are like jelly and you’re not cycling very fast that’s when it starts to hurt. I’ve noticed it more since I’ve actually been living with the girl that I train with because it’s more of a competition all the time. Who’s fastest, who’s fittest, and you’re cycling home and it’s who can keep in front of each other and gets home fastest (laughs). I don’t think it’s meant to be but you can really … one night last week I cycled off and left her behind and she got home and she was ‘I couldn’t keep up with you’, you know, what’s going on and it just seems the added pressure of who’s biggest, who’s best. I think that being on the water and land training is quite different as well because I was doing weights on Sunday and you do feel pain when you’re doing them but I think because you think they’re doing you good you tend to push that to the back of your mind. On the ergo as well, an example last night I was just training by myself down at the club and there were some novice men on the ergos and then a couple of the senior squad came on. If I had been by myself, I was in absolute agony sitting on the ergo training at 85 per cent, I’d decided to do an hours training at 85 per cent.
No just general tiredness, I just wanted to get off the ergo, I just thought I can’t be bothered with it but I had all these men sitting next to me and if it hadn’t been for them, I was just determined that I was going to keep my score down and not give in to the pain. I just decided to stay on there for the full time (laughs) because I didn’t want to be beaten by them. I think if I had been by myself I wouldn’t have trained as hard and I probably wouldn’t have completed the training but I think having someone else there really pushes you along.

Do you ever verbalise the pain to your crew or to other people? Do you ever say it’s hurting or you’re knackered?

Yes, quite often, if we’ve done some pieces last week we were doing four five-minute pieces and it got to the third one and I was absolutely shattered and we were turning the boat round and I said ‘I’m absolutely knackered’ and all I got was ‘why are you tired, you’ve done nothing all day’ (laughs), and I thought ‘oops, sorry, I’ll just shut up then’ but generally we do generally express if we’re tired, if we’re feeling tired. Alice had been out at the weekend and she was tired after last week’s training and Sunday morning and so she just went home. I was feeling like we’d had an outing but I hadn’t done anything, so I went and did some weights after that because I just felt like I hadn’t done anything. I suppose her recovery time is a lot longer than mine, well not a lot longer, but it does take her more time to recover. She’s a lot busier than I am at the moment, so it’s
understandable. Generally throughout the club, if anyone’s tired you always seem to hear people saying so, it seems quite common for people to be tired to be honest!

*If someone’s tired will you stop the training?*

No, things go on. You say it but nothing happens about it. I think the only time really that the training does stop is if someone is actually physically ill or maybe if they had a serious enough injury to stop them training. It’s not often the case that people will stop when they’ve got an injury if they think they can carry on with it. Generally if people are ill they won’t carry on, although there is a girl down at the club who has problems with a stomach ulcer and she still trains with it and some days she feels fine and some days she doesn’t but she still trains.

*What sort of injuries have people trained with?*

Wrists, complaints about their backs, complaints about knees. You hear it all really, you hear people say ‘oh, my knees a bit sore today’ or ‘my back’s been giving me a bit of pain’, I’ve had one girl lying on the floor stretching her out, dragging her by her arms trying to stretch her back out because she was all stiff and in a bit of pain before she went out.

*But she then went out?*
Oh then went out, yes, absolutely (laughs).

So, what would stop someone, what would stop you?

Hospitalisation. Complete paralysis. (laughs). No, I think I know myself whether I’ve just got sore muscles, or whether I’ve actually got an injury. You can tend to differentiate between stiffness and soreness rather than actual pulls, muscle or something like that. I think if I was in, what I tend to do is if I feel pain, maybe in my back or knee, I’ll go on the ergo first to see whether I can loosen it up, is what I tend to do. I had trouble with my back a while ago, I think I’d just been sleeping funny, and I got up and I thought ‘I’m in a bit of pain here, I don’t know whether I’m going to be able to train’ and it was still no easier when I got to the club, so I went on the ergo and it just loosened it up straight away and then I was fine to get in the boat, but I do tend to check it out. I’m quite happy to tell people rather than hide it, I think it’s more important to. I don’t like taking pain killers so I’d rather get it seen to than just try and get rid of it by taking pain killers.

Why don’t you like taking pain killers?

I don’t know, it’s just the way I’ve been since I was a junior really, I just never wanted to try and disguise it by taking pain killers. One of the girls I trained with when I was younger she used to just say ‘oh take a couple of paracetamol’ because she used to suffer from very bad back pains and whenever we went to training camps she’d always have a
hot water bottle, Ralgex, Deep Heat, and a packet of pain killers, because she always knew that she was going to suffer.

How old was she?

She was a year older than me, and she went to the Worlds as a junior.

So how old would she have been when was doing all this?

She was about 16, 17. Without fail, we’d always have the hot water bottle and everything with her. She used to stretch a long time before she went out on the water, her back all the time because she did suffer from it and I think that really paid off on me, seeing her doing that and I just thought I never want to do that. A couple of years ago, I dislocated my hip, that wasn’t with rowing training that was gymnastics, and obviously I was in a lot of pain then, so I did take anti-inflammatories and pain killers at that time but I wouldn’t take them unnecessarily. I prefer to get seen to straight away and maybe if it was physio. or whatever I required I’d do that rather than try and cover it up and just take some pills before I went out on the water. I’ve heard, when I was down at the club, someone injured their back before Christmas, that was what was advised, Deep Heat and some painkillers.

Who advised it?
The coach.

*Has he got any sort of medical qualifications?*

No. He just said, 'oh well, whatever is very good', whatever he advised I can't remember now, he just said 'oh that's very good if you've got a bit of pain'. It just seems the done thing.

*Did they do it?*

I think so, yes. He did say to rest it for a couple of days, but just keep it hot, keep working it, and take some of whatever he advised.

*So what have you had, you've had to have physio?*

I've had a little bit of physio. That was a few years ago, that was just my back and my legs, just really because when we were juniors we used to get looked at by physios when we went for our training camps and one of them just noticed that my back was a little bit twisted, so she just gave me a little bit of physio to get rid of some knots and bits and pieces in my back. But it's never caused me any major trouble, I've never had to stop rowing because of my back, it's never been a big injury. But I've been really lucky in that I haven't suffered any major injuries.
Apart from your technique work that you did as a junior, do you do anything to try and avoid getting injured?

I’ve always been very, very keen on warming up and that’s all I can say that I really do. I’ve always been conditioned from being young. Not so much when I first started to row but once I reached squad level as a junior they were very very keen on stretching before and after you come off the water.

Do you still do that now?

Not so much now. I do stretch before, but I’m not very good at warming down. It’s good to sort of get your body warmed up with a run first, just a little jog and then go on to do some stretching. Even if people aren’t doing it, if I feel cold I’ll go and do an ergo just to warm up, or something because I don’t like to go in to it being cold, I’ll go for a run if we’ve got time before training.

Are you not coached to stretch before?

We were at the beginning of the year. It just seems to have phased out now. We always used to have to run over the Bridge from the rowing club, run back, then stretch and then get the boat out. But no one seems to do it any more, so it’s really left up to you. We are fairly good at doing it. Then with land training, before we had to do weights we always had to stretch and run which was fair enough because we were fairly cold. When we did
circuit training there was a warm up and warm down built into the actual circuit which is very good because it meant everyone had to be warmed up, and ergos as well we always give ourselves a warm up on the ergo before we start doing anything. But it is generally left up to yourself. I think as juniors I was fortunate enough to be conditioned into doing it, and everybody did it and it was all instructed. But then at senior level it’s more do it yourself, you’re left up to yourself, you’re old enough to look after yourself (laughs).

Do you do any land training now, during the summer?

I’m not doing any at the minute. We stopped weights but our coach said we could do them leading up to the Nationals in a couple of weeks, so I was, only if someone doesn’t turn up really do you do any land training.

So you haven’t got a programme?

No, it’s all water work rowing.

What were your other injuries - knees and tenosynovitus?

I think, my tenosynovitus that was when I was about 15, 16, and I think that was to do with my sculling technique, just putting strain on the wrist and forearm and possibly weights as well, because the weights we were doing, power cleans and things were putting quite a bit of pressure on our wrists.
Was that in the squad?

Yes, that was leading up to the squad trials. But it didn’t affect me any more after that, I just rested it. I did go to the hospital to see about it because I spoke to my coach about it but he not being qualified didn’t really know what it was, and he was aware of injuries like that in rowing but he couldn’t give me the full advice. I actually went to the hospital and spoke to a doctor there about it and he just advised resting it because it’s something that you can’t really cure. My knee that was when I was a junior as well in the squad. It started when we were seat racing and I just got a few sharp pains in my knees, but it never stopped me getting in the boat because at the time it was ‘if you racing, you’re racing for your seat’, you didn’t want to call out with an injury so you just carried on and kept going. And then a couple of times this year I’ve been bothered when I’ve been on the ergo by my knees, but I think that’s really just when you sit on the ergo for an hour. We do our ergos, well we have done all through the winter but we break them up into thirty minutes because now we’re being told any more than that puts pressure on your back, if you sit on an ergo for a long amount of time.

Pressure on your brain, as well?!

Just a bit, staring a wall for an hour (laughs).

So, how long do you have between the thirty minutes?
About five minutes break. It gives you time to keep stretching. To sit there for an hour is quite taxing, and quite mind numbing.

Did you get any treatment for your knees?

No.

Did you tell anybody?

No. Because I was worried about my place, as a junior. When I've been bothered by it this year I'll just get off the ergo if it's hurting me and just say 'my knee's hurting me' and get off, but at the time when it was bothering me as a junior I kept going, definitely because I was worried about my place in the boat.

Tape 7a, Side ii

Do you know anything about the junior training now?

I don't actually know how it's running at the minute or anyone that's involved with it, so I don't know, but they have tightened down on the use of weights and things within the juniors and you're only allowed to start weight training once you're 16.
How old were you when you did it?

I was 14 when I started. But that had been brought in just as I was leaving the juniors.

So when did you take up rowing?

When I was about 12 or 13, I started in the second year of secondary school.

Was it a rowing school?

Yes, they've got a very good rowing club attached to the school. It's not a private school but the coach there, he joined the school and set up the rowing club. It was a case of you're tall, you've got big feet, you're doing rowing (laughs). That was the criteria at the time, and I just got involved from there on.

When did you go for the squad?

The first time I went for squad was when I was 15, I was a Junior 16, and the previous year I'd done the Anglo-French, you were allowed to do that when you were 16. I'd gone for that in a four, that was when I was 14 and then the following year I went for trials. I was in my single and I did a double on a couple of occasions with different girls from around the country because you got a chance to do two in a weekend, so I did my scull and then doubled up with someone. I got through the first set of trials and then the final
trials they only took eight girls and I was in the top twelve, so I didn’t get through. But that was competing at Junior 18, who were right up to Junior 18, so from that I went to the Anglo-French in a double and I went to the Home Countries in a single in the same year. Then the next two years I was in the squad.

So when did you stop doing the squad?

When I was 17, when I came here. I did up to June, it was my, the last chance when I was doing my ‘A’ levels.

Do you think you were pushed too hard as a Junior?

I didn’t at the time, but the more and more I think about it and look back on it, I think ‘yes’. There was an enormous amount of pressure and it wasn’t just physically draining, it was emotionally draining as well. I think now, you work under a lot of pressure and it was very hard. I mean, at 15 to be competing to get on the GB squad with 18 year olds, it was very hard work and it was really demoralising not to get on. I found that really really hard, but fortunately there were events which were more suitable for me that I could go on and which I went on to win which made things OK, and thought I’d try again next year. You try again and it’s not so much the training that does it to you, it’s the trials and the training camps are very intense and very hard work and there’s a lot of fighting for places, and seat racing which is not very good at the best of times but it was very difficult.

What I found the hardest was when I went the second time to trials in the pair, the girl
who I was pairing with she went on to the Worlds and I only went to ... and it was someone that I had trained with day in and day out for a whole year and then she went and I didn’t and that was really hard to cope with as well. When I first went to the trials, I was training probably seven days a week and my coach said to me ‘you’re not doing enough’, and at that time I was doing my GCSE’s so when I finished my exams he upped my training to twice a day leading up to the two events that I was doing and that paid off considerably, and from then when I got in the pair with Siobhan we trained twice a day. Through the winter it wasn’t twice a day, we did as much water work as we could at the weekend, and then it was land training. We’d do, it depends really, we used to do circuit training nearly every morning before school, and then we didn’t go out on the water during the evenings but we’d occasionally do ergos or weights a couple of nights a week and then train on the water at weekends. As it got into the summer, we used to train on the water every morning before school and every night after school as well, plus weekends, so we upped our training from about 15 hours a week to 25 hours a week and our coach would always say that’s the minimum you should be doing - 25 hours a week training - to be competing for the squad. So you are put under a lot of pressure to train but I think you don’t really think about it when you are that young, it just comes along naturally and you just do it and you feel fit and you feel fine about doing it. Looking back I do think I was put under quite a lot of pressure to do it.

*What did your parents think about it?*
My parents were really really supportive. My dad more so than my mum. My mum seemed to feel the disappointments for me more than anything else. She was the one that used to get upset when I was upset and when I was phoning home from training camps crying and saying ‘I don’t want to be here’ and seat racing, that happened on several occasions, you do get very upset and it is quite emotionally hard for you, and I’d phone home in floods of tears and say I don’t want to be here and this has happened. She was always there for me then but she never really understood about the rowing, she was as supportive as she could have been. They were pleased I think for me to have such a keen interest because it made me very disciplined as well, and as long as I got my school work done they didn’t mind because I think they would have preferred me to be training and doing that rather than going out. My coach always said to me, ‘you’ve got three things, you’ve got your school work, your training and your social life and you can only have two of them, so you decide’. And it was school and training, and I would still go out with my friends at the weekend or whatever, but that’s what it was, and he said you’ve got to make the choice, you can have two of them, and that’s the way it ran really. My parents were fine, it’s quite a financially draining sport as well, at least it was at the level I was training at, because you always had to pay for your camps and your trips to Belgium and wherever, and they were really supportive and I think they were just really pleased for me that I had such a keen interest.

Do either of them row?
No but my granddad did row, so I think my dad was quite interested in that. But it is quite a strange sport for a child just to come home and say ‘oh, I’m going to go down the river, I’ve decided to take up rowing’. I think at the time they didn’t think it would last because I was into everything, but then once I got more involved everything else stopped and it was just the rowing that I concentrated on. I’ve got lots of nice memories, but I’ve got some horrible ones as well.

So what made you go back to it after you’d given up after the Junior squad?

Well, I decided that I could continue, and the main reason that I came to University down here was because my pair’s partner was a year older than me, the one that I was training with as a junior, and she came to Queenham University and joined Queenham rowing club, and there was always this great plan that I would come down here and get back in the pair. I came down here, I mean I had decided how much I wanted to come to this University but the added bonus had been being able to train at Queenham, and I went there in the September and met the coaches and organised everything and they organised a boat for us, but we got back in the boat and it just didn’t go. I think there was such an expectation of it, that despite being apart for a year, we’d not really taken that into account, it just didn’t work and by the November Siobhan decided to give up completely, she completely left the sport and hasn’t to my knowledge even thought about going back. She’d spent a year previously to me at Queenham training there and never really got on with the coach, but kept there and kept on it until I came down to join her, and then just gave up completely. I decided to stay there and we were intending on going for under
23s, but then I didn’t have a partner and everyone else seemed to be in crews and I went out in my single but didn’t get very much coaching and I wasn’t really enjoying it down there, and the enjoyment just completely disappeared and it got to the stage when I just woke up one day and thought I don’t want to do it anymore and just decided to give up. But I always found whenever anyone used to talk about it, because of what I’d done and everyone knew what level I’d been at, people in the family or my mum and dad or even when I saw people from school, ‘are you still rowing?’ ‘no’, ‘why not’, well, I hated talking about it, I hated my mum bringing up the conversation about it. Two girls I’d been to school with and trained with, the year below me, both went to Cambridge and one of them made the first boat and the other one was in the lightweight crew and it would be ‘oh I was talking to someone’s mum today and she’s doing this’ and I just didn’t want to know how other people were doing and I just didn’t like talking about training or rowing at all. I think it was because I always wanted to be doing it but I wasn’t doing anything about it at the time, so it was quite a sore subject and my mum used to say, ‘why do you always get in such a bad mood when I talk about it?’ (shouts) ‘I don’t know, I don’t want to talk about it!’ It was always really difficult for me to talk about it and then the end of my second year here when I went home for the summer I went into my old school to have a little bit of experience in the classroom to see whether I fancied being a teacher and so I did some maths and some PE. The PE staff were talking one day and there was a regatta on in town and they just said ‘we’re entering this crew from the staff, do you want to do it?’ because they all knew that I used to row for the school, and I thought ‘should I, should I not, oh go on then’ and so I didn’t do any training and just went out with them and I thought I really miss it, and I wouldn’t mind getting back in to it, but I always thought I
could never go back to just doing it at a fun level and that’s what I was worried about because I knew that once I started I’d get myself really involved again and I’d only be disappointed if I didn’t do very well. So when I joined Rivertown, I was not intending to get as involved as I have done. But, because there’s people down there that are a lot older than me who have gone for the trials and are still capable of going for the squad, it made me realise that I didn’t need to do it all straight away, in that I can spend a few years getting back into it and then if I still decide that I want to go for trials I won’t have missed out. I’m only 20 now, and I’ve still got plenty of time to go for the squad which takes the pressure off, because I think coming straight out of Junior I was expected to go into Senior straight away and that was what everyone would talk about ‘are you going to go for the trials, are you going to do trials next weekend?’ and to say ‘no’ was ‘well, why not?’ I think now it’s a lot more enjoyment, the enjoyment hasn’t gone out of it which is really important, but it probably will if I have to train any harder.

*So, how much training are you doing at the moment?*

Well, at the moment, we’re training every day apart from Friday, Friday is our day off. We train Monday to Thursday nights, and then two outings Saturday, two outings Sunday, but we have just recently in the pair decided that we should do some early mornings as well, but we don’t know how long that’s going to last for (laughs) because it hasn’t been terribly successful. Just really until the Nationals which is three weeks time.

*What did you miss about rowing when you weren’t doing any?*
I missed feeling fit, that’s one of the things. I still continued to do aerobics and swimming and I went for the occasional run because I still wanted to keep fit, but I missed the team training, I think and feeling part of the team. I did get a lot of fun out of it and had some really fun times when I was training, especially when I was at school, I got on so well with everyone I was training with, it was a really good atmosphere.

**Did you mostly socialise with rowers as well?**

Yes.

**Do you still do that now?**

No (laughs). The thing was that I never used to socialise with Sarah that I paired with, we were like sisters in a way, we trained, everything we did for training we did together, we were inseparable and we trained morning and night, but we never used to go out outside rowing because we had our own circle of friends. There was another club in the town that was just like the local club and we used to socialise, our clubs used to mix, so we had a lot of social events together and even go out at the weekends together. So I did mainly socialise with the people then. But now, I occasionally go out with the people I’m training with but mainly stick to my own circle of friends.

*What do your non-rowing friends think of the amount of training that you do?*
They think it’s stupid (laughs) ‘you’re not going training again?’, ‘oh, Nicky’s got training in the morning!’, it’s my favourite excuse for having to go home early. It does become a bit of a ‘oh I can’t I’m going training’ but I think that if it really bothered me I would stop training, but it doesn’t any more, I don’t mind it. I think you can programme yourself to doing the training. It doesn’t stop me socialising but it just controls the amount that I do. You can’t miss out, you don’t want to miss out on things, it was a bit of a question over ‘do I go to the Ball (University Summer Ball) or do I go to Henley’ was the initial question when it came up to be the same weekend, but then I realised I could go to the Ball and not drink and be careful about what time I went home, and then still go to Henley, so I could do both. I was quite happy to control how I behaved there, and not drink which was very difficult (laughs) but it was what I felt I had to do, and it didn’t bother me so that was OK. I quite often get comments like ‘you do far too much training’ or ‘do you ever get a rest?’, ‘no, what are those!’. I suppose people don’t understand outside the sport the amount of commitment and training that needs to go into it and they don’t see why you have to train twice a day or four or five hours at the weekend. It does seem like a lot especially when you’re not getting the results that you want, you think ‘why are we training not to win anything’. But that’s why we’ve decided to do more training funnily enough, because we want to win something. Unless you’re involved in the sport, I don’t think people realise the amount that goes into it and what you need to do, it’s not something that you can just train for a couple of times a week because once you get to a high level, the people that you’re coming up against and competing against are training twice a day so if you want to get anywhere near them
you’ve got to try and do the same amount. That’s what we found in the pair, when the other competitors are either ex GB squad or current GB squad, and two have just been selected to go to the World Championships, you realise that most of them don’t even have jobs and their life is training. Cathy, down at the club, she trains three times a day and she gave up work to go and train and they have their sponsorship and get by that way and their job is training, whereas for us it’s our hobby so to speak.

Would you want to go to the squad and do rowing as your life?

I think I’d quite like to, I think I still have a little bit of ambition in me that I could go further. But I think for me, it’s important not to say, ‘yes I’m going to do that’, because I know I’ll only get disappointed if I don’t, so at the minute I’m trying not to think that I would but I think I could quite happily give up and train full time. When I first went to Kingston, there was a lot of pressure on the people that had just come out of Junior to go for trials straight away and it seemed to be the thing to do straight away, but since I’ve been at Twickenham I’ve noticed how people are going for trials later and later on, maybe at 25, 26, maybe even older than that, there’s a girl down at the club who’s 28 and she may be going for trials next year, so it’s still not out of the question. That made me think I could give it a couple of years, wait ‘til I’ve done what I want to do, got the qualifications I want and get all of that behind me, and then if I feel I could give up and train really hard maybe I could do that.

Do you feel better for doing more training?
I do, I can’t speak for anyone else that I was training with, but I actually feel better for training more. It doesn’t seem to be affecting me or making me very tired, I enjoy it which is the thing, it really keeps me going I suppose.

What do you enjoy?

I don’t know, I think it’s more, I quite enjoy pushing myself and feeling that I’m getting something out of it because I always try and make every training session that I do I want it to sort of give me something and feel like I’ve got some reward out of it, but I just enjoy being involved in something that I really like and gives me pleasure. I was often told when I was lot younger, ‘you can go for trials’, you always get people saying you can go for the Olympics, it sounds great at the time but it’s a load of rubbish. I think I’ve still got, I really have got the ambition still in me. There’s people that I trained with or rowed with in the Junior all doing really well for themselves now, all heading for the squad, I think you still cling on to the fact that I was with them, I’m capable of doing that as well. Things might change for me, my priorities could well change, so there’s no pressure on me at the minute and also I think because I’ve gone back to just club rowing at the minute, the pressure’s come off my family as well because I think they thought when I first came and went to Queenham that it was going to be a continuation, but now I tell them that I’m training at the level that I am training at and so the pressure’s taken off from there, they aren’t expecting me to do anything wonderful, and also the change in coach as well. I think if I’d kept the same coach from Junior right the way through it would have been
continuation, the pressure would have been kept high, but because I’ve come to train at a different club with the coach who doesn’t really know my past at all, who doesn’t know what I was like as a Junior then it’s just concentrating on training for the club and wins for the club, so I think that’s helped.

So what are your immediate aspirations?

Medals at the National Championships. I think it would be really nice to end this year with a win of some description, it would be nice to have some sort of reward from this year’s training. I think it is important that you get rewards from the work that you put in. Then maintain fitness over the summer, have a little bit of a break and then continue next year. I am doing my PGCE and I don’t know how much time that’s going to allow me to train, I’ll see how that fits in next year, because realistically it’s probably going to take a bit of a backburner for the next couple of years which would explain why I wouldn’t go for trials really. Once I’ve done my PGCE obviously I want to get settled in the job and I won’t be able to commit as much time. I can decide from then on whether I want to continue or not bother, but I’ll keep my fitness up and still be involved with a rowing club definitely. I wouldn’t wish for it to stop now that I’ve got back into it and, even though I’m not going to be in this part of the country next year, I’ll keep in touch with Rivertown and I can always be used as a sub or come down for the occasional weekend to train with the girls. One of them was saying ‘so next year you’ll be down every weekend then to train with us, you can train up there during the week and then you can come and stay at the weekend’ – no chance! It’s nice to know that some of them would like me to stay and
train, because it makes you feel like you’re a valued crew member. It must be difficult if you’re training and you’re just seen as the sub or someone who they’ll just stick in occasionally. It’s nice to have that permanent position in a boat and not have to worry about being kicked out.

Would you want to be any fitter than you are now?

I think I could be fitter, I think there’s nothing that I can really do about it now but I think it’s the winter training that maybe could be changed and we haven’t continued with weights. We didn’t do enough weights over the winter, in my opinion, and I think that could be changed to provide you with a better basis for the summer. I think it’s strength training that we need more of, because we only ever did one weights session a week, and I considered that not to be enough.

Was that one a week and the circuit as well?

Yes, but before I was doing three heavy weights sessions a week. I think the ergo training we’ve done this year has been very good and I’m physically the fittest I’ve been on an ergo.

Tape 7b, Side i

Would you want to change your physique at all?
Yes, (laughs), I’d be taller and I think that I could actually lose quite a bit of weight and that might help. I know a lot of it is muscle but I could still tone up quite a bit and get in a bit of a better shape.

Do you think that would improve your rowing?

Yes, I think so, I think it might help if I was a little bit lighter.

You’re not a lightweight though are you?

No, I don’t think I could ever do that and because I’ve seen what some people have to put themselves through I really don’t think I could do it.

How tall are you?

Five foot nine. It’s a lot to do, it’s a big sacrifice, you have to be extremely committed if you want to get down to lightweight, but I think a bit more training would help. My problem is my diet, I’m not very good at watching what I eat. I’ve become a lot better recently but I just tend to eat whatever and think ‘oh, well, I’ll burn it off’ but it’s not always a success.

Do you ever give that any consideration, the way that you look?
Yes, I mean, one thing I hate about me is my shoulders, I hated being so broad shouldered, I just think that if I didn’t have to do so many bench pulls and God knows what (laughs), but that’s really started from when I did so much weight training as a Junior and it all really has built up from then, circuits every morning and three heavy weights sessions a week, it does tend to build you up.

So as a Junior, you did circuits every morning and three heavy weights sessions, and how many water sessions?

About five or six, this was during the winter.

And you were sixteen?

Yes, I mean sometimes we would be called in to train during our lunch times as well, on the ergos, but it never seemed to be questioned, I never questioned how much training I was doing, I never thought I was doing too much, but I guess you don’t get so much pain when you’re younger, the joys of youth (laughs).

Did you ever get ill?
No, never, I seem to every single year just before Christmas I always get ill with flu, I always spend a good couple of days in bed but that’s the only thing I ever get bothered with.

Did you have that again this year?

Yes, I seem to get really run down and really weak, it took me a couple of weeks to get over it this year but I don’t know whether that was because I’d been training quite a lot more than I had been the previous year and it seemed to really take it out of me.

What did you do about your training when you were ill?

I completely stopped, I couldn’t even get out of bed let alone go training, so I just phoned my coach and told him I was ill, but I was dying to get back to it, but he did actually say to me ‘are you sure you should be back’ and I just said ‘I’ve got to do something’ and he just said to take it really easy.

Why did you feel you needed to get back?

I just felt that I was losing my fitness and I just felt a little bit as though if you’re not seen for a while you’re kind of forgotten about and it was important to show that I still wanted to be there, and still wanted to do some training even if I couldn’t do it I wanted to show that I was willing to try - willing but not necessarily able (laughs). I was quite careful, I
just started off quite easy when I first got back into it and then within a couple of weeks my fitness was back to where it had been but you do feel as though you’ve lost that amount of time because you miss two weeks training it takes that amount of time to get your fitness back.

Is there a lot of illness?

I seem to think that you pick things up easier the fitter you are, I don’t know why but people seem to pick up colds and whatever is going around. I don’t know whether it’s because you are doing so much training and maybe your immune system gets run down so you do pick things up but I would say most people have suffered from colds and things like that.

Would they train through those?

Most people do stop but if it’s just a little cold they’ll just train through it, but if it’s something that’s making you really tired and you can’t get out of bed then people do stay in bed. I think that people who are working only really think it affects them if they can’t go to work, if it’s something they can carry on with and go to work with then they’ll still go training but if it’s a case of not being able to make it in to work then they don’t go training as well. It’s all or nothing.

What other injuries have you seen at the club?
It's mainly just back problems and a couple of people with knee problems, but that's about it really.

Do you think there is a high risk of getting injured in rowing?

I think there is, particularly if you've got poor technique, I think technique is quite a big part of it. If you warm up and you're careful about things like that, plus you row well, there's a lot less chance of becoming injured. I think it's people that have bad technique that are under more pressure, more susceptible to injury. But then, sometimes, part of your body might be weak and you might be putting it under too much pressure, so it's more overuse injuries.

Do they train the novices at Rivertown to try to avoid injury through good technique?

I think they are quite technical and they do start them off very well, but I've noticed that all of the novices are forced to run and they stretch as a matter of before they get in the boat which is very encouraging. Then technically they are put in the tank and they go through the beginners course and learn to row before they actually start. They do offer courses down at the club now rather than just shoving you out in a boat and not knowing what you are doing. It's good because I was enquiring about a friend of mine who wanted to start and I was just saying are there any crews that they could go in and one of the best things they do is they are advised to sign up onto one of these courses and they do so
many nights, I think they do four Wednesdays and four weekends or something like that, and they go out in the tank and they get to learn all about it and then they can actually decide if they want to carry on. They pay for this course and then that’s there introduction, which is good because it’s encouraging to see that people take the time to show them how to row properly and how to warm up properly and things like that. 

What about once people get injured, how do the other crew members and the coaches respond?

I think it depends on the person, to be honest, and it depends on how valuable that person seems to be within the crew. I think that if it’s someone who trains hard consistently through the year and has very few times off or is always there and always phones and makes the effort and then they have an injury, it’s seen to be a genuine injury and allowances are made for them and they are given time off. But I think with people, obviously it’s their own opinion but if they don’t see someone to be training as hard and maybe they seen them as a bit of a complainer or like to opt out of things, they’re not given the sympathy they deserve. One of the girls at the club, I always thought she trained very hard and I used to do my ergos with her and she became injured and I was talking to one of the girls about her injury and she said ‘well, you know, she’s a bit of a, she likes to opt out, she never really tries very hard and you can never be too sure about her injuries’. She’s been at the club with her a lot longer and I’d only known her for about six months at the time but I thought it was a little bit unfair and I think the coaches reaction was a little bit not very bothered about her injury. But what hasn’t helped really is her lack of
enthusiasm to get back in training, but maybe that’s her personal feelings after the way people received her injury and the way people reacted when she got injured, she hasn’t continued to train really after that. Generally when people are, you can see that it’s a genuine injury there’s nothing you can do about it, one of the girls, it wasn’t an injury but she’s had problems with her thyroid and she was ill after Christmas with it and told to stop training and she came back to training and she got really ill again and obviously that’s something that she can’t make up or hasn’t, it’s true and people have seen that she’s been very ill through it so obviously no questions were asked about her. But I think if people just sort of say ‘oh I’ve hurt this so I’m not coming down tonight’ then there’s a little bit of a question mark put over them, and then question marks are put over whether they should be in the boat or not and who gets the place and things like that. Generally people tend to believe what goes on but some people are classed as whingers and people like that.

*Do they have a contact with a physio?*

No, there isn’t a contact.

*So people have got to find their own treatment?*

Yes, one of the girls was asking about her knee, quite a while ago she was saying is there a physio to go to and I said what about the practice up here, but there isn’t actually one that’s advised or attached to the club. The club would probably benefit from having some contact.
End of tape.

After the tape had finished, we discussed how the club might make contact with a physiotherapy practice, and then wound up the interview with a social conversation and thanks for Nicky's involvement in the project.
<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Bow</td>
<td>Overgearing-who sits at the front of the boat, behind all other rowers</td>
</tr>
<tr>
<td>Home seat</td>
<td>Overgearing-who sits at the front of the boat, behind all other rowers</td>
</tr>
<tr>
<td>Cox</td>
<td>Navigating member of rowing crew who steers the boat</td>
</tr>
<tr>
<td>Coxswain</td>
<td>A man wearing a cap, steered by a member of the crew (usually the bow)</td>
</tr>
<tr>
<td>Elite</td>
<td>A rower who has won 12 or more points through winning races</td>
</tr>
<tr>
<td>Ergometer</td>
<td>A stationary rowing machine used for training</td>
</tr>
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<tr>
<td>Head race</td>
<td>Longer distance race (up to 4 miles) taking place in winter months, usually from December to April</td>
</tr>
<tr>
<td>Quarry</td>
<td>A rower who is very experienced, often a senior rower</td>
</tr>
<tr>
<td>Bowline</td>
<td>A point that is awarded for a properly executed race</td>
</tr>
<tr>
<td>Regatta</td>
<td>Organized rowing event - usually a series of short races over a day or weekend</td>
</tr>
<tr>
<td>Rolling start</td>
<td>Hours start a race and alter the rules, and the winner is decided on the basis of the fastest to complete the course</td>
</tr>
<tr>
<td>Rowing (r/c)</td>
<td>The activity of 2 or 4 people in an un-propelled boat rowing backstrokes, each with one oar</td>
</tr>
<tr>
<td>Sculling</td>
<td>The activity of 3 people in an un-propelled boat rowing backstrokes, each with two oars</td>
</tr>
<tr>
<td>Senior</td>
<td>Rowing status is between elite and novice (depending on number of points earned, will be Senior 5, the lowest, to Senior 1, the highest)</td>
</tr>
<tr>
<td>Stroke</td>
<td>The back of the boat</td>
</tr>
<tr>
<td>Stroke side</td>
<td>Overgearing-who sits in the stern of the boat, in front of all other rowers may or may not use a single scull (sweeps)</td>
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**Glossary of rowing terms**
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</tr>
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<td>Non-rowing member of rowing crew who steers the boat</td>
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</tr>
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<td><strong>Novice</strong></td>
<td>A rower who has not achieved any points</td>
</tr>
<tr>
<td><strong>Points</strong></td>
<td>A point is awarded for every recognised race won</td>
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<tr>
<td><strong>Rowing</strong></td>
<td>The activity of 2 – 8 people in an oar-propelled boat travelling backwards, each with one oar</td>
</tr>
<tr>
<td><strong>Sculling</strong></td>
<td>The activity of 1 – 8 people in an oar-propelled boat travelling backwards, each with two oars</td>
</tr>
<tr>
<td><strong>Senior</strong></td>
<td>Rowing status in between elite and novice (depending on number of points gained, will be Senior 4, the lowest, to Senior 1, the highest).</td>
</tr>
<tr>
<td><strong>Stern</strong></td>
<td>The back of the boat</td>
</tr>
<tr>
<td><strong>Stroke</strong></td>
<td>Oarsperson who sits in the stern of the boat, in front of all other rowers and so sets the rate and rhythm</td>
</tr>
<tr>
<td><strong>Stroke side</strong></td>
<td>Oarspeople whose oar extends to their right</td>
</tr>
</tbody>
</table>
CERTIFICATE OF ORIGINALITY

This is to certify that I am responsible for the work submitted in this thesis, that the original work is my own except as specified in acknowledgments or in footnotes, and that neither the thesis nor the original work contained therein has been submitted to this or any other institution for a higher degree.

.................... ( Signed )

16/3/2020 ( Date )