For Auto/Biography

Runners' tales: Autoethnography, injury and narrative

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ABSTRACT

This paper examines the importance of narrative activity in the construction of the injured and rehabilitated sporting body and the successful reconstruction of positive athletic identity. It is based on autoethnographic research undertaken by the authors, both of whom are middle/long-distance runners, during a two-year period of injury and gradual rehabilitation. The paper delineates certain narratives which were generated during the process of injury and recovery, commencing with narratives of suffering and sacrifice, through those of pilgrimage and blame to the more positive narratives of compensation and subsequent empowerment and progress. We examine the role played by these narratives in enabling us to make sense phenomenologically of our injuried bodies, to achieve momentum and to maintain positive running identities in the face of threat to the running selves. Via narrative exchanges, as 'co-tellers' we achieved a high degree of intersubjectivity which was crucial to our eventual return to full running fitness and athletic identity.

INTRODUCTION

As a recent review has indicated (Wiese-Bjornstal et al 1998), there currently exists a developing body of psychological and sociological literature on sport injury. In the field of psychology, for example, various models have been developed, cognitive processes tested, and emotional responses gauged. From a sociological perspective, researchers have examined various factors influencing response to injury including *inter alia* socialisation processes (Curry, 1993), the particular kinds of culture surrounding specific sports (Frey, 1991; Shaffer, 1996; Krane, Greenleaf & Snow, 1997), the influence of social networks (Nixon, 1992), and gender (Young & White, 1995; Young, White & McTeer, 1994; Messner, 1992). Recent years have seen the emergence of a literature within the sociology of sport and health which examines *narratives* of the injured sporting body.

The importance of narrative activity has been emphasized by many, including those who contend that narrative and self are in fact inseparable in that narrative is born out of experience and simultaneously gives shape to experience (Ochs & Capps, 1996). The narrative method of analysis focuses on how people organise and assign meanings to their experience and the analysis of narrative allows an exploration of how particular identities are constructed. Narratives or stories also attempt to combine the social with the personal (Coffey & Atkinson, 1996), for, as Sparkes (1999) has

noted, personal stories are intimately linked to the cultural and subcultural resources which actors possess. In his recent review of the literature on body narratives, Sparkes raises a series of issues for future research, including the need, in relation to injured sporting bodies, to ascertain "the conditions that shape whether an athlete reconstructs a positive identity or sinks into depression".

This constitutes one of the central themes of this paper, in which we examine some personal narratives which were (and to a lesser extent still are) generated during a period when both of the authors suffered from running injuries. By doing so, we hope to portray in some of their complexity our particular narrative constructions of injury and rehabilitation. Our aim is to contribute new perspectives to the developing literature on narratives of sporting injury, in three principal ways. Firstly, much of the cited research has used élite athletes as subjects (Sparkes, 1996; Young & White, 1995; Brock & Kleiber, 1994). In contrast, all we can claim is "club runner" standard, and we are perhaps more typical of the mass of individuals who commit themselves to the pursuit of distance running and, consequently, on occasion have to contend with resultant injury. Secondly, in contrast to much of the research, which has focussed upon athletes who are unable to attain their pre-injured sporting status, (Sparkes, 1996, 1998; Brock & Kleiber, 1994; Young & White, 1995), our research charts the successful transition from the injured sporting body to the rehabilitated state. Finally, the recent literature on narratives usually involves researchers in the interviewing of injured athletes (Brock &

Kleiber, 1994; Sparkes,1998) or the recounting of their own experiences of being injured at sport (Sparkes, 1996, 1999; Sparkes & Silvennoinen, 1999). Both of these approaches rely largely upon the recollection of events long after their occurrence. In contrast our approach is based upon the daily collection of data during the actual process of injury and rehabilitation.

AUTO-ETHNOGRAPHY

Our approach in this paper is autoethnographic (Hayano, 1979; Ellis, 1997; Hayano, 1982; Young, 1991; Reed-Danahay, 1997; Okley & Callaway, 1992; Van Maanen, 1995; Coffey, 1999; Sparkes, 2000). As the literature indicates, auto-ethnography may have very different usages for those who employ it as a research method. For example, some researchers' primary concern is the autobiographical (Brandes, 1982; Deck, 1990), involving the portrayal of an individual life. In contrast, for other autoethnographers the emphasis is essentially ethnographic (Pratt, 1994; Strathern, 1987; Dorst, 1989). The stories of autoethnographers are of particular ethnographic interest as they inevitably reveal information about the writer's membership of social groups and categories and immersion in particular social processes. For us, the ethnographic process involves combining fieldnotes with "headnotes" (Sanjek, 1990). The self and the ethnographic field are for us symbiotic, and in effect this combination constitutes the pivot of our analysis (Coffey, 1999). Our

individual and collective selves are integral parts of the ethnographic field, and the link between the two is forged by the writing. This writing is personal, highly reflexive and aimed at giving analytical purchase to the autobiographical so as adequately to portray the ethnographic field.

In order to contextualise the events to be described, it is first of all necessary to make visible some "accountable" knowledge in terms of our athletic biographies (Stanley, 1990). Collectively, we have a background of distance running which ranges over 5-mile races to marathons. This has required a commitment to training 6 or 7 days a week, on occasion twice a day, for 15 years and 34 years respectively. Moreover, we have been training together for the past 13 years. We are by now "veteran" runners and our involvement in this activity mirrors Stebbins' (1982) concept of "serious leisure", which involves considerable personal effort, knowledge and training, but also produces benefits in terms of physiology and social-psychology, as we identity with being "distance runners", and interact with others who display a similar level of commitment to the activity (Prus, 1996; Robbins & Joseph, 1980). At the time of the specific injuries central to this account, we were training six days a week, for at least an hour a day, in the evening after work. In November 1997, during the same wind-swept week, we both suffered knee injuries, occasioned by having to train in the winter dark. It was apparent at the onset of these injuries that they did not constitute the usual small niggles which plague the habitual runner. Consequently, we rapidly arrived at a collective decision

systematically to document our response to these injuries, our principal motive being to achieve something positive out of a negative experience.

DATA COLLECTION, ANALYSIS & PORTRAYAL

The decision to document our engagement with knee injuries presented no particular difficulty in terms of actual documentation, for the keeping of training logs is a common practice amongst athletes. Usually these logs document the kind of training taking place at any particular juncture, and include details of timings, distances, terrain type, weather conditions, and brief notes on the subjective experience. So the discipline of recording daily training was already in situ. In place of training logs we constructed "injury-rehabilitation logs" to record our individual and collective engagement with the injured state, and our attempts to regain sufficient fitness to run again.

We each constructed a personal log, and a third collective log synthesised the salient common themes which were emerging, together with any differences in our individual adaptation to and management of the injured state. The recording of our experiences was done via micro-tape recorders which we carried around during the day, and which also accompanied us during daily attempts at rehabilitation. We each transcribed these recordings as soon as practicable (usually in lunch hours and at weekends), and then constructed the logs detailed above. Creating our joint log within

which analytical themes and concepts were generated, was effected via a form of the constant comparative method (Glaser and Strauss, 1967). For example, if one of us had documented a particular narrative theme, we would search the other's log for a similar theme. We would then interrogate each other as to the precise composition of that theme, its boundaries and its connections to other themes already generated. Thematic or conceptual differences between our accounts were identified and, wherever possible, reconciled, in terms of definition. Where no analytical reconciliation proved achievable, we accepted the difference and recorded it as an atypical case. Subsequently, we explored the reasons for the difference and the impact, if any, upon the process of handling our injuries. Individually we have acted as (and continue to do so) the "primary recipient" (Ochs & Capps, 1996) of the other's data, providing regular feedback and critique. This paper is a product of this particular method; the data, collected over a 2-year period from 1997-99, are extracted from our joint fieldnotes.

In the paper we present certain narratives centred upon our injured running bodies, and illustrate how these narratives helped us to construct our injured and subsequently rehabilitated selves. Sparkes (1999) has described a number of ways of using narratives in relation to sporting activity. These include: paradigmatic, structural, analysis of narrative itself and self narratives. Here, we combine a number of these approaches, using the central themes which emerged from our data and illustrating them by incorporating the feelings and subjective experiences of being injured. These

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are presented within a chronological structure of events which constitutes the "career" of our individual and collective journeys from injury to rehabilitation, allowing us to portray the temporal sequence of events as it developed. Whilst the story has been constructed from fieldnotes, we have also attempted to write the overarching and connecting narrative in a style intended to evoke the climate of emotion which pervaded at the time. Where quotations from fieldnotes are provided, these are verbatim. This is where the narrative begins.

NARRATIVES OF SUFFERING

Winter has come with a vengeance and into the dark, wet and cold nights we have been running, fluorescent jacketed stick figures, encased in woollen hats, gloves and thermal tights, hugging the lit edges of parks, traffic-quiet roads, clicking up the nightly miles, looking forward to the weekend when we can again run in the light. Along we run, past uncurtained windows displaying couches full of television viewers resplendent in their comfort; past the early pub drinkers, convincing ourselves of our difference: "we" are out here, "they" are in there, convincing ourselves of our small madness, our obsession, our determined commitment to the activity which perplexes friends, family, and the bystanders who sometimes gaze curiously or hurl minor abuse.

The wind from the West has been blowing hard all month, hammering the trees on the parks, cascading branches downwards, making the footfall hazardous and the

running difficult to sustain with any great rhythm. Balance is problematic on the often dimly-lit and badly paved routes we chart night after winter night. Then there was the "awful week" when we were both stopped literally in our tracks. On Tuesday she stumbles over foliage and stubbornly limps through the remaining mileage, whilst on Friday he ends up slipping on a mud patch and shuffles tentatively home, swearing profusely. We sit, shocked, contemplating our injured knees, packed with ice, telling each other firmly, "it will be all right". Shocked because it could not possibly have happened to both of us in the same week; shocked because by coincidence we both have injuries to the same part of our running bodies. We tell each other to "do the right thing", "be sensible"; so we lower the intensity of the training, consume anti-inflammatory tablets, and for the next month we stagger and wince our way through the usual training mileage. For us this reduction in training constitutes being "sensible". We still need to "put in the miles" in order to feel better after the stresses of the working day, to sustain the fitness levels and above all else because this is what we *do*, and in a fundamental way this is who we are. In addition to our other roles of sociological researchers, lovers, son or daughter, brother or sister, we are runners.

Distance running frequently entails a high degree of discomfort, either from the sheer fatigue of completing the requisite daily mileage or undertaking the sudden bursts of speed work or hill repetitions during which the body operates in anaerobic mode and is subjected to periods of "oxygen debt". As a serious runner, one comes to

accept this level of pain or discomfort as normal; one may not like it, but one tolerates it in order to be able to run the distance and to race with some degree of efficiency. However, our knee pain is an altogether different phenomenon, for the pain is of a different order and provides no positive return for our suffering.

Over the month the pain increases for both of us, the injuries are not responding to the new regime and insist on subverting all our efforts to adhere to the original programme. In effect the injuries shout at us constantly to stop, extending their malign influence incrementally from running into walking, sitting and even sleeping. We take to bed cushions to place between our afflicted knees in order to keep the pressure off the injured parts, so as to be able to sleep. Eventually, we are forced to concede that we can no longer manage the same level of training, for the knees swell habitually. All attempts resolutely to maintain the running programme finally unravel and reach an ultimate low point. It is during this period that we begin the construction of narratives of suffering. We frequently describe to one another the nature of the physical pain, conferring over it, comparing it, contrasting it. When one of us sees the other wince or grimace, s/he becomes anxious, alarmed, frustrated by feelings of impotence, unable to help, yet at the same time plagued by a similar pain.

The pain is not, however, limited to the physical dimension, for we also begin to suffer the "mortification" (Goffman, 1976) of our "gloried" athletic selves (Adler & Adler,

1989; Kleiber & Brock, 1992) as gradually even the normal, routine physical activities taken for granted by most people, are rendered problematic:

Jacquelyn: You know B…?

John: The woman who works with the … committee?

Jacquelyn: (nods) Well, I was on my way to the committee and she came alongside me and when we started to climb the stairs she just left me! The only way I could go up was by keeping the bad knee straight and using the other knee to power up. I thought 'brilliant, dropped off the back on the stairs by a non-runner, who smokes and is overweight'. That really made my day.

In addition to the small, daily examples of such mortification, the remembered golden past also presented a further stark contrast with the denigrated present, as the following extract from John's log reveals:

This decision to treat these knee injuries as a sociological project got me looking back at all the old training diaries I haven't dug out for years. I came across an entry for a Sunday at Lancaster in early October 1978 which read: "Out on the fells this morning for over 3 hours, up to Clougha on the road, then up to its

summit, over to Wardstones and on to Caton Moor, down to Halton and back to campus on the canal. Weather dipped out after an hour, rained heavily, wind came up, not enough gear on, didn't notice it much as I was really flying and it seemed easy". That is hard to read at the moment, it's like its about somebody else. I don't expect that ease of running in my fifties but I suppose despite slowing down over the years there has been continuity, each time I have run it has kept the thread with the past. This knee fiasco means I contrast now with the past and it's painful to have sunk to this level of being a "crock", but also strangely because as I am now not running it is as if I have been disconnected with the past, if feels as if I never ran like that somehow. I know I did but it's hard given the present state to believe I did and that's painful losing that surety.

In acknowledging the demise (temporary, we hoped) of the runnning identity, of the "gloried self", we had to some extent "fallen from grace", and now were not even physically on a par with "ordinary" folk. Via these narratives of suffering we communicated to each other the physical and emotional pain we were experiencing, and within these narratives the injured knee became reified, transformed in our discourse to "It". It plagued us, It was the cause of all our troubles and because of this, became at once divorced from us (cf. Sparkes, 1996), and also objectified by us. So whilst It was part of our bodies, as the physical pain forced us to acknowledge, It was

simultaneously not part of us; but rather It was down there, in some ill-defined space, leering at us, resisting all our efforts to remedy It and to run. The problem with dealing with It was further compounded by the fact that the knee injuries constituted part of a wider, more encompassing, but nebulous IT. This was how we conceptualised fate and its power over us and our running. The fateful IT was uncontrollable, malicious and capricious; in our minds IT had wished upon us the injury by propelling malign forces into our lives and producing a confluence of factors (the dark, cold, wet, windy night combined with post-work fatigue) which resulted in our stumbling and falling into a physical and emotionally painful state. Moreover, both the knees and the wider IT had *betrayed* us, and we were extremely angry at both It and IT, as testified by the virulent expletives which peppered our discourse. We railed against the knees and their stubborn refusal to function effectively so that we could once again rise above the status of "ordinary" folk; we were grounded metaphorically and physically.

NARRATIVES OF SACRIFICE

The angry feelings of betrayal were intimately linked to narratives of sacrifice which began to flood our conversations and logs. Previously, our days had been structured by the necessary routines. The alarm rings at 6.30 am and we haul ourselves into each working day, rapidly shovelling down breakfast cereal, gulping hot tea, grabbing our sandwiches and driving to work in somnolent state. At the end of the

hard working day, we speed home to prepare the evening meal, slam it in the fridge, and then rapidly haul on the running gear, scanning the sky in a vain attempt to forecast the weather conditions. Should we opt for vest or tee shirt, shorts or tights, sun-protection cream or rain-top? We mutter to ourselves "maintain momentum", for the clock is running and any small delay, such as stopping for a cup of tea, or even answering the door bell, will result in reduced mileage that evening, so we must MOVE. Hurtling out of the door into warm summer evening or chill winter night, we head out to do the running business. Post running, we must focus on rehydrating the body, stretching weary muscles, and then consuming a carbohydrate-rich evening meal, whilst re-discovering the outside world via the evening news on television. No chance to digest our dinner at leisure as we sprint off to wash dishes, manufacture tomorrow's packed lunch and take a speedy shower. With luck, there is enough time to unwind a little before we fall into bed.

Such is the discipline of our working-running life, and its combined demands require the sacrifice of the majority of our social and leisure time, for apart from at weekends there is little space for socialising or leisure activity. Even at weekends the training or racing continues and so circumscribes opportunities for other more pleasurable pursuits. A further consequence is that there remains very little time for the normal domestic activities which preoccupy our more house-proud friends, relatives and neighbours. Domesticity assumes the lowest priority of all, and in

consequence our home enviroment remains chaotic: mounds of training gear litter the house and the kitchen is a repository for multiple pairs of training shoes in various states.

This is the routine, the discipline of training and its impact upon the time we have available after work. Just as time is regulated and disciplined, so are our bodies, which have been transformed over decades of self-imposed repetitive practices into those typical of distance runners, with a low body-fat ratio, and gaunt features. Our bodies have gradually learnt to adjust to the fatigue levels engendered by regular training, and our running minds have simultaneously grown stoic in relation to the habitual physical rigours. Moreover, in order to train and to race effectively, we have long learnt to "fuel" our bodies as recommended by the physiological research literature: chomping rabbit-like through mounds of vegetables, and consuming goodly portions of fruit and complex carbohydrates such as cereals. We glance wistfully at the cornucopia of cakes and puddings on display in the cafés we sometimes visit on Sunday afternoons, and then settle resolutely for the relative virtues of teacakes or scones. We suspect we are, in the eyes of our nearest and dearest, "sad", but convince ourselves that this way is better for us, for our health and for the running.

All these practices of course require great discipline and regular sacrifice in the face of culinary, alcoholic, social and cultural temptations and the moans of bemused friends and relatives who complain jocularly (and sometimes seriously) that we do not

love them enough to miss training. Given this history of discipline, and now plagued by the injuries, we respond with anger and fury because none of our sacrifices have been to any avail: IT has rejected our sacrifices and flung them back in our faces. IT has rejected our attempts to do all the right things: assiduously keeping our bodies well hydrated; topping up the complex carbohydrate levels; training as much as possible on soft surfaces; following the tedious nightly routine of post-run stretching and mobilising; monitoring the wear patterns of training shoes. All this, and our sacrificial offerings are rejected unceremoniously; our efforts are scorned and we are betrayed! All that sacrifice to IT and here we find ourselves, injured and making no tangible improvement even after a month of struggle. At this point, a month into the injury process, we hit a collective low point, realising that on all objective indicators our attempts at maintaining the running have taken us nowhere, indeed the knees are becoming even more problematic and dysfunctional. Subjectively we are distraught at the injustice of it all. We have done nothing wrong; we have done as much as possible right, and here we are, damned and downcast. Forced to concede defeat after one particularly painful, bad-tempered and tearful weekend, in desperation we eventually decide upon the only avenue which might potentially help our recovery.

NARRATIVES OF PILGRIMAGE

This avenue led to the quest for professional medical help for our injured knees. Up to this juncture we had consulted a range of literature on self-help for sports injuries and could find no plausible diagnosis of our individual conditions, let alone suggested treatments, for a careful reading of the literature found it inadequate and often contradictory. Whilst we were definitely not pursuing any "miracle cure", we did embark upon a kind of secular pilgrimage to find a medical professional whose expertise might result in diagnosis and treatment of the problems. Our attitudes towards this kind of medical encounter were complex and contradictory, as our histories of engagement with sports medicine professionals were somewhat chequered. Sociologically, we recognised that these professionals were similar to any occupational group and that inevitably some individuals would be more competent and skilled than others. The problems we were currently experiencing, however, were considerably more severe than previous running injuries and consequently our feelings were a ferment of optimism and desperation. Were "they", whoever they were, going to sort out our injuries and put us on a road to recovery?

We began feverishly to consult fellow runners and other athletes in search of recommendations concerning therapists experienced in sports injuries. We knew the treatment would inevitably have to be on a private basis, given the state of the NHS and the low priority afforded to sports medicine. As we repeatedly explained to each other, it was crucial to find someone who knew her or his business, regardless of cost,

because the stakes were high; our physical and mental health depended upon our return to running - and other expenditure, such as household repairs, would certainly have to be postponed for another year - or three. We had our priorities right, we calculated. At this point, we began to recount stories we had heard or read of runners who had discovered the "right" person. Eventually we tracked down, and arranged appointments with, a local sports injuries clinic. The relief of finding a physiotherapist and our hopes of a productive outcome engendered collective optimism, following our first session with her:

John: What do you feel about that then?

Jacquelyn: I feel better that at least I know what it is now, it has been 'labelled', and she seemed to know her business. It seems straightforward the way she put things, she seemed very familiar with it. I guess it's a common problem for runners, she must have seen a lot of it. What about you?

John: Yeh, it's just a relief to know what it is, I suppose it's about 'naming' it, once she did it, I saw it differently, if I look at it right now and at least I've got a label, it makes it easier.

Our initial response to the "labelling" of the injuries was to interrogate the sports medicine journals in our library and to obtain any relevant documentation on the

specific conditions. There now appeared to be some degree of certainty as to our problems and perhaps, we dared hope, we were on the way back! Over the next couple of months we both faithfully attended the sports injuries clinic for a total of 10 sessions, but unfortunately the way back proved more than rocky. The knees failed to improve despite the use of various physiotherapy modalities (diathermy, ultrasound, etc), remedial exercises, and the application of support taping to the knees. During this period we worked hard at maintaining our collective and individual confidence in the therapist. Recovery was going to take time, we assured ourselves. We were prepared to be patient, to follow the advice of the professional; she was nice, enthusiastic and as far as we could tell, well informed. We were paying our hard-earned money, living in hope.

However, towards the end of the series of sessions confidence began to wane, and the belief that we were trusting the "right" person became increasingly difficult to sustain in the face of a number of factors. Firstly, the injuries were evidently not getting better, pain was still a constant companion, and an attempted jog down to the end of the road provided a stark reminder of our fall from grace. Secondly, as sociologists, we had by this time come to observe and understand the social rhythms of the clinic we were visiting. The treatment of patients resembled a production line, with therapists simultaneously treating different patients, rushing from one treatment room to another. Sometimes our therapist would exit before the scheduled end of session or would arrive

late, a state of affairs which eventually left us wondering about due care and attention. Thirdly and alarmingly, during one of the latter treatments, in an attempt to gauge progress, the therapist instructed the performance of a certain form of squat. This produced a rapid setback and caused increased levels of pain to the sufferer for several weeks, doing nothing to instil confidence. Moreover, towards the end of the course of treatment the physiotherapist also started communicating to us the possibility that our conditions were beyond her expertise and skills, eventually recommending a "centre of excellence" which specialised in knee problems.

At this point it seemed to us that we had no other option but to "keep the faith". We consequently tried hard to convince ourselves that this was indeed the right move, we would seek out the "real" experts. Our decision to follow this route was based on the belief that expertise was likely to reside in a centre of excellence, and also on information which indicated that various élite sports people had successfully been rehabilitated at the specific centre. If this is where the top athletes attended, we reasoned, this is where the best chance of success was bound lie. We had to work particularly hard to justify continuing at this point of the "pilgrimage", given the exorbitant fees for private consultation and treatment, in the absence of private health insurance. One of the factors which convinced us to proceed was the availability at the specialist centre of a magnetic resonance imaging scanner, designed to provide images not merely of the skeleton but also of the soft tissues. We fervently believed at

that point that the omnipotent MRI scanner would provide the answers to our problems, in identifying our injuries and permitting the consultant accurately to diagnose and treat us.

A week or so later we arrive at the Centre to be greeted by the orthopaedic consultant, who proceeds to give a cursory physical examination of the afflicted limbs. The previous diagnoses of the sports physiotherapists are immediately discounted and within 10 minutes an exploratory operation is forcibly proposed. The unexpectedly swift suggestion engenders a high degree of unease in both of us as we were expecting a more considered examination with the scan as first line of diagnosis. After some discussion, we both firmly opt for the MRI scan before making a more informed decision regarding an exploratory operation. During the wait in the inner sanctum in which houses the scanner we substantiate the narrative of pilgrimage: this is the magic machine which will define all our ills, and so we are eager to proceed, eager to obtain a result, eager to know and subsequently to have a course of treatment. As John commented at the MRI centre:

> I am feeling weird, sitting here with the knee enclosed by the machine, it's humming away and I have been instructed to keep the knee still at all costs. I will be in this thing for an hour. This is the 'ju ju' machine, you can tell it's special as it's inside its own purpose-built facility, in a separate building with a locked door.

> A technician sits on a console which I cannot see, monitoring the machine, he tells me nothing, intimating that that is the consultant's province and not his. He is looking at screens, he is looking at pictures of the inside of my knee. Soon the truth will be revealed, it must be. I am excited and anxious simultaneously.

A few hours later we return to the consultant's office where he studies the plethora of images produced by the scanner, whilst we watch him closely and with hope. Then, to our utter disbelief, he tells us, one after the other, that he is unable to make any diagnosis from the images. All he can do, on the basis of the evidence, is tentatively suggest some possible diagnoses. If we want a more definitive outcome, he advises, we must undergo exploratory operations on the knees. For several moments we sit there, dumbfounded, shocked, all our hopes destroyed, silently questioning ourselves as what had just happened: "But what about the magic machine?" "What the hell was all that about?" We press him for something more substantive, a piece of information, something we can work on, but receive nothing but vague comments. We look at each other, desperation turning to anger, our eyes beginning to smoulder. We reject outright his suggestion of an expensive exploratory operation, knowing that for us it would constitute a last resort. We retreat into shocked disbelief, hardly alleviated when we have to settle the bill in the opulently furbished reception area.

NARRATIVES OF BLAME

In the car on the long journey home a vitriolic tirade erupts, increases in intensity and is regularly reprised over the next two weeks; a sustained narrative of blame. During this period we feel utterly disillusioned, totally deflated, but resolutely furious. Firstly, our anger is directed at the medical profession for their ineptitude. Despite handing over a large amount of hard-earned money for physiotherapy and the private clinic, we have found the service sadly wanting. It seems that no medical professional can identify the knee problems and all treatment has to-date proved totally ineffective. Frustratingly, we find ourselves no further forward on the road to recovery and, to add insult to injury, we have had to pay for the dubious privilege. Secondly, a great deal of fury is self-directed. We regularly berate ourselves for our misguided trust in the medical profession: how could we have been so stupid and naive? We recall a long series of woefully inadequate encounters with the medical profession, both in relation to sports injuries and to health matters in general. Our own anecdotal evidence is supplemented by research findings and press accounts of medical incompetence and negligence. Despite all the evidence, of which we should have been all too aware, to our chagrin and rage we still put misguided faith in the medical establishment. Therefore, not only can we no longer use our legs as we should, but our mental capacity for analysis has been found sadly wanting. We are simultaneously "crocked" and stupid, a long way indeed from the gloried athletic selves.

There was a third source of blame around which we constructed accusatory narratives. Whilst the role of the fates (the IT) was keenly acknowledged, something less nebulous, a more concrete causative agent was also needed. What emerged was the spectre of *work*. We had long known that our full-time employment was not conducive to distance running, and this had been empirically experienced for decades by both of us. Three weeks' vacation was the longest continuous period of holiday we had enjoyed since commencing work in academia. Without fail, at the end of the holiday our training performances would improve. Conversely, a great deal of training and racing had over the years been "dead-legged". We regularly felt overwhelmed by fatigue as soon as running shoes were laced up. We habitually scoff when reading or hearing accounts of professional, full-time athletes who bemoan the difficulties and ardour of their training regimes: "Try it on top of a full time-job", we ritually chant, for full-time, cognitively demanding work constitutes the dominant problem in our lives: it drains the energy from our bodies and minds, leaving us too fatigued to train with any efficiency, and making a mockery of carefully devised training schedules. Running in such a fatigued state undoubtedly heightens the chances of becoming injured. To add to our problems, in the winter months we are forced to train in the darkness because of the inflexibility of one of our work patterns, thereby increasing the chances of an accident. The great majority of our work lives are sedentary, long hours spent sitting at desks, a position which is known to be highly detrimental to general health and

specifically to injured knees. The pain is noticeably reduced on the weekends when we are able to move around more freely. Although there is considerable investment in the academic role, this is relatively limited in comparison to the amount of investment in our athletic identities. In terms of "identity salience" (Stryker, 1987), being a runner plays a dominant role in our lives. The enforced sacrifice of time, energy and health to our working roles has undoubtedly deleteriously affected our athletic selves.

NARRATIVES OF EMPOWERMENT & PROGRESS

At this juncture we were threshing around angrily, disorientated, still hurting and with no clear direction for recovery. At rock bottom emotionally, so to speak, at a loss as to how we were going to get back to running, we had lost surety that we would, and we had certainly lost confidence in the medics. In effect, anger drove us out of our despondency; anger at the forces which had propelled us into such negativity. This anger made us all the more determined not to lose the connection with the past, with decades of running. We had too much individual and collective biographical investment in being runners, even at our level, to let this go. Quite formally we decided to seize control: *we* were going to sort out the problems, we were going to do it without anyone's help, to hell with the medics, with work, with IT! Narratives of empowerment developed from this point on as we began to map out our own paths to recovery. Initially we decided to make every effort to retain the discipline of training and we did this by

safeguarding "training time". By ring-fencing a specific amount of time every day, we sustained the discipline and commitment to running and therefore to recovery. So, instead of running we would walk, increasing the duration very slowly until we could walk for an hour or more, eventually able to stride out rapidly across the parks. This sustained but gentler form of exercise almost imperceptibly began to diminish the worst of the pain in the knees, as we trudged through the darkness, month after wintry month. We also adhered to our normal dietary intake, which required of us both large amounts of self-discipline and willpower. Plumbing the emotional depths released persistent cravings for comfort food of all varieties. Both of us experienced the temptation of rationales such as, "I'm not training so why should I bother with watching what I eat?". The continuation of normal, if modified disciplined practices played a fundamental part in beginning to re-build positive self images. As Jacquelyn noted in her training log:

> I noticed today that it's 4 months since we have run. What's interesting is that neither of us has put on any extra weight, so whilst at the moment we can't run or even jog, we still *look* like distance runners. That helps because I can still see myself in the mirror and not someone else. I feel that would be even more difficult if I couldn't see my proper self. I know I can't run at the moment, I know I'm totally unfit for running, but it looks as if I am still running. That's comforting because

objectively I know when I start running again the experience will not be as hard as if I were carrying surplus poundage. More importantly, I feel I am still here. I can see my running self. So because I still look like I can run, the possibility is I will eventually.

There is an old adage in athletic circles that "runners would rather eat gravel than walk", but walk we did - through the gruelling winter and into the spring which turned to summer. Eventually, on weekends we managed to test out the knees on local hills, at first with trepidation and then later with developing optimism. In the high summer, after a month of procrastination, putting off the fateful moment, we began a very cautious programme of rehabilitating the knees to the point where they would tolerate running.

This began with the incorporation into our nightly walk of a number of 10-metre jogs, wtih large intervals of time in between. After a few months we progressed to repeated shuttle runs, and eventually started to build up sustained running starting at a duration of one minute, and increasing the duration incredibly gradually to over an hour. The whole process of rehabilitation took over 2 years. Our progression was determined by a rule of thumb, namely if the knee was worse on one day we would revert to the previous level of intensity and duration. During this long period we sustained ourselves with narratives of empowerment and progress. We told ourselves

that *we* had seized control and what we were doing was making a difference. The past was a yardstick against which the present was measured, for whenever progress faltered or halted, we reminded each other of the dreadful times when we could hardly climb the stairs, or when a 100-metre jog was deemed a huge success. By this means we maintained the momentum of our recovery and whenever we achieved a movement forward in terms of running duration or speed, we instantly hugged, clapped and cheered each other. Success was ritualistically marked, for whenever we reached a significant benchmark, such as a 10-minute run, the next weekend we would visit a favourite café, and consume some local delicacy such as bread pudding. Thus arose the celebratory "bread pudding" narrative, proof of our progress was there in its eating!

NARRATIVES OF COMPENSATION

In running terms, the two-year quest to return to fitness constituted a relatively extended period of trial and error as we sought to adapt our programme to the daily state of our knees. During this period various narratives of compensation emerged. Thus, we constructed from our daily lives stories to convince us that this fallow period was not entirely unproductive, either in terms of running, or in terms of personal and joint development. These stories were used to justify our continued involvement in running, and also to sustain us psychologically during this period. Whilst taking

different forms, all these stories tended to centre upon the beneficial accumulation of new insight into our individual and collective states of being.

One of the most significant of these narratives was that of the "natural". Once the evenings had lengthened and our walks took us around local parks, we began better to see and appreciate the natural environment. Normally, when training, there had been little spare energy for awareness or enjoyment of the surrounding environment (not surprising when one is focussed upon the arduous business of running). Gradually, during the evening walks we began to appreciate more and more the changing nature of the trees, the flowers, and the sky, and our relationship to the natural world. This was something we had not had time to consider, or more importantly, to *feel* for decades. This generated a realisation that, despite the difficulties, something valuable might be gained from not being able to run, something which was furnishing us with important insight:

> I suppose running is primarily about movement and here we are this evening, not moving, but standing stock still. We were walking around the park doing our circuits as usual when we came through the trees and there was this brilliant sky, with all sorts of wonderful cloud formations and colours. So we just stood there and watched it for 5 minutes, watched it change, saying, "look at that bit" or "do

you see that orange", and when we finished looking and plodded on again we felt we gained from it. It made us feel small but good at the same time. (Jacquelyn)

A further compensatory narrative centred upon our individual and collective relationships to our running bodies. Throughout the two years we gradually learnt to adopt a more compassionate attitude towards our bodily selves. Whereas previously (as in the first month of the injury) we would have trained on indomitably, regardless of pain or other maladies such as heavy colds, we gradually developed a less rigid attitude to these matters. We learnt to be more flexible toward ourselves and to listen more acutely to what our bodies were signalling. From this emerged a narrative which was termed, sometimes sardonically, "doing the best we can", which entailed accepting our limitations in whatever circumstances we found ourselves. For example, whilst on holiday abroad we regretfully abandoned our running programme entirely because the only terrain available for running was too angled and rough to chance risking our vulnerable, recovering knees. Reluctantly, we agreed to return to walking for the holiday period, just doing the best we could at that particular juncture. This more flexible approach to our physical selves had resulted in a return to the state of being a runner: we had not given up, we were back. It had somewhat resembled running a marathon: one always endures bad patches, but the secret is to persevere, and we had done so by learning to listen to our running bodies; we had become wiser runners.

Lastly, there was in operation another compensatory narrative, one which stressed what we both had learned about our social relationship during the two-year journey to recovery. Whilst we had refused to give up on our running selves, we had also not given up on each other. Inevitably, during the two years of gradual rehabilitation there had been bad days and good days and these did not necessarily neatly coincide, for the knees of either one of us could not always match the daily performance of the other. Consequently, in order to achieve some democratic balance, we evolved another rule of thumb: what one could manage on any particular evening, the other (even if feeling capable of more) would always follow. This agreement sustained a joint rehabilitative momentum whilst simultaneously creating an emotional cohesion in the face of adversity. Over this protracted period a narrative was constructed which stressed that the injuries had brought us closer together; we had not fragmented but cohered in the face of all the malevolent forces (knees, medics, work, IT) assailing us. Neither of us had abandoned the struggle when the going was particularly rough for the other, as a log note testifies:

> Yesterday evening we had a bad patch. We decided to incorporate a small pitch (not a hill - in fact it's so small that normally when not injured we would not even have noticed it) in the running for the first time (after 11 months of our programme) and with some trepidation we did so. We negotiated the pitch both

> up and down, everything seemed ok, until about 50 yards on my knee began to STAB me very sharply. By now I know what that means; it means going back weeks in terms of the programme, if not a month. I know the different kinds of pain now, and their consequences. I pull up quickly taking the weight on my good leg, full of dread. I sit on the ground and explode with frustration, furious expletives darken the air repeatedly. J comes over quickly to give me support. I berate my knee, I berate our decision to add in the pitch to the programme ("idiot , idiot, it was all too soon, I knew we shouldn't have done it"). My frustration bubbles over as I glance at the micro tape recorder in her hand: "Don't you dare turn that f***ing thing on!" She moves around me smoothing me down with her words, it takes here an age. I limp home awkwardly, she gives me a cuddle on the way. (John)

The above narratives of compensation developed incrementally over the two years of our rehabilitative journey and had become firmly embedded by the point where we considered we had returned to being runners. As the narratives of empowerment and progress were elaborated so were the narratives of compensation. Having reached a point where we asserted control over the process of healing and recovery, our individual and collective perceptions no longer centred on the negative. The fog of pessimism had been lifted, positive feelings and thoughts became possible and

compensatory narratives began to predominate. Firstly, valuing the natural, followed by learning to listen to our running selves, and lastly coming to the realisation that collectively there had been positive growth in the face of adversity.

THE LIMITATIONS OF CHRONOLOGY

In order to convey the developmental process of injury and rehabilitation, we have presented the data in a chronological fashion. In this way the emergence of the narratives parallels the temporal framework of the process. On one level this correlates with the lived reality of our experiences, for we did construct particular narratives at specific points in our journey, and these narratives did consume our lives for particular periods of time. For example, narratives of blame dominated our interaction for two weeks solid. Very angry and frustrated, we literally ranted these stories to each other at every spare moment.

There are, however, problems with the linear presentation of the data. As Hammersley & Atkinson (1983) have noted, this kind of portrayal implicitly suggests "a more or less smooth set of transitions from one stage to another" (p. 220). Moreover, this form of representation also gives the impression that the main narratives within each particular stage of the chronology are confined to those stages. The reality of our experience is however considerably more complex. Although specific stages were indeed dominated by particular narratives, these were not discrete, sealed off from

other narratives, rather the boundaries were permeable. As a result, at any particular juncture several different narratives might emerge. For example, whilst we did take control of our rehabilitation, that control was never absolute or unfaltering. Inevitably, over the two-year period there were numerous occasions when our belief in the "going it alone" approach wavered, and the narrative of pilgrimage to medical professionals surfaced once more. Such instances always corresponded with a deterioration of the knees so that the remedial programme had to be adjusted retroactively, and we began to doubt our strategy. We then had to work hard to overlay the pilgrimage narrative with one stressing autonomy and control. In the wake of such negativity, narratives of blame were liable to re-emerge. At one point, for instance, on the journey home from giving conference papers, we became trapped on a very crowded, small train which remained stationary for seven hours due to technical problems. To our intense frustration, the knee problems flared up painfully as a result of their confinement in a bad position. Although this generated an excoriating tirade against the railway companies, the narrative of blame which emerged much more powerfuly was focused upon IT. The fates once again had determined that we were travelling on that particular train, which was too crowded to allow the mobilisation and thus protection of our knees. Narratives of suffering erupted, followed closely by narratives of sacrifice. The time spent (wasted?) undertaking our rehabilition programme became the focus of our discontent: "all that time and we have been put back months". We then struggled to

reconstruct a positive narrative of control.

Psychologically, these emotionally-charged instances were always very difficult for us; frustration, fear, pain and anger all became interwoven. However, objectively we knew that our carefully devised remedial practices had proved effective. If subsequently we had to reduce our running time or revert from constant to intermittent running, or even return to fast walking pace, at least we were aware of the positive action to take. This confidence helped us resurrect the narratives of empowerment and progress. We had achieved forward momentum before and we could achieve it again. At these points in the journey there arose "do you remember when" stories when we deliberately strove to recall less advanced stages of the recovery process. So, forced to reduce our running time, we would revisit, for example, the time when we could only walk, or run for 5 minutes. Going back in the programme was not so bad, we reasoned, for we had been through more difficult stages before and survived. All that was necessary was listen to our own running bodies and we would eventually make progress.

Whilst there was some degree of linearity to the rehabilitation process and the accompanying narratives, there also existed a certain circularity. At times our knees would suddenly deteriorate, and we would find ourselves propelled down what we termed our "time-tube" to experience once again a deluge of difficult emotions and their corresponding narratives. Over two years, being flung "back in the time-tube" and

lodged in this circular loop of experience became familiar phenomena. In stark contrast to the smooth transition between states of body and stages of experience, as sometimes portrayed in the sports injury literature, the rehabilitative progress was faltering, jolting, and fragmented. Setbacks were encountered regularly, and we strove to make sense of, and accord them meaning using the narrative resources described above.

NARRATIVE AND POSITIVE MOMENTUM

It took us two years to return to the point where we were again running at levels of frequency, intensity and duration similar to those achieved prior to sustaining the knee injuries. During this time, we made sense phenomenologically of our injuries (despite receiving no clear medical diagnoses) and constructed our own rehabilitative programme. We could of course have followed a completely different course of action, opting to give up entirely our running and racing "careers" and we both feel certain that specific factors helped sustain us and influence the reconstruction of a positive identity in opposition to a slide into depression (Sparkes, 1999).

Our recovery hinged on maintaining positive running identities, both individual and collective. We had spent decades constructing specific running identities. To undertake middle- and long-distance running and racing demands habitual, disciplined training. The resultant combination of discipline and sacrifice has been described

above. Neither of us has ever won an open race (the best being 4th and 8th places respectively), yet in addition to thousands of running miles and the time and energy expended, we had over the years sacrificed a great deal to this demanding activity, from social relationships to (we strongly suspect) career advancement.

Determined not to abandon our running selves without a considerable struggle, we were aided in that struggle by a number of biographical resources. Firstly, we were relatively mature runners, in contrast to the young, élite performers who predominantly form the focus of the research literature (cf. Brock & Kleiber, 1994). Our life experiences up to the point of sustaining the knee injuries had included *inter alia* events such as surgical operations, bereavement, divorce, bombings and serious road traffic accidents. Having survived these episodes, they remained fixed in memory as instances of endurance in the face of difficulty. In addition, they constituted a narrative resource which could be drawn upon during periods of personal difficulty, for example during setbacks in the remedial programme. Thus we recounted to each other "do you remember when" stories, contrasting the current situation with previous difficult periods in our lives, in order to relativise the knee problems. Surmounting the current situation was possible, we asserted, because we had successfully come through much more difficult times.

Secondly, the very act of distance running is intimately connected with endurance. Tolerating fatigue and pain constitute an integral part of the everyday

routine of distance running. Commensurate with the bodily conditioning required by the activity, there occurs a conditioning of the mind, as it learns to endure. As Crossley (1995) has noted, the mind being inseparable from the body, they remain "reversible aspects of the same fabric" (p. 47). Hence the mind learns to cope with distance running, and a particular kind of stoicism develops as one comes to accept physical suffering. During much training and racing one inevitably goes through "bad patches" and must learn to endure them and to persevere. Our running selves (the combination of our bodies and minds) were therefore used to enduring and persevering, and our self-images reflected this. Enduring and eventually surmounting our injuries in order to return to running was then just another trial, even though it centrally threatened our running selves. Hence when the remedial programme failed to produce any progress, or we had to reverse our plans and return to an earlier stage, we encountered "bad patches". After a while, we recognized the inevitability of this and would invoke narratives of endurance and perseverance, for example about races in which performances had been so poor and physical discomfort so acute that it required all our physical and mental endurance to continue and finish the race:

> The weather has been foul, and combined with the dark, there's not much incentive to get out of the door. We are walking around the park, but that seems little consolation. We know it's the only way back, but it's not running, and it's

> difficult to keep warm! We are getting very jarred off with IT all and each other. J told me a story last night about finishing a "bad" marathon in Rotherham where he was exhausted at 25 miles, and going so slowly that a woman pushing a pram overtook him around a roundabout! The point of the story was of course all about finishing. The time didn't matter, where he came in the field didn't matter; what mattered was that he kept going and finished. We have a laugh over the story, and plod on. (Jacquelyn)

In addition to the singularly biographical resources which we utilised in sustaining our rehabilitation programme, there were also narrative resources grounded in the specific subculture of distance running. If one "drops out" of races in distance running one becomes suspect both in relation to peers and, more importantly, to oneself. A scintilla of doubt begins to creep into the mind. There may well be a sound physiological rationale for abandoning a race, but in our experience of the subculture, such logic is anathema to runners' perceptions of the qualities which characterise *real* distance runners, the prime one being the capacity to endure.

These biographical and subcultural narrative resources provided the bedrock for creating and sustaining the social psychology necessary for our individual and collective recovery. By enduring, we were not just completing our rehabilitation programme and moving towards a point where we could run freely once more, but also,

and more fundamentally we were sustaining our running selves, our athletic identities. As indicated above, our somatic forms remained the same during the rehabilitative process owing to the particular kind of diet and exercise régime which we imposed on ourselves. Simultaneously, the self images we held, which included the tried and tested fortitude to endure, were sustained by our continued involvement in, and commitment to, the programme. We *looked like* runners to ourselves as audience, and we *acted like* runners by persevering and sustaining momentum, despite the regular bad patches, on the road to recovery.

Overlaying this subcultural narrative bedrock were the other forms of narrative described above (those of suffering, sacrifice, pilgrimage, blame, empowerment, compensation), which emerged periodically during the process of injury and recovery and which helped sustain progress in our recovery. The narrative journey can be charted as follows: the articulation of narratives of suffering and of sacrifice, to ourselves and to each other, obliged us to take stock and acknowledge that our attempts to run at that point were proving unproductive. This stark realisation initiated the subsequent pilgrimage to medical professionals in order to seek expert treatment. When this strategy failed, culminating in an extremely expensive (both financially and psychologically) fiasco, we constructed narratives of blame. These raged on until they eventually provoked further positive movement resulting in the development of our own remedial programme via narratives of empowerment. Throughout the years of the

programme, we sustained ourselves, particularly during the periods when we could do no running at all, with narratives of compensation.

In his analysis of social momentum, Adler (1981) outlines in some detail its constituent parts. These form a circular feedback system constituted of the following sequential components: motivation to acquire a goal; a focus of feelings on that goal and a motivational urgency to attain it; a state of arousal which generates energy, leading to intensity of effort; and finally, elevated performance which raises the quality and/or quantity of achievement. Adler argues that a dynamic, internally circular process ensues once these components are in place. In this paper, we have analysed the *interactional* momentum of our recovery from sporting injury; a process which entailed all the components which Adler conceptualised. These components were evident within the particular narrative forms which have been portrayed.

CONCLUSION

The analysis of our autoethnographic data reveals a complex interweaving of narrative resources as we moved from the point of incurring the injuries to the stage where we could again sustain an hour's running. Some of these narrative resources are idiosyncratic in terms of our biography, whilst others are grounded in the subculture of distance runners. In contrast, some of the narratives to which we had recourse, such as those of suffering (Charmaz, 1983), sacrifice (Miller, 1998) pilgrimage (Reader

& Walter, 1993), blame (Green, 1997), compensation (Fine, 1998) and empowerment (Seymour, 1998), exist within the wider surrounding culture .

Consequently, some of these narratives will be available to other injured athletes, whilst others will not, for, as various authors have noted, narratives are not equally distributed within modern society (Shotter, 1993; Sparkes, 1996). The narratives we used allowed us to make sense of our injured state and eventually to generate the momentum of self-healing. Of particular importance in generating and sustaining this momentum was the narrative interaction between the two of us, of which we can claim no typicality, or availability to others. Athletes usually sustain injuries on their own, or if there are other injured athletes with whom they are in close contact, it is unusual for injuries to affect the same body parts simultaneously. In addition, it is highly unlikely that the injured athletes will actually live together in the same household.

Narratives are above all interactional achievements and each of us acted as the "co-teller" for the other (Ochs & Capps, 1996, p 31). This involved a good deal of interactional work in questioning or affirming the other's narratives, and the co-teller role was fundamental to achieving momentum towards recovery (Duranti & Brenneism, 1986). Although we cannot claim that either of us could completely enter into the experience of the other, via our narrative exchanges we did achieve a high degree of intersubjectivity in relation to each other's feelings about injury and recovery. What this allowed was a fully social voice for each of us; a voice which we both understood was

being acknowledged in a highly empathetic way. The result of this co-telling was that neither of us suffered any significant degree of isolation when in either the injured or recovering state. We are convinced that this capacity to give voice to, and to be understood, was fundamental to our eventual return to running. Without the active, receptive presence of the other as audience, we suspect that our rehabilitation may have been significantly slower and more problematic. Having decided to sever our relationships with health care professionals whose advice and treatment had proved so inadequate, we in effect each assumed the role of sports therapist and counsellor, providing both emotional support and critical advice. We enthused, empathised, sympathised, critiqued, berated, cajoled and motivated each other towards recovery. Our experience confirms the accuracy of the call by various researchers (Brock & Kleiber, 1994; Petipas, Brewer & Van Raalte, 1996; Sparkes, 1998) for health care professionals to seek to gain an in-depth understanding of the illness narratives of injured athletes, in order to produce more effective strategies of remedial intervention.

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Autobiographical Note

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