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Sporting spinal cord injuries, social relations, and rehabilitation narratives: An ethnographic
creative non-fiction of becoming disabled through sport

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Abstract

Working at the intersection of sociology and psychology, the purpose of this paper was to examine people's experiences during rehabilitation of being and having an impaired body as a result of suffering a spinal cord injury (SCI) whilst playing sport. Interview data with men (n=20) and observational data was collected. All data was analyzed using narrative analyses. To communicate findings in a way that can incorporate the complexity of results and reach wide audiences, the genre of ethnographic creative non-fiction was utilized. The ethnographic creative non-fiction extends research into issues related to disability, rehabilitation and sporting injury by 1) producing original empirical knowledge, 2) generating a theoretical account of human thought, affect and action as emerging not inside the individual but within social relations and the narratives that circulate between actors, and 3) capturing the impact of this research.

Keywords: Disability, sport, health, resilience, relations

Every eight hours someone is paralyzed by a spinal cord injury (SCI). A common cause of SCI is sport. In recent years, research has examined the experiences of people who have suffered a SCI through playing sport and are now disabled (Smith, 2013; Smith & Sparkes, 2002, 2004, 2005, 2008; Sparkes & Smith, 2002, 2003, 2011, in-press a). This research has highlighted that the psycho-social worlds people inhabit when they return to the community can change from being highly accessible and psychologically positive to being severely restricted and damaging to psychological and social health. Equally, it has revealed that people with a sporting SCI who live in the community can engage in a quest to challenge oppressive social structures and experience posttraumatic growth and new ways of being.

Whilst such work on the psycho-social worlds of disabled people who now live *in the community* is important, there is, as Stephens, Neil, and Smith (in-press) suggested, a lack of research on people who have *just* suffered a SCI through playing sport and are still *within* rehabilitation. Indeed, like in disability sport research in general (e.g., Berger, 2009; Martin Ginis, Jetha, Mack, & Hetz, 2010; Peers, 2012; Rolfe, Yoshida, Renwick & Bailey, 2012; Shapiro & Martin, 2010), the research on sporting SCI has predominantly focused people who have long since left a spinal injuries inpatient rehabilitation unit and live in the community. Life inside the inpatient rehabilitation unit shortly after suffering sporting SCI has been neglected. Yet, what goes on in this social context, and how things occur, are of fundamental importance.

Following SCI, the person spends between three to nine months in a spinal injuries inpatient rehabilitation unit. In this context the person is not only taught how to take care of new physical needs (e.g., bowel management and skin care to avoid pressure sores) and corporeal practices (e.g., how to move and how much to eat). As an immediate newcomer to

an impaired body, they are crucially also shown how to live in an unfamiliar social world, reintegrate back into the community, and imagine who they can be (Nunnerley, Hay-Smith, & Dean, 2012; Papadimitriou, 2008; Seymour, 1998; Smith, 2013). Policy and health professionals (e.g., physiotherapists and clinical psychologists) are consequential in this process of teaching bodies (Papadimitriou, 2008), but so are spinal cord injured people themselves. As Crossley (2011) and Gergen (2009) argued, our experiences, thoughts, emotions, meaning, action, and health practices are constituted and gain intelligibility through the network of social relations and interactions between embodied actors. Thus, what knowledge is shared in rehabilitation between spinal cord injured people as peers, and how they interact and relate, could profoundly affect what they are able to see as real, as possible, as worth doing or best avoided following SCI. Weitzner et al. (2011) also proposes this. They suggested that, as newly injured individuals who are experiencing the same situation, peers can be “an important component during SCI rehabilitation...in terms of sharing valuable information and ideas” (p. 1456).

Utilizing both sociological and psychological scholarship, the purpose of this paper is to examine men’s embodied experiences of recently suffering a traumatic SCI whilst playing sport and being and having an impaired body in rehabilitation. The research questions guiding this study were: (a) what does it mean to be and have a newly impaired body as a result of traumatic sporting injury, and how do people come to understand themselves; (b) what do spinal cord injured men think, feel, and do when in rehabilitation, and how is thinking, emotional life, and actions shaped; c) what are the consequences of SCI on health and wellbeing, and how and why do spinal cord injured men intend to act when they leave rehabilitation in terms of health conduct. These are important questions that need answering by both a sociological and psychological approach because, while traumatic SCI brings about dramatic change in the biological body, it also brings about changes in the embodied social *and* psychological worlds that people inhabit. If we are to better understand the embodied

psycho-social worlds of people who have been propelled, without their volition, from the world of the able-bodied into the world of the disabled, then research that works at the intersection of sociology and psychology seems beneficial.

Methodology and method

Philosophical underpinnings and procedure

The design of this study is underpinned by ontological relativism (i.e. reality is multiple, created, and mind-dependent) and epistemological constructionism (i.e. knowledge is constructed and subjective). Methodologically, it is also guided by relational sociology (Crossley, 2011) and relational psychology (Gergen, 2009) that are comprised of a rich landscape of thinking, most notably here symbolic interactionism (Mead, 1967; Goffman, 1959) and narrative social constructionist theory (Crossley, 2000; Sparkes & Smith, 2008).

After gaining ethical approval for the study, a purposive sampling strategy was used to recruit participants. The criteria that guided inclusion in this sampling process were people who a) had sustained a traumatic SCI doing sport, b) are disabled, c) are aged 18 years or over, and d) are currently in a spinal cord injury rehabilitation unit or had within 6 months left this context. Twenty Caucasian males aged between 19–35 years that fit the inclusion criteria were recruited. The predominance of Caucasian men in SCI research can be attributed to epidemiological factors. For instance, over 80% of spinal injuries happen to men. All participants recruited were involved in two life history interviews. Each interview lasted from two to six hours. In addition, observational data was also collected by observing – largely as an ‘observer participant’ (Atkinson, 2012; Sparkes & Smith, in-press b) – for 70 hours spinal cord injured men in rehabilitation and the culture they were immersed in. Data was recorded either in situ or later that day using field notes.

Analysis and representation

Adopting first the standpoint of a *storyanalyst* in which the researcher engages in a rigorous analysis of narrative (Smith & Sparkes, 2009), and utilizing analytical bracketing that

enables the researcher to focus on one aspect of narratives (e.g., the *whats* or *hows*) at a time (Gubrium & Holstein, 2009), the interview and observational data was rigorously analyzed using three types of narrative analysis. These were a thematic analysis of narrative, a structural analysis of narrative, and a dialogical analysis of narrative (see Riessman, 2008; Smith & Sparkes, 2012a; in-press b). Drawing on the results of these analyses of narrative, and recognizing that writing *is* a form of analysis (Richardson, 2000; Sparkes, 2002), the standpoint of a storyteller was then adopted (Smith & Sparkes, 2009). Rather than conduct an analysis *of* narratives, a *storyteller* aims to produce an analysis *in* storytelling and *show* rather than tell theory *in* and *through* the story. One way to do this is by using a creative analytical practice (CAP) as described by Richardson (2000).

Many different CAPs exist. These include ethnodrama, poetic representations, and autoethnography (see Sparkes, 2002; Sparkes & Smith, in-press b). Another CAP that might be productively used when working as a storyteller is ethnographic creative non-fiction. This is a CAP that uses fictional strategies to represent the research findings in a storied manner. Thus, whilst recognizing that the boundaries between fact and fiction are often difficult to draw, the story being told is ‘real’ and not ‘imagined’. As Caulley (2008) put it, an ethnographic creative non-fiction “is deeply committed to the truth” (p. 426). It offers a story using facts developed from systematic research, but uses many of the techniques of fiction (e.g., contextualized, vernacular language; composite characters; dialogue; metaphor; allusions; flashbacks and flash forwards; tone shifts and so on) to communicate results in compelling and emotionally vibrant ways.

In this paper, ethnographic creative non-fiction is utilized to communicate the results and represent findings. How it was written involved an iterative process of representing the findings of the narrative analyses of data in a story, revising the story as the writing developed its arguments, revising the writing as the story required and checking that it faithfully represented the findings, inviting feedback from participants on the story, and re-crafting subtle details of the

story in light of feedback. Thus, the content and form of ethnographic creative non-fiction is grounded not only in the results of the narrative analyses of over 130 hours of interview data with twenty men who suffered a SCI whilst playing sport (i.e. rugby football union, surfing, horse riding), over 70 hours of observing sporting spinal cord injured men in rehabilitation, and for ethical reasons and to enhance the credibility of results (Sparkes & Smith, 2009; Tracey, 2010) dialogic exchanges (i.e. ‘member checking’) with these men. Working as a storyteller, it also progressed in the process of writing.

To help further enhance credibility, cohesion, rich rigor, authenticity, aesthetic merit, the expression of a reality, and generativity (see Sparkes & Smith, in-press b; Tracey, 2010), as well as achieve naturalistic generalization, the story was written using more than just research findings (e.g. key themes) from the analyses of narrative. People’s real words, phrases, sentences, and interactions documented in fieldnotes were used too. This said, whilst the events that unfold in the story are ‘real’, they do not follow in the precise order in which they were told or enacted in the data collected. Time is telescoped, and events are selected from the data to best represent the themes, plots, and theoretical points generated from the analysis of the data. Moreover, the characters in the narrative that follows are composites and compressions to best support the unfolding story, to reveal the results of analyses, to disguise the particular identity of participants, and enhance naturalistic generalizability of the findings.

There are several reasons why an ethnographic creative non-fiction was chosen to represent research findings. First, this genre of representation has the singular capacity to coherently and intelligibility holds together within one paper various theoretically informed responses to multiple research questions. As such, it allows researchers to examine and answer several questions as well as show in the storytelling a range of theories and concepts interlacing in action. In so doing, the ethnographic creative non-fiction research can deepen theoretical knowledge and advance ways of knowing about social life.

Second, an ethnographic creative non-fiction has great possibilities to reach multiple audiences. Due to the highly specialized academic terminology used, scientific and realist tales are comprehensible largely to academic audiences only. However, a good ethnographic creative non-fiction has the strength of being highly accessible to many people beyond academia because it uses everyday language, is emotionally engaging, contextualizes information, promotes meaning-making, presents concrete, credible, and realistic characters, promotes dialogue, stimulates imagination, and humanizes lives. Thus, through this genre of communicating research knowledge can be disseminated and translated to many people.

Third, the research an ethnographic creative fiction communicates in the form of story can have wide and significant impact. Strong evidence of this is emerging from the health communication literature. Here work (e.g., Kim et al., 2012; Kreuter et al., 2010; Petraglia, 2009; McQueen, Kreuter, Kalesan, & Alcaraz, 2011) is finding that stories have several unique advantages over traditional information approaches and forms of communicating research in that a story is more likely to encourage reflection or stir imagination (e.g. on who one is and can be, and what stories they are living by) and change behavior (e.g. to be physically active or stop smoking). Making available stories of others' (similar) experiences through stories can further provide narrative care. For instance, these stories can help people who have fallen out of the story of which they were part to find a new story of which they can be part (Frank, 1995). They can help care for people by offering a potential source of comfort and a sense that they are not alone. In so doing, people become part of a collective story in which a sense of solidarity can be generated that connects people together in ways that challenge feelings of isolation and fear that can prevail following SCI (Richardson, 2000; Phoenix & Smith, 2011).

With these points in mind, in what follows is an ethnographic creative non-fiction in the form of a short story.

* * *

Changing bodies, social relations, and rehabilitation stories: “How am I going to live now I’m disabled?”

“Jon, you ok mate?” asks Mark, a team member of Jon’s on the rugby team they play for.

“Yeah, fine,” replies Jon blinking slowly. As Mark repeats the question, he tries to ignore the pain that throbs in his cheek and mouth, and swallows back the metallic taste of blood.

“Go off. The game’s nearly over anyway. We’ve got it sewn up mate,” assures Mark, patting Jon gently on the back.

“I’m fine. And anyway, I wanna be on the pitch when we win. I’ve got a score to settle after that tackle,” Jon says over his shoulder as he jogs back into position.

As Jon, and the two teams move back into position, the referee shouts, “Ready lads.” A few moments the short, high pitch shrill of his whistle re-starts the game.

Jon’s team has possession and the ball sails smoothly up the line. Players adjust their pace accordingly, dodging and dipping. A long ball is flung out to Jon who, at full speed, stretches, his fingers curling around the ball. It’s his.

BANG.

A shoulder smashes into Jon’s side. Another shoulder hits him firmly in the chest. More bodies smash together. Jon’s feet are lifted off the ground and his body hits the muddy grass with a loud CRACK.

“Jon, Jon. Someone, call an ambulance. Get a fucking ambulance,” screams Mark a few moments later. “Nobody move him. Where’s the ambulance. Get the ambulance.” Staring down at Jon’s still body that struggles for breath, Mark says softly, “Hang in there Jon. You’ll be ok mate, hang in there.” A velvety blackness rises to engulf Jon, cloaking all sensation, all thought.

* * *

Two months later

Jon moves through the maze of corridors in spinal injury unit. The wide and long corridors he passes through are graying white, the wall paint fading and flaking. In the warm air, wafts of disinfectant mingle with the smell of shit from morning bowel regimes. The muffled sound of a group of men talking in low voices to each other, and the noise of their shoes on concrete, echo down the corridor, catching Jon's ear. Today, he sensed, was not going to be good for them.

It had been two months since the entire rugby team Jon played for had visited him in the spinal unit. Three of the guys, each standing at six foot two inches and with bodies packing muscle from years of physical training, fainted when they saw his body. His broken body, propped lifelessly up in a hospital bed, with tubes attached to it, led another to turn, and rush out to the men's toilet. Only Mark now visited him. "Come on," he'd tell Jon, "You'll be out of here soon. Dig deep mate, you're a fighter, you're a resilient bugger." On these visits, at Jon's request, Mark would bring him a bunch of DVD's. Jon would later play these on his laptop in a small attempt to help relieve the boredom that soaked through his body. Mark, initially of his own accord, would also bring him newspaper stories highlighting the latest scientific breakthroughs for spinal injury. He would also give Jon downloaded internet stories from spinal injured people who had undergone stem cell treatment in Portugal, Russia, or China and were now on the road, so these stories he brought in went, to walking again. "There we go," Mark would tell Jon, shaking a story in front of him. "There's hope mate. Medical breakthroughs *are* happening. People are beating this. You'll beat this. Stay strong buddy."

As Jon moves further through the wide spinal unit corridors, passing first by the nurse's office and then by the row of large in-patient rooms, each with three beds, where men lay still watching movies on their laptops, he glances down at his legs, in thick cotton jogging pants, which hang over the wheelchair. They didn't look or feel like his limbs. Everything about them was unfamiliar to him: their size, their shape, the texture and color of the skin, and even the weight. His legs looked heavy, too heavy. Yet they didn't *feel* heavy. As he continues to push

himself slowly through the corridors his mind drifts further back to the fateful day he was told about the severity of his injury. It had been two months since he was told matter-of-factly by the consultant he'd probably never walk again. Tests revealed that his spinal cord had been so severely damaged that he would have to live with no movement or feeling from the waist down. He was now a 21 year old man who had to live with no control over his legs. He was propelled into a vortex of suffering. Despite the support from his family, staff, and other disabled people in the spinal unit, black thoughts, anger, self-pity, loneliness, despair, sadness, and fear continued for months to swirl through every single fiber of his being.

There were, however, good days in the spinal unit too. During the past three months of living in there, he also felt a mix of joy, optimism, and that he had a purpose in life. There were belly-aching moments of laughter with staff and new friends. When he compared himself to some other spinal injured men who couldn't use their hands or breathe on their own, he felt fortunate. On occasions he also experienced warmer more intimate relationships with his family, a greater appreciation of life, a deeper understanding of himself, and a new found sense of personal strength. Days, he found, could be punctuated by benefits and positives. Both days and nights flew by then.

But, with the repetitive nature of daily life in the spinal unit, life mostly felt dull. Days dragged by. At times they felt empty, and for Jon the future unthinkable. In order to re-train his body, day after day hours were also consumed with regimented, monotonous physical work. During this time, like a volcano ready to explode, frustration bubbled inside him over the lack of control he had over his body and change each day in his body's ability to do what were once taken-for-granted tasks. He missed his body's physical ability to be spontaneous. Hours went by feeling infuriated at being dictated to by new bodily regimes, like bowel management. Even nights, he came to find, offered little respite. Time could crawl by. Jon would often ruminate long into the night over the thought that his life would never get better. "How am I going to live now I'm disabled?" was a question he asked himself.

Alone and sometimes afraid, all positive thoughts often eluded him, crowded out and chased into corners by the black thoughts, which mushroomed in the darkness to mammoth proportions. At times in the hours of darkness Jon felt consumed with guilt about wrecking his parent's life. They now had a six-foot useless great lump for a son, one that would be totally dependent on them, he thought over and over. All this was not helped by his fleshy physicality which, like it often did during the day, let him know that something catastrophic had happened to him and his loved ones. Unable to feel his legs or move by himself, every two hours a nurse turned him to prevent sores developing on his inert lower body.

Propelling himself further through the corridors in his wheelchair, deeper into the spinal unit, Jon's thoughts quickly evaporate as he reaches his destination. The large glass door at the end of the corridor opens automatically as he approaches with a gentle whssssssshhhhhh sound. With a short, sharp push of the metal wheel rims, Jon moves through the door, into the spinal unit's small garden. He inhales deeply. The warm breeze that gently strokes his face is rich with the scent of freshly cut grass. He also catches the smell of the Baby Powder that nurses had used and dusted onto his pressure care areas an hour ago. Jon takes another breathe, and pushes himself along the smooth pavement to the far right corner of the neatly kept garden.

Alone in the peace and quiet of the garden, slouched in his wheelchair, Jon pushes his hand into the waistband of his thick cotton jogging pants that holds his cigarettes and lumbers to pull out the pack of Marlboros . "Fucking fingers," he mutters under his breath. "Come on, move, you can do it." A few minutes later after the struggle with the waistband, the cigarette packet, and then the lighter, he lights up the Marlboro and draws deeply on it. The heavy sweetish tobacco taste hits his tongue. A few seconds later, and on time, he hears the whirl of the spinal unit door open.

"Pass up us fag," Paul calls out as he wheels himself through the door, and moves closer to Jon.

“You ever going buy your own,” replies Jon, his voice full of smiles and flecked with laughter.

Paul and Jon had become comrades over their time in the spinal unit. In the same boat, Paul was a great source of information and a good sounding board. He was always willing to listen to Jon, even when he was having a bad day. But Paul was soon ready to leave the spinal unit, staff had assured him. He had recently spent three days ‘out there’ in ‘the real world’. Jon knew he’d miss him terribly because, at the end of the day, he was also fun to be with.

“You looking forward to the rugby on TV later,” says Paul after taking a drag of the cigarette Jon had gently tossed him.

“Yeah. Can’t wait to beat those Welsh. It’s gonna be a classic. Fancy joining me?”

“Yeah. Wouldn’t miss it mate. And afterward I was thinking of giving basketball a go in the gym. I’ve seen the guys in there. They’re bloody amazing. Fancy giving it a go with me?”

“No chance,” Jon instantly snaps back. “It’s not a proper sport. And disabled sport bores me. No adrenalin rush, no drinking socials after the game. And these guys that I see play in the gym, they’re full of bravado. They’re all talk.”

“I’m not so sure. They seem to be having fun, and getting fit,” Paul says, throwing thoughts into the air.

“Maybe. But, I tell you, I bet they were shit at sport before they ended up in here. They were the kids at school who got picked last to play football or rugby. No, disabled sport isn’t for me. It’s not me. Where’s the skill in it? Where’s the rush, the enjoyment, the stinking kit, the taste of mud, or the sensation of deep heat on your legs? And anyhow, I won’t be in this chair for ever, so why bother playing.”

“I really hope that’s the case mate. But maybe you shouldn’t pin all your hope on walking again soon, and getting out of the chair. Agreed, being like this can be horrible. And my few days away from here last week really brought it home how difficult it can be being disabled. It’s not easy, we know that, but finding a cure is a long way off if you ask me. You’ve got to make the

most of life now. If a cure comes along, then fine, deal with things then. But what if one doesn't? What are you going to do then?"

"No way," Jon replies without hesitation. "A breakthrough's around the corner. I read the other day in a newspaper my Dad and a rugby mate, Mark, brought in that there's this expert, this doctor in Portugal, who uses stem cells to treat spinal injured people. He's had success. I'll pass the story on to you. At some point in the future mate we'll be back to our old lives. It'll happen soon."

"Yeah, maybe," Paul responds, not wanting to dash all hope. "I remember the first few months in here. I was a complete mess. I'd have given anything to walk again. And last week, when I was out there in the real world, I said to myself a few times, 'I hate this. I just want my old life back.'

"I'm sorry mate."

"No, it's ok. It can be really difficult out there. I thought that everything we've had to learn in here could be transferred easily out there. But no. It was like walking into darkness. I tell you, get prepared Jon. In here, we have people around to help. Some people genuinely seem to care. We get the right food. Everything is accessible. We've ramps, lifts, wide spaces, smooth floors, and everything is at a good height. Out there, it's a different story. I just ate fast food rubbish, all takeaways, because my kitchen isn't set up for me now. And there were no descent ramps to get into my local pub by myself. Even some of the disabled toilets I tried around town were just impossible to get into. Moving around was just so hard too. Barrier after barrier. And I tell you, people stare at you. You see the pity in their eyes. It made me feel, feel, useless, angry, sad. I tell you, I know we were warned about it, but out there it's bloody hard. I don't mind admitting it, but I was really scared too.

"Hey mate, you're tough. You'll deal with it, and battle through. You've got mates, and you're optimistic and resilient most days. And I've seen how you often just get on with life, live

normally, and ignore what has happened to you, the injury, and all that. And anyhow, all those barriers, the way people reacted to you, none of that's your fault."

"I know, I know. But it really hit me. It was awful. I know in here I keep being disabled mostly in the background, and don't let breaking neck or what my body can't do figure too much in my life. I also want my family and friends to have a normal life around me. I don't want them worrying about me. I don't want us talking about any problems I might have. I show them I can live a normal life, I can be resilient, and disability isn't a problem. But leaving here still hit me hard. I know it sometimes feels like being in jail here. And we know some things could be improved. Staff could listen more. They could tailor rehab to meet our own individual needs, and so many of the rules and regulations drive you mad. But, as I said mate, it's another world out there." Taking another drag on his cigarette, and then blowing smoke out, Paul adds, "Where I live, we've no big houses to convert, and put a new big bathroom in. We've no smooth clean pavements. On the housing estate I live on the pavements are cracked, broken, and there's dog shit everywhere. Try wiping that off your wheels. And god knows what it'll be like when it snows. Don't get me wrong though. It's home. I was born, and bred there. And I was really looking forward to getting back, especially after spending so long in here. But after going back home for the first time since my accident, it just hit me how hard it really will be. And to make matters worse, staff in here have said I might need to go into a care home full of old people if my house isn't appropriate or can be changed so can I live there now that I'm in a wheelchair."

Putting his hand on Paul's forearm, and smiling gently at him, Jon says, "You'll be ok. A few years from now, me and you can enjoy a good fry-up, sink a few pints, watch a game of rugby, and we'll walk out the pub with two women we just picked up. We'll beat this mate."

"Thanks," says Paul, before quickly adding, "But what if we don't? What are you going to do if a cure doesn't come? How might you live?"

The question lingered silently in the air.

A few long seconds later, the noise of the garden door automatically opening breaks the silence.

“Oh shit Paul, look out, here comes Jamie,” Jon says under his breath. Sighing, he adds, “I can’t listen to him. It’s horrible being around him.”

“Yeah. He’s still so messed up, and so bitter over what’s happened. I can’t stomach being in the same room as him,” groaned Paul back. “He needs to deal with what’s happened and stop feeling sorry himself. He needs to bloody man up.”

A few moments later, in a dark blue coat over a linen shirt, Jamie pushes himself next to Jon and Paul. “Hi guys,” he mutters.

“Hi,” they both reply back in an indifferent voice.

“Fag Jamie,” offers Jon quickly.

“Yeah, thanks. I thought you quit smoking,” asks Jamie between ragged gasps of breath.

“I did, but it’s a trade off isn’t it. Smoking occasionally and having a laugh with Paul and the other guys, or a healthier body and feeling bored. For now I’m going with the smoking and having a laugh with mates. Being with them, having a giggle and smoke in here, means I get some pleasure and fun. Yeah, ok, I know I should care given what they say in here about smoking and how our bodies are not as healthy as they used to be. And that’s been drilled into me here. I do care now, but not that much. And I’ll stop smoking when I leave. I’ll stop, and hit the gym big style then. Doing gym work will help get my body ready for when a cure comes too.”

“I forgot to tell you,” Paul butts in. “I went to a gym on my time away from here. I got a mate to take me to one of those fancy gyms on the industrial park, next to one of those big cinemas and bowling ally. I went in, and asked if I could look around. They obviously hadn’t dealt with someone like us before. They treat me as if I were a kid, or just completely stupid, some sort of idiot. The guy’s in there were patronizing as hell in how they spoke to me.

“What do you mean,” Jon asks, leaning closer.

“This young guy, for example, was showing me around, and he went passed the weights section. He just said to me, ‘You obviously won’t be using these, so I won’t bother explaining.’ I nearly blew my fucking top at him. There were no aerobic type machines for disabled people. And then I couldn’t get in the air-conditioned weights room. The lift was out of order,” Paul snapped, before adding, “Well, I can’t afford those kind of gyms’ anyhow. But if I’m going to stay healthy, not get fat, build some strength, then I need to watch what I eat, and do some exercise like the physio’s have told us. I’m not bothered about how I look right now. It’s not that. I should care about my health, and do. Staff in here, like you said Jon, has drilled that right into me. And I have to build up my muscles more. I tell you, when you guys get out of here, you’ll realize you’ll need more strength to push yourself about. I’m definitely not going to be reliant on others. Bugger that.”

“I don’t see the point in all that,” Jamie mutters, slumped in his wheelchair. “Life’s over for us anyway. It ended the day the neck broke. What do I have to look forward to? Nothing. Life’s not worth living like this. Being disabled, you may as well be dead. The body’s useless now. I’ve no future, no hope, and no...”

“I’m off now,” Jon cuts in. “It’s getting cold. And I want to catch the build up to the rugby game.”

“Me too. Catch you later Jamie,” says Paul, giving Jon a small knowing nod, and then tossing his Marlboro into the sand filled terracotta pot littered with cigarette butts. Quickly they head back toward the spinal unit door, leaving Jamie alone in the garden.

A minute later, inside the arid heat of the unit and back with its smells, Jon and Paul stop and turn to each other.

“It’s no wonder no one wants to spend time with him. I tell you, he needs a kick up the arse,” Jon says.

“Agreed” Paul replies back. “Anyway, forget him. We’ve a game to watch.”

“Yeah. Race you buddy,” Jon shot back.

* * *

Discussion

Through the genre of ethnographic creative non-fiction, this paper has highlighted the embodied experiences of traumatic sporting injury and disability when inside rehabilitation. The contribution of it to both the sociology *and* psychology of sport, exercise, and health is three-fold. First, the research contributes original *empirical* knowledge in a detailed, rich and in-depth manner. For the first time within the sport and exercise sciences, it shows together the various meanings men give whilst in rehabilitation to being and having a newly impaired body as a result of a traumatic sporting injury, the differing thoughts, feelings and actions they embody, the different consequences of SCI on their social and psychological wellbeing, and various current and intended future health behaviors.

Second, the paper contributes toward advancing *theoretical* knowledge within the sport and exercise sciences by seeking to evoke a *relational* foundation for the sociology of sport *and* the psychology of sport and exercise. As defined by Crossley (2011), social relations “are *lived trajectories of iterated interaction*” (p. 28) between actors. They comprise “the sedimented past and projected future of a stream of interaction” (p. 35). That is, a social relationship is the lived trajectory of iterated bouts of interaction between actors, built up through a history of interaction, but also, Crossley outlines, entailing anticipation of future interaction. Relations are central to social structures, social worlds, thought, emotion, action, and future behavior because, as he and others (e.g., Gergen, 2009; Spencer, Walby, & Hunt, 2012) unpack, these are not ‘things’ that emerge from inside individual minds, but rather from social relations. Given this, a relational conception has significant implications for the sport and exercise sciences.

With regard to the sociology of sport, there is much work that engages with relational thinking via, for instance, Bourdieu. There is also a strong penchant for Foucauldian inspired analyses of rehabilitation, medicine, and science in sociology of sport literature. However, for Crossley (2011) and others (e.g., Gergen, 2009; Shilling, 2012) such work holds some problems.

For example, Crossley argues that Bourdieu identifies structural positions, not relations, and ‘relations’ in his work “has largely metaphorical meaning at best” (p. 26). Likewise, whilst Foucault provides an invaluable understanding of the ways in which power relations are mediated by social practices and material cultural in a manner that enhances and extends their reach, for Crossley “he remains vague and fails to get to the very heart of power *qua relation*” (p. 191). The biological component of bodies is also sorely-missing in much ‘relational’ work. Thus, rather than abandon such work, it needs to be adjusted and deepened with a thoroughgoing relational foundation that also takes into account the biological body, that is, our corporeality. This is what the ethnographic creative non-fiction aspired to do and show.

For example, grounded firstly in the analyses of narratives, and then following Crossley (2011) who draws on symbolic interactionist work (e.g., Mead, 1967; Goffman, 1959), research by Simmel (1971) and, for example, narrative theory (e.g., Crossley, M., 2000), one aspiration of the story was to dissolve the dualism of agency/structure by showing that in rehabilitation actors (e.g., Jon and Paul) interact in purposive ways, bringing their preferences, desires, back stories, and so on to bear (agency) but they necessarily do so in a context of opportunities and constraints (structure) deriving from (1) their connection to and interdependency with others within a “network, (2) the resources they have available to them and (3) the sedimented weight of the past, embodied in conventions, as it bears on their present” (p. 124-125). In showing this, therefore, it was emphasized that the social world formed around rehabilitation necessarily involves both agency and structure in some balance, and that this balance shifts relative to specific situations and power relations.

Indeed, the story not only aimed to show the symbolic, affective, strategic, and convention dimensions of interactions that emerged from the analyses of data, and which Crossley (2011) has described, but also the dimension of exchange-power within interaction in different ways. The obvious exchange of material goods (e.g. cigarettes) was shown. Evoking a sense of body pedagogies and bio-pedagogy (Evans et al., 2008) operating within rehabilitation, the story

however sought to also show the ubiquitous exchange of embodied knowledge between actors. This included what corporeal practices to do (and not do) following SCI, and how (e.g. gym work, how to move, how to take care of the skin, what not to eat). It likewise comprised the exchange between actors of a 'do care about own health, but not too much' discourse. Within interactions, this discourse can act for and on people by performing the 'dutiful citizen who should take individual responsibility for their own health *and* hegemonic masculinity (Smith, 2013). That is, whilst enabled or constrained in varying degrees by power relations (Crossley, 2011) and the exchange of masculine capital between actors (de Visser & McDonnell, 2013), it has the capacity to allow various men to simultaneously do the neo-liberal health role (Shilling, 2008) and uphold masculinities (Connell & Messerschmidt, 2005).

Another exchange that was shown in the ethnographic creative non-fiction centers upon what Simmel (1971) called sociability. He suggested that to interact sociably is to interact for the pleasure of interacting in itself. The interactions between Jon and Paul vividly illustrate this, testifying that shortly after a sporting SCI positive experiences can and do emerge when sociability between actors occurs. This said, the exchanges in the form of pleasure between them also highlight how that when relational dynamics change and a very different narrative is performed experiences of pleasure can quickly perish. That is, interaction between Jon and Paul loses its sociable form when Jamie seeks to enter the relationship and tells a chaos narrative. This is a narrative in which the teller imagines life never getting better (Frank, 1995; Smith & Sparkes, 2008, 2011). As shown in the ethnographic creative non-fiction, it is also a narrative that acts on and in listeners by destroying pleasure that emerges not inside individuals but between them. It can do this as not only is chaos an 'un-pleasurable' story to listen to or put oneself into during interaction. The story can too instigate what Marcus and Nurius (1986) term a feared self in the listener. This is a type of possible or imagined self that one does not desire to become. Interacting with a body that tells a chaotic story has profound implications. It can destroy the pleasures of social interaction that are so central for subjective wellbeing and body-self compassion during

rehabilitation. As shown in the ethnographic creative non-fiction, it also limits listener's incentives to stay in the same space as the teller of chaos and interact with them in the future. In so doing, and perhaps most importantly, the teller of chaos – someone like Jamie – can end up alone, without a person to bear witness, and thus deprived of relationships that are integral to the process of getting out of chaos (Frank, 1995; Smith & Sparkes, 2008, 2011). Hence, in this case, the exchange-power relation favors the listener, with potentially great cost to the teller of chaos stories.

Not only does a focus upon the relational, as described by Crossley (2011), deepen sport sociological research. It also has, I might add, significant implications for sport and exercise psychology by suggesting that relational process stands prior to the individual. This represents a major challenge and re-specification of much work in this field.

In sport and exercise psychology, through cognitivism of some form, meaning, thinking, affect, action, and so forth are typically viewed, either implicitly or explicitly, as having its origins within the individual. This is not to say that there are no conceptual steps toward the relational in this field (e.g., see Ryba, Schinke, & Tenenbaum, 2009; McGannon, Curtin, Schinke, & Schweinbenz, 2012; McGannon & Spence, 2010). Nor is it to suggest that sport and exercise psychology never makes reference to social relationships. However, too often in sport and exercise psychology the social and relationships are *talked about*, thereby leaving it unclear what relations conceptually 'are' and the significance of these in human activity. Alternatively, relationships are *individualized* and a curiously *asocial* conceptualization of human beings is produced. For instance, in work on coach-athlete relationships (Balduck & Jowett, 2010), social relationships are evoked in terms of the constructs of closeness, commitment, and complementarity. But, these constructs are depicted as a byproduct of independent individuals coming together and/or as comparisons of varying psychological phenomenon that actors possess in varying amounts and ratios. As such, closeness, commitment, and complementarity end up being located within the individual, as emerging not from social relations but from his or her

mind. That is, they reside within the individual and are the product of social experiences, interactions etc. In such ways, then, work attends to the coach and athletes but as bounded individuals, thereby creating a dichotomy and strangely failing to get to the very heart of relationships *qua relations*. It is tempting in this sense to therefore suggest that coach athlete relationship should be more accurately described as a coach / athlete *dualism* rather than as coach-athlete *relationships*.

In contrast, the ethnographic creative non-fiction aspired to show a relational foundation of human activity. Returning to the research questions, it sought to evoke that the meanings people give to a lived drama (i.e., being and having a newly impaired body), how and what they think, feel, and act (e.g., about sport or smoking when disabled), and the various psycho-social consequences of a traumatic sporting injury (i.e. SCI) on and for past, present and future health, is derivative from embodied social relations and interactions, not the individual. For example, feelings of joy, satisfaction, inspiration, empathy, fear, boredom, and sadness following SCI were not treated in the ethnographic creative non-fiction as products of society or as entities to be found inside the individual, as private things they 'have' and which then are represented in stories told. Rather, the story aimed to show that these affective states emerge within embodied social relations.

As another example, the ethnographic creative non-fiction sought to show not simply the significance of resilience in the lives of the men, but also how it emerges, that is, within social relations (Ungar, 2011). In other words, resilience derives its importance in people's lives in and through iterated bouts of interaction between actors. Rather than being a 'thing' an individual 'has' inside their head, and which can then be 'known' and 'represented' through talk, it is social discourse actors put themselves into in order to *do* things. This includes promoting a sense of hegemonic masculinity, managing emotional work, connecting with others, exercising power, and protecting friends or family from possible negative affects of SCI. Such a thoroughgoing relational account of resilience not only re-specifies how resiliency is often treated in the

psychology literature. By carving out a space of understanding in which social relationships stands prior to the individual it also avoids getting caught up in the problems that traditional cognitivist accounts hold by virtue of treating resilience as originating in a mental interior.

Amongst the numerous problems held by cognitivist accounts (see Coulter, 2008) is that of connecting to a dualist ontology of an 'in here' world of subjectivity and an 'out there' world of objects. In so doing, the problem of comprehending how a mental and physical world/environment can be causally related/matched is perpetuated. As Crossley (2011) and Gergen (2009) argue, our subjective lives are not centered upon themselves and resident 'within our heads'. Our subjective lives involve us in the world and thereby in the subjective lives of others – within relations not inside us. Another problem of treating resilience as carried inside the individual lies in the presumption that can represent – transport, reflect, and express – thoughts or feeling about resilience from the cognitive thesaurus from one mind to another. But, language *constitutes* thought or feelings rather than represents it in a mirror like fashion. We are not then transparent to ourselves nor are others so opaque (Crossley, 2011). Instead, we come to self-awareness and self-knowledge (e.g. about resilience) in the context of our interactions and relations with others. Hence, when people talk of resilience or score themselves on a questionnaire they are not delving into an their individual mind but rather are engaging in a performative process arising between social actors and taking shape in an intersubjective context that necessarily precedes the individual.

Another contribution of the ethnographic creative non-fiction to the sport and exercise literature is that it shows the social relational model of disability in action. As described by Thomas (2007), this model emphasizes that disability is “a form of social oppression involving the social imposition of restrictions of activity on people with impairments and the socially engendered undermining of their psycho-emotional wellbeing” (p. 115). Despite being largely absent in both sport sociology and sport and exercise psychology research on disability, the social relational model has great value. Going beyond both the medical model and social model, it has

the benefit of emphasizing the biological, psychological *and* social nature of impairment (Smith & Perrier, in-press; Smith & Sparkes, 2012b; Thomas, 2007). For instance, in contrast to the medical model, the social relational model illuminates the material environment that can oppress spinal cord injured people by restricting what activities they can do. Thus, it captures one key aspect of disablism. Disablism refers to the material environmental factors, and the negative social attitudes, behaviours, and practices, which discriminate (intentionally or unintentionally) against people with an impairment and create barriers to their equal participation in mainstream society.

Furthermore, whereas the social model stresses that the body has nothing to do with disability, the relational model emphasizes it does in several ways. It recognizes that the impaired body is a corporeal matter that needs to be attended to since an individual's corporeality can restrict what they do. It also highlights the social nature of being and having an impaired body by recognizing that corporeality is often tied to disablism. For example, as parts of the showed (such as when Paul recounts being stared at by others and his 'gym' experiences), and to borrow from Shilling (2012), the impaired body as a corporeal entity can within social relations become a location for oppression, a source of societal discrimination, and a means by which people with an impairment are negatively positioned within and orientated toward society in ways that might restrict what they can do. Moreover, whilst the social model does not deal with subjective and psychological wellbeing, the relational model highlights that for people with an impairment damage can be done to their wellbeing as a result of embodied relationships with the material and actors who discriminate (intentionally or unintentionally) against them and create barriers to their equal participation in mainstream society. In such ways, therefore, the relational model goes beyond the two dominant models of disability (i.e. the medical and social model) within the sport and exercise sciences by not simply emphasizing the importance of understanding impairment as a bio-psycho-social entity, but also through exposing disablism and proposing that damage to subjective and psychological wellbeing originates within social relations.

A third contribution of this paper is that it connects with research practices that seek to present the views of people on research done ‘on them’. By this I do not just mean the twenty participants who took part in the research. ‘On them’ is extended to include the views of spinal cord injured people outside the original study who might have a vested interest in the research, as well as rehabilitation staff who are talked about and play a key part in the lives of people who have recently become disabled. The rationale for presenting a flavor of views from these people in what follows is based on three issues.

First, the combination of the story and people’s views of it adds another layer to my engagement with the methodology of what Ellingson (2009) described as *dendritic crystallization*. This refers to the ongoing and dispersed process of making meaning of the same topic (i.e. sporting spinal injury) through multiple forms of analysis and forms of representation to produce a series of related texts that build on each other to produce a highly complex picture of the topic (see e.g., Smith, 2013; Smith & Sparkes, 2005, 2008; Sparkes & Smith, 2002, 2003). Second, the views can testify (or not) to the naturalistic generalizability of the story. Third, and most important here, the views advance research by moving beyond talking *about* the *potential* of ethnographic creative non-fiction to *do* things, such as show theory, stimulate change, or alter health behavior, to *capturing* what *impact* a story or CAP *might* have on and for people.

Before documenting a flavor of the views, that is responses people have given to the story, it should be noted that space limitations mean that only a few of over 200 responses can be offered. This said, together the responses presented capture the general views people have given to the story. Put differently, the responses presented of research done ‘on them’ typify the many views gathered.

Response 1:

Thanks for your story. I wish I’d gotten it when I was in rehabilitation. It was spot on. Thinking you were just unlucky to break your neck through rugby, smoking in rehab, thinking life would be easier outside rehab, finding out its not, peer support, and meeting people like Jamie who

couldn't deal with what happened to them and being friends with a person like Jon who was obsessed with walking etc. All true. I was like Paul and I wish I had been given this story in rehab as I could have learnt a lot from it. I'd like to have given it to my mum and dad to show what was going on in my head. I hope others will have the opportunity to read it. It lets you know you're not alone and there is future. (e-mail from a spinal injured male)

Response 2:

I read your story a few weeks ago. It's been on my mind since. I know it was not about me, but I could see myself in it. It made me think about how I dealt with my injury (level C5) in rehab and even now. Like Jon I pinned all my hope on walking again. For too long I put my life on hold waiting for a cure. I didn't see a point in playing sport, learning to drive again, or getting a job because I would soon be back walking. I don't think that now. I think though that my life is still on hold and I've not done anything with it. Your story was good for me then. It gave me a few kicks I needed. I've got in touch with XXX [a spinal cord injury charity] and have volunteered to go into rehabilitation or work in the community as a peer supporter [i.e. support given by spinal cord injured people who share their lived experiences for the benefit of newly injured people or people in the community]. (e-mail from a spinal injured male)

Response 3:

When I was given the story by a friend, I didn't think I would read it. Why bother, I thought? Just another study on us. But I eventually did read it. I'm glad I did. It's as if you captured my time in rehab. It was spot on. I wish I'd gotten it when I was in there. I identified mostly with Paul – his anger, resilience, wanting to be physically active again, and the boredom (huge problem and the reason I took up smoking too in rehab!). We both miss rugby. Walking has been my aim for years too. I've been thinking a lot about what Paul said since reading your research. I think I've been pinning too much on wanting to walk and as result my life has been put on hold – why bother doing disabled sport when I'll walk again has been my thinking is one example. I think your research has given me something to think about. It's hard for me to admit, but maybe Paul has a

point. The questions the research asked has got me thinking about what I'm going to do and who might I become as it was said in the research. I've been thinking I might make a good teacher. Maybe that's my calling? Or maybe I get into sport again? I always thought I'd make a good coach too. Another thing I've been thinking about since I read your story. I need to be more physically active. I just haven't had the motivation since leaving rehab if I'm honest, and like Paul said, there are just so many obstacles that stop you. Things are going to change! I've searched the Internet and found a place where I can exercise – it's expensive, but I'm going to give it a real go. One last thing. I'm not proud to admit it, but I've treat people like Jamie how Jon and Paul did in rehabilitation. I wish I'd read this story after my injury because I can see now just how lonely, lost, and afraid he is, and treating him like Paul and Jon did just doesn't help. I wish I'd spent time with the guys like Jamie now and been less concerned about me, and getting away from them, trying to look resilient, and strong. Maybe if I'd given those guys the time of day they might have seen things differently. So, the story had a big effect on me – a very positive one. I hope others can read it. (e-mail from a male who suffered a spinal injured through playing sport)

Response 4:

Thanks for your story about sport and spinal cord injury. I'm not sure if you want a response from me, but I felt compelled to write one. When I got the story from a colleague and read it I thought 'a nice story, and very accurate'. But I was doubtful about it. This kind of research is unfamiliar to me. But, after reading it again and some thinking, I thought it would be a very useful resource, and it is. For one, I've used it to talk about the psych side of SCI with my patients and work with them to promote resilience. It's a very useful way to deliver information and plant seeds about resilience, health issues, fears faced, and the dangers of living up to being the stereotypical sports man who is now disabled (I see this all too often and the problems that can occur). It can be – is - another tool to help prepare our patients for life outside rehab – the joys, the problems, and so on. I can see it also being useful to show people – and maybe prompt

them / us to re-think – how we interact with people like Jamie – something again we really need to do better in the hospital here. It might help some patients think about just what is the driving force that guides how they live now (wanting to walk?), and maybe find another way to live and cope psychologically and deal with all the big social matters. The additional beauty is that people identify themselves in the story and characters (or their friends or son/brother etc), but the story is not about them. The distance created by this is very useful. It means information is delivered in a more active way, and in a way that ‘doesn’t point an accusing finger’ at them I’ve found. They can see themselves through the eyes of the other but without a wagging finger directed at them. I think in this instance it also will be useful as an opening to start conversations with patients that often find it difficult to speak about the how they feel now or feel about their future outside rehabilitation. You’ve produced a very useful piece of research its value and I will use it more to enhance my work and positively affect spinal injured persons lives. (e-mail from a clinical psychologist working in a spinal injury hospital)

Closing

Through the genre of ethnographic creative non-fiction, this paper communicated research findings on the experiences of interacting bodies that have a suffered a SCI whilst playing sport and are in rehabilitation. Working at the intersection of sociology and psychology, the contribution of it was threefold. Firstly, it contributed original empirical knowledge on sporting SCI and being and having an impaired body within rehabilitation. Secondly, the paper added to theory by suggesting that disability, impairment, meaning, affect, and behavior are the embodied experiences of social relations, including narratives that circulate between actors and through social worlds. Thirdly, it went beyond talking about the potential of what impact the story might have, to capturing through a series of responses what can achieve – what it does do – on and for people. Accordingly, whilst not to everyone’s taste, it is hoped this paper has demonstrated that ethnographic creative non-fiction is useful for communicating findings, translating knowledge to wide audiences, and generating impact. I hope also that this paper stimulates further research on

disability, sport, and social relations in ways that draw on both sociological and psychological work.

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