

Dedicated Athletes, Deviant Women: The Experience of Being an
Amateur Sportswoman in a Contemporary Canadian Context

by

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ABSTRACT

Until the late 1960s, women were largely excluded from the arenas of sport and athletics in North America. Since that time, women's presence in sport has risen and the gap between female and male participation has significantly decreased. Unfortunately though, pervasive and problematic constructions of normative masculinity and femininity persist and have negative implications for women participating in sport. This thesis explores the experiences of sportswomen in athletic and social contexts, the stigmatization that female athletes face, and how they manage this stigma and negotiate their identities as a response. It will also examine women athletes' experiences of injury and subsequent engagements with the medical system. This research aims to contribute to a greater understanding of the restrictive ideas of masculinity and femininity in order to examine the experiences of female athletes in an athletic context and without, and challenge the barriers to women's success and enjoyment in sports and athletics.

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TABLE OF CONTENTS

ABSTRACT	ii
ACKNOWLEDGEMENTS	iii
TABLE OF CONTENTS	v
CHAPTER 1 – INTRODUCTION: WOMAN, ATHLETE, OTHER	1
Introduction	1
Purpose and Significance of Research	2
Historical Context	7
Theoretical Framework	12
Methodology	16
CHAPTER 2 – “GOOD, FOR A GIRL”: THE FEMALE ATHLETIC EXPERIENCE	23
Introduction	23
Assumptions, Abilities and Access: Gendered Participation in Athletics	24
“Good, For a Girl”: The Gendered Experience of Sport	29
<i>Access and opportunities in women’s sport</i>	30
<i>Patronized and picked on – Assumptions about female athletes</i>	32
<i>Women’s bodies as public domain – Assessments and harassment</i>	39
Conclusion	49
CHAPTER 3 – IDENTITY AND PERFORMANCE	51
Introduction	51
Woman, Athlete, Other: Identity Formation and Negotiation	53
<i>The quilt and the coin – Conceptions of athletic identity</i>	53
<i>Multiple identities</i>	57
Gender Identity, Expression and Performance	62
<i>The legacy of traditional femininity</i>	62
<i>Gender as performance</i>	66
Resistance, Stigmatization and Response	69
<i>Resistance and stigmatization</i>	69
<i>Stigma management and identity negotiation – Defensive othering</i>	75
Conclusion	83
CHAPTER 4 – MEDICAL (DIS)ENGAGEMENT: INTERACTIONS WITH THE MEDICAL SYSTEM	86
Introduction	86
Injury Narratives	88
<i>Athletic identity and active life – A renegotiation</i>	88
<i>Networks of support – Family and friends</i>	91
<i>There is no “I” in team – Support from athletic community</i>	94

Interactions with the Medical System	102
<i>Initial encounter – Confusion and chaos</i>	103
<i>Athletes’ experience of the medical system</i>	106
<i>Identifying the causes of negative experience</i>	110
<i>“Save them from themselves” – Medical resistance to a return to sport</i>	117
Conclusion	122
CHAPTER 5 – CONCLUSION: GOING FORWARD IN WOMEN’S SPORT	127
REFERENCES	133

CHAPTER ONE

WOMAN, ATHLETE, OTHER

Introduction

In the West, sport has historically been a domain that belonged exclusively to boys and men. It was believed that men, with their innate aggressiveness and impressive physical capabilities, were natural athletic competitors and thus well suited for participation in sport. Alternatively, women and girls were viewed as not having these traits or abilities, were considered weak and fragile, and were therefore deemed unable to participate in competitive athletics (Appleby and Foster 2013; Daniels 2009; Fisher, Knust and Johnson 2013; Heywood and Dworkin 2003). While these understandings of gender were pervasive in North America up until the late 1960s, they are no longer popular or even acceptable ideas. Today, the participation of women and girls in sports and athletics is not only accepted, but encouraged. This shift has and continues to be complex, contradictory and highly understudied. Research and writing certainly exist regarding women athletes, how they are perceived, how this perception has changed over time and how they are affected by their participation in athletics, but the prevalence of this research does not adequately reflect the popularity of sport participation among women. This research is also largely focused on professional athletes, the sexualization of women athletes, and the media. The rather lofty goal of this research is to begin to contribute to the currently insufficient depth and breadth of writing on the subject of women in sport, particularly amateur and recreational athletes, and to do so with an ethnographic lens. This is an attempt to make discursive the problematic discourses and traditional ideologies that constitute barriers to women's success and enjoyment in sport.

Purpose and Significance of Research

Beginning as a medical anthropology project, an examination of women athletes' engagement with the biomedical system, this research hoped (and still does, to some degree) to elucidate the challenges and outcomes experienced by women who sought medical attention for sports-related injuries and related orthopedic needs. I was concerned with the inequities experienced by women broadly in the medical system, and was interested in how this would be experienced by women seeking attention for sports injuries. However, upon entering the field and speaking to women, their engagement with the medical system emerged as secondary to their experiences related to gendered expectations, gender expression and stigma. The women I spoke to were, for the most part, far more candid and concerned with how they were perceived by others based on their participation in sport, the stereotypes regarding female athletes, the resulting stigmatization that they experienced, and how this impacted their overall experience in sport.

In light of this, I began to conceive of this project as two-pronged – it would explore both the social experiences of female amateur athletes as well as their engagement with the medical system. There exists a serious dearth of literature in this area, so I wanted to explore the making of a gendered identity among amateur women athletes in Canada and to determine how they experience and perform gender, and how gender matters to them. Specifically, my contribution to the literature in this area is to provide an anthropological look at sport that concerns itself with the everyday lived experiences of athletes. Much of the existing work, while significant and fundamental to the study of women's sport and female athletes, takes a broader approach. It appears to

assess the issue as a whole, by looking from above and making important statements about the reality of women's sport. This thesis uses an "on the ground" approach, speaking to those who are actually participating in the world of women's sport. It aims to understand how women feel about their participation in sport. It explored how athletes understand, construct and reconstruct their identities. It investigated the cultural practices involved in the participation in this realm of experience. Thus, this thesis constitutes an attempt to illustrate the wide range and particularity of experience for sportswomen. The project became an examination of the experience of being a woman athlete and it was concerned with the personal histories and views of female athletes, how they became involved in sport, their engagement with a sports club or team, and the importance of sports participation in their lives. It investigated the relationship between being an amateur athlete and a woman's identity. Namely, it explored the importance of being an athlete to a woman's identity and how, if at all, being an athlete affects identity as a woman specifically. It also examined how one's gender and how a woman conceives of it and performs it, and how this impacts her identity as an athlete.

After discussing how female athletes perceive themselves and their participation in sport, I attempt to further elucidate the experience of being a female athlete by exploring the gendered nature of athletics in the 21st century. I wanted to explore the performance and construction of femininity, so I inquired about the perceptions that people had of female athletes (according to those athletes) and about their perceptions of themselves and their peers. Particularly of interest was the perceived degree of violation of certain culturally valued traits and behaviors associated with femininity by both the athletes and those around them. I achieved this by talking to women about their

experiences with stigma, which sports tend to be perceived by others as being associated with masculinity, femininity or are non-gendered, and how these distinctions affect the social perceptions of women athletes. This discussion of the social attitudes toward female athletes was followed by an investigation of the consequences of those attitudes. This involved listening to women describe how their status as a female athlete affects their social relationships, their sexuality, how they were perceived by athletes and non-athletes (both men and women), the social and romantic consequences of their identity as female athletes, and how they negotiate these perceptions of female athletes in their everyday lives. Beyond this, I was interested in the responses of women to such stigma. These responses were often related to the practice of gender. How sportswomen both enact and resist gendered meanings, how they do so in an attempt to negotiate stigma, and the outcomes are of such responses were all of interest.

While the athlete's engagement with the biomedical system was clearly no longer the primary focus of the research, the study of women as athletes more generally, lent itself to exploring what became the third and fourth major lines of inquiry of this project. These included the examination of the experiences of injury sustained by women in sport and the perceptions of those injuries, as well as how their injuries impacted women's engagement with the medical system. The injured female body is a rich analytical field in which to understand women's culturally particular experience as athletes in the current, North American context, as well as make sense of women's production of gender and the ways it is influenced by and influences athletic identity and sport participation.

After exploring the perceptions of female athletes, I discussed with them the social reactions to their injuries by their teammates, their peers, and their families, as

well how these perceptions were informed (or not) by gender stereotypes. I listened to female athletes' injury narratives and discussed the immediate and long-term reactions to their injuries by others, paying particular attention to potential differences in these reactions based on the sport participated in, the type of injury, the part of the body injured, the age of the athlete, the type and duration of the resulting engagement with the medical system, and other potential factors. Finally, I explored how the perceptions of female athletes, as well as the perceptions of their injuries, impact women's subsequent interactions with the health care system. I listened to women describe the initial clinical encounter and discussed the attentiveness of medical staff, the nature of the dialogue with the physician, their involvement as patients in determining the best course of action, and the women's impressions of how they were perceived by all medical staff. I also listened to women's narratives regarding their continued engagement with the health care system throughout the treatment and recovery of their injuries, with particular focus on their involvement in the decision making processes related to their treatment, the degree to which their recovery was monitored by health care workers, and the progression of their relationship with their doctor.

The pairing of the examination of the perceptions of female athletes and their engagement with the medical system is significant. Given that the literature, detailed in the following sections, illustrates that women's illnesses and injuries are minimized and even dismissed in a traditional biomedical setting, the question of how women are treated by the health care system when the reason for the clinical encounter is because they were participating in activities that are considered un-feminine is a worthwhile one. Are these women's medical concerns taken seriously when they have injuries that physicians are

unaccustomed to seeing on women's bodies? How, if at all, does a woman's status as an athlete impact her engagement with the medical system? How receptive are physicians to the women's 'return-to-sport' mentality? How does all of this affect their treatment?

These questions that I have endeavored to address are important, because they are concerned with the lived experience of women athletes. Most of the literature in this area, while incredibly valuable, takes a decidedly less experiential approach. The concern in such works is generally related to the portrayal of women athletes in the media and the perception of sportswomen broadly. What remains often unaddressed by these works is the experience of women athletes – the practice of gender and athletics, the experience of sport and of stigma, and the impact that these gender and sport related issues have on their lives. The goal of this research is to contribute to the literature on both the perceptions and experiences of female athletes and the experiences of women in the medical system, but it will also go further in its examination of how these two social issues interact. These lines of inquiry will hopefully contribute to a better understanding of the social perceptions of female athletes, the reasons for these perceptions, and the ways that they impact the lives of women – a better understanding that is necessary to eliminate the negative views of athletes that my participants described and that will be outlined in detail throughout this thesis. Furthermore, to understand how the stigmatization of women, gender norms, and the violation of those norms influence women's engagement with the biomedical system and contribute to discrimination may provide information necessary to equalize medical care, an endeavor that is evidently necessary, given the available literature (an analysis of which is to follow) and the testimony of my participants.

Gender can be a powerful normative system that both evaluates and controls, defining appropriate behaviors and inflicting social consequences on those that do not adhere to them (Blinde & Taub 1992:521). Thus, the constructions of femininity and the consequent perceptions of female athletes have social implications for women, as women who engage in activities that defy gender norms are often subjected to social stigmatization and other social punishments (Blinde & Taub 1992:521). However, the ways that women construct and enact gender can be novel and constitute quite a confrontation to these powerful and even institutionalized social structures. A discussion and deconstruction of our hegemonic ideas about gender is undoubtedly necessary. We must make them plain and discursive in order to address the problematic nature of these constructions. We need to have explicit and critical discussions about gender if we hope to begin to challenge the barriers to women's success and enjoyment in sports and athletics and combat problematic ideas about masculinities and femininities more broadly.

Historical Context

One of the oldest and most influential events in sporting culture is the Olympic Games, which seems as good a place as any to begin this brief overview of women in sport. During the early years of the games, wealthy, young, able-bodied men would compete in events that represented the feats of Greek warriors. Women were not permitted to compete, or even to watch these spectacles, a crime believed to be punishable by death (Foster and Appleby 2013:4). With the 1896 resurrection of the Olympic Games, women were permitted to watch but still unable to participate,

consistent with Victorian social ideologies regarding masculinity/femininity and gender roles. Women's participation in sport was associated with "indecent, ugliness, and impropriety" (Foster and Appleby 2013:4).

The barring of women from participating in most sport was also rooted in Victorian medical discourses surrounding women's physiology and "temperament." Up to the late 1800s, it was believed that women's menstruation and other reproductive functions were so exhausting, that women were dissuaded from participating in athletics or any other types of physical exertion. Among the concerns, were that physical activity would induce menstruation, collapse women's uteri and cause general exhaustion (Foster and Appleby 2013:5). Also a medical concern of the time was that female participation in athletic activities could turn a woman masculine. Athletics were believed to enhance masculine qualities by augmenting musculature and deepening the voice (Foster and Appleby 2013:5). The year 1900 marked the first year that women were permitted to participate in the Olympic Games, however, very few women entered, even less received any sort of support or coverage, and athletes were still met with significant resistance (Foster and Appleby 2013:4). The enduring concerns about women's participation in sport contributed to gender questioning and discrimination of women athletes, at the professional and recreational levels. The unfounded and widely disseminated risks of athletic participation and the traditional notions regarding gender roles still influenced women's experience of sport.

Women's participation in athletics continued to rise from this point, and experienced a surge in the 1960s due to the feminist movement and again in the 1970s, an increase credited to the passage of the American legislation Title IX, The Education Act

of 1972. Title IX mandated that equal funding be allocated for the needs of women's sports that receive funding from the United States federal government. Prior to Title IX, 1 in 9 women participated in sport (and 1 in 27 at the high school level), a number that has risen to 1 in 2.5 (Heywood and Dworkin 2003:19; Knight and Giuliano 2001:218). Also during this time, North America was experiencing a health and fitness movement, which contributed to an increase in participation in women's recreational and competitive sport.

This rise in popularity has spiked again since the 1990s. In the early 90s there was a dramatic increase in the focus on girls' self-esteem as a public health issue (Heywood and Dworkin 2003:22). A study conducted in 1991 was one of the first of its kind to deal with gender and self-esteem. The resulting report entitled "Shortchanging Girls, Shortchanging America" illustrated that an imposition of traditional gender roles brought a loss of confidence in girls, induced critical feelings about their bodies, and contributed to a sense that they are not valued in society, all resulting in feelings of personal inadequacy (Heywood and Dworkin 2003:20). While Title IX is an American legislative act and "Shortchanging Girls, Shortchanging America" was a study conducted in the United States, both speak to the culture of sport in North America in general, and reflect the changes in the perceptions of female athletes as well as the opportunities open to them.

More sports programs for girls and the emergence of the female athlete as a valued image helped to confront traditional gender roles as well as portray women who are strong and exude both competence and confidence. The image of the athletic and muscular woman saw a rapid increase during this time, challenging ideas of feminine physical inferiority and creating a new kind of sex appeal based on strength. Images of

capable women whose hard bodies were hard-earned became common, but their bodies weren't the point – the point was the ability to perform (Heywood and Dworkin 2003:21). Thus, the early 1990s saw definite improvements in the ways that women athletes were portrayed in the media and perceived by the general public.

However, this improvement had its limits. Confidence, strength, capability, athleticism and musculature in women were being applauded for the first time on a large-scale, but these traits were only permitted to a certain degree. Only a limited kind of confidence, strength, capability, athleticism and musculature were allowed, and anything exceeding an arbitrarily acceptable amount was met with criticism and hostility. Helen Wills, a revered tennis player, fell out of favour with the media and the public when she was on particularly long winning streak, after which she was described as “heartless” and “lacking in warmth” (Heywood and Dworkin 2003:22). It seems as though female athletes are only accepted as long as they don't succeed too much. This is just one of the blatant discrepancies between the ways male and female athletes are treated – a male competitor is determined, disciplined and hardworking, whereas a female competitor is cold, heartless and displays somehow aberrant behavior (Heywood and Dworkin 2003:22). These discrepancies are part of what drew me to this study of female athletes, the purpose of which is to examine how the Canadian amateur sportswoman's experience is or is not gendered.

To shift the focus now to women's engagement with the medical system, historically, women have experienced great difficulty in dealing with the health care system and I was interested in examining how this is affected by participation in sport. In the late 18th and early 19th centuries, women were considered to be weak and frail in both

body and mind (Garden 2010). This understanding of the constitution of women was refined in the late 19th century and the diagnosis “hysteria” emerged (Garden 2010). The notion of the hysterical woman, the chronic invalid who is afflicted by anything and everything serves to delegitimize female medical concerns. A few contemporary examples of women’s illnesses and injuries that are psychologized or dismissed in this way include musco-skeletal disorders, chronic fatigue syndrome, fibromyalgia, many orthopedic complaints, and any ailment with symptoms that are not readily apparent or that have an elusive etiology such as chronic joint pain, unexplained lightheadedness or fainting, migraines and headaches or chronic weakness (Asbring and Narvanen 2002; Garden 2010; Johansson et al. 1996; Marrow 2013; Soderberg et al. 2012).

Throughout history, the diagnosis of hysteria was used to explain many ailments that plagued women. It was often used to explain behavior that violated gender norms – these behaviors were attributed to physical or mental illness, were treated by managing women’s natures and hormones and served to subjugate and oppress the female population (McMurray et al. 1991:561). Unfortunately, sex and gender stereotypes and biases persist today and negatively affect women’s access to quality health care (McMurray et al. 1991:561). Sociocultural attitudes about the gendered woman are pervasive, reinforcing gender based stereotypes and resulting in women receiving inadequate attention in research, diagnosis and treatment of health issues (McMurray et al. 1991:559). Recent research has explored the experiences of women in their interactions with the health care system. In a variety of studies, women report a palpable sense of distrust by their doctors, they felt disregarded, and they felt as though they were being perceived as “malingering” and “troublesome” (Johansson et al.1996:499;

Soderberg et al. 2012:147). They were also ignored and not listened to regarding their ailment, symptoms, or treatment ideas (Johansson et al. 1996:500). In light of this research, this study examines whether or not Victorian ideas about women persist, if so, to what degree, and how they impact women athletes who are dealing with the medical system in Ontario today.

Theoretical Framework

In examining these inequalities, both in women's athletics and in women's engagement with the medical system, a few theoretical themes emerge. Most prominent among them is quite obviously the performance of gender. As mentioned previously in this chapter, women are often restricted by norms and values regarding women's bodies and behavior. However, in their lives, women athletes produce and perform gender in novel ways that often challenge these traditional normative ideas. In my examination of gendered ideals, expectations and practice, Judith Butler's works on gender and the body will feature prominently, particularly in Chapter 3. Hegemonic ideas of gender, while changing in Canada, still tend to conceive of gender as a binary system whereby cultural meaning is inscribed on the two given sexes. In this system, gender mirrors sex (Butler 2007:9). Thus, gendered expectations regarding bodies and behavior are ubiquitous and determine gender identity. These expectations (and the consequences of violating them) do indeed affect the lives of men and women, and were described often and in detail in my discussions with female athletes. However, Judith Butler (2007), in her work *Gender Trouble*, also outlines the iterative and performative nature of gender. Butler states that

Gender is not a *noun*, but neither is it a set of free-floating attributes, for we have seen that the substantive effect of gender is performatively

produced and compelled by the regulatory practices of gender coherence. Hence, within the inherited discourse of the metaphysics of substance, gender proves to be performative – that is, constituting the identity it is purported to be. In this sense, gender is always a doing... (1990:34).

There is no true gender identity that causes the expressions of gender, “identity is performatively constituted by the very expressions that are said to be its result” (Butler 1990:34). Gender is often conceived as mirroring sex and based on that mirroring, society has rigid expectations of subjects of a given gender. Butler’s work serves both to offer a more complex and reflective explanation of the way that gender is performed broadly, as well as to show how the actions of female athletes contribute to a gender identity that can be devalued by society. While it is true that ideologies of gender are powerful, ingrained, institutionalized, and can have a significant negative impact on the lives of women, these theories of social control and deviance only partially capture the experience of being a sportswoman, or indeed, a woman, in the current North American context. The women I spoke to would perform various actions. These actions, as Butler describes, have been gendered, and then are used to express, interpret, or attribute gender identity. When women athletes perform actions that have been associated with a female gender, they are expressing a socially acceptable female identity. When they perform actions that are associated with a male gender, they are seen as transgressing. If enough gendered actions are performed in this way, women’s gender identities can be considered ambiguous and negative social consequences are usually the result. Being that performance of gendered actions so impacts sportswomen, and that these gendered actions have consequences related to deviant attributions and devalued identities, both theories of social control and deviance and theories of gender performativity apply to women athletes’ experience

gender. Therefore, I will be utilizing both in Chapter 3, concerning discussions of identity categories, gender expectations, and the social consequences thereof.

The women that I spoke to described at length their experiences with stigmatization and labeling related to their status as athletes. They explained that because of their participation in athletics, their bodies or their behavior, they were considered deviant. They did not adhere to the traditional norms or ideals related to their gender and they experience significant social consequences as a result. It is thus imperative for me to engage with stigmatization discourse and labeling theory. Erving Goffman is an influential social thinker upon whom I will be drawing for such discussions. Deviance is a matter of being labeled as such, rather than necessarily about having broken a rule. Therefore, deviance is related to those who make and enforce the rules, just as much as it is about those who break them. Goffman (1963) discusses this process of identifying traits (and therefore people) that do not conform to society's norms and the resulting stigmatization. According to Goffman, stigmas represent devalued and discrediting qualities that fall outside the range of what is normal (1963:3).

These 'abnormal' qualities are identified, and individuals possessing those qualities experience devaluation as a result. However, this process of labeling is dynamic and is contingent on a variety of factors, including but not limited to, who committed the deviant act, the circumstances surrounding the committing of the act, and the degree to which the deviant act is visible (Goffman 1963:4). This was true for the women that I spoke to. The responses of others to their perceived deviant behavior was widely variable and seemed to depend on factors similar to those listed above. However, their particular responses to this stigmatization constitute somewhat of a departure from Goffman's

work. Through everyday practice, sportswomen challenge deviant and devalued identities attributed to them and negotiate stigma through assertions of their individual agency in ways that Goffman did not describe in his 1963 work *Stigma*. A more detailed explication of this phenomenon will occur in Chapter 3, in a discussion of gendered expectations. Also in Chapter 3 there will be an examination of how the women responded to this labeling. If society is capable of multiple responses, then so too are those who are considered deviant. In discussing how the women interacted with the deviant label and the steps that they took to mitigate its negative consequences will utilize Goffman's engagement with stigmatization and labeling.

Another theoretical discourse related to both women's athletic bodies and women's bodies in the medical system is that of power and control. Michel Foucault's conception of disciplinary power is particularly applicable. Discipline is a technology of power that *makes* individuals. These disciplinary technologies are minor procedures and practices that invade the body and seek to regulate its forces and operations. According to Foucault, they construct subjugated and productive docile bodies. In his monumental work *Discipline and Punish*, he explains that power was once embodied in a person with an authoritarian position, often a monarch. This power was then enforced by officials and exercised upon a body of subjects. However, this operated in an inconsistent manner because of the sporadic enforcement of power and inconsistent use of punishment. The new disciplinary power is much more invasive and constant as it operates on a psychological and social level. This power is exercised and enacted by all, rather than being a privilege acquired by the dominant class (Foucault 1980:174). It is anonymous and the control is individual. It is a power held by everyone and no one in particular.

Foucault's work on discipline and power is highly applicable to a discussion of both the social control of women's athletic bodies and the control of women's bodies in the biomedical system. In these arenas, the notion that the body reflects power structures is easily observable. Further, the process of how a productive and subjugated female body is created can be observed and analyzed. This theoretical frame will however also be discussed and critiqued related to women's experiences of their bodies and in their responses to prescribed norms about their bodies. Further analysis on this will occur in Chapter 3 in a discussion of gendered expectations and the ways in which female athletes express their gender and sexuality.

Methodology

As a former female athlete and current athletic woman, the subject of this project is one that is very close to me. I began this project because of my interest in sports and my ideas about gender, and my engagement with the research has undoubtedly been affected by my positionality. In my fieldwork, I used my status as an ex-athlete, my knowledge of competitive sports and athletics, and my experiences training and playing at various levels and in various sports to connect with my participants, while also seeking to maintain an amount of critical distance as a researcher. I also attempted to put participants at ease with the knowledge that they were speaking with someone who could both accurately conceptualize of, and empathize with, what they were saying. I also think that I provided some validation, that their experiences were important and that the various forms of stigmatization that they experienced based on their participation in athletics were problematic.

I began my fieldwork in the Spring of 2014 and set out to conduct participant observation in amateur sport organizations and institutions in the Greater Toronto Area. I intended to train with these sports or athletic clubs and attend any social and competitive events organized through them. I also planned on using my participation to meet and recruit my participants. I wanted to speak with female amateur athletes, over the age of 18, who have sustained injuries requiring medical attention through their participation in sport. My reasons for examining female athletes in particular are related to the aforementioned gender stereotypes related to sport participation and the history of discrimination in health care. I sought out amateur or recreational athletes because I wanted to explore how society perceives, and how the medical system interacts with, athletes who do not have any social or economic capital associated with their participation in sport. The exclusive focus on amateur athletes was particularly important for the examination of medical engagement.

The perceived legitimacy of the athlete's injury narrative, the perceived severity of the injury, and the treatment options can vary greatly between amateur or recreational athletes and those at higher levels of sport. It has been my experience that assumptions are often made about higher-level athletes, from the provincial level to the professional level, by health care practitioners that can alter their experience with the system for the better. Higher-level athletes are likely understood as having a greater awareness of their bodies and thus better able to make judgements on their injuries and their related needs. Also, it is likely that the severity of the injury of a high level athlete is, at least initially, overestimated in order to ensure optimal care for an individual whose sport participation constitutes a significant economic and social investment. It is also likely that much care,

consideration and even creativity is given by doctors when thinking about treatment plans. Finally, the athlete is often actively involved in the deliberation and decision-making process regarding treatment – being that an increased bodily awareness is attributed to the high level athlete and because there are economic and social incentives for these athletes to return to sport, they are often consulted by doctors before a treatment plan is made.

This experience can differ significantly from that of the amateur athlete. In my experience, it is often assumed that an amateur athlete has less awareness and understanding of their body and its kinaesthetics, the severity of their injury is usually initially underestimated and they are more likely to be perceived as malingering, doctors are less creative and resourceful in their treatment plans, and treatments are often dictated to the athlete without much regard for their thoughts or feelings. I wanted to explore the power dynamic in the clinical encounters felt by athletes whose participation in sport does not afford them any increase in status or influence.

In order to recruit the athletes, I used pre-existing contacts within a few sporting or athletic organizations. I recognized that using this method would result in the potential that my research participants would be members of amateur sports organizations that I have had direct involvement with. These organizations are large and have many members though, only a small percentage of which I have interacted with directly, so this did not pose a problem. In order to maintain neutrality for both the participant and myself, I planned to only accept participants with whom I have little to no prior relationship. In order to recruit participants, I used email invitations. These invitations were forwarded along by a third party individual with high standing in the amateur sport organization and

who had access to the email addresses of its members. Email invitations were sent out to the organization's entire membership, however the inclusion criteria (female athletes who had at some point sustained injuries requiring medical attention) were made clear in the invitation. Organizations that I accessed in order to find participants included a rugby club, a martial arts center and a yoga and spinning studio.

I was confident that through these connections with sports and athletics organizations, I would be able to recruit most, if not all, of my participants. I assumed that athletes would be interested and perhaps even motivated to speak about their experiences as athletes and as patients in the biomedical system. To my surprise, I received very little interest, despite multiple email invitations as well as written and verbal announcements at the clubs. The athletes who approached me to explain their non-participation all cited time constraints and other responsibilities that prevented them from sitting down with me for 60-90 minutes, the advertised time of the interview. In the end, I recruited two of my 12 participants through organizational channels. The rest of my participants, I recruited using either posters advertising my study or the snowball sampling technique, whereby my current informants or other interested parties referred me to participants.

These women were of a wide range of ages (I had participants from 19-62) and participated in a wide variety of sports with varying levels of engagement. Six of the athletes had participated in multiple sports throughout their lives but had, in the past year, only participated in one. These included martial arts (two athletes), soccer (two), cycling (one) and crossfit (one). Two participants currently participate in two sports – soccer and yoga for both. Two participants had, in the past year, participated in three or more sports.

These include boxing, rugby and crossfit, and cross-country skiing, rowing, tennis and cycling respectively. One participant used to participate in swimming, but now participates in largely individual athletics in order to maintain her active lifestyle. This includes participating in intramural sports and going to the gym. One participant had only ever seriously participated in one sport, which was curling.

Of these participants, all but two participated in their primary sport competitively. The two that did not though, the two martial artists, had participated in other sports competitively. Among the other ten, eight competed at either a varsity or elite level and two participated in recreational competition. Finally, of the 12 athletes I interviewed, three were on either temporary or permanent hiatus from their sport(s) due to an injury. Another two were highly affected or hindered in their athletic participation by their injury and one participant quit her primary sport because of multiple injuries and now participates in athletics more casually.

In addition to the participant observation that I conducted at a rugby club and a martial arts studio, my primary method of data collection was the semi-structured interviews with those 12 participants. For the purposes of my research, the questions were clear and concise, but with the flexibility required for participants to elaborate, to freely recount their experiences and provide personal narratives. I entered the interview with 25 questions, some having additional prompts or secondary questions, but often found that the interview more closely resembled a conversation. The participant would answer many of my questions without me posing them, they had no use for – or experience with – some of my questions, they would revisit certain questions, and they often said things that made me ask additional questions that I had not prepared in

advance. Of particular interest to me throughout this process, was how each participant seemed to identify closest with a particular theme or line of questioning. It further convinced me of the rich complexity of women's experience in sport and further proved, to me at least, the necessity of examining women's sport and athletics using a qualitative interview method.

The interviews were organized into three sections, each dealing with a particular aspect of the experience of being a female athlete. The interview opened with a discussion of the athlete's personal history in sport. In this section, I inquired about her involvement in sport, including how and when she became involved, in what sports and at what levels did she participate, how she felt about her participation as well as the organizations or clubs through which she participated, and her thoughts about her status as an athlete.

The second section was concerned with the athlete's experience of gender in sport. It asked questions related to the participant's personal perceptions of athletes (both male and female), her understanding of the societal perceptions of women athletes, her understanding of the gendered sports, masculinities and femininities, her experiences with stigmatization and labelling and how she negotiates and manages these social experiences. This section also dealt with the experience of training or playing in a co-ed setting, the potential social consequences of participation in sport, the impact that sports and athletics had on romantic relationships, and body image.

The final section dealt with the athlete's experience with the medical system. These questions asked about female athlete's experiences with sports injuries, the social perceptions of those injuries, how the injury impacted her life both inside and outside of

sport, and the encounters that she had with the medical system regarding the diagnosis, treatment and recovery of/from those injuries. Regarding these encounters, I asked about the initial clinical encounter, the athlete's impression of how the medical practitioner perceived her, the dialogue with the medical practitioner, the athlete's involvement in the decision making process regarding treatment options, the monitoring of the athlete's recovery, and the athlete's overall experience with the biomedical system.

I met with my participants in either a quiet corner of a coffee shop or, if I was graciously invited, in their homes. The interviews were anywhere from 45 minutes to 2 and a half hours long, depending on the participant and their experiences in sport or her style of conversation. All participants but one consented to be audio-recorded. I transcribed my participants' interviews and used those, in conjunction with field notes from those interviews and from participant observation to inform my writing and to analyze my participants' experiential data.

My participants spoke very passionately about their experiences of being an athlete, their experiences of gender and stigmatization, what it was like to be injured and their experiences with the medical system. Through examination of these experiences, this thesis aims to contribute to a greater understanding of the restrictive ideas of masculinity and femininity in order to examine the experiences of female athletes in an athletic context and without, and challenge the barriers to women's success and enjoyment in sports and athletics.

CHAPTER TWO

“GOOD, FOR A GIRL”: THE FEMALE ATHLETIC EXPERIENCE

Socially, there are sports or fields that are socially constructed as being feminine or masculine. It influences what children choose to pursue. I think that it kinda sets the tone from really, really early on that, you know, there's not really girls football, you know, there's dance, or whatever. So I think it molds us to go in certain directions from the get-go.

- Naomi, crossfit athlete

Introduction

I met Naomi in the cozy corner of a coffee shop here in Ottawa. Seated in a couple of leather loveseats, Naomi described to me her experiences being a crossfit athlete and the impact that sports and athletics have had and continue to have on her, particularly in her adult life. She described the physiological benefits and physical empowerments that come with her sport, the social and supportive atmosphere of her crossfit gym, the relationships that crossfit has helped her build, and the confidence and sense of accomplishment that her sport brings her. However, Naomi also noted the various problematic perceptions of female athletes, the effects that these perceptions can have on female sport participation, and the gendered nature of her experience as an athlete.

Naomi's story resonated with me and also reflected ideas and sentiments expressed by most of my participants. This chapter is going to begin by examining those experiences by looking at the perceptions of male and female athletes and how this impacts the sports that girls and women choose to participate in. It will then move on to an extensive exploration of the personal histories and lived experiences of the women I spoke to. In this personal histories section, I will briefly discuss the physical and social aspects of the athletic experience, as described to me by my participants, before

addressing the ways in which gender impacts women's experience in and of sport. In discussing this experience of sport, I speak to the influences and outcomes that impact women's sport as they are participating in it. Chapter 3 will examine more closely sport participation, gender expression and stigmatization and the effect that this has on female athletes, while this chapter focuses its attention on the actual athletic activity and how interactions within or immediately surrounding the activity impact women's experience of sport.

Assumptions, Abilities and Access: Gendered Participation in Athletics

Naomi's incisive statement opening this chapter speaks very directly to the issue of access. The availability and the acceptance of certain types of female athletic participation are directly related to traditional ideas about masculinities and femininities, to what is considered appropriate behavior for each gender, and even to the perceived aptitude of boys and girls, men and women, when it comes to athletics. In order to contextualize women's experiences in sport, this section will contend with the aforementioned gendered assumptions regarding athletic capability and the resultant, or at the very least, connected gaps in participation and barriers to access.

When contemplating the questions that I would pose to my participants during interviews, I made a concerted effort to make no assumptions about their experiences in sport and their views on athletics. This was of particular concern relating to the perceptions of male and female athletes and the capability of athleticism based on gender. It is for this reason that I made sure to ask very neutral, but explicit questions regarding gendered athleticism. I asked questions related to athletic capabilities of men and women,

associations between certain sports and either masculinity or femininity and about the ways that women athletes are viewed and treated.

The women's responses were always frank and quite often angry about the state of women's athletics. Many of my participants expressed extreme dissatisfaction about the way that women are viewed and treated as athletes and how this impacts women's experience of sport more generally. To begin by addressing athletic capability, most of my participants were of the opinion that men and women, despite physiological differences, had the potential to be equally athletic. One of my participants, Chantal, noted that, "Men and women have physiological differences related to strength, flexibility, agility, but that doesn't mean that men are better at every single sport... If we are comparing individuals, there are overlaps, so two people can be the same and equal, despite them being different genders." Most of my participants agreed with Chantal, focusing on the equal potential of male and female athletes. Collette, an elite level cyclist, strongly asserted, "Men and women are both predisposed to being equally athletic. I think both genders have the capacity, the equal potential, for sure. There are physiological limitations, but those are definitely not across the board, there are always exceptions to that." While some of my participants stated that men and women naturally possess different athletic capabilities because of physiological and hormonal differences, the majority believed in the equal potential of men and women athletes.

After inquiring how my participants viewed male and female athleticism, I asked them questions about their experiences with those perceptions held by others. I asked, "Are male and female athletes viewed differently?" This question elicited very strong responses from the women. Some turned to professional sports and the media to make

their point about the inequities in how men and women athletes are treated. Melissa, a graduate student and former elite level swimmer discussed the way that female athletes are underprivileged in professional sport, receiving less media exposure, fewer and less impressive endorsements, and noted sadly that women athletes are still seen as “less than their male counterparts.” Others drew on their own experiences in sport to discuss the differential views of athletes. Naomi described both the privileging of male athletes over female athletes as well as the privileging of traditionally masculine sports over feminine ones.

It goes back to what sports they're in, right? Some people don't think dance is a sport. Um, so they won't be as valued as a man who is a basketball player. I think there's more value in certain sports that men do, and then on top of that, if you compare a female basketball player to a male basketball player, the male basketball player will likely have more respect, do you know what I mean?

Naomi draws attention to the layered inequalities in sports. She addresses the legitimacy that society grants certain sports and identifies that those sports that are associated with masculinity garner more respect than those associated with femininity. Sports that emphasize beauty, grace, flexibility and precision are often considered feminine (Appleby and Foster 2013:14). These sports usually include, according to my participants, dance, figure skating, and swimming. Sports involving aggression, physical contact, and requiring or cultivating a bulky, muscular physique are considered masculine (Appleby and Foster 2013:14). This describes many sports, such as football, ice hockey, rugby, boxing, martial arts, and weightlifting.

These notions reflect social ideologies and discourses surrounding masculinity and femininity, and are limiting to all genders. Naomi very aptly points this out, saying

that this system “molds us to go in certain directions from the get-go,” noting its profound effect on the athletic activities that women and girls chose to participate in. She argues that these restrictive designations of masculine and feminine sports are problematic in many ways, among them, that they deter young people from participating in certain sports. These discourses persuade girls and women to remain out of sport altogether, or to engage in only those sports that are consistent with the portrayal of a heterosexual feminine identity (Cockburn and Clark 2002:660).

Data from a 2010 research paper published by the Ministry of Canadian Heritage on sport participation in Canada suggests that Naomi is spot on. In sports in general, a traditionally masculine sphere, the rates of participation among women are still significantly lower than that of men. In 2010, 35.3% of Canadian men participated in some kind of organized sport compared to 16.4% of Canadian women (Canadian Heritage). Within sport, of the ten most participated-in sports in Canada, six have much higher participation by men (Canadian Heritage 2012). These sports include golf, ice hockey, soccer, baseball, basketball, and badminton. Three of the other four, volleyball, curling, and cycling, are only participated in by marginally more women than men (Canadian Heritage 2012).

Particularly telling are the differences in rates of participation in those sports traditionally associated with masculinity and femininity, and those sports that are often considered non-gendered. The rate of participation for men and women in soccer, a relatively gender neutral sport (as determined by my most participants) was less than a 3% difference (Canadian Heritage 2012). Swimming, a sport identified sometimes as non-gendered, but more often as feminine by my participants, had just over 8% more

women participating than men and was the only sport in the top ten that had over 3% more women than men engaging (Canadian Heritage 2012). Ice hockey on the other hand, a traditionally masculine sport (another distinction noted by my participants) had over 18% more men participating than women (Canadian Heritage 2012). Also quite interesting are the sports whose rates of participation among women are, as the report indicates “too unreliable to be published.” These sports include football, ball hockey, martial arts, squash, and weightlifting, sports that would likely be considered masculine (Canadian Heritage 2012). The only sport for which the rate of participation among men was “too unreliable to be published” was equestrianism (Canadian Heritage 2012).

Finally, it is pertinent to note that while serving to illustrate the gendered reality of sport participation in Canada, this study itself perpetuates some of these problematic ideas about women and sport. As Naomi points out, not only are male athletes privileged over female athletes, but sports associated with masculinity are granted more legitimacy than those associated with femininity. For the purposes of the study, sport was defined as “an activity that involves two or more participants engaged for the purposes of competition” (Canadian Heritage 2012:12). Based on this definition, non-competitive aerobics, dancing, fitness classes, jogging, and non-competitive weight-lifting were excluded. Aside from the fact that competitive dance programs are extremely prevalent in Canada, the exclusion of these activities, most of which are associated with femininity, is indicative of a value system that privileges “masculine” sports over “feminine” ones, including competition, aggression, and rough physical contact. The above excluded activities were considered by the study to constitute “non-participation” in sport, a fact

that would surely amuse and enrage Naomi and the rest of my participants who engage in these arduous and exacting activities.

Thus, despite massive shifts in our thinking about sports and female athletes, the effects of traditional masculinity and femininity still linger. Less than half the number of women are engaging in organized sport than are men, and their participation in sport is often relegated to “gender appropriate sports” (Appleby and Foster 2013:1; Knight and Giuliano 2003:559). In this we can see very clearly that these restrictive ideologies about gender constitute barriers to women’s access to sport, social or logistical. In the ensuing section on women’s experience in and of sport, I will have my participants describe their physical and social experiences as athletes and discuss the aforementioned barriers to access, the problematic ideas at the root of these barriers, and the ways in which this impacts women’s experience of and enjoyment in the realm of sport and athletics.

“Good, For a Girl”: The Gendered Experience of Sport

“It’s been THE most positive part of my life!” Jacqueline, a 27-year-old soccer player and yoga instructor, loudly proclaimed during our interview. Indeed, every single one of my participants had overwhelmingly positive things to tell me about their experiences in sport. Despite other frustrations or concerns regarding their participation, the women I spoke to focused on the benefits of sport – physically, mentally and socially – and insisted upon the important and favourable outcomes of their continued participation in sport and athletics. They fiercely professed the benefits of their participation in sport and the positive influence that their engagement has had on their lives. However, they also indicated with great dissatisfaction the gendered experience of

sport, most prominently with regard to the access to sport and the opportunities within, assumptions about female athletes' capabilities, and the preoccupation of others with their bodies, all of which influenced the overall enjoyment of the athletic participation.

Access and opportunities in women's sport

At the beginning of this chapter, we heard Naomi comment on the subtle ways that society funnels boys and girls, men and women into particular sports and activities. Naomi, as well as most other women I spoke to, also discussed the inequities that persist in women's sport related to access and opportunity. They described the second-rate equipment and facilities that they would practice and play in, and they lamented the lack-luster support they received from schools, officials and fans. Carla is a 50-year-old martial artist who has spent most of her life participating in various sports. In one of our conversations, she recalled the frustrating inequalities she experienced playing sports for her high school:

When I was younger I resented that all the good times for training were for the guys. When I was playing field hockey we had to play in the mornings because the field was taken up by football in the afternoons. In gymnastics we had to train in the mornings because the basketball team was training in the afternoon. So I always thought "why do the guys get the prime times, why do they get the cheerleaders, why is it them that everyone wants to see, why is that we get let out early to cheer on the guy's football team?" I mean, we were on the first place winning team in field hockey and soccer, and nobody took time off to see *our* games. I'm pretty sure it's because we were girls, not because of anything else.

Despite Carla and her teammates' efforts to represent their school in inter-scholastic athletics, they received little recognition and little reward. This is an experience that many of my participants described. Often, women's teams, inter-scholastically and

recreationally, are given the unfavourable training times, receive second-hand equipment (often from a male team when they receive new equipment), and play with only a few straggling spectators to cheer them on. While very few women's enjoyment on sport hinges on the number of bodies in the stands, this lack of support compounds the other inequities between men's and women's sport and contributes to athletes feeling undervalued and somewhat dejected.

The athletes also described their understanding of the influence that their gender had on the opportunities that sport could provide. Jacqueline drew a rather explicit comparison between herself and her brother. Both soccer players, her brother was skilled at the sport, but lacked the motivated and dedication that Jacqueline possessed.

Jacqueline maintained that the advantage that his gender afforded him would have been beneficial to her in her athletic career.

He was a good soccer player, but had no drive, whereas I was always highly competitive. I really wanted to play on this team and this team... I was really into it. I always said, as a joke, that I wish I was the boy and he was the girl, because I could have gone somewhere with sport. There are way more opportunities as a guy.

This was a perception of women's sport that was fairly unanimous among my participants. For a variety of reasons, women athletes feel that they have fewer opportunities for advancement in sport than do male athletes. This is true for recreational, inter-scholastic and elite level athletes, as well as for professional athletes. This very gendered experience of sport has a profound effect on the overall experience of sport for women. For some of my participants who enjoyed sport and athletics for their own sake, who weren't highly competitive and who weren't necessarily looking for opportunities for advancement, the effect on their experience came in the form of a diffuse feeling of

unfairness and frustration. While they did not experience these inequalities directly, the fact that women are being disadvantaged in this way is an obvious point of discontent. For those women I spoke to who identify as highly competitive and who did have dreams or goals of advancement in and through sport, women like Jacqueline, they felt somewhat thwarted by their gender in the achievement of these goals. This has a very clear and very damaging effect on the overall enjoyment of women in sport.

Patronized and picked on: Assumptions about female athletes

As discussed early on in this chapter, there are pervasive and problematic assumptions about the ability of women to participate in sport. Particularly at risk for encountering such assumptions are the women who are participating in sports that are traditionally associated with masculinity. Julia is an undergraduate student who has participated in a few such sports – boxing, rugby and crossfit. Julia described the conflict she encounters on a regular basis caused by her participation in a “masculine” sport. She says:

In my culture, people are not afraid to say “that’s not for girls,” they will totally tell you. I feel like in another situation, like in school or when you’re meeting other people that they won’t tell you that “oh this is not really a sport for girls” but they’ll tell you like “oh, girls are like this or like that, so they shouldn’t play,” they kind of get around it in that way. In my culture though, people are just like “no, this is not for you.”

This experience of Julia’s is best understood as an intersection between gender and culture, or between gender and race. It illustrates the ways in which people experience different stereotypes, judgments, and oppressions that interlock, are co-constitutive, and inextricable. Julia’s experience is an example of the complex ways that these forces

interact in the lives of women. While few others cited similar experiences and therefore there is no significant engagement with the intersectionality of race and gender, it is a facet of the experience of women in sport that requires attention. For Julia, she explained that while her Sri Lankan family members have no issues explicitly denouncing her participation in such sports, no less egregious are the very thinly veiled comments from her friends and peers that object to her participation. She said:

Some people have been totally against it and didn't understand how I could be playing rugby, they were totally putting me down about it and I get into debates about that. It's guys, it's with guys... They think it's too physical for a girl, too destructive, that a girl couldn't handle it.

Courtney: Where do you think this comes from? Why do you think they were saying those things?

I don't know, without even the sports aspect, I think they think that girls are more sensitive, they don't have the strength that a guy has, so for them, to see a girl doing that doesn't make sense.

Julia continues to encounter people audaciously questioning her ability to play certain sports based solely on her gender. Julia constantly has to justify her desire to participate in her sports and must continuously assert that women are just as capable of playing them as men. Her story is no singularity; women who participated in an activity that they identified as being associated with masculinity all told me that they, while to varying degrees, experienced similar judgments.

Women athletes do not only encounter these judgments from family, friends and peers in social situations, but they must contend with this while participating in their sport. To again rely on Julia's poignant testimony, she described in detail the experience of engaging in a masculine sport in a coed environment.

Like, boxing, it's really something seen as for guys only... When I used to go to kick boxing it was like two girls, me and a friend, and like 40 guys. When I started boxing, the first training session we had – and it's pretty intense training – the coach made us do laps around the building and he was kinda mocking us at the beginning because he didn't really know us and he was like 'What are you guys doing here?' kinda thing. Then we started running and we were beating more than half the guys and then we were in the front and then he kinda understood. Well, he didn't understand, but maybe he realized that we could run just as much or even more as the guys that were there... Then he started making fun of the other guys for us being better than them. He was like 'Look at this, the girls are better than you, what are you doing?' Which is like, typical.

When I asked her how this made her feel, Julia responded by saying:

Really awkward in the beginning. It was my first time training with guys and it was really, really awkward. Most of the guys were really big and tough guys and it was uncomfortable. That's why I went with a friend... When you go in, all the guys are looking at you like "What are you doing here?" They were not welcoming at all, they were just looking at us like we were going to get beaten or something... I feel like once we proved ourselves I guess, and showed them that we were able to do this and we could run just as much as you, do push ups just as much as you, and do intense training like you, that like, once we proved that, they stopped doing that.

Courtney: Did you feel like that was necessary, for you to prove yourself in that way?

The guys were getting mocked and were a bit ashamed that we were better I guess. But if I went there and I was really unfit and all that, then he (the coach) would have just continually, like... you know, I just wouldn't even want to go back, I would feel so put down.

Julia explained that at the beginning, it was "really hard" because she wasn't used to that type of treatment. She had never experienced being "put-down" for being a girl in a sporting context. While this issue abated after Julia and her friend "proved themselves," they acquired the new difficulty of being the cause of mockery for their fellow athletes by

their coach. The tension that this created between Julia and her fellow athletes had a lasting effect on her overall experience of participating in the sport.

This desire to prove oneself was acutely felt by many of my participants, so much so that for some it more closely resembled a compulsion. Many identified that, as women, they felt that they had to demonstrate themselves worthy, first to participate in sport and then of the designation of athlete before they would be taken seriously, that they had to prove themselves in a way that male athletes do not. Carla, the martial artist said of female athletes:

They have to prove themselves, and then they are taken seriously. So it's a hard road to take, when you have to get there first before someone will even acknowledge that you're good. I mean, it's already hard enough, doing what they're doing, whether they are female hockey players or track and field stars.

So, the condition of athletics for women is such that, rather than enter the sporting realm on equal ground, they have to prove their peers and coaches wrong about any perceived athletic inabilities. My participants felt as though men are afforded the courtesy of the assumption that they have the athleticism and physical capability to participate in sport. They believed that this is a courtesy not often afforded to them and that because of this, women are already somewhat behind the starting line before the athletic interaction has even begun.

This necessity of female athletes to prove themselves is a lose-lose situation for the athlete. If she is unable to convince her peers and coaches that she is worthy to participate in the sport, her continued engagement therein will be, at best, treated with indifference, and at worst, be fraught with discrimination and humiliation. If the athlete succeeds in proving herself worthy of participating in the sport, she will then have to

contend with the way that her success makes male athletes feel. Tina, a 62-year-old renaissance athlete, had this to say about the response to her by male athletes:

The men get irritated when I beat them. It's kind of interesting... If I pass a guy (in cycling or skiing), he can get quite irritated. Like, on Friday I was skiing and this guy passed me double pulling, and I thought "hmm, maybe I'll just do some double pulling." He was quite strong but I moved right in on him and he wasn't very happy, right? He let me go ahead but he was huffing and puffing and struggling to keep up. He was quite distressed. The same will happen if I'm cycling and I pass some guy, he'll be really quite upset. You can tell, because, like, I'm just cycling along merrily and he'll like 'uugh' (noise of surprised frustration). He's not going to let some 60-year-old women pass him, it can be very embarrassing to him.

I asked Tina how this makes her feel, and she responded by saying "In a way, it's more fun because I'm not expected to beat them, so, it's really relaxing and fun for me, but not for the male." Here Tina illustrates the very real conflict that can arise when a female athlete's success affects a male athlete's. As she points out, being that there is this pervasive idea that women athletes are inferior, when they out-perform male athletes it can be taken, by some male athletes, as a great insult. This is as much a problem and a symptom of the current socio-cultural context for men as it is for women, the study of which is an equally valuable endeavor, although it will not occur in this work.

Tina continued explaining her experience with this phenomenon when she told me about a particularly interesting tennis match she once played. She was having a friendly match with a younger male athlete and he was winning. She made a comeback however, and started beating him. "I could see tears coming down his eyes," she said, "like, I felt really bad for him, I mean it was just supposed to be fun. So, I mucked it, I worked on some of my weaker shots and I let him win." Tina's winning the tennis match posed so much of a problem for her young competitor that she felt it would be better to

throw the game than to win and have him be so terribly upset. According to my participants, this kind of athletic interaction occurs all the time, and sometimes results in an actual conflict, usually involving a verbal attack on the female athlete's femininity. When female success in sports and athletics is cause for so much animosity and conflict, the overall experience of sport for the female athlete is undoubtedly compromised.

Another hindrance to women's enjoyment in sport related to assumptions about their capabilities is the frequent patronizing of their participation. Many women that I spoke to described the phenomenon of male athletes who want to teach them or help them, and of male athletes and coaches who want to protect them. While some athletes spoke of this in a favourable or at least impartial way, many others found it incredibly frustrating or even insulting. Julia experienced this in crossfit. She explained that coaches and other male crossfit athletes would steer her away from certain equipment or certain exercises based on assumptions about her abilities, assumptions that she attributed to her gender. She described the difficulties she would have, convincing others that she knew what she needed to do in order to challenge herself athletically. She said: "When I first went to crossfit it was like 'okay, take this one (this smaller medicine ball) and then finally he (the coach) saw me doing it he said 'oh this is too easy for you, take the one that the guys are using' and I was like 'I told you, but you didn't listen to me!'" Julia, and other athletes who described similar experiences, were irritated at being undermined in their training and infuriated that other athletes, usually male, determined that they knew more about what the athletes were capable of than they did. Many women described similar experiences, whether it be male athletes giving unsolicited lessons on how to workout, how to train, how to play, telling them what they were or were not capable of

athletically, or telling them whether they should or should not be playing post-injury. Important to note, that the women described these interactions as being different than regular instruction from a more experienced athlete or a coach. Most athletes are aware that one's participation in sport is a constant learning process, and constructive criticism and suggestions are almost always welcome. The sportswomen described these patronizing interactions though, as being different. Those interactions they describe as being patronizing, tinged with mild derision or mockery, and, they believe, are related to their gender.

However, Collette, the elite level cyclist, described a different experience. Biking with an advanced riding group, she said "When you have one or two women in the peloton, it's like, they (the men) are in a candy store, in a way. They get to joke around and be quasi-chivalrous, you know. They might protect you, make sure you don't get dropped, they'll draft you better, take care of you." Collette regarded this behavior as relatively harmless and noted that, at certain times, taking advantage of this constitutes "smart riding." Regardless of the motives of the men or the responses by the women, this behavior is based on the understanding that women need assistance when participating in athletic activities. Many women I spoke to considered this behavior patronizing and regarded it with utter exasperation. Others deemed it an attempt at chivalry and were either impressed by or impartial to it. For those women in the former category, that is, most of my participants, the patronizing of their participation in sport was a thorn in the side of their overall enjoyment of the athletic experience.

Women's bodies as public domain: Assessments and harassment

Also influential in women's experience of sport and athletics is the fact that women's bodies are public. By this, I mean that it is acceptable that the appearance and bodily comportment of women be wantonly discussed and frequently assessed. There is a perception among many of the women that I spoke to, that there is sense of entitlement that people (often men) feel to approach women to discuss their bodies and make unsolicited advancements. Sportswomen described encountering this often in athletic settings. Also in a sporting context, sportswomen stated that women's bodies are often used by commentators and spectators (again, often male) to discuss or even heckle athletes. This occurs frequently during the training, practicing or playing of sports. These problematic encounters compromise women's focus, splitting the attention between these and their sport.

Anyone who has participated in any sort of athletic activity likely knows that in order to perform optimally, one must be paying attention to the movements and skills required. When women are expected to remain conventionally attractive, humor unsolicited advances, and even put up with verbal sexual harassment throughout the course of their sport participation, their focus is obviously divided between the activity and the issues related to the public nature of their bodies.

Many women that I spoke to had experience with some symptom or another of their public bodies and they often admitted that it has a very distracting effect. To first address the expectations athletes feel regarding their appearance, I turn to Jacqueline's experience playing coed soccer. As a young adult, Jacqueline started playing on more co-ed teams and loved it. She told me that with coed soccer, the team dynamic shifts in such

a way that she feels as though she can make more of a difference on the field. Despite her enjoyment of playing in a coed league, Jacqueline also told me that she is hyper aware of the male gaze while she is playing. When I asked her how she feels training or playing in the presence of men, she had this to say:

Usually I love it, but I will look at myself more before leaving the house if I know I'll be playing with and against guys. Just like, in a stupid way, but I'll be conscious of what sports bra I'm wearing to make sure I'm not falling out all over the place... I'll also be more conscious of people on the sidelines because I know there are guys watching me.

Jacqueline was acutely aware of the male sideline spectators, who constituted another thing that she needed to be concerned with while playing the game – over and above what was required of her on the field. Jacqueline also noted that this influenced some of the other women she played with as well, saying that “We'll play girls who are wearing just spandex, which you won't get as much if it's just girls playing girls. There's that whole other aspect that comes with playing with men.” Many of my participants addressed the expectation that women remain conventionally beautiful while participating in sports. Despite the fact that they are performing feats of athleticism, they should still be sexually attractive. The awareness of an ambiguous but ubiquitous gaze is common among female athletes of all ages, and the knowledge that you are being watched and your appearance, not your athletic performance, is being discussed and assessed is pervasive and can contribute to some anxiety (Cockburn and Clark 2002:658). These athletes are operating within a value system that privileges the way that they look over their athletic abilities. Some of the women I spoke to, like Jacqueline, described how this influences their participation in sport.

Other women turned to professional sports to discuss this ridiculous expectation.

Chantal had this to say about her sport of curling:

I watch curling on TV. The female curlers are all dolled up, they give more TV time to the girls who are younger and prettier and a lot of them wear makeup and they do their hair pretty, but then when we look at the male curlers, they don't do anything. They don't need to do anything, it's just all equal, but I find there's different treatment for the ladies.

Chantal is pointing out that even during the curling event itself, the appearance of a woman is paramount to her performance. Here, the environment for female athletes in the professional context seems to mirror that of my participants. It is Chantal's perception that the younger and more conventionally attractive curlers receive more airtime, a point of frustration for Chantal. Chantal continues by explaining that this concern over women's aesthetics is a longstanding issue.

I think we're more concerned about female bodies period. It's not just in athletics. More and more, men's bodies are coming under the gaze and being criticized on what a male body is supposed to look like, but traditionally or historically, society and the public eye has been very concerned with what women should look like and what a normal female body is supposed to look like, and pointing out flaws.

Chantal exposes the fact that this public nature of women's bodies has persisted over time and believes that it has generally affected women more than it has men.

Heather, a teacher, yoga practitioner and former soccer player, addressed this preoccupation with women's aesthetic bodies over athletic performance when she discussed the general "sexing up" of sports:

Look at volleyball and the stuff they wear. I think I heard that they tried with the FIFA women to change their uniform to wear little spandex-y shorts, and the women all said 'no, forget it,' which I think is awesome (laughs)... I can't think of a sport where men should show more skin, like encouraged to show more skin, in the way that professional volleyball

players are, right? You're encouraged to show more skin, the more you show the better. So, I mean, how seriously are we taking them as athletes? Right? What was that interview with one of the tennis players? About twirling? So, definitely not taken as seriously. It's more interesting how they look and how they appear, in some cases.

Heather, in describing the interview with a tennis player involving twirling, is making reference to a problematic question posed to tennis players Eugenie Bouchard and Serena Williams. At the Australian Open earlier this year, a male on-court interviewer asked both elite tennis players to “twirl, like, a pirouette” in order to show off how good they looked in their tennis uniforms (The Guardian 2015). Chantal and Heather's explanation of the importance that is placed on conventional feminine attractiveness and the sexualization of the female athletes in the media is in line with much of what my other participants had to say about their experiences. The women described the pressure to maintain traditional feminine attractiveness, which sometimes involved more than just attention to hair and makeup, but also included connotations regarding size and stature, race, and age. The athletes I spoke to described being cognizant of (and even anxious about) their feminine appearances during their feats of athleticism, admitted that they thought about this during both practice and play, and that this was impacted by the gendered attendance of each.

It seems that in contemporary Canadian society, there is something aberrant and unfeminine about participating in sport. Norma Mendoza-Denton (1996) made a similar assessment of the socio-cultural reaction to young women who are involved in gangs in an urban high school in Northern California in the mid 1990s. In their behavior and in their appearance, these young women do not exemplify the traits that young girls should. They are confident, strong, possessing of a 'don't-mess-with-me' attitude. They dress

somewhat androgynously and communicate their aggression, bravery, and willingness to fight for their gang and their turf through their bold makeup. According to Mendoza-Denton, they are perceived as “bad girls” who are “breaking the laws of gender” (1996:48). She makes reference to a daytime American television show episode in which a few young Latina gang girls – *cholas* – receive makeovers in an attempt to unlock their “hidden beauty.” Similar to female participation in sport, involvement in gangs seems to be a gender transgression that necessitates compensatory or even rehabilitative or correctional measures such as makeovers (Mendoza-Denton 1996:48). Even if women are going to participate in activities deemed inappropriate for their gender, society expects that they will at least appear feminine and play the part of the feminine body-subject. This expectation is acutely felt by women athletes and manifests in a concern for one’s appearance before, during, and after one’s participation in the athletic activity. Finally, of special interest was my participants’ ideas about male athletes and their struggle with such expectations. My participants noted that it is probable that some men are also distracted from play by aesthetic concerns, but believed that this does not occur in a system that privileges their appearance over everything else and as such, it likely occurs with far less frequency and severity. This perception is the cause of frustration for many of the athletes I spoke to.

Jennifer Knight and Traci Giuliano of Southwestern University conducted a study on the consequences of such gender-stereotypical portrayals of male and female athletes. In the resulting article, the two describe that, despite the participation of women in sport being at unprecedented heights, the coverage of sports (at the high school, collegiate and professional level) is wildly disproportionate. They point out that this communicates the

idea that women's sport is inferior and somehow less noteworthy than men's sport (2001:218). Furthermore, they also explain that coverage quality is in as poor a state as coverage quantity: "Commentators and writers allude or explicitly refer to a female athlete's attractiveness, emotionality, femininity and heterosexuality (all of which conveys to the audience that her stereotypical gender role is more salient than her athletic role)" (Knight and Giuliano 2001:219). These female athletes are represented as women first and as athletes second. Male athletes, on the other hand, are discussed based on their athletic capabilities alone (Knight and Giuliano 2001:219). Knight and Giuliano's study examined the impact of such gender-stereotypical coverage on the perceptions of athletes. They analyzed the affect that the trivializing coverage that women most often receive, the coverage that focuses on appearance and attractiveness, and the coverage based on athleticism that men most often receive has on the public's perception of athletes.

They determined that trivializing coverage impacted both male and female athletes. The public's perception of athletes, regardless of gender, was largely negative after reading an article in which their attractiveness was discussed, while the perception was positive if only their athletic career and physical capabilities were mentioned (Knight and Giuliano 2001:225). These findings are significant particularly for female athletes, because marginalizing coverage predominantly affects women athletes (Knight and Giuliano 2001:225). This study has implications for recreational and inter-scholastic athletics as well as professional sports. When women athletes' appearances are discussed so consistently, it undermines their athleticism and is a detriment to the perception of them as athletes. My participants described this phenomenon and indicated that it had a negative impact on their overall experience in sport.

The public nature of women's bodies is also evident in the way that women are approached in athletic settings. From talking to my participants, such encounters happen at athletic clubs, usually before or after a class, or in the gym. These advances are largely unsolicited, distract the athlete from her workout or practice, and often begin with a comment about her body wherein she is sexualized. Naomi, the crossfit athlete who opened this chapter with her powerful quote about gendered sports, spoke very candidly about this phenomenon. When I asked her how she felt training in the presence of men, Naomi described a specific instance at the gym at Shedinburg University: "One man came up to me, very inappropriate, and was like 'You have the best physique, the best body I've ever seen on a girl' which, you know, you can take as a compliment but it's also the fact that he felt like he could approach me in that way, kind of entitled." Upon asking her if there were ever any other circumstances in which she felt uncomfortable training with men, she had this to say:

Oh, for sure. Especially at Shedinburg University, I don't know if it's because it's a university or not, but I feel like men feel entitled to come approach me, and I feel... I get really ticked off. Like, just the sense of entitlement from them... men feel like they can ask you for your number, or say stuff about your body, or you know, following you around the gym. I've turned around and been like "Look dude, stop. I'm not interested, I'm here to train." Do you know what I mean? Like, when there are several open places to work out and everywhere I'm going, he follows? Like, come on. It's really frustrating.

Here, Naomi explicitly states that her would-be suitors are distracting her from her purpose and are disrupting her training. Not only is the encounter itself distracting, but this persistent problem is so universal that for some of the women I spoke to, it's just the possibility of an uncomfortable encounter that is enough to distract them from their workout or practice, or even deter them from participating entirely.

Finally, women's public bodies are often used as ammunition by heckling spectators, negatively affecting their athletic experience. While commentating, cheering and heckling are common in a sporting context, from the inter-scholastic level to the professional level the comments directed at female athletes are often about their bodies. Very recently, during the first round of matches in the FIFA Women's World Cup, Australia played the United States. During the game, a commentator thought it important to address a player's new haircut, effectively indicating that such things are as important as the fact that the athlete is representing her country in the World Cup. This insult to women athletes is relatively mild compared to other offensive and objectifying comments that have occurred, even in the last three years. In 2013, BBC commentator John Inverdale made this comment about tennis champion Marion Bartoli, just one hour before she was set to play in the Wimbledon final match:

I just wonder if her dad, because he has obviously been the most influential person in her life, did say to her when she was 12, 13, 14 maybe, "Listen, you are never going to be, you know, a looker. You are never going to be somebody like a Sharapova, you're never going to be 5ft 11, you're never going to be somebody with long legs, so you have to compensate for that." (BBC 2013)

In doing so, Inverdale placed Bartoli's appearance on par in importance with her athletic performance. As mentioned earlier on in this chapter, this attitude towards women's sports is highly problematic and negatively affects public perceptions of female athletes and women's overall experience of sport (Cockburn and Clark 2002; Knight and Giuliano 2001).

Athletes not only have to endure such obtuse remarks from commentators, but also from spectators and other athletes, both during the athletic competition and after. Tina described the references that would be made to her and her jogging compatriots

regarding their breasts. She told me “you’d get comments like ‘watch her boobs bounce!’.” Women athletes must endure invasive and inappropriate comments from their fellow competitors. In terms of spectators, due to the relative anonymity of being in an audience, among other things, these comments are often much more sexual and aggressive in nature. On January 21st 2014, Olympic gymnast Beth Tweddle participated in an online Q&A period. Taking place on twitter, participants would use the hashtag #SportsWomen to get their questions to Tweddle. Intended as a way to celebrate underrepresented women’s sport, the segment was an utter disaster. People (mostly men), tweeted objectifying, sexual and rude comments like “On a scale from 1 to 10 how pig ugly would you class yourself?,” “Beth Tweddle, why did you turn down the role of Voldemort?,” “Are all sportswomen lesbians?,” and “Do you think pregnancy is a poor injury excuse and that women should be able to run it off?” (The Guardian 2014). One of the few sincere questions Tweddle received asked about her love of gymnastics, to which she responded “I loved it from the age of 7, but it took over from the age of 12 #sportswomen” (The Guardian 2014). Men responded with “Beth: ‘I loved it from the age of 7, but it took over from the age of 12 #sportswomen’ anal?,” “Beth: ‘I loved it from the age of 7, but it took over from the age of 12 #sportswomen’ that’s a bit young isn’t it? #cock” and other comparatively lewd comments suggesting that Tweddle is a “slag” or a “slut” (The Guardian 2014). This horrific response to an attempt to bring women’s sports more to the fore illustrates the trivializing and sexualizing of women athletes.

While the example of the response to Beth Tweddle occurred through social media and not in the arena during her athletic performance, the anonymity one

experiences online and the anonymity one experiences in a mob of spectators is similar. To briefly draw on my own experience as an athlete, I can assert that this occurs at the recreational and inter-scholastic levels as well. Playing rugby for my university during my undergraduate degree, it was a common occurrence that, while playing away games at other schools, male spectators would make vulgar and even sexually aggressive comments to the athletes on the field. In an attempt to distract or rattle the athlete, I have heard comments about the athletes' breasts, behinds, about their perceived sexual aptitude, and even sometimes comments expressing that the spectator would like to investigate said sexual aptitude for himself. The most striking comment that I can recall though, was quietly uttered to an athlete close to the sideline who, in her exertion, was breathing with her mouth open. She was told by a male spectator, standing on the sideline, "You look ready to take my dick with that mouth."

These wildly inappropriate and harassing comments are a ghastly indication of the public nature of women's bodies as well as of the level of respect granted to women athletes. These comments are sexually aggressive and even violent in nature, and serve as a stark example of a response to the threat to dominant masculinity that women pose. While violent and aggressive sexualizing comments are experienced by women in other contexts, the frequency and relative normalization that occurs in sport is somewhat unique. Further examination of why that is would be an interesting and important undertaking. Women athletes Male and female elite and university level athletes report sexual harassment in the sporting environment, including sexually suggestive looks and comments, humiliation and ridicule, but 90% of harassment is male to female (Kirby and Demers 2013:146). There seems to be a disturbingly high tolerance of sexual harassment

in sport and it is acutely felt by women. Due to the public nature of their bodies in general, the challenging of hegemonic femininity, the threat to dominant masculinity that women athletes constitute, and the verbal and physical intrusions that this context permits, women have concerns outside of the athletic activity itself. At any given moment during her athletic participation, the female athlete may be concerned with her aesthetic presentation, may contend with comments and assessments of her body, may have to field unsolicited advances, and may even have to endure sexual harassment. This very obviously splits her attention and compromises her focus as an athlete as well as negatively affects her overall experience of sport participation. This constitutes another way in which the experience of sport is highly gendered, and impacts the athlete in a very significant way.

Conclusion

The problematic assumptions about women in sport stem from the fact that in society at large, sex is often naturalized and conflated with gender (Yanagisako and Delaney 1995:2). We determine that men and women are inherently different, and that these differences are determined by their sex and thus constitute essential facts. This logic and apparent naturalness of sex and gender is a product of the way that they are produced and reproduced by social structures, institutional arrangements, and ideologies and discourses that people are surrounded with every day (Yanagisako and Delaney 1995:12). Gender is essentialized and becomes conceived of as two separate, discrete categories between which there is little overlap.

The problematic ideas about gender and related assumptions about women then lead to inequalities in access to sports and opportunities therein, the patronizing of women in their participation in sport, and the making public of women's bodies in sport, all of which have an extremely negative impact on women's overall enjoyment in athletics. This experience speaks to larger social concerns regarding sexism, gender norms and heteronormativity. The examination of women's experience in sport is not only important in order to improve women's overall enjoyment therein, but also to improve the experience of being female in a North American socio-cultural context, with respect to gendered expectations and the public nature of the body. Improvements in the way that we conceptualize gender would have a direct impact on women's experience in sport. The following chapter will discuss these concerns in more detail by addressing traditional ideas about masculinities and femininities, gender performativity and expression, heterosexism in sport, and the stigmatization that athletes face.

CHAPTER THREE

IDENTITY AND PERFORMANCE

“I think of myself as a quilt and it’s one of the parts... I wouldn’t say I’m an athlete but I wouldn’t say that I’m not an athlete. It’s part of my life, but so are my kids, my husband...”

- Tina, multi-sport athlete

Introduction

Tina’s athletic nature and active lifestyle became apparent to me rather quickly. Tina was referred to me by a friend and in trying to set up a time for an interview, Tina informed me that because of her job and her various athletic commitments, the only time she could give me was during the two hours a day that she walks her dog. So, for the course of our interview, I trotted alongside this renaissance athlete and her Giant Schnauzer, with voice recorder and interview notes in tow. We walked for just under two hours, during which time she discussed with me her varied athletic participation, her experience being a female athlete in the late 1960s and 70s and, among other things, what it’s like being an athlete as an adult. One of the things that struck me the most about Tina’s testimony was the way that she described how athletics fit in with the rest of her life. As the opening quote demonstrates, Tina focused on the complexity of life and the multifaceted nature of the human experience. She did not conceive of her identity as an athlete as being at odds or in conflict with the other roles that she performs, nor did she feel as though there was any conflict between being an athlete and her identity as a woman.

When discussing identities with my participants, not all shared Tina’s experience or understanding. Some described an identity experience that more closely resembled a coin than Tina’s quilt, where their identities could not coexist and they instead had to turn

and display the appropriate face for a particular social situation. Others grappled with their athletic identity in the first place, and struggled with the distinction between “athlete” and “athletic.” Also, some women described the conflict, both internal and external, with regard to motherhood and identity, and the privileging of certain identities over others. Finally, most women expressed the pressure that they feel to compensate for their athletic identity with “appropriate” expressions of gender.

This chapter will examine the processes of identity construction and negotiation among women athletes by discussing the ways that the athletes identify, reasons for these identifications, and their implications. It will then explore the potential tensions between women’s identities and how this impacts women’s experience of sport. In a second section on gender expression and identity, I will discuss the divergences that the athletes experience and describe between their identities as athletes and what is expected from them based on their identities as women. In this discussion of gender identity and expression, I will deconstruct the lasting legacy of traditional femininity and explain how Judith Butler’s (2007) work on gender and performance relates to some of my participants’ experiences of gender. In this section I will also explore the athletic identity and its implications for sexual identity or orientation through an exploration of the ubiquitous “lesbian label” that is applied to the female athlete (Blinde and Taub 1992; Cahn 1993; Cockburn and Clark 2013; Daniels 2009; Knight and Guiliano 2003). Finally, I will explore the stigmatization that occurs when one’s gender expression is not consistent with the norms and values prescribed by the socio-cultural context, wherein I will describe and explain the ways that athletes resist and reproduce this stigmatization and devalued identities through everyday practice.

Woman, Athlete, Other: Identity Formation and Negotiation

The quilt and the coin – Conceptions of athletic identity

For my participants, identity was complex and often conflicting. Some of the women I spoke to struggled with their identity (or nonidentity) as an athlete, others accepted this designation reluctantly, and some asserted it proudly. The athletes I spoke to also differed in how they conceived of their identities. Some included athlete in an intricate web of identities that made them who they were as a person, while others described the feeling of wearing different hats, having to fulfill certain roles and identities in specific social situations. The following section will examine the ways that the female athletes I spoke to identify, the implications of those identifications, and how this impacts their lives.

As illustrated above, basic to the human experience is variability. In personality, identity and experience, there is extreme plurality and difference. Each dimension of difference though, also finds commonality with others who are similarly distinguished. Thus, modern subjects are (re)created and (re)defined by their context, relations, and interactions (Calhoun 1994:12). Subjectivity is a project, and identity construction and renegotiation are parts of this project. Identities are the meanings that one attributes to oneself and they are the “consequences of reflection and interaction” (Ezzell 2009:111). They are dynamic, contingent, and constantly being worked on. Influential in this process is the existing discourse on who it is possible, appropriate and valuable to be. Many of the women I spoke to contended with these discourses in some way, whether it be promoting an athlete’s identity for themselves despite criticism that such an identity is

not entirely appropriate for women, or wrestling with the differential value placed on the various identities or aspects of their identity.

With these discourses in mind, one of the most interesting topics of discussion that emerged from the interviews regarded their athletic identity. In speaking to women about their experience in athletics, I asked each if they considered themselves athletes. Most of the women I spoke to participated in an arduous physical activity multiple times a week and were often training for particular events or milestones in their athletic careers. Yet, of the twelve women I spoke to though, less than half considered themselves athletes. The other seven women either did not consider themselves ‘athletes’ at all: four women described themselves, rather, as just ‘athletic’ while the other three felt they could ambivalently accept an ‘athlete’ identification, but leant more towards an ‘athletic’ one. These seven women positioned the ‘athlete’ identity as superior to “athletic” on a hierarchy of designations. Barbara, a martial artist illustrated this when, in response to being asked if she identified as an athlete, said: “On the one hand I’d have to say no. Mostly because I think my perception of an athlete is a professional athlete. It’s someone who is running marathons, someone who is going to the Olympics, someone who is devoting their whole life to it.”

Many other participants expressed similar sentiments. They associated being an athlete with a high level of competition, extreme dedication to extreme training, and participation on a team sport. Melissa made distinctions between her athletic participation now and her days competing on an elite level swim team. When I asked her if she considered herself an athlete, Melissa said: “Still? Today? I suppose, yes. Not so much as an athlete, but maybe someone who is active now.” Jacqueline felt very similarly. As she

was no longer playing soccer on a team, she determined that she was no longer an athlete, just an athletic woman. When I asked her if she identified as an athlete, Jacqueline had this to say:

I guess, yes. You know what, now? No. Not as much, because I'm not playing a team sport. I practice a lot of yoga and we're a very athletic studio so it's like a workout, and I go to the gym all the time, but I would have considered myself an athlete when I was playing on a team. And it's been about, I don't know, since June, so it's been like five months that I haven't played. So, you know what, if somebody asked me, like at work or whatever, because they all know I play soccer, I would have just been like 'ooh yeaahh, used to be!' [dismissively] until I figure it out again. I would consider myself athletic, but not necessarily an athlete... anymore. Because I'm not at as high a level.

Jacqueline associated an athlete identity with team membership, high level training and competitive play. Despite the fact that she was dedicated to her yoga practice and other forms of fitness and exercise, she did not consider herself an athlete.

Carla also addresses these associations of competition and dedication as well as this hierarchy of physically active identities:

I don't know if I would identify myself that way. That wouldn't be on the top of the list, to say I'm an athlete. But, I know that because of what I do, I probably could. I always thought of myself, when I was young, as an athlete, but since I left school I never did. My chiropractor was the first one who, after I started seeing him was like 'you are, you are an athlete.' I never thought of myself that way, because I have so many other ways to identify myself, it never occurred to me that that could be on the list. Now I see it, I see it!

Carla, because of her associations with the term "athlete" and because of her multiple identities, didn't immediately accept the identity of athlete. She wondered aloud to me whether or not what she does qualifies as athletics, being an athlete, or just exercise. In doing so, she also discusses the difficulties that people have making these self-designations and the potential conflicts that can arise She noted, "People grapple with the

descriptor because it makes such a strong statement about somebody, and then you have to live up to what that means. You just want to be careful before you ... yeah.” It takes a certain level of confidence to assert yourself as an athlete. As Carla aptly points out, there are implications and assumptions made about a person who identifies as an athlete that one must be self-assured enough to take on.

Carla, Barbara and a few of my other participants had some thoughts, or at the very least, some loaded questions, about how this differently impacts men and women. Carla wondered about the acceptance or portrayal of an identity as an athlete: “Women vs. men, would they [men] be equally hesitant?” Barbara described her struggle with asserting herself as an athlete, saying: “If you take it down to its barest bones, an athlete is someone who participates in a sport on a regular basis and does their best and you know, has a high measure of success... If that is true, then I guess I am [laughs]. I just have to convince myself a little bit more.” She explained her struggle to accept an athlete identity and then pondered for a while about her male peers, both at her dojo and elsewhere, and whether or not they are as tentative with deciding and sharing their self-designations. Barbara thought it likely that men grapple with this much less than do women, reflecting on her experience in a coed sport and in active, coed jobs. Many of my participants agreed, feeling that the access, opportunity, and acceptance that men in the sporting world enjoy contributed to more confident assertions of an athletic identity by men as well as an improved overall experience in sports for men compared to women. This lived experience of female athletes certainly impacts their experience and enjoyment in sports and athletic leisure and it would be an interesting and worthwhile endeavor to examine whether or not women’s perception of the male athlete’s experience adequately

reflects the reality of the lived experience of men.

Multiple identities

The women I spoke to conceived of their athletic identity in different ways. Some found accepting and promoting an athletic identity for themselves natural, others grappled with this considerably. Some, like Tina, saw it as a part of their life's tapestry. Others felt as though they were required to perform differently depending on the situation, wearing different hats, as it were. Heather, the teacher and former soccer player, described the way that she conceptualizes the different aspects of her identity:

Well, there's a concept, I will say, of the yin and yang. You know, male-female, sun-moon, and I know for me personally, I've had a lot of yang energy, that sort of male, active energy and I guess since I've become more involved in yoga, I think there's been a lack of – and maybe you don't want to call it male-female, right? – but something maybe what traditionally has been considered feminine, the yin energy, that perhaps had been overlooked. That for me, for sure, there was some kind of desire to prove, and in the sports that I played more competitively, that definitely came through. That kind of yang energy... I don't know if they're in conflict, they just work on a different energy. The competitive sports work on yang energy, that frankly I love and thrived in, and I think that a balanced person can definitely do competitive sports and still be any level of definition of feminine. But I know for me personally, there wasn't a lot of the yin, you know, the calmer, moon energy. And I kinda feel like it's been lacking for me. Not because of sport, but because I was working so much in that area, and that energy was being put out into the universe.

Heather understands the masculine/feminine, active/passive, competitive/calm aspects of her personality as the balance (or lack thereof) of the yin and yang or sun and moon energy. These different aspects of who she is as a person do not necessarily coexist perfectly, rather there is somewhat of a struggle to balance the two, evidenced by her explanation of the dominating yang influence in her life.

This is an idea that was alluded to by many of my participants, that one's identity as a woman was sometimes difficult to reconcile with one's identity as an athlete. While many participants alluded to this, Chantal, Jacqueline, Melissa, Naomi and Julia described this more explicitly as a problem that disproportionately affected both women participating in sports associated with masculinity and younger girls. Anna, an early childhood educator and soccer player, reflects that this conflict between a feminine identity and an athletic one has to do with how we understand femininity in the first place. She said:

It depends on what the base perception of femininity is. I think you can look feminine as a very muscular ballerina or soccer player or whatever. Maybe it's playing rough that's not considered feminine. It all comes down to what we were brought up to think of as feminine – sitting nicely, being quiet, not dirty... black eyes, scraped and bruises... Is that considered feminine?... But then we do things to maintain our femininity.

I will address the negotiation of identities and the maintenance of femininity in a later section in this chapter, but for now, Anna's statement perfectly illustrates the conflict that women are confronted with in terms of their feminine identities and their athletic ones.

Even Tina, who told us at the start of this chapter that she conceives of her identity as being a quilt and "athlete" is just one of the patches, also told me:

I tend to like to wear, if I'm at a social event, a really nice dress. I want to keep away from the workout look, I don't want to wear something that looks like I'm going to the gym, I'll put a dress on just to say, 'Yes, I'm feminine, I have another side.' Like, I don't want to be some butchy, sort of, always in the gym kind of person. I want the different aspects of my life to come through, so yeah, I want the feminine side there too.

We can see from these women's testimonies that it is sometimes difficult to have the identity of athlete and identity of woman coexist seamlessly because of the assumptions

made about athletes and because of what is expected from women in their socio-cultural milieu. I will explore the reasons for this and the identity negotiation that women undertake in more detail in one of the following sections. What the testimony does here though, is indicate that women are grappling with multiple distinctions and identities. The conflict between these two comes largely from what is expected from them as women. This can have an adverse effect on women's lives, impacting both their social experience and their enjoyment of sport.

Another identity conflict that impacts women in sport is that of motherhood. For those participants who had children, their identity as mothers had a serious effect on their identities as athletes. After high school, physical activity decreases by 50% among women (Appleby and Foster 2013:10). After this age, women find it increasingly difficult to juggle their participation in sport with their other expectations – beginning college, starting a job, and other adult responsibilities. This intensifies when one has children, both because of the time constraints but also, I argue, because of the social pressures that are put on women to perform “mother” appropriately. Of my twelve participants, five had children and all five women mentioned “mother” as a part of their identities. This is not unexpected. Less obvious, was what many of the women had to say about their identities as mothers, how this influenced what others expected from them, and how their participation in sport was affected.

Chantal, in her discussion of the different experiences of men and women in sports, described the standards for parents who are also athletes. She said that women can be seen as, “Neglecting other responsibilities or obligations, as opposed to when we talk about male athletes. No one questions [male athletes] or says like, ‘they’re not taking care

of their kids properly,’ or ‘they’re not spending time with their partner,’ or blah blah blah.” When I asked her why she thought this might be, she replied: “This is a toughie! I don’t know, it’s very similar to how people viewed women in the workplace, maybe 20 years ago... That mentality might be the same in the sports world.” Chantal touches on the fact that we hold men and women to different standards when it comes to their roles as parents.

My participants with children spoke very openly of their experiences with this. Anna, mother of two young children, told me of the conflict that her going to the gym would cause between her and her mother.

It frustrates my mom sometimes, because she has to watch the kids, if I go and do something like I go to the gym or when I was playing soccer, it would be frustrating to her. But it’s like, it’s such a part of me, I have to do it. You make an appointment to do it. My mom expects me to be “mom” first and foremost, but I am a mom and this is helping me to be a better mom because I have this outlet. Ben [her son] said a funny thing to me yesterday because he views me in a certain way... and I like that, I think it’s important for him to be brought up that way, that mommy has work and mommy has this and that. He associates things with mommy – working out, running... when he’s describing me, these are the attributes that he’s associating with mom. Very, you know, fitness lifestyle and it’s his honest opinion of mom... and I like that.

Anna describes the primacy that her mother gives to Anna’s role as “mom” and the resulting tension, but explains that she believes that she is a better mother to her children because of her participation in sport. Not only does it provide her with an outlet, but it also allows her to act as a health and fitness role model to her children.

This was a common conflict and sentiment among my participants with children. Collette, mother to a five-year-old child, had a rich and impassioned statement to give, unsolicited by me, about her experience being an athlete and a mother:

I can tell you from a social side of it, I'm from a family of four and I have a younger brother. The way that my parents and my family view us playing the same sport is dramatically different. That would be the only scenario in my life where I am treated differently, because I'm a mom and I cycle. Even though my brother is a father and he cycles, and travels and does all sorts of other things, my participation in the same sport is looked down upon because I'm not fulfilling whatever predetermined role my mum and dad have in their mind about how I should parent my daughter, about how much time I spend on the bike vs. how much time I spend at home. Regardless of the facts of the statement, like most rides take place while Gabriella is at school or before school, like, their concerns are actually irrational but they have an emotional response to my biking. They have always found it easier to accept and endorse my brother's participation in it – and he does other sports as well, snowboarding, hockey, golf, all sorts of other things. But with this one, because all things being equal except for sex, it's been viewed differently. It's an emotionally fueled gender stereotype... I do my sport and my yoga and my training above and beyond anything else I do. You know, I do it *on top of* everything... It just takes an individual who is balanced and organized.

She goes on to say:

I work around my familial responsibilities and I'm a better person for being involved in all this stuff and a better mom, and I enroll Gabriella in all this stuff so she can get the benefit from it too. I give to her in all the areas that she needs.

Collette and Anna are able to strongly assert to their friends and family that their participation in athletics does not impede their ability to be good parents, but rather, augments it. While they and the other mothers I spoke to were able to achieve this balance, it still contributed to some tension or even mild discrimination. This is a common experience among women athletes who are also mothers. The conflict between athletic identity and maternal identity can lead to feelings of “guilt or inadequacy for taking time for herself,” and has been found to “reduce the likelihood of women engaging in sports” at all (Appleby and Foster 2013:10).

As I hope I have conveyed, identity formation and renegotiation are a part of an incredibly complex process. The efforts of identity construction and the tensions inherent

in the fact that we all have multiple, incomplete, fragmented and/or conflicting identities constitute a significant struggle for many, my participants included (Calhoun 1994:24). These athletes have to negotiate personal identities and socio-cultural identities, such as identities that are gendered, racial, class-based, sexual, religiously-based, nationalist and ability-based (Fisher, Knust and Johnson 2013:32). These multiple identities can sometimes cause tensions and conflict. All of the women I spoke to were aware of or had experience with such tensions. These constant conflicts can have a seriously negative effect on women's experience of sport, and more importantly, their lives.

Gender Identity, Expression and Performance

The legacy of traditional femininity

While the acceptance, encouragement and even celebration of women's participation in sport is widespread, the female athlete is still often viewed as deviant because of the ways in which she does not conform to socially prescribed ideals regarding femininity (Adams, Schmitke and Franklin 2005; Blinde & Taub 1992; Cahn 1994; Heywood and Dworkin 2003). This unfortunate legacy of traditional femininity can have a significantly negative impact on women's experience of sport and is rooted in problematic ideas about gender expression. Constructs of femininity and masculinity and the relatively rigid rules regarding the expression of each, dictate how men and women are seen and valued. This means that despite men and women being equally capable of participating in sport, the cultural meanings attributed to women exclude athletic competition from the range of acceptable characteristics or activities for women and girls

(Daniels 2009:71). Such notions and implications can be related to body size and shape, general appearance, dress, behavior and sexuality.

In a North American context, despite changes over the decades, there have consistently been certain female bodies that were defined as the “norm” by comparing different bodies and excluding those that the times did not deem favourable. Cultural messages regarding the feminine ideal have changed based on shifting fashions, beliefs and values. Such changes contributed to the slender figure with a small bust and thin legs that became the ideal in the 1920s (Brumberg 1997:99). The 1950s saw a shift to a more “curvy” woman, personified by Marilyn Monroe (Brumberg 1997:109). In the 1960s came another shift, making women’s bodies hyper-visible decorative objects, taking them from the private domain to the public with more revealing clothing (Brumberg 1997:107). Now, in the 21st century, the imperative to lose weight has been combined with the desire for a lean, hard body (Brumberg 1997:123). In addition to being thin and lean, the socially constructed ideal female body is also well groomed, often having hair and makeup carefully done, and is dressed in gender appropriate ways (Weitz 2003:133-135). She also behaves in a manner consistent with her gender, read: passively (Fisher, Knust and Johnson 2013:22).

Thus, women are influenced by socio-cultural forces, and the restrictive notions of traditional femininity linger through various disciplinary techniques. Michel Foucault, in his work *Discipline and Punish* (1980), describes this power and the mechanisms of control in modern society. He explains that historically, power was once embodied within a person in an authoritative position. Often resting with a monarch, this power was then enforced by officials and exercised upon a body of subjects (1980:174). Due to an

unpredictable enforcement of power and variable use of punishment, this proved over time to be rather less effective than intended (Foucault 1980:174). Disciplinary power, as it exists now, is much more insidious. This power is embodied by everyone and operates on a psychological and social level. Enacted by all, this power and ability to control is no longer unique to the dominant class. It is a power held by everyone but no one at all.

So, power is embodied and internalized. This internalization of power and control occurs, according to Foucault, through the instruments of disciplinary power, of which there are three: hierarchical observation, normalizing judgment and examination (1980:188). Hierarchical observation refers to the constant surveillance of bodies. This gaze is relentless in its surveillance and “forms a part of the overall functioning of power” (Foucault 1980:189). The second disciplinary strategy is the normalization of judgment, whereby – through a process of differentiation, comparison, homogenization and exclusion – certain bodies are defined as the “norm” (Foucault 1980:193).

Disciplinary punishments are then used against those who deviate from this norm in an attempt to enforce the new order (Foucault 1980:193). The final disciplinary strategy, examination, involves using hierarchical observation and normalizing judgment in tandem. In examination, surveillance and normalization are used concurrently to qualify the “right” kind of body, classify bodies as either the “right” or “wrong” kind, observe the population of bodies and punish those that do not fit the criteria of the normalized body (Foucault 1980:197). This makes the individual an object of scrutiny and creates subjugated, docile bodies. Power is internalized, embodied and reproduced through “relentless self-surveillance,” turning bodies into objects and targets of power (Foucault 1980:174). In internalizing the power and control, subjects are incorporating it into the

structure of the self. The control is then continuous and subtle, constantly marking and training the body.

Hierarchical observation, normalizing judgment and examination can all be observed in the control of women's bodies. The appropriate feminine body-subject is established. She is thin, lean, and her hair and makeup adequately constructed or applied. She also represents femininity in her comportment and behavior. As discussed in earlier chapters, we know that this means that she isn't too confident, too assertive, too active or too aggressive. Once this feminine subject norm is established, women are compared to this norm and, when found wanting, punished. This occurs through various social consequences such as devaluation, the attribution of a deviant label, social exclusion, and denial of romantic patronage. Important to note, though, is that Foucault's theory of disciplinary techniques does not leave much room for human agency. The ways in which people resist and negotiate disciplinary power are complex and varied. In the final section of this chapter I will address the ways in which my participants assert their agency by resisting the prescriptive notions of athletes and of gender that they must contend with, and make meaning for themselves in everyday practice.

Through these disciplinary practices, notions of traditional femininity (and therefore masculinity, as they are defined in opposition to each other) persist. How do these norms impact the lives of women athletes? This can be illuminated by examining and applying Judith Butler's ideas of gender performativity. Below, I will explain this understanding and I will outline the ways in which it aligns with, and departs from, my participants' experiences of gender identity and expression.

Gender as performance

Judith Butler's writings on gender and performance are foundational in the context of contemporary feminist thought. For Butler, there is no *a priori* gendered subject, no pre-existing gender identity that one possesses that in turn produces the expression of a gender. Rather, "identity is performatively constituted by the very expressions that are said to be its result" (Butler 2007:34). She writes that there is no "doer behind the deed," but instead that the doer is (re)constructed in and through the deed (Butler 2007:195). In a socio-cultural context, acts and expressions become gendered. We then gender people based on those acts or expressions. This gendering of people based on their gendered acts, along with the injunction to be a given gender and the notion that gender mirrors sex, is what contributes to our still rather restrictive notions of what it means to be male or female, masculine or feminine (Butler 2007:199). These restrictions instill uncertainty and propagate confusion for subjects, since the rigid expectations surrounding what it means to be a woman and how women are supposed to express themselves and behave, are often in conflict with how women interpret their identities. The result is that when some women are made to feel as though they are not performing 'woman' properly, they feel in conflict with their very identity as a woman, a conflict that would not arise were there not such limiting ideas about gender. When I asked Barbara if she ever felt as though her identity as an athlete is in conflict with her identity as a woman, she had this to say:

No, but mostly because I've always been a tomboy. To me, being feminine is my sister. She's beautiful, she does the make up thing, she does the clothes thing, um... me? I love animals, I wear t-shirts, I'm a grub [laughs] I loved being raised on a farm... I'm not a girly-girl. And I guess that's my perspective on femininity, which is probably inaccurate. I'm definitely not a girly-girl, but I also know that when I do dress up, I can knock the socks

off the people around me. So no, that has never been in conflict for me. I'm just in conflict with being a girl, I think [laughs].

The sentiment that Barb is expressing, "being in conflict with being a girl," is a common one among female athletes. Many of my participants expressed that, at least at some point in their lives, they had felt as though they were not feminine enough or were not performing as girls and women should. For some, this resulted in confusion about whether or not they should even be identifying as a woman. This, I would argue, is a symptom of the context we live in. If gender identity was not conceived of in such a restrictive way and if gender expression did not have such rigid binary-based instructions, then people would not feel as though they were in conflict with being their gender. They would not feel as though they were performing gender wrong if there were no rules to performing gender. A more fluid and dynamic understanding of gender expression would preclude any such conflict.

These restrictions regarding gender identity and expression can be pointed to as some of the causes of the difficulties faced by female athletes for not performing femininity properly, difficulties that I will outline in more detail in the following section. Important to note, is that subjects and their identities are not constructed by rules alone. As Butler states in *Gender Trouble*, the subject is not generated, "it is not a founding act, but rather a regulated process of repetition" (Butler 2007:198). In terms of the legacy of traditional femininity on contemporary understandings of appropriate femininity, there is a sort of compulsion to repeat, an imperative to reproduce the acceptable version of femininity and womanhood. However, there is also room for individual agency.

For Butler, identity is a process of signification. In this identity-making process, there is influence both from socio-cultural context and discourse, but also from the

agentive subject. Butler understands identity as being affected by these forces, but not constituted by them. This conception of identity, gender or otherwise, is most consistent with the experiences of my participants. While they note the social discourses that constrict them, they also identify points of contention and areas in which they have asserted their own power by deviating from the script. While we can identify the disciplinary techniques that attempt to control women and their bodies, we can also see women as agents, defying and challenging the discourse and social compulsions regarding femininity. Being that identity production is a process of repetition, agency manifests itself as the possibility of a variation in that repetition (Butler 2007:198). This capacity for reflexive mediation despite cultural influence is what enables difference and creates change. My participants asserted their agency when they made decisions about the expressions of their gender and their identities that deviated from the traditional feminine script. The following section will examine the specific ways in which the athletes I spoke to assert their agency and challenge notions of traditional femininity. It will also discuss the consequences of this: the stigmatization that women athletes often face. Finally, I will examine the responses of women to that stigmatization and the implications that those responses have in terms of the resistance and reproduction of problematic ideas about women, athletes, and femininity.

Resistance, Stigmatization and Response

Resistance and stigmatization

In our current socio-cultural climate, the general understanding is that gender mirrors sex and that gender expression is relegated to two relatively discrete categories.

Female athletes often disrupt this understanding of gender and challenge norms of traditional femininity with their bodies and their behavior. They resist the dominant notions of masculinity and femininity and assert their individual agency by making choices that are incongruent with the cultivation of a normative feminine body-subject. This can lead to stigmatization and discrimination, and to the assignment of a devalued identity. As a result, women will sometimes engage in a process of stigma management and identity negotiation that ultimately reproduces problematic ideas about gender and propagates traditional ideas of femininity.

Many female bodies that excel in sport are in direct contrast to the socially constructed ideal feminine body for society at large (Heywood and Dworkin 2003:56). While certainly contingent on the sport that they are participating in, many female athletic bodies can be sculpted or bulky in their musculature. These traits are often considered unsightly on women and are viewed as masculine physical characteristics by the general public (Blinde & Taub 1992:522; Cahn 2014:299; Daniels 2009:74; Heywood and Dworkin 2003:56). A female athlete constituting a prime example of this is Serena Williams. Although arguably on the border of the realm of acceptable bodies for women, Williams is very muscular, likely a result of her dedication to her sport and the fitness level required to excel in it. Rather than be celebrated for the amazing feats that Williams' can achieve with her body, she is often criticized by others. She has been open with the media in the past few years, explaining the body image struggles that she has endured and has even said, as an athlete of 31, that it has only been in the last six or seven years that she has felt comfortable with her body (Daily Mail 2013). Serena Williams' body shape and size has been the source of much criticism and humiliation. She has been

referred to, along with her sister Venus, as the ‘Williams brothers,’ her posterior referred to as an oozing pumpkin, she’s been called a man, an animal, fat, and all manner of other inappropriate and derogatory terms targeted at her gender, body size and shape, and race (The Root 2014). Often, the criticisms about Williams’ body are sexualizing. She is compared to an Amazon woman, a comment on her size and assertive demeanor but that also has sexual connotations, and her backside features prominently in the media’s discussion of her aesthetic body. These criticisms betray stereotypes about race, and thus Williams’ experience constitute an example of the intersection between gender and race when judging women’s bodies and privileging some bodies over others. It is a disheartening illustration of the multiple, layered, complex interactions between forms of oppression and reminds us that race plays a role in the normalized idealizations and imperatives that women (and men) contend with in their daily lives. A muscular female body constitutes a deviation from the norm and is often met with aggressive resistance – professional athlete or no. Failure to present oneself as appropriately feminine through appearance and dress – hair, makeup, clothes – is also often met with criticism (Weitz 2003).

Barbara’s thoughts about makeup, clothes and femininity at the end of the previous section illustrate this perfectly. Wearing t-shirts and enjoying being active constituted Barb as “a grub” in her mind. This is because we stigmatize women who do not perform femininity properly and we then question their femininity as a whole. Naomi’s struggle with body image also speaks volumes about the societal reaction to women whose bodies do not conform to traditional standards. Naomi had this to say about her participation in crossfit:

I think the thing with crossfit though is that it challenges the mainstream idea of what a woman's body should look like. Because you do see women who are a lot more muscular, um, so that's something I do struggle with. Initially when I started crossfit I felt really at home because I've always had that type of body type, so I felt really comfortable, but then, you know, with surgery and different challenges and stuff, I feel, I still struggle with that sense of "do I want to be thinner and less muscular or do I want to have those movements and those abilities that come with me being more muscular?"

Naomi recognizes the "differentness" of her body, can easily recall being criticized and stigmatized because of her body, and struggles with whether or not her sport is worth the body image strife. Naomi told me that she experiences overwhelmingly negative reactions to her sculpted body and that this is related directly to her gender. She says: "You know, you can have a woman who is very muscular but it won't be a sense of respect, it'll be like 'oh, that's gross.' Whereas a man, if he's muscular, it's a sense of accomplishment." In this way, Naomi and women like her are not only challenging the imperative for a woman to *look* stereotypically feminine, but also the notion of what feminine even looks like.

Jacqueline also had experience with this. When discussing body types, she told me that society's ideal body and an ideal athletic body (while varying with each sport) are often not in line with one another. She says: "Society views girls as needing to be thin and fragile, but that's not going to work, on a field [laughs]." She notes that for men, the ideal body type has a wider range in general, but also that the athletic body type fairly closely matches society's male ideal, whereas for women, this is not the case. She went on to tell me, "I have chicken legs, really skinny legs, and people in my real life are like 'oh, your legs are amazing,' whereas on the field, the girls always make fun of my legs, because they're so tiny [laughs]." A somewhat more light-hearted anecdote than

Naomi's, it expresses the same sentiment: what is acceptable for women's bodies is narrow in range, a range that some athletes fall outside of. Many other participants also described ways in which their sport had led to bodies that were, to varying degrees, outside the confines of the normative feminine body subject – their shoulders were too broad, legs too thick, arms too muscular, nails too short, they were covered in bruises, and the list goes on and on. These women, by not conforming to society's standards of traditional femininity, reject the normative feminine body subject and begin the arduous task of redefining what femininity and womanhood looks like. It is a brave endeavor that can have unfortunate social consequences, but for the love of sport and with strong convictions, sportswomen continue to disrupt the way society thinks about masculinity, femininity and gender expression. Yet, they also struggle with embracing this identity, as Naomi's ambivalence, illustrated above, indicates.

Butler has discussed her philosophical ideas on gender expression and performance as they apply in the realm of athletics. Butler (1998) describes gendered norms and explains that they can only persist with the everyday bodily performances of “approximations” of those norms. She calls these norms a tyranny in life and athletics, and identifies ideas about muscularity as one of the main difficulties faced by women athletes, as we can see in both non-professional and professional athletics with Naomi and Serena Williams respectively. Women who violate socio-cultural norms and standards of femininity and defy the notions of heteronormative attractiveness often incur stigma and discrimination, which can have implications for their social lives and personal relationships, as well as their participation in sport and athletics.

In addition to the ways in which female athletes defy norms regarding the ideal feminine form, they can also be seen as violating other norms regarding the presentation of self. These norms of presentation include displays of emotion, nonverbal communication, and speech (Blinde and Taub 1992:522). Within the context of sport, while more prevalent in some sports than others, the expectations of how women are to present themselves can differ from that of broader society. The parameters of what is acceptable in terms of emotions, nonverbal displays and speech are particular to sport and can be far more lenient than those that women are held to in other contexts, particularly related to independence, assertiveness, competitiveness, and aggression (Adams, Schmitke and Franklin 2005; Blinde and Taub 1992). In the context of sport, it is common to hear women use an assertive tone, strong or confrontational language and, potentially, language embellished with profanity. In participant observation and in conversation with my participants about their participation in sport, this was routine. Between explicit team songs and chants, vulgarities or expletives of frustration in practice, and commanding language used during play, my participants vocalized in ways that they wouldn't in other aspects of their lives. This behavior occurs in contrast to the still prevalent notion that to be competitive, confrontational and verbally "colourful" are masculine traits. Thus, when women present themselves in the way that they would in the context of sport in another social context their behavior often elicits negative responses characterized by stigmatization, devaluation and the attribution of a deviant label (Blinde & Taub 1992:522).

In Erving Goffman's (1963) work on stigmatization and the management of a devalued identity, he asserts that societies establish attributes that are felt to be natural for

their members and people are then categorized based on the degree to which they comply with those standards. When we identify people who don't comply, Goffman says that they are "reduced in our minds from a whole and usual person to a tainted and discounted one" (Goffman 1963:3). Such an attribution is a stigma, and can have widespread effects on the individual who has been stigmatized. Goffman identifies three main types of stigma: "abominations of the body," "blemishes of individual character," and stigma "transmitted through lineages." Sportswomen, as I hope I have illustrated above, can be seen as being stigmatized under the former two categories. Our society creates social norms regarding women's bodies and their comportment. Any individual who does not adhere to society's various norms, in this case traditional notions of femininity, is viewed as a deviant and their offence, participation in sport and the body and behaviour that often come with it, a deviation. Goffman (1963:141) also notes that when an individual is seen as declining to conform voluntarily, they are further stigmatized. In the case of the female athlete, she is judged all the harsher for knowing that there are alternatives to her deviant behavior – that is, to express her feminine gender in traditionally feminine, heteronormative ways – and is punished for her disobedient behavior. This punishment comes in the form of a deviant label and the social repercussions associated therewith.

Goffman's understanding of stigma seems in line with my participants' experiences. Where Goffman becomes far less applicable, is in the response to this stigmatization. Stigma management techniques that he describes – such as concealment, the hiding of attributes that might incur stigma, and self-segregation, associating only with those similarly stigmatized – do not adequately capture my participants' responses to stigma or their resistance of the stigmatized label. The proceeding section described

how my participants boldly challenged notions of traditional femininity, resisted the norms that restricted them, and advocated for a new understanding of femininity and womanhood. The following section will contend with my participants' management of the stigma that they encountered because of this resistance and the negotiation of identity in light of their participation in sport.

The same cultural expectations that dictate the acceptable look and display of the feminine body also mandates the appropriate bodily motions and behaviors of women (Daniels 2009:128). This has reverberating negative impacts on the lives of women. However, despite the stigmatization, discrimination and devaluation, women athletes consistently and defiantly challenge these ideas by rethinking and restaging these gender restrictions. They threaten the rigidity of gendered expectations and they disrupt the common sense understandings of acceptable gender performance.

Stigma management and identity negotiation – Defensive othering

Female athletes' bodies and behaviour are often considered outside the norm (too much, too muscular, too masculine) but they can also, over time, come to constitute a new ideal of accomplishment and grace, a standard for women's achievement (Butler 1998). In professional sports and in our everyday experience of athletics, we witness women's efforts to transform the discourses of gender, demand a reconsideration of how we conceive of masculinities and femininities, and intrepidly assert that women can succeed in sports and athletics.

However, even when female athletes are challenging gendered life and resisting normative femininity, unintentional but reproductive consequences can also occur.

“Identity work” is the aptly named process that involves anything people do to give meaning to themselves or others (Ezzell 2009:111). Since we derive our identities, in part, from our social arrangements, identity creation and negotiation are parts of the process by which discriminatory ideas and inequalities are reproduced. Thus, female athletes, as subordinate groups often do, act in ways that both challenge the dominant perceptions and expectations of them, while also seeking to adhere to the prevailing system of norms and values surrounding femininity and womanhood. As I’ve described, there are ways in which women resist the deviant label, whether it be by their mere participation in sport, their comportment, or their appearance. However there are also practices by which female athletes reproduce and reinscribe normative ideas regarding femininity.

Being that a sportswoman is already nonconforming in a variety of ways, to manage stigma and negotiate a favourable identity in light of stigmatization, athletes will sometimes differentiate themselves from other, less conforming women. I saw this occur among my participants in relation to athletic capability, appearance, behavior, and sexuality in a process called “defensive othering.” Defensive othering refers to the process by which marginalized groups seem to accept the legitimacy of devalued identities imposed on them by the dominant group, only to assert that this label does not apply to them (Ezzell 2009:112). A common practice, defensive othering reproduces problematic ideas about the marginalized population. In the case of female athletes, it reproduces and reinscribes constricting ideas regarding women. In participant observation, interviews with participants, and even in my own experience as an athlete, this practice is ubiquitous in the realm of sports and athletics.

In his ethnography of a collegiate women's rugby team, Matthew Ezzell (2009:116) describes this concept of defensive othering and explains how it plays out on this university's team and in interscholastic competition. In order to assert themselves as tough, strong, capable athletes and women, the college students and rugby players took great pains to differentiate themselves from "most women." They used their status as players of a rough and physically demanding sport to position themselves in a high status relative to other women, women who the players asserted wouldn't try, let alone excel, at the sport (Ezzell 2009:116-118,125). In Ezzell's study, a prime example of this would be the rugby players' positioning themselves in direct contrast (and ultimately superior) to the sorority girls on campus, or as they referred to them, "sorostitutes" (Ezzell 2009:116). Described as "pansy girly-girls," the sorority sisters were ridiculed for their perceived weakness and inability to be tough. The collegiate rugby players of this study positioned themselves as superior to the sorority sisters, a practice used to assert that while there are women who are fragile and who are not physically strong and tough, those labels do not apply to them. They reproduce the discourses of the weak woman, unable or unwilling to physically exert herself, while differentiating themselves from women who they deem as such.

This defensive othering in the context of athletic ability doesn't have to occur between the athletes and an out-group, but can occur between sportswomen. This practice was relatively common among my participants. In speaking to female athletes from a variety of sports, competitive levels and ages, I found that many would identify other female athletes who do not perform at an optimal level and attribute this to various feminine tendencies. Referencing female athletes being "too girly" or some other

character trait associated with femininity as the cause of negative athletic performance can be seen as an attempt to separate oneself as a capable athlete from those women who are not. In participant observation at a martial arts dojo, this was common among practitioners. To “hit like a girl” was a frequently uttered adage and it was usually mobilized as an insult thrown around behind practitioners’ (male and female!) backs. It was used in reference to athletes who had poor martial arts technique and who lacked power and strength in their movements. The “...like a girl” insult appears in a variety of different aspects of many different sports, but always with the same effect – a clearly conveyed message that girls and women are bad at sports and athletics, so to perform like a girl or a woman is inherently negative and to be avoided at all costs.

Sportswomen engaged in defensive othering practices in my interviews with them as well. Jacqueline described her teammates and opponents using a logic based on defensive othering when I asked her if she thought that athleticism conflicts with femininity in any way. She said:

Someone who’s not going to go in for a header or not going to go for a side tackle, we would think ‘ugh, such a girl.’ So yes I do think it does. I think when you’re playing and you want to get really into it, you don’t want to be super feminine. Not that I’m like, thinking ‘ooh, I want to make myself more masculine,’ but you just... you try and get away from the traits that are associated with femininity, like dainty, um, fluffy... you cannot be that on the field... you cannot. I wouldn’t put up with it... I’ve never thought of that, like when you think ‘ugh, their too soft’ or something, I never would have thought, ‘oh, that’s a trait that’s associated with femininity.’ I’ll also think about it with other players though, in a bad way. Like, we have players on our team who we’re like ‘ugh.’ They won’t go in for a ball, they won’t go in for a tackle, kinda thing. It’s true, being aggressive is awesome.

Jacqueline noted how other players would not head the ball if they were “too much of a girl,” thereby simultaneously framing women as inferior and even athletically inept and

positioning herself and others like her as competent athletes. She went on to describe how the better players are usually more aggressive. Jacqueline told me about one teammate who “is a powerhouse, but she’s like a man, like, she is this tall, crazy athletic, really strong, scary, wouldn’t-want-to-play-against girl.” Jacqueline, and many of the other athletes I spoke to, associated being a woman with traditionally feminine traits (daintiness, tentativeness) and noted that these traits were undesirable for athletes, while also associating positive athletic traits with masculinity and manhood. This reproduced the idea that women are bad at sports and likely to fail at any active endeavor, while men are meant to participate in sports and athletics, frequently succeeding in whatever activity they engage in. This practice of defensive othering accepts discourses of traditional gendered norms and roles. It seems to say “there are women who, because of their feminine tendencies, are suboptimal athletes, but I am not one of those women!”

While this example of defensive othering sets “strong” women athletes apart from norms of “weak” femininity, the reproduction and persistence of normative notions of femininity can be observed in relation to appearance. This occurs largely, again, through defensive othering. Female athletes, particularly those who participate in sports that are more closely associated with masculinity, often take pains to discriminate between themselves and the “butch” or “mannish” stereotypical player. The (often exaggerated) narrative of the massive “she-male” rugby player, a trundling behemoth on the pitch, is a common one. This stereotypical player is, according to Ezzell’s research, “huge,” “scary,” bigger than one’s father, and likely sporting a goatee (Ezzell, 2009:119). This script is particularly salient in a rugby context, but is also widely used by other athletes in a variety of sports and was deployed by many of my participants. This script is both

symptomatic of the homophobia and cisgenderism (where cisgender refers to persons whose gender identity is aligned with their gender assignment at birth, and cisgenderism is the denial, denigration or pathologization of gender identities that are not) that exists in sport and in society (Lennon and Mistler 2014:63). The deployment of the “she-male” insult is based on the idea that a woman who is possessing of traditionally masculine traits, physical and nonphysical, is not a proper women, but rather exists in a liminal space between the two genders, is inherently transphobic in the way that the deployment of the “butch lesbian” identifier and insult is an inherently homophobic one. One of my participants, Julia, described that in her sports of boxing and rugby, there are some girls that are “super manly.” She also told me that she sometimes finds herself asserting her femininity more, because of her participation in these sports. In such a heteronormative and cisnormative context, this is hardly surprising.

Julia was not alone in this. Multiple women described the “butchy,” “short-haired,” “mannish” athletes with which they shared their respective athletic arenas. They asserted that while this is a problematic stereotype and it certainly doesn’t describe them, it can sometimes be accurate. Such statements can be used to deflect resistance to one’s participation in deviations from traditional gendered norms and conventions by pointing out how other women are *more* deviant, aligning themselves closer to the dominant norm. This was done by making reference to athletes both on and off the playing field. As I’ve mentioned, in this chapter and the last, some women expressed that they felt as though they had to emphasize their femininity in order to compensate for their participation in sports. This was often done by taking care to present as very feminine when not participating in athletics by wearing feminine clothing, makeup, and hairstyles. Similar to

Norma Mendoza-Denton's work with *chola* gang girls that I mentioned in the previous chapter, the athletes use their style of dress and their make-up to communicate a feminine identity. They employ technologies of femininity in order to mask or distract from behavior that can have significant negative repercussions, the gender transgression (1996:57). While not all expressions of normative femininity should be condemned as problematic or construed as purely a tactic to deflect stigma, the testimony from a variety of women that states that they sometimes felt as though they *had* to perform this way in order to compensate for their athletic participation and mitigate the negative consequences thereof is concerning and warrants further examination.

Defensive othering also occurs in relation to sexuality. The "lesbian label" is a ubiquitous stereotype affecting most women who participate in athletics, particularly if the athlete engages in a team sport, and even more so if the sport is associated with masculinity (Blinde and Taub 1992; Cahn 1993; Cockburn and Clark 2013; Daniels 2009; Knight and Guiliano 2013). The female athlete's perceived disregard for normative ideas of femininity is often conflated with a deviant sexual orientation (Adams, Schmitke and Franklin 2005; Messner 2007). In a heteronormative framework, heterosexuality is compulsory to conventional femininity. The bodily and behavioral characteristics of some female athletes, that are traditionally associated with masculinity, are thus taken as indicators that the athlete identifies as homosexual. Those female athletes are deemed "mannish" and receive the lesbian label, a rather sweeping attribution that most female athletes are familiar with (Adams, Schmitke and Franklin 2005; Blinde and Taub 1992; Cahn 1993; Cockburn and Clark 2013; Daniels 2009; Knight and Guiliano 2013). The normative feminine body-subject is a heterosexual subject. Due to the perceived

incompatibility between athleticism and femininity, the lesbian label is a pervasive one. In a study conducted by Elaine Blinde and Diane Taub (1992:523), 17 of 24 collegiate female athletes mentioned, upon being asked about stereotypes, that they had personal experience with the lesbian label. Participating in basketball, track and field, gymnastics, swimming, diving, tennis and softball, all of the women discussed the devaluation and stigmatization associated with engaging in the masculine sphere of competitive sport (Blinde and Taub 1992:524). My participants were also well aware of the implications that participation in sport could have on perceived sexual orientation. When I asked about stereotypes regarding female athletes, six of my participants brought up the lesbian stereotype. Chantal said, very frankly, when I asked her about stereotypes regarding female athletes: “For sure, like, butchy lesbian athletes, they can’t get a man, you know?”

In a response to the lesbian label, many female athletes will participate in defensive othering in order to emphasize their heterosexual identity. This is an attempt to distance themselves from the stigma and stereotypes associated (to varying degrees) with their sport because of the homophobic context in which they operate (Ezzell 1009:121; Messner 2007:77). Athletes will acknowledge the lesbian stereotype, identify individuals (usually on other teams) who fit the stereotype, and assert that the stereotype just isn’t applicable to them or their teammates. In Ezzell’s study, a young player named Hannah stated: “...if you look at other teams you can see the stereotype. But, if you look at our team you don’t get that typical butch-rugger, like, lesbian-type deal, you know?” (2009:122). This is a common declaration among female athletes of any sport, but particularly those that are associated with masculinity or even those that are considered relatively gender-neutral. My participants referenced this lesbian stereotype, referred to

other plays that fit the label, but made sure to distance themselves from it. Some did so in seemingly positive ways. One participant described with absolute reverence the “powerhouse lesbians” on her team. Others referred to sports that they believed had a higher concentration of lesbians, usually those sports associated with masculinity. Others still made connections between high-level athletics and the number of women identifying as lesbians on those teams. Regardless of the connotation, many of the athletes that I spoke to acknowledged that the lesbian stereotype is legitimate, but that it just doesn’t apply to them.

Conclusion

Women athletes, because of their perceived nonconformity, experience conflict in relation to identity. Whether their assertion of an athletic identity is questioned, their role as a mother attacked, or their gender expression criticized, women are stigmatized for their participation in sport. Yet, they continue to destabilize gender norms by rejecting status quo notions of femininity and attempting to create a new understanding of what it means to be a woman – active, strong, and confident. Sportswomen continue to be trailblazers, paving the way for generations of girls and young women to engage in whichever sports or athletic activities they wish without fear of criticism or discrimination.

However, sometimes the stigmatization and devaluation of female athletes becomes a weight difficult to bear. As a response, female athletes will sometimes attempt to construct their identities and make meaning for themselves in the sexist, heteronormative context. They do so, by resisting and rejecting the power of stigma by

positioning themselves as exceptions to stereotypes related to athletic ability, appearance, manner, and sexuality. Such othering seems an attempt to present a self that is consistent with an attractive, feminine, heterosexy identity and an attempt to lift some of the weight of stigma (Ezzell 2009:123).

Emerging out of the seemingly incompatible identities of tough and feminine, the heterosexy identity is a way for female athletes to negotiate stigma and manage their identities in order to promote “a sense of self-worth and affirmation” by asserting themselves a capable athletes as well as attractive (heterosexual) women (Ezzell 2009:123). This allows them to combat both the unattractive, manly athlete stereotype as well as the lesbian stereotype and maintain a positive identity for themselves. They do this by performing, off the playing field at least, normative femininity, which necessarily includes heterosexuality. As described, this means presenting oneself as feminine using hair, make-up and clothes to ornament oneself appropriately and confining oneself to hegemonic femininity and heterosexuality in one’s behavior. However, this emphasis on a heterosexy identity reinforces the stigma and the power of the devalued identities given to athletes by the dominant heterosexist culture. Female athletes challenge gender norms through their bodies and their behavior. Although, through attempts at resistance and efforts to construct identities, negotiate stigma and make meaning for themselves and their peers, female athletes also participate in the reproduction of problematic ideas about women and femininity. Without meaning to, women often reinforce and police the boundaries of the heterosexual project by outlining what is feminine and holding themselves and others to it (Mendoza-Denton 1996:50). Explicit and frequent discussion of gender and gender norms is necessary in order to eliminate these negative ideas about

women athletes and the compulsion to qualify one's participation in sport with a heterosexy identity, and in turn begin to challenge the problematic ways in which we conceive of gender in society as a whole.

CHAPTER 4

EXPERIENCE OF INJURY AND MEDICAL (DIS)ENGAGEMENT

Frankly, it's an injury that's become an illness as far as I'm concerned. Because the injury is apparently gone, right? The post concussion syndrome, they don't know why these symptoms hang around for so long. But I felt... crazy... I'm going out of my mind here, someone needs to help me. What do I do? And I wasn't getting any answers at the hospital. Other than 'we'll refer you to the neurologist, maybe we'll do this test.' Not 'you know what, a concussion can fuck you up, for a really long time, so if you feel like you're crazy and you feel like you have to cry every two second for no reason, or you feel like there's a train running through your head constantly, or that someone is still shaking your brain, that's normal.' Like, my head was turned on, it's still not off yet, right? I mean, it's better. I couldn't have had this conversation with you four months ago even. It didn't feel like the severity of the symptoms were on par with the help that I could access, in the early days of the injury... There was a sense of claustrophobia in my head, it was like... yeah. I liken it to, the closest thing I can come to is, at first it was screaming in my head constantly. After awhile, it was like if you took cicadas, put a whole bunch of them in a jar and shake 'em up, put them in your head, and it's them crawling as well as that shrieking sound, was there... for a long time. The hum has gone, the ringing in my ears, but I still have the crawling feeling.

- Heather, soccer player and yoga practitioner

Introduction

Heather, a teacher and mother of two, graciously invited me into her home for our interview. While it does not negate her kindness nor her hospitality, Heather's options were somewhat limited in terms of interview location. Her home was one of the few places where it was possible that we meet, due to the restrictions caused by Heather's injury. In June 2014, Heather was hit in the head with a soccer ball and sustained a concussion. Unaware of the severity of the injury at first, Heather maintained her active routine for a few days before realizing the extent of the damage. This, in conjunction with difficulties with the medical system and the insidious and relatively unknown nature of this injury, has had a huge impact on Heather's life. In March 2015, the time of our interview, Heather had lost weight, was still on a leave from work, her movement was

still extremely limited (to some light restorative yoga and a 20-30 min walk per day), and her endurance for pursuits like reading, watching television and conversing with people was still extremely low. Nearing the end of our interview, I could see that Heather was struggling so I made an effort to bring it to a close. Heather admitted that it was “good timing” because she “really needed to shut ‘er down.”

Throughout the interview, Heather discussed with me her experience of sport and the impact that sport has had and continues to have in her life. She told me the narrative of her injury and related illness and explained to me with impressive and striking clarity the experience of post-concussion syndrome (PCS). She also explained the nature of the support that she received from friends, family and athletic community, and what it was like to try and recover from her injury and return to sport. Heather’s testimony mirrors many of my participants’, and will therefore form the basis of the structure of this chapter. This chapter will explore the injury narratives of the sportswomen I spoke to and will describe and examine their interactions with the medical system. In the first section, I will address the experience of the injury. Heather and the others described the reactions of their friends, families and athletic peers to their injury and the impact that their injury has had on their athletic identity and their active lives. They also expressed dissatisfaction with the various arms of the medical system – mainly related to the initial interaction, their treatment during the course of their engagement with the system, and the discord between them and their doctors in terms of returning to sport, issues I will be speaking to in the second section of the chapter.

Injury Narratives

An athlete's response to an injury, much like any other life change or event, is dependent on a variety of factors, personal, social, and in this case, sport-related. In terms of personal factors, history of stress, personality, self-perception, motivation, coping skills, athletic identity and athletic ability all have bearing on athletes' reactions to their injuries. Type of sport, level of participation, and season of play as well as injury history, pain level, injury type, severity, cause and recovery status obviously have a serious impact. Social aspects of the injury experience include the relationship and influence of the coach, relationship and influence of teammates, family dynamics, support of friends and peers, and support by health practitioners. These personal, social, and sport-related factors have been found to have a significant impact on athletes' experience of their injury and responses (Tracey 2003:281).

Athletic identity and active life – A renegotiation

Injury through participation in sport can have a significant impact on an athlete. It can constitute a significant life change, create an emotional imbalance, cause damage to self-esteem, and cause considerable psychological trauma, depression and grief (Green and Weinberg 2001:41; Hagger et al. 2005:2346; Samuel et al. 2015:2). These consequences are particularly destructive when the injury impacts a person's athletic identity (Hagger et al. 2005:2347). The degree to which athletics and sports participation are parts of a person's identity has been found to be positively related to instances of depression among injured athletes (Green and Weinberg 2001:44). My participants experienced this to varying degrees throughout their experiences with injury. Some are

currently experiencing it while their injury has sidelined them, but will be back to sport eventually and will hopefully struggle with his issue less. For some however, who have sustained career-ending injuries, this is a painful and enduring reality.

For some, injury has meant a transition from “athlete” to an “athletic” identity. In Chapter 2, Jacqueline explained that she experienced this shift upon having to take time off from soccer due to her dislocated elbow. She said: “I’ve always identified as someone who’s very athletic because that’s what I was known for, growing up... I totally identify as being athletic!” She went on to explain that while she identified as an athlete for most of her life, that identification has gone on hiatus along with her participation in soccer:

I practice a lot of yoga and we’re a very athletic studio so it’s like a workout, and I go to the gym all the time, but I would have considered myself an athlete more when I was playing on a team. And it’s been about, I don’t know, since June, so it’s been like five months that I haven’t played. So, you know what, if somebody asked me, like at work or whatever, because they all know I play soccer, I would have just been like ‘ooh yeaahh, used to [be an athlete]!’ until I figure it out again. I would consider myself athletic, but not necessarily an athlete... anymore.

Jacqueline considered herself an athlete while she was on the soccer team, and will identify as such when she “figures it out again” and rejoins her team. Melissa experienced a similar shift in identity when she quite competitive swimming. She said that upon retiring due to her many overuse injuries, she identified, “not so much as an athlete, but maybe someone who is active now.” She said:

It wouldn’t offend me if somebody told me I wasn’t an athlete because, I guess technically I’m not anymore, but it’s still a part of who I am, I guess. It’s definitely a part of who I am, for sure. Like if a week goes by that I like, don’t have time to do something active, I feel myself getting pretty anxious and feeling ‘cooped up’ I guess you could say.

Both Jacqueline and Melissa noted that how they identify changed with changes in their participation in sport, a change caused by injury. While they no longer identified as athletes, they still incorporated athleticism and activity, health and fitness into their identities. The loss of or change from the “athlete” distinction did not seem to affect them in the same way that it did some of my other participants. For Julia, her injury-induced athletic hiatus had a big impact on her. She told me that it was a huge part of her identity, saying “I’ve been so involved in sports my whole life, it’s like a part of me.” She expressed how difficult it was for her to put that on hold. She wanted to get back to sport because she did not feel whole when she was not participating.

The most serious adjustments had to be made by those whose injuries brought about the end of their careers. For Anna and Julia, their injuries (both concussions) meant the end of soccer and rugby/boxing respectively. For Heather, it not only meant the end of her soccer career, but perhaps her athletic one as well. She had this to say about the change in her sport participation:

Yeah, well my kids have even said that it’s hard for them to think of me not playing soccer anymore. I don’t know what that’s all about, but for me, you know, there’s a direct connection between when I walk into a classroom, because I’m a teacher, and I’m connecting with students about the game that I just played and you know, a few of them love soccer, or other sports, right? There’s a very different type of connection that forms. So yeah, there’s certainly a piece of me that feels that, you know, it’s been a fairly large part of my identity. Um, to some extent... I mean, I know I have to give up the soccer now, I know that. You know, I’ve come to terms with that. But to not be considered an athlete would feel terrible... I mean, the truth is I probably wouldn’t care that much. I’m old enough and been through enough that, you know, that how other people perceive me, but it’s important for me to be very active and yeah, have that a part of my life. Daily.

Heather explains the roles her identity as a soccer player and athlete plays in her life, her job and in her family. In the eight months since the injury, Heather had been able to come to terms with the fact that she wouldn't play soccer again, but she still felt as though it was important to hang on to her identity as an athletic or active person.

An injury often necessitates, at least for a while, a renegotiation of one's identity as an athlete or as an athletic person. The success of this identity negotiation in concert with the support the athlete receives from friends, family, and the athletic community has a significant impact on the experience of their injury and on the treatment and recovery process. I will examine this process in the following sections of this chapter, related to the social and medical support that athletes receive during their injury.

Networks of support – Family and friends

An injury, particularly once that disrupts an athlete's engagement in sports, constitutes a significant hurdle, a hurdle that would be a little bit easier to overcome with sufficient support from the athlete's loved ones. We know that social support facilitates coping processes and contributes to healthy, proactive responses to injury (Green and Weinberg 2001:46). Interesting then, that with a few exceptions, most of my participants did not speak to the support that their friends and family gave them. Largely, they stated that they did receive adequate support, but did not outline what that support looked like. When athletes were more candid, it was to explain the ways in which they felt let down by their friends and family and how they felt support for their injuries was lacking.

A few of the athletes I spoke to described the logistical and emotional support they received and the impact that it had on them during this time in their lives. Carla the

martial artist, describes how her partner provides both, and has been “amazingly supportive” throughout her struggle with a torn bicep tendon. Her husband Neil, in the early weeks of her injury, would wake up with her in the middle of the night when she was in terrible pain and massage her shoulder. He supported her physically, emotionally, and took an active role in her recovery process. He advocated on her behalf and assisted her in taking initiative regarding her recovery, suggesting she seek certain treatments from *his* doctor. Naomi also spoke to the logistical support she received from her boyfriend at the time of her injury, and how he helped expedite the treatment process by calling in favours to move up her MRI appointment.

Far more numerous though, unfortunately, were the comments from sportswomen about how friends and family were not supportive during the time of their injury. This lack of support seemed to be endured by those athletes who experienced the most resistance to their participation in sport and stemmed from the fact that their friends and family were not entirely supportive of their athletics in general. Affecting a variety of my participants, this was described most explicitly by Julia and Collette. Julia told me that her family took a very “I told you so” approach to her injury. They believed that rugby was not a sport that girls should be engaging in because not only was it inappropriate for women and unbecoming, but it was not suited for participation by women because of their fragile nature. Julia said that her Sri Lankan immigrant family told her “rugby’s too rough, it’s not a sport for girls, we told you so!” To revisit part of Julia’s testimony from Chapter 2, she said:

In my culture, people are not afraid to say “that’s not for girls,” they will totally tell you. I feel like in another situation, like in school or when you’re meeting other people that they won’t tell you that “oh this is not really a sport for girls” but they’ll tell you like “oh, girls are like this or

like that, so they shouldn't play," they kind of get around it in that way. In my culture though, people are just like "no, this is not for you."

Julia's family and some of her friends took the stance that, since Julia had no business playing rugby in the first place, her concussion was just a predictable eventuality, and that she should have known better than to engage in an activity too onerous for a woman. As a result, they did not provide much sympathy for Julia's situation, which could have been a comfort. They also did not support her in her goal to return to sport. Although unlikely to ever play rugby again, with diligence and patience, Julia may be able to return to other, less impactful sports. Julia's ambition to do so was met with disbelief and criticism. This kind of response can unfortunately have an impact on the experience of the injury, and ultimately, the athlete's recovery.

Collette experienced a similar struggle. In Chapter 3 she described how her family believed that she should have other priorities (related to her family – daughter and husband) over cycling, and generally disapproved of her dedication to her sport, which they saw as in conflict with her responsibilities as a mother. The potential for injury seemed to feature prominently in this discussion. Her family were concerned that something would happen to Collette on the bike and that it would negatively affect her ability to be a mother to her daughter. Collette also mentioned that previous illnesses and injuries were used to further her family's argument. She explains this with a story about her brother trying to appeal to her husband, Jackson, to get Collette to stop cycling:

He actually had a conversation with Jackson about how I shouldn't be cycling because I'm so fragile, because at 19 I had a heart condition, which is totally unrelated. So, it's an irrational emotional response, that family try to find any excuse they can to tell me not to participate in sport. You know, 'what if something happened to you?' but they don't tell me not to drive a car in case I get hit by a truck... They have this thing with the bike.

This infuriated Collette, that her family believes that she is “fragile” and that they have a concern over her well being that surpasses well-intentioned care for someone and approaches patronizing. She pointed out that her brother is also a cyclist, but that the family does not worry for him in the same way, about the potential for injury nor about the way that he parents his children. This sentiment, that a mother’s responsibility to her children can be compromised by her participation in athletics, a sentiment we explored in Chapter 3, has an obvious impact on the support athletes receive during recovery from their injuries, particularly related to returning to sport.

Some women’s families, Collette and Anna among them, had concern about the potential for injury and the impact that this would have on the women’s children. This concern, a few women condemned as a concern for women almost exclusively, believing that male athletes do not have to endure similar questioning. Therefore, when female athletes who are mothers are injured during sport, returning to sport is often discouraged by friends and family, for the sake of the children. A lack of support in sport participation, an “I told you so” attitude to the injury, and the absence of assistance or encouragement in the return to sport has a negative impact on the athlete’s experience of her injury, making an already difficult time harder. This can also have damaging effects on the athlete’s recovery.

There is no ‘I’ in team – Support from the athletic community

Athletes spoke much more about the support (or lack of it) of their teammates and coaches than in relation to their friends and family. Often, teammates were very supportive of the athlete, both after the initial injury and during recovery. When I asked

them if they received adequate support from their teammates, most participants told me yes, but did not elaborate much beyond that. Jacqueline was the most talkative on that subject, telling me that the team responded to her dislocated elbow and subsequent panic attack very quickly. They made sure she was alright, got her to the hospital, supported her during her recovery and even banded together to help her move in the days after her injury. Despite being the most candid about her teammates' support, this was really the extent of Jacqueline's narrative on that subject. Other athletes told me that their teammates were supportive, but did not go into much or any detail about what that looked like. The sportswomen were much more outspoken about the ways that their sporting environment was not conducive to recovery and the ways in which they were not supported by their teammates and coaches.

As we saw with family members, support in the event of an injury can often be predicted based on support during athletic participation (Granito 2002:244). The athletes I spoke to described various types of atmospheres in their different sports, some very supportive and encouraging, some supportive but competitive, and some very individualistic and unsupportive. Heather described the different kinds of atmospheres that she experienced in soccer and in yoga:

I would say it's more supportive in yoga than in soccer [laughs]. So, you know, on the sideline at a soccer game there's a lot of nattering about who could have done what better and who shouldn't be playing where, you know. You'd never get that in a yoga studio [laughs]. So, I'd say that it can boost the play in some ways but when people are looking... when you hear other people looking at people on the field and commenting on it, in a negative way, you can only assume that it's happening in some way when you're out there. So in a way, that's a bit of a self-defeating kind of sensitivity of the sidelines, and therefore doesn't get the best out of its players. Whereas yoga, it's totally supportive. It's only ever energizing. You'd never look down on a person who is trying something, and perhaps

failing. EVER. You'd think 'wow, look at that person who's trying that thing that's really hard.' It's a very different mindset.

Heather describes a relatively critical environment on her soccer team. In light of this, it is possible that the same attitude – skepticism and judgment – would be applied to a teammate's injury. In discussing her recovery, Heather described the support she was receiving from her yoga studio but did not mention her soccer club. This could be related to the type of support received by the athlete pre-injury, or it could be related to the fact that this was a soccer career-ending injury for Heather. The absolute removal of a person from an athletic context or sports team would naturally lead to some isolation from its participants. This is an unfortunate result, because an injury that ends a sporting career can be devastating to an athlete and arguably requires more support from teammates than one where the athlete might return to the sport.

Another athlete who described an environment less conducive to recovery was Carla. Sometimes, while the teammates and athletic peers are widely supportive, the athletic environment does not adequately facilitate recovery. Carla, explained:

You tell the dojo what your situation is and then it's up to you to manage it, but you're not always sure that they understand. Then you feel like, 'Oh God, maybe I should be doing this.' It's this constant conflict. And because it's been chronic, I've have good periods and setbacks and so I seemed like I could do everything for a while and then I'm saying, 'Oh, I can't do this.' I've put my foot down, and you do it kind of gingerly because you're not sure what kind of reaction you're going to get, then you're thinking and you're self conscious because you think that they're thinking 'God, how long is she going to use this.'

This resonated very strongly with me, as during my participant observation I too experienced this and had similar feelings about it. There is always an underlying, nagging concern that your peers are judging you based on your injury and making assumptions

about your injury, your athletic ability and your character. While Carla stated that she felt that she received adequate support from her fellow practitioners, the environment constituted a barrier and impacted her recovery.

Barbara had a similar experience. She told me that everything in her life revolves around karate, so she was very angry and frustrated when she was prohibited from training because of her injury. She admitted that she was the type of person to push herself beyond what is advisable, and it was because of this that she completely removed herself from the dojo. As Carla explained, the environment is such that everyone around you is training hard and they expect you to be doing the same. So, when you are taking it easy because you are recovering from an injury, there can be some judgment and a lot of pressure to return to your pre-injury level. “That was hard. That was really hard. I didn’t like that at all,” Barbara said. She added: “Everybody... you know, the question of, ‘How are you?’ has so many different levels and everybody’s asking that for different reasons.” She elaborated on this subtext, commenting that what the dojo members really mean is “When will you be able to train?” Coworkers mean to ask, “When will you be able to work?” Friends and family, on the other hand, want to know, “How is the health of your actual knee?” and “How are you feeling?” Barb knew that the pressure would be there to return to her pre-injury training regimen, from herself and from those around her – peers and instructors – so she removed herself from the environment completely.

In addition to atmospheric and environmental difficulties related to injury prevention and recovery, athletes also experience pressure or support from coaching staff and teammates. My participants were much more vocal about this support or lack of support than about that of their friends and families. I’ll begin with coaching and will

move to the relationships with my participants' teammates. A competitive environment can be motivating during injury recovery, but it can also be detrimental, pushing athletes back to play sooner than is medically advisable.

Athletes participating in high-level sports feel this competitive compulsion to return to sport very acutely. Melissa sustained a variety of injuries related to overuse during her elite swimming career as a teenager and young adult. Her treatment was heavily influenced by the fact that one of the main healthcare practitioners helping her with her recovery, her physiotherapist, knew her swimming coach. When asked if she thought her experience was influenced by the fact that she was an athlete, Melissa said, "Yeah, I guess it would definitely impact if they know your coach, that was my experience. It was almost like 'We need to get you ready fast, fast, fast you know, so that your coach isn't pissed that you're spending time not trying.'" Melissa felt pressure to return to swimming because she did not want to disappoint her coaches. Heather also experienced pressure to perform for a coach, saying:

I've never beaten myself up with yoga, but with soccer... if I didn't have a good game or I just perceived I didn't have a good game, or if I didn't, I don't know, score or assist, then I would beat myself up. And it's funny because it's definitely with soccer that there was a negative, a much more 'measure up' kind of thing, for me. Just for myself. A need to prove something, perhaps.

She went on to say that she felt that, "Pleasing or proving myself to a coach, who has always been male, that's where some gender stuff comes into it for me." Heather mentioned these pressures while discussing some of her injuries, and admitted this desire to prove herself was sometimes at the risk of injury and to the detriment of her health.

This experience of feeling pressure by a coach to continue to participate in sport is not unique to my participants. In a study by Vincent Granito, there was significantly more

discord and discontent between female athletes and their coaches than male athletes and theirs. Female athletes were much more likely to feel unsatisfied with their coaching relationship following injury because they felt as though they were blamed for the injury by their coach, they were seen as faking by the coach, that they received no sympathy or support from the coach and that they were generally ignored by the coach during their injury (Granito 2002:250). Either pressured to return or ignored, the result is often that the athletes will push themselves to return to play before they are ready, negatively impacting their health and their athletic performance.

My participants also felt pressure in relation to their teammates, either external or internal. Naomi described some of her teammates at the crossfit gym and their behavior, which was not necessarily conducive to a healthy recovery. Despite being very social and generally supportive, the gym was very competitive. Naomi had this to say about the atmosphere of her gym:

I feel a little bit of a sense of competitiveness between the women. I mean, there are different gyms in the city. Ours is known to have a higher level of athlete, so with that I think comes a sense of competitiveness. I notice it especially amongst the women, which I sometimes feel frustrated with. Especially with my recent injury, I just feel like, you know, a few months after my surgery it was like, 'What are you doing (to train) Naomi?' and I was just kinda like, 'You know, I'm not trying to compete with you at this time.' But I think it comes from a place of insecurity or them feeling like I'm going to take their place on a team, or you know, that kind of thing.

While Naomi was able to field this very well, this competitive environment can end up pushing athletes to return to sport earlier than they should, negatively impacting both their health and their athletic performance. Melissa, during the time that she was a competitive swimmer, also felt some pressure related to her teammates. However, this pressure had an internal origin:

I felt really guilty about the relay teams...I was always on the relay teams and so when I was injured, I felt like, 'I should be performing better, I should be training harder for you guys,' but they didn't treat me any different, I think it just more came from me, I had this guilt so I wish I could be like back to normal and training to the best of my abilities.

While her teammates were supportive during her recovery, Melissa had concerns for her team and did not want to let them down. She said, "Sport was such a big part of my life and so I felt that my injuries were holding me back and I should just be able to recover and get back on track, so psychologically it was very negatively impactful, but... I was able to overcome most of that." Whether the pressure from teammates is outward and explicit, inaccurately perceived, or internalized, it can have a negative impact on an athlete's experience of their injury as well as the recovery process.

Tina also experienced some support-related difficulties with her most recent injury, a broken wrist. Tina had agreed to help coach a teenaged boys ski team alongside a coach with a good reputation, but who did not necessarily listen to his athletes. During training, the coach asked Tina to demonstrate an exercise by jumping up onto a box. Tina, capable of determining reasonable limits for her body, informed the coach that it was too high. The coach continued to coax her in front of the young skiers, embarrassing her and pressuring her. Tina finally agreed, attempted the jump, and fell. Tina had adequately assessed that the box was too high and in attempting to perform the exercise anyway, at the behest of the coach, fell and broke her wrist. The coach then proceeded to tell Tina that it was her fault, for not only had she done the jump incorrectly, but that she must have osteoporosis. "All of a sudden it's my fault and I've got osteoporitis?" she asked rhetorically during our interview, calmly but skeptically and with a little bit of sass. She then told me how the coach responded: "He tried to buy me some clothes to

compensate for it, like a ski jacket and pants... it was kind of a weird thing.” As a result of all this, Tina was unable to participate on her own ski team. This caused some conflict with her teammates: “The people on the ski team were not supportive at all, they seemed to think it was my fault.” They expressed judgment, blamed Tina for her accident, and were clear about their disappointment in her for not participating.

Whether an insidious, subtle, atmospheric experience of stress and lack of support, outward pressure and disdain by coaches and teammates, or an internal concern for the well being and performance of the team, such forces have an impact on athletes. While many athletes take these forces in stride, some athletes feel so affected by them that they rush their treatment and recovery in an attempt to return to play quicker, causing more harm to their bodies, negatively affecting their athletic performance and in all likelihood, their enjoyment of sport. This reality, it can be argued, is caused partially by an exaggeration of certain ideologies of sport. Though an excellent opportunity for character development and an opportunity to practice dedication, self-discipline and cooperation, certain tenants of sport can also be detrimental if construed or overstated. Emphasizing strength over weakness, defining weakness in problematic ways, and allowing competition to become the sole purpose of and sole value in sport is a problem and can contribute to some of the difficulties that my participants faced in their experience of sport and in the recovery of their injuries. While it will not be an analysis undertaken in this work, a worthwhile endeavor would be to further examine the dominant discourses of sport, their interactions and intersections, how they impact athletes and what could potentially be done to mitigate their negative outcomes.

Interactions with the Medical System

As I briefly mentioned in the introduction to this work, recent research has explored the experiences of women in their interactions with the health care system. In a variety of studies, women reported a negative experience with the health care system. They identified a palpable sense of distrust by their doctors, they felt disregarded, and they felt as though they were being perceived as “malingering” and “troublesome” (Johansson et al. 1996:499; Soderberg et al. 2012:147). They also constantly felt ignored and not listened to regarding the condition, symptoms or treatments of their illness or injury, however, any attempt at active participation in the medical dialogue was met with dismissal or even opposition (Johansson et al. 1996:499). These women concluded their engagement with the health care system feeling as though they were not taken seriously and did not receive adequate support for their health issues (Johansson et al. 1996:500). In addition to being ignored, treated with indifference and met with severe skepticism, women have reported that they have had information withheld from them, explanations for treatment were lacking, and the language used by doctors was generally inaccessible (Soderberg et al. 2012:147).

Some participants, like the literature suggests, discussed feeling ignored, not being listened to, not being well informed, not being consulted regarding treatment, and a general indifference from some of their health care practitioners. For others, however, they had only praise. According to participants, ER nurses and attending physicians, surgeons and even family doctors were part of the problem. The other health care workers the athletes saw – sports medicine doctors, physiotherapists, massage therapists, and chiropractors – received mostly praise from the athletes. In the following section I

will be examining women's experiences with the medical system for their injuries, their particular dissatisfactions, and explore whether or not their experiences are related to gender.

Initial encounter – Confusion and chaos

Anyone who has been to the frenzied emergency room of a hospital, the over-packed waiting room of a walk-in clinic, or in the office of a GP ready to close for the weekend, will be aware that at times, our encounters with the medical system can be confusing, hectic, and frustrating. In discussing their interactions with the medical system with my participants, the most striking and, frankly, horrifying stories were about their first encounters. Already a difficult time for an athlete (or anyone who is in pain because of a recent injury, for that matter), this first meeting with health practitioners has the potential to further exacerbate the experience.

Tina, as mentioned earlier in this chapter, broke her wrist coaching a youth ski team. Her resulting interactions with the medical system show how disorganized and frustrating it can be, as well as how easily one can slip through the cracks, forgotten. "It was really horrible, with the medical system," she told me. She said "I went to urgent care and they go, 'this is too bad, we can't set this, but you can go to the Royal Hope teaching hospital, we've got connections there and you can have it set in the morning there. Take these pain killers and go home and go to the Royal Hope tomorrow at 9 o'clock.'" Tina thought this an abrupt and generally unsatisfactory visit. She continued to tell the story of her treatment, and the treatment of others, at the Royal Hope Teaching Hospital:

I report at the Royal Hope the next day at nine and they were supposed to operate on it, but I don't know what happened because they put me in some sort of holding tank for like four days, FOUR DAYS, before they operated on it. It was the most horrific thing. It wasn't the most painful thing... it wasn't like I was in deep agony, but they kept switching doctors and switching times and it was also around Christmas and there were all these elective C-sections coming through so that was bumping me? Elective C-sections?! We kept switching doctors and switching rooms, and it was 'oh, tomorrow, tomorrow, tomorrow.' So, I kept pulling out my IV and going home and wrapping Christmas gifts with one arm and coming back. But what was really scary was that it was all these old women mostly, there was like one man in the ward, and most of them had broken hips, but people seemed to have forgotten about these poor women. They were just sort of lying there waiting for operations, they're probably still there, for all I know, and that was seven or eight years ago now! Nobody was really caring for them that much. I had this one roommate, an older woman who had broken her knee and everyone had just forgotten about her. And she kept calling for nurses to take her to the bathroom – I had to take her to the bathroom. Like, I don't mind, but what kind of place is that?

Finally, Tina's husband "kicked up such a fuss" that she was operated on, having a plate put in her wrist. However, Tina believed that the hospital did not want anyone to see that she had been operated on, so as to avoid any discontent from all the women waiting to be operated on for their broken hips, so Tina said that she was "hid away in maternity, so the other people in the ward wouldn't see." Tina speculated that the hospital was understaffed during the holidays, and that this partially accounted for the delay and for the apparent abandonment of a whole ward of women. However, Tina also wondered whether some other factors were at play as well, related to the value of the older, "forgotten" women compared to that of the young mothers having elective C-sections.

Collette also had an ordeal during one of her first few interactions with the medical system for her dislocated shoulder. She ended up requiring a surgical intervention for her shoulder to repair damage done by multiple dislocations. The surgeon, she said, was fairly disinterested and didn't seem to concern himself much with

Collette as an athlete, or even as a person. The surgeon repaired the shoulder and that was the last Collette heard from him. She was instructed to simply follow up with her physiotherapist. Upon meeting the physiotherapist for the first time, Collette told me, “the first time they tried to move my arm, my scar tissue snapped and ripped two screws out.” It was not known at the time that this is what had happened, but the pain of the scar tissue and the feeling of dislodged screws told Collette that something was wrong.

Collette went to the hospital and informed them that she believed that the screws in her shoulder had become dislodged, but no one paid her any attention. She recounted, “The emergency room did not take me seriously. They kept trying to reset my shoulder.” Not believing that it was the screws that had become dislodged, the staff strapped her down and tried to relocate her shoulder, which they thought had become unarticulated. Despite Collette’s protestations, they continued this way for a few agonizing minutes. In doing so, they were causing the dislodged screws to effect internal damage to the surrounding tissue and pinching her nerves, which could have resulted in significant, long-term damage.

Many of my other participants had stories like Tina’s and Collette’s. They were rushed through, not listened to and generally ignored, and their treatment experience suffered greatly because of it. Many of the women who had such horrendous first experiences with the medical system were affected by it in the long run, both emotionally and physically. A few of the more damaging first experiences contributed to much longer recovery times than necessary, either because of errors made by the responding health care practitioners or because of miscommunications and a lack of information given to

the athlete. These I will discuss further in the following section regarding the social treatment of athletes during the physical treatment of their injuries.

The athlete's experience of the medical system

Suboptimal bedside manner, detached treatment and medical error bred by inefficiency, inconsistency and disorganization heavily impacted athletes. Jacqueline was among my participants who felt completely in the dark about her injury after she had concluded her interactions with health care practitioners. She had gone to the hospital for a dislocated elbow. They set her elbow and sent her on her way. She said:

I was given, like no information. I had no idea what to do, am I supposed to move it or am I not supposed to be moving it? Do I go to physio or do I not go to physio? No instructions at all... I had no idea what to do. They had set it, but I tore everything, so it was like, no. I had no idea what to do.

Jacqueline left the hospital with no explanation of her injury and no idea how best to proceed. Many of my other participants described similar experiences during hospital visits. Emergency rooms are overcrowded places and many health workers therein work tirelessly to try and assist patients in a timely fashion, however, it appears there are changes that need to be made in order to ensure patients still receive a certain standard of care, despite the rush and confusion.

Participants not only had things to say about their engagement with the hospital, but also about their doctors. Julia sustained a concussion playing rugby in July 2014. During her early engagement with the medical system, Julia was not given much information beyond advice to “rest.” She did not understand the extent of her injury and neither her team’s athletic therapists nor the doctors she saw explained it to her. She said:

“I didn’t think it would affect me that much and I thought it’d be better in a few weeks. No doctors told me I guess and my ATs (athletic therapists) didn’t see how severe it was.” Julia was ill informed regarding the severity of her concussion and was only given vague direction on how to proceed. After a period of suffering, Julia again sought medical attention:

The doctors evaluated me again and told me to rest completely, so I went off work, off sports for a whole month before leaving, then I moved here. I started seeing a doctor here and for two months the doctor was like, ‘oh, you’re fine, just sleep it off and that’s it, kind of thing. So I went to work, I went to school, and then I had some huge neck pain and so at that point I went to the doctor again and it was like, the fourth time I was going for my concussion and I told them I was not feeling good, there’s something wrong. He tested me for all this other stuff. I did blood tests, all that, and they didn’t find anything. I had to be like, ‘Hey! I had a concussion in July, maybe it’s that?’ and he’s like, ‘Well you know, with concussions we can’t really do much about it, you just have to rest it off, rest it off.’ And then when I went for my neck pain he referred me to a sports medical doctor who evaluated me in January. He basically told me right away I was pretty badly concussed still and he checked out my symptoms and now he’s following my symptoms every day and referred me to physiotherapy for my neck, and referred me for vestibular rehabilitation therapy, it’s like balance therapy. So a lot of therapies now [laughs].

Julia spent six months attempting to get appropriate treatment for her concussion, during three of which she was treated in so many different and conflicting ways that it had a seriously negative impact on her condition. “I was really not satisfied at the beginning. My condition got so much worse in those three months,” Julia told me in frustration. Heather also felt as though she was not being listened to and the severity of her concussion was not realized or legitimized by her doctors. She said:

I don’t really feel like my symptoms – they were taken seriously, I mean you have a concussion and there was an awareness there and based on my symptoms, they ordered the tests they needed to – but I was so messed up that I was convinced that something else was going, that was pretty nefarious in my head, and if someone had’ve sat me down and said ‘This

can fuck you up for a really long time in a really big way,' like, then I would have known, you know?

Heather's condition was not taken seriously by her doctors and this caused her to feel confused and frustrated. Having an injury, particularly a head injury, constitutes a very difficult time in an individual's life. To exacerbate this with a feeling of hopelessness brought on by feeling that medical professionals are not taking you seriously can have seriously damaging effects on the person and on prognosis.

As mentioned previously, Collette also had some difficulties with the medical system, particularly related to not being listened to by healthcare workers. She told me that the attitudes of the practitioners she came in contact with were not satisfactory, particularly that of her first surgeon and the doctors and ER attendants that saw to her broken screws incorrectly. The broken screws resulted in a second surgery and while Collette found her second surgeon much more personable and accommodating, she stated that she was largely unsatisfied with the personal and medical treatment she received from her first surgeon and that of the doctors she had seen, and maintained that not listening to her in regards to her injury and her body had negative consequences for her health in the long run. In describing her second surgeon, she said:

It was the personal, the bedside manner, for sure, and being listened to. Like, I just remember the difference, like, I am very bodily aware and I know what's going on with my body. Nine times out of ten if I seek medical attention I can tell them what's wrong and they validate my response. So being taken seriously and being listened to was the difference... It's awful not being heard, like when your voice isn't heard.

Not being listened to by their healthcare practitioners was something that many of my participants had experience with. Often, this resulted in the athletes having to take

creative measures to educate themselves on their condition and then ask for diagnostic tests and for treatment. The medical system is in place so that experts, with consideration for the patient's needs and desires, can make decisions regarding people's health. Many participants described to me a situation where they felt that their doctor either did not understand or did not take their health complaints seriously. As a result, they felt forced to do their own research, make judgments about their condition, and decide on a proper course of action.

Carla hurt her shoulder participating in a Tough Mudder race, an obstacle course based race, which she participated in with some members of her dojo. She was in a great deal of pain, so she sought medical attention. Her doctor ordered an ultrasound, which showed no tear. Her doctor determined she had strained it and told her to rest. Carla continued to experience pain and it was affecting her ability to train at the dojo. She approached her doctor about it, but her doctor had excluded the possibility that there could be a tear because she assumed Carla would not be able to train the way she had been if there had been a tear. Four months later, Carla was still in a significant amount of pain. Upon discussing the problem further with her physiotherapist, Carla resolved to get a second ultrasound. Carla told me that she really had to push her doctor to send her for a second ultrasound. She had to be very assertive, almost aggressive in order to convince her to do it. The second ultrasound showed that Carla had torn her bicep tendon. "I kinda had to work the system a bit," Carla said, "I'm probably guilty of diagnosing myself a little bit, but I felt like that I had to speak up for myself, be my own advocate, because my doctor wasn't really understanding my circumstances as well as she could have." Many

other participants had similar experiences that negatively impacted their health and their ability to participate in their sport long-term.

This experience during the treatment and recovery of one's injuries has a significant impact on overall recovery. The effective measures open to an individual, the control over the situation, and the quality and dynamic of the medical team all have a significant effect on an athlete's ability to cope with injury as well as on the recovery process (Hagger et al 2005:2347; Samuel 2015:3, Tracey 2003:281). All of these were significantly affected for my participants by their engagement with the system.

Identifying the causes of negative experience

Upon beginning this project, I anticipated learning that the reason for this maltreatment (both overt and not) would be related to gender. I expected to hear my participants describe being perceived by their health care practitioners as hysterical, malingering women. As I was unable to speak to any health care workers, I really cannot speak to the motivations of those workers, the reasons why they did not listen to their patients or why they did not take their health complaints seriously.

However, I *can* say that most of the women that I spoke with did not perceive their gender as impacting their treatment by the medical system. The ones who did mention it as a risk to women broadly, asserted that they did not think that they had experienced it themselves. Barbara said: "Do I believe that a doctor would poo-poo a woman's injury quicker than he would a man's? Absolutely." However, Barb noted that she thinks she would have been treated the same had she been a male athlete. Julia also did not think that her difficulties with the system stemmed from her gender. She said:

For my injury, being concussed, I feel like the other doctors didn't really take it seriously, I don't know what it was, they didn't think it was that severe. They didn't question me about my sports or anything, I don't know what it was. I told them I had a concussion from rugby but they didn't take it seriously. I don't think it was that I was a girl or anything... They just downplayed it and didn't take it seriously how much of an athlete I was... I don't know, maybe they didn't get it because of how I looked.

While Julia could not quite pinpoint the source of the skepticism and indifference she felt from her doctors and nurses, she did not believe that it was gender-related.

So, if not gender, what is it that contributes to such experiences with the medical system? Why do women think they are treated this way? Where does it come from? Again, my research is focused on female athletes, so I can only explore this question through their testimony. However, as far as my participants were concerned, the issue was related to the privileging of position and the power of knowledge. They felt looked down upon by their doctors and struggled with the power afforded by certain types of knowledge. Most of my participants felt that, with each interaction, they were struggling against the hierarchy of the exchange, where the doctor occupied a more privileged position, as well as fighting the idea that their doctors' knowledge and power were absolute.

According to Michel Foucault, knowledge is judged, filtered and ordered in the name of "true knowledge." He states that different types of knowledge are placed in a hierarchical order of power and that during this process, certain types of knowledge are subjugated. He describes subjugated knowledges as "historical contents that have been buried and disguised in a functionalist coherence or formal systemization," and as "a whole set of knowledges that have been disqualified as inadequate to their task or insufficiently elaborated: naïve knowledges, located down on the hierarchy, beneath the

required level of cognition or scientificity” (Foucault 1980:83). An example that he provides of such knowledge is that of the ill patient. Foucault states that through the preoccupation and demand for scientificity, subjects’ own experience and knowledge are diminished or disguised. My participants experienced this very acutely. Collette’s experience with the doctors and nurses at the hospital when the screw in her shoulder had become dislodged is an example of this. The experiential knowledge and bodily awareness that Collette brought to the interaction were diminished and ignored. This is also evident in Carla’s suspicions about her torn bicep and her struggle for a second ultrasound. The subjugation of patients’ bodily knowledge can have negative outcomes in the diagnostic process. This, in turn, can have a serious impact on not only the patients’ experiences with the medical system, but potentially on their overall health.

Not only does knowledge and power impact patients during the diagnostic process, but also during treatment. For my participants, it was often quite an endeavor to get their doctors to entertain additional or alternative treatment options. While my participants had no delusions that they had more medical knowledge than their health care practitioners, they did think that they should be consulted where their own bodies were concerned. Collette expressed this very succinctly when she said:

I think there is a general tendency, that is changing, but there’s a general tendency of this elitist mentality, that the doctors know everything and the patients are ignoramuses. That’s shifting now to a more empowered patient, so I think that doctors are more aware of that and they try to listen to their patients because health care is more self-directed now.

Collette makes an important point about the issue of privileged knowledge and about where the doctor-patient relationship is headed in the future. Collette’s observation of the

trend toward a more “empowered patient” and more “self-directed health care” parallels Foucault’s stance on the future of subjugated knowledge. He says:

There are manifold relations of power which permeate, characterize and constitute the social body, and these relations of power cannot themselves be established, consolidated or implemented without the production, accumulation circulation and functionality of a discourse (1980:93).

He then calls for an emancipation of certain knowledges from subjection so that they might be able to oppose and struggle against this “coercion of theoretical, unitary, formal and scientific discourse” (Foucault 1980:85). Collette and my other participants felt that coercion and had to negotiate the dynamics of power in their relationships with their doctors. They attributed this to the status that their doctors occupied as the possessors of specialized knowledge. It was this, not gender, that they felt was partially to blame for their treatment during their engagement with the medical system.

Another source of inequality was related to their level of engagement in sport. While my participants did not believe that male athletes would be treated better by the medical system, they did share an understanding that professional athletes, often male, would receive better care. “Do I think if I was a professional athlete they might treat me differently, of course. For sure,” Carla said, “I think, ‘Wow, I’d really love to have access to all those professionals that these professional athletes have!’” Other athletes expressed a similar sentiment regarding professional athletes and the care they receive. Jacqueline mused that doctors might have more motivation to assist male athletes in professional leagues in their return to sport. This, more than gender, was a prominent axis of inequality in the minds of sportswomen.

Finally, in addition to these discourses of privilege and power, my participants cited structural problems and knowledge gaps in the medical system that contributed to their negative experiences and poor treatment. Naomi mentioned that, if she could change only one thing about our current medical system, it would be the wait times. Anna, more acquiescently, stated that “that’s just the system, there are always going to be waits.” Many lamented the inefficient and impersonal medical system and seemed resigned to the long wait times, cold and indifferent treatment, and general disorganization. Some blamed the system more readily than their individual doctors. Carla told me, “It’s not my doctor per say, it’s the system.” Another issue that Carla found with the system, was its highly specialized nature:

You have all these professional and there isn’t anyone coordinating the plan, other than you, or if you’re the advocate. Like, my parents for example, no one is out there advocating a plan, there is advice from this person and this person and this person and you have to figure what your plan is. YOU, the person who is not the professional. So, me going to Neil’s doctor for the cortisone shots and going back to my doctor and listening to my chiropractor and listening to my physiotherapist and listening to people’s experiences at the dojo and taking all that information, I have to do my own research and figure out what my plan is. That’s the system. I wish I had someone to tell me, ‘This is what you should do, this is what you should stop doing, this is what’s going to happen if you continue to do this,’ etc. That kind of advice. I’d probably be less of a burden to the health system [laughs]. I want to make an informed decision, I don’t want to be reckless. When you’re forced to make those decisions without having the proper training, you have to go with your gut, and maybe that’s not the right decision. Maybe I wouldn’t be sitting here complaining about my shoulder two years later if I had’ve had better guidance from somebody who really understood.

Carla articulately explains the difficulties in trying to reconcile all the information that a patient receives from so many different sources. ER nurses, doctors, sports medicine doctors, physiotherapists, massage therapists, chiropractors, acupuncturists, and holistic

medicine practitioners are among the professionals my participants consulted during the treatment of their injuries. How does one juggle the information and advice given by all of those different specialists? These structural issues contribute to negative experiences with the medical system. However, while inspiring irritation and even wrath, they were largely dismissed as an unfortunately reality. My participants cited them as problematic and explained to me the effect that they had on their experience and on their bodies, and while they did call for changes in those areas, they seemed more resigned than anything else, expressing that this is “just the way it is.”

In addition to the structural and logistical nightmares inherent in dealing with the medical system, some athletes had problems related to knowledge gaps among medical professionals. Some athletes experienced difficulties related to errors in judgment and smaller mistakes made by practitioners, obviously having an impact on their injury and their experience of their engagement with the system, but what I am talking about here are significant knowledge gaps that can only be filled with time and research.

Specifically, such gaps were related to concussions, injuries that three of my participants had sustained. These athletes described the aggravating and hopeless feeling that one experiences when the experts that are supposed to be helping through this difficult time are not confident about what to do. Sometimes, my participants faulted the doctors, particularly in those experiences where this lack of knowledge translated into errors being made regarding their treatment and this had a negative effect on the athlete’s body. Other times, they faulted no one in particular because, despite the gaps in medical knowledge about concussions, they felt that their doctors were doing the best they could with what they had to work with. As we learned from Julia’s experience from the previous section,

errors made during the first few months of her concussion were still affecting her condition six months later. This undoubtedly brought anger and frustration, tainting the early months of her experience with the medical system and the entire experience of her injury.

Heather also had to deal with significant gaps in medical knowledge regarding her injury.

Generally, from what I've seen, unless they're working in the field of concussions and they're doctors in sports medicine, they're not taking this injury as seriously as they need to be or as they could be, they don't understand it. My symptoms got so acute, more than anything I have experienced in my life. Because it's not structural damage, it's functional damage. Obviously the people in emergency, the neurologists they're working with some really big shit, and I get that. But I'd say generally with this injury, it's not understood, but the severity of my symptoms were so out of whack with what I could access at the time in terms of help, that there's just a huge discord there.

This lack of understanding by the medical profession regarding concussions intensifies the already terrible experience of being injured, particularly if it is a head injury.

Unfortunately, the only cure for this particular ill is time and research. Until we know more about concussions and post-concussion syndrome, the recovery process for this injury will remain extremely trying. These gaps in medical knowledge and well as structural and ideological forces are what my participants identify for the main reasons for their negative experiences with the medical system, forces that they identify need to change.

“Save them from themselves” – Medical resistance to a return to sport

As an athlete, being injured is a difficult time. The athlete is unable to participate in the sport that brings such joy and depending on the athlete, figures so prominently into identity. This can have an influence on one’s emotional and mental state by lowering self-esteem and even resulting in depression. Often the athlete is unable to be as active as she is accustomed to being, something else that can be terribly agitating for athletes. One of the things that kept all of my participants going was the hope, the goal, of returning to sport, if not “their” sport. This is a driving force during treatment. Jacqueline told me that each time she went to see her physiotherapist, she would ask about when she could start practicing and playing again. She said, “I thought I was going to be able to finish out the season so every single time I went to see the physio, I was like ‘Cool, so what do you think?’ and every time she was like ‘No, no, no.’” So, when doctors and other health-care practitioners attempt to dissuade, discourage or downright condemn athletes’ desire to return to sport, this can be very difficult to deal with. My participants felt as though they were not listened to by their doctors and that their needs and desires related to their active lifestyles were not considered by their health care workers.

Tina was utterly baffled by her doctors’ stance on returning to sports and athletics – they assumed that she wouldn’t want to return. “They were like, ‘You don’t want to do sports much anyhow, do you?’” She thought, ‘Well, yes, I do!’” She told me that sometimes, it is that a doctor “isn’t into” sports and thus does not understand or appreciate them, translating into an inability to fathom why their patients would want to return. Other times though, they take a more active role in inhibiting the athletes. The attitude in such cases is often that it would be foolish to return to sport, that the athlete

does not understand this, and that the doctor needs to bar the athlete from making a mistake that will have a negative effect on the athlete's body. "They don't want you to return so they become an obstacle in that process," Tina said. "It's a weird attitude for a doctor to take, I find, that sports aren't useful. You'd think they try to get you back, not 'Oh, who wants to be bothered with sports anyhow.' Seems like a weird attitude to me."

Almost all of my participants, at some point in their career, had such an experience where they had to convince a doctor that they could and should be allowed to continue participation in their sport or athletic activity. For example, even when Julia acquiesced to the fact that she could no longer play rugby or train in boxing, it was a constant struggle to get her doctors to consider treatment options that led her back to sport. Until meeting with a sports medicine doctor, this struggle led only to failure:

Maybe it's because the other doctors aren't as conscious of sport, it's not what they get usually so they don't know how much it can affect someone... The other doctors didn't see the option for me to go back to playing sports or even to just train or workout. They were like, 'Well, you're going to sit on your ass your whole life and that's it, you have to rest.' Whereas the sports medical doctor was more understanding that I wanted to get back to sports again, maybe not rugby, but I wanted to get back to training and things like that. He took into account what I wanted to do after.

Julia felt as though her doctor was not listening to what she had to say, and regarded her desire to return to sport as foolish. However, it was not an option for Julia to forsake athletic activity altogether. She had every intention of maintaining an active lifestyle post-concussion, and she expressed great relief at finally finding a medical professional that agreed that it was a possibility.

Obviously, a doctor's responsibility is to ensure the well being of their patients. Sometimes, it can seem as though there are physiological impediments or deterrents to an

athlete who wishes to return to sport, and any medical professional should take these into consideration. However, what also needs to be considered is the degree to which sport factors into the individual's life. Carla explained this very thoroughly when she was describing her struggle with her doctor to prescribe treatment that would allow her to continue to train in karate:

She (her doctor) always asked me if I was still doing my martial arts, I mean she knows, she's very aware of it, but I don't think she understands the role that it plays in my life and how important it is from me to recover from my injury *in order* to continue training. I said to her, I don't want to just 'rest it up,' like that's not an option for me. I need to have some sort of other option, I need to find a way around this. If you're an athlete, they just want you to stop doing things. But if you're an athlete, you don't just stop doing things, and there's not an understanding of or respect of that mindset or of how important the activity is to people who are athletic. There isn't that acknowledgement, I think.

Carla was frustrated by the attitude of her doctor, who wouldn't acknowledge the importance of sport in her life. She did mention though, that her chiropractor was great. He is an athlete himself, so he realizes that she cannot stop altogether, so he does not tell her to. Instead, he explains to her the damage she could do if she continues to do certain activities and he teaches her to modify them so that she can still perform those exercises. He also gives her substitutions to exercises so that she can sustain her normal level of activity. Carla expressed sincere gratitude for this, saying that it was much more accommodating than the advice she gets from other health practitioners. She continued:

Neil kept saying 'Tell them, it's quality of life, it's a big part of your life and you can't stop doing it, tell them all that!' And I'm getting anxious just thinking about how I'm going to explain that to somebody who doesn't understand that. Can I make them understand that? Will they say 'Well aren't you feeling lucky you don't have cancer?' Or 'Don't complain and whine, you're not in a wheelchair?' Right? I mean, what's reasonable? You feel like you're taking up time from the health care system that somebody else needs more desperately than you. Maybe that's because I'm female, or maybe it's my personality, but I feel guilty about it.

Carla asks “What’s reasonable?” This is a very interesting question. For many of the medical professionals that my participants have interacted with, returning to sport after a serious injury is often not reasonable. However, if sports, athletics and fitness are so integrated into a personal routine, identity and life overall, then is it reasonable to demand that they give it up? This struggle between healthcare workers and athletes regarding a return to sport constituted a significant struggle in the lives of these athletes, and it is a struggle with problematic implications.

Many of the sportswomen I spoke to described, in juxtaposition to their experiences trying to convince their doctors to get them back to play, the pressure for male athletes to play *despite* their injuries. Chantal referenced the treatment of male athletes by their coaches and teammates before they even get to the stage in which they are interacting with the medical system by referencing a rather colloquial phrase: “I would assume if I was a male athlete, I’d get more of a ‘suck it up princess’ kind of feel. I don’t know,” she said. Jacqueline also wondered aloud about this subject, saying “I think it would have been different if I had’ve been a male athlete and what league I was in or something. Like, if it was something they wanted to get me back to playing. If I was a male athlete, I don’t know if they would have cut more corners to get me back on the field.” Jacqueline believed that the health care workers would have been more highly motivated to get her back to play. Other participants echoed this idea, not arguing that male athletes receive better treatment per say, but that the incentive to have them playing is higher, resulting in shorter treatment and recovery time and a very explicit return to sport mentality.

Vincent Granito's (2002) work demonstrates this phenomenon quite clearly. In his interviews with 16 female athletes and 15 male athletes, he found that female athletes were more likely to be assumed to be faking by their coaches, and male athletes were somewhat more likely to feel pressure to play by teammates and coaches. While women, in Granito's study and in mine, stated that they felt this pressure to play by their teammates and coaches, they felt that beyond the context of the team, that their sport participation was less valued than men's. They believed that society in general placed less importance and value on their sport participation and thus, their medical practitioners were less motivated to get them back to sport than they were for men. An athlete's return to play mentality, while often condemned by doctors treating female patients, is inherent in medical interactions with male athletes, in this interpretation. We value men in competition, reward them for playing through their pain, and we do not value women's sport in the same way. This is evident, many of my participants would argue, in the way the medical system treats both male and female athletes.

Thus, the medical treatment of athletes seems to reflect society's views on gender and on sport. For the case of the female athlete, it seems as though their interactions with the medical system regarding a return to play can be somewhat patronizing. To revisit this theme that we explored in Chapter 2, it seems that doctors are trying to protect women from themselves in not allowing them to return to sport. In my participants' experience, as well as my own, the doctor treats patients with condescension, explains to them that they cannot play and in some cases, takes measures to prohibit them from doing so. During my years playing collegiate rugby, this was a common struggle between athlete and doctor. If an athlete sustained a serious enough injury, after a period of recovery they

would have to be “cleared” to play by a doctor. Appointments where athletes attempted to get cleared were often a struggle and were dreaded by many athletes. An adult would make a conscious decision about what to do with their body, and yet the medical professional could respond by prohibiting them from doing so. This action by the doctor seems to say, “I know better than you, let me save you from yourself.” While it is true that the doctors have the specialized knowledge that makes them an expert, the fact that there is no regard for the athletes’ feelings, thoughts or agency makes it an interesting interaction.

While this phenomenon occurs with male athletes as well, because of the value placed on women’s athletics and the general patronizing of the female athlete, one can hypothesize that the problem may be gendered, and another problematic result of the ways in which we conceive of gender and sport. While the undervalued female athlete and resistance to returning to sport is a problematic symptom of society’s view on gender and athletics, so too is the pressure for men to participate regardless of injury. To be coerced into participating in sport to the detriment of your body is a massive issue within men’s sport and can be linked to the way we think about masculinity and sport. While not focus of this project, men’s experiences in sport would benefit from the challenging of such discourses on masculinity, femininity, gender roles and athletics just as much as women athletes’ would.

Conclusion

An injury often causes a change in an athlete’s routine and disrupts their daily lives. They can no longer be as active as they would like, participate in the activities that

they would like, or be seen by themselves and others as they would like. Being injured often constitutes an extremely difficult time for athletes and can result in lowered self-esteem, grief, melancholy and even depression. The factors affecting an athlete's experience of sport, of their injury, and the likelihood of these negative outcomes are their ability to renegotiate their identity in light of the injury, and the support they receive from friends, family, and from the athletic and medical communities.

Often, when not receiving adequate support from friends and family, problematic ideas about gender and women's ability to participate in sport seem to be at the root. Athletes who become injured in their sport, athletes like Julia, will sometimes have to endure "I told you so" attitudes from their loved ones who use the athlete's injury as evidence that she should not have been participating in the first place. The nature of the lack of support by teammates and coaches for athletes' injuries, particularly regarding the pressure to return, can also be traced, I would argue, to troubling practical applications of some discourses and ideologies of sport. Strength, perseverance and dedication are all tenants of athletics that can be beneficial. However, they also have the potential to be warped and contribute to a negative experience for athletes. Touting strength over weakness, associating injury with weakness, and the overwhelming emphasis on competition despite the cost, can pressure athletes to make ill-advised medical decisions that can negatively impact their experience in sport and more importantly, their health.

When injured, participants sought medical care in many different forms. They went to the hospital, saw family physicians and surgeons, visited allied health care workers such as physiotherapists and RMTs (registered massage therapists), and even alternative medical practitioners. Heather alone had close to 17 visits to sports doctors

including concussion specialists, emergency room doctors, neurologists, and her family doctor. She also pursued alternative methods of healing. She said, “In terms of healing professionals, oh my God, I’ve done everything. Energy healing, gimme some voodoo magic, I will take or do whatever you tell me to do. I couldn’t even estimate how many different things I’ve tried.” Heather was the only athlete to mention pursuing such forms of healing, so there is no analysis in this work of athletes’ experiences with alternative medical practices. This serves only as an indication of the depth and breadth of my participants’ experiences during the healing and treatment process. Overall, my participants described having a varied experience with the biomedical system, having both extremely positive and negative experiences.

While their initial encounter was often negative and doctors were not sympathetic and accommodating, participants received the treatment and support that they were looking for from sports medicine doctors and from other allied healthcare practitioners who are particularly accustomed to working with injury, such as physiotherapists. Julia, Naomi, and other patients who sought treatment from sports medicine professionals saw a marked improvement in the way they were received and treated. Almost every one of my participants described the personable treatment, helpful support and realistic advice given to them by their physiotherapists, massage therapists, chiropractors and other such medical professionals. Naomi explained it to me by saying:

I think what happens is that surgeons are surgeons, right? They do the surgery. Even right now, the problems that I’m having, at a year they’ll be gone. But I don’t buy that, because you haven’t gone through it, how do you know it’ll just be gone in a year? It’s been nine months and it’s the same as it was, you know, six months ago. So I just find that... to be fair, this surgeon is A LOT better than my last two. A lot better. His bedside manner is...he spends time with me, answers my questions, whatever. But I think that really, in my experience, it’s the physios, the RMTs, who do

more of the work, um, the surgeons do the procedure and their follow up is not that much. You go in and they say, 'Oh yeah, looks good! Do what your physio is telling you.' And it's hard, for the pain... to gauge that. Right? Because people are going to react to pain in different ways, so how do they really know...

She described the level of care she received from her surgeon and physiotherapist and expressed much more satisfaction regarding the latter. She continued comparing the two:

Honestly, I think physio does it all. I think that after the surgery, you know, having gone through it three times now, you're going in blind. You have access to a phone to call after, but for the surgeon and the doctors and the nurses it's routine procedures, so they're like, 'Yeah, yeah, call us in a month'. Well, fuck. If it's bleeding, that may be routine for you but it's not for me! So, and then what they'll do at the first follow-up appointment, they'll tell you that if you have questions they refer you to your physio and they just tell you to follow the plan set up by your physio. I had a much better relationship with my physios and RMTs. I see them more regularly, they're more hands on for a longer period of time, of course you're going to build a rapport.

As Naomi so perfectly expressed, the treatment one receives by and the relationships one builds with some health practitioners can be fantastically helpful. Almost all of my participants echoed this sentiment, and identified an athletic awareness and understanding of an athlete's position as contributing to the care they received from the allied healthcare workers such as physiotherapists, RMTs, and chiropractors. Their problems with the medical system were related to the initial encounter at the hospital, with their doctors and surgeons and with the logistical problems within the medical system as a whole.

These unfortunate experiences with the medical system along with the type of support received by the athlete from family, friends, teammates and coaches had a significant impact on the athlete's experience of her injury and her prognosis. Further discussion of gender and sport as well as a challenge of the discourses on masculinity and

femininity is necessary in order to confront the barriers to support of athletes during the trying time of injury. Further, a reimagining of the privilege of position as well as a re-evaluation of the structure of the current medical system would go a long way to improve women's experience therein.

CHAPTER 5

CONCLUSION: GOING FORWARD IN WOMEN'S SPORT

Through participant observation, candid interviews, and my own experiences in sport, I have learned a considerable amount about what it means to be an athlete, how being an athlete can impact a person and their identity, how athletes come to be known and treated by people in different ways, and the effect that this treatment can have on them. I heard from a variety of different women of different ages, athletic levels and sports who described a multiplicity of different experiences of sports, identity and gender. While extremely particular, there were some common themes in their experiences, related to conceptions of masculinity and femininity, experiences of gender and stigmatization, and the everyday practice of athletic or gendered identity production and reconstruction.

In my opening chapter I provided historical context for the issue of gender and sport, outlining women's exclusion from athletics. Up until the late 1800s, women's participation in sport was associated with "indecent, ugliness, and impropriety" and was even thought to have negative physiological and health-related consequences (Foster and Appleby 2013:4). Even upon being granted entry into the realm of sport in the early 1900s, women were still discouraged from participating, both explicitly and through threat of social consequence. It wasn't until the mid 1900s that women's participation in sport gained mainstream acceptance. Sportswomen's efforts were finally acknowledged and their participation encouraged on a large scale, however, there were caveats to this acceptance and celebration. Women were welcome to participate and excel in sports, but if they did so without maintaining standards of femininity, they did so at their peril. This phenomenon is part of what motivated me to undertake a study of women athletes'

experiences and I found that, while to varying degrees, such limitations are still experienced.

In Chapter 2, I examined the experiences of women in athletics, particularly related to their access to and participation in sport. A 2010 census report on Canadians' participation in sport illustrated that women's participation is lagging behind that of men, and that participation by women in sports traditionally associated with masculinity have even less participation. My participants noted this as well, commenting on the difficulties present in playing or training in a sport that is known as being "for boys," and lamenting that this inhibits young girls' choices and restricts their potential enjoyment of and success in sport. We also heard, in this chapter, from participants who described their experiences while actually participating in their sport. We learned about their struggle with access to opportunities in sport, particularly for academic scholarships and career opportunities. We also learned how they are frequently underestimated, patronized and the importance of their bodies being emphasized over their athletic talents. We heard from an athlete who stated that she was unaffected by gender during her participation in sport, but the majority of my participants expressed that it had a negative effect on their experience at least some of the time. It is the cultural similarity and naturalization of gender that contributes to the essentializing ideas about women's capabilities and aptitudes and creates hierarchical systems. This seriously impacts women's experience in sport in a highly negative way, and speaks to broader social concerns about the way that we think about gender and the subsequent ways that we treat men and women.

Chapter 3 focused on the identities of the sportswomen and the construction, performance, and renegotiation of those identities. Women identified as either athletes, as

athletic people, or as active. These identifications had to do with their assessment of their engagement in sport and their ideas of what constitutes an athlete. Many women theorized that women would experience more difficulty and have more reservations regarding identifying as an athlete than men would. They believed that because of the unequal value society places on male and female athletics and because of the way society treats women more generally, fewer women would feel confident enough to assert an identity as an athlete. Carla stated that while women athletes are receiving more acknowledgement in society and in the media, we are much harsher in our judgments towards women than we are on men.

When the expectations are raised, they (women) fall hard if they don't meet them. I think we are harder on women. We tend to say 'Ugh, see! They let us down, what do you expect.' Like many things in society, for women it's just a harder fall. You have to make up that difference again, you have to prove yourself.

Carla continued, pointing to the fact that women, in other aspects of their lives besides sports and athletics, seem to meet resistance before they even begin. Many of my participants agreed, believing that women have to prove themselves in a way that men do not, and that this has the potential to influence a woman's identity as an athlete. They also described tensions between the expressions of their identities as women and as athletes, and the complexities that occur when one also identifies as a mother. The juggling of expectations and roles can be very difficult for women and constituted a significant struggle for many. This chapter also explored the legacy of traditional femininity, the restricting notions about gender, masculinity and femininity and how it influences the expression of one's athletic and gender identity. The cisgendered experience of my participants led to a certain type of engagement with such ideas of masculinity and

femininity in the context of this thesis, but a transgender critique of this phenomenon, and of sport more broadly, would contribute to a better understanding of this problem of gender expression, and of the experience of trans* people in sport. This chapter continued, examining the performative nature of gender by drawing on the work of Judith Butler. It also explored the ways in which women respond to stigmatization and stereotyping, by both resisting and reproducing the norms of traditional femininity through an analysis of defensive othering.

Finally, in Chapter 4, the experience of injury and the subsequent interaction with the medical system was examined. The athletes' injury narratives were recounted, their injuries' impact on their identity were explored, and the experience of the injuries were examined by looking at the support that the athlete received from family, friends and the athletic and medical communities. Athletes discussed receiving support from family and friends, but also experienced resistance from them. Those who were not supported were treated as though their injury was their fault, a result of their unnatural participation in sport, and as evidence that they should not have been participating in the first place. This stance and its inherent lack of support took a toll on athletes during an already difficult time. Athletes also discussed the support that they received from their teammates and coaches, but unfortunately far more abundant were the testimonies that described a lack of support by athletic peers and coaches and a pressure to perform. Both of these types of non-support, while very different, can be conceived as rooted in problematic ideas about gender and about sport, and can have a significantly negative impact on the athlete's experience of sport and the outcome of their injury. This chapter also dealt with the athletes' engagement with the medical system for their injuries. It described the

difficulties that athletes experienced related to gender norms, power dynamics and structural issues with the medical system as a whole. It also explained the impact that these experiences had during the initial medical encounter, the treatment and recovery process, and the player's ability to return to sport.

In other social science disciplines, sport has been considered a mainstream topic of exploration. Sport, and its position as an arena in which the construction, maintenance and challenging of social ideologies and discourses can be identified and examined is common in sociological investigation, for example. In anthropology, studies of sport have in the past been undertaken through ethnography and ethnohistory, however, sport remains an underutilized site for the analysis of socio-cultural issues and social change (McGarry 2010:152). One of the goals of this work is to contribute to the emerging literature on sport as an important locus of socio-cultural examination, particularly by exploring the lived experience of women athletes and the everyday cultural practice that is involved in their participation in sport and their navigation of the social world as athletes. Throughout this work I have endeavored to illustrate that the experience of women in athletics is influenced by larger social issues related to gender and sport. Through this thesis, I have explored and explicated the experience of being a female athlete in the current Canadian context. I have demonstrated that while great strides have been made in the world of women's athletics, there are still powerful forces that can negatively impact their experience of sport and I have shown that significant changes must be made to the way that we think about gender and sport. Not only is this necessary to challenge the barriers to women's participation, enjoyment and success in sport, but it will have farther reaching effects on concepts and practices regarding masculinity and

femininity and has the potential to impact broader social issues related to gender equality and more flexible, fluid, and ultimately inclusive understandings of gender identity and gender expression. This will have significant impacts for both cisgender and transgender populations.

The women I spoke to openly discussed the problematic ideas about gender that persist in our society, and noted that changes need to be made in the ways that we think about gender, masculinities and femininities. They also called for a change in how we enculturate young children with these ideas. Gender identity and gender expression are discussed in very abstract, implicit or generally obfuscating ways, or worse, gender is conceived as being wholly based on sex and entirely deterministic of people's interests and capabilities. A challenge of these problematic ideas is only going to be possible if we make them transparent. We need to have explicit and critical discussions about notions of masculinity and femininity, and gender identity and expression and we need to have them frequently. In schools, in the media, and in society at large, we have to educate and discuss the reality of gender if we hope to begin to challenge the boundaries and restrictions that continue to plague people of all genders.

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