Accepting the Risks of Pain and Injury in Sport: Mediated Cultural Influences on Playing Hurt

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This paper considers the nature and implications of cultural messages about risk, pain, injury, and comebacks in sport that are mediated by a popular American sports magazine. The analysis is based on evidence from a content analysis of Sports Illustrated articles, the results of which suggest that athletes are exposed to a set of mediated beliefs about structural constraints, structural inducements, general cultural values, and processes of institutional rationalization and athletic socialization that collectively convey the message that they ought to accept the risks, pain, and injuries of sport.

Contrary to the “dominant American sports creed” (Edwards, 1973, pp. 119-120), sports participation can be a significant health risk (Edwards, 1973, pp. 325-328). For high-level athletes, sports participation can cause, and be accompanied by, chronic pain (Kotarba, 1983), and for athletes pursuing professional careers in certain sports, such as football, it even may reduce longevity (Munson, 1991). The initial lure or appeal of sports, especially to young males, and the joy of sports for fans are well documented. The risks of sports also are documented, but within the sports world, they are much less discussed than the benefits. In view of the significant implications of the physical risks and costs of sports participation, it seems important to understand how and why athletes accept these risks and costs.

Morris (1991, pp. 182, 194) has noted the pervasive and peculiar acceptance of pain in sport, which is manifested in such varied ways as the nickname “House of Pain,” which fans of one professional football team gave their stadium, and baseball manager Sparky Anderson’s remark that “pain don’t hurt.” Seemingly
contradictory, Anderson's remark merely expresses the general acknowledgment that since pain is ever-present wherever athletes routinely push themselves to peak performance, it must be minimized or ignored.

Kotarba (1983) suggested that the pervasiveness of pain in sport reflects the inherent irrationality of sport. He added, however, that athletes' enjoyment of sport seems to transport them beyond typical considerations of physical costs and rational decisions. Rather than focusing on the inherent rationality or irrationality of playing hurt, this paper will focus on factors that influence athletes to play hurt—and risk chronic pain and disability—and motivate them to try to come back from debilitating injuries. Cultural influences, mediated by a major sports magazine, are the main focus of this analysis.

Although there has been relatively little research on the cultural or social aspects of pain, injury, and disability in sport, there are some promising research and conceptual leads in the extant literature. For example, in his book on the social dimensions of chronic pain, Kotarba (1983) devoted a chapter to the subcultural dimensions of how professional athletes "play with pain and talk injury." In addition to Curry and Strauss's (1988) study of the social conditions that promote the normalization of sports injury in college wrestling, there is related sport sociology work concerning positive deviance and pain tolerance of runners and bodybuilders (Ewald & Jiobu, 1985), male identity and the pain principle (Sabo, 1986), the destruction of the body (Guttmann, 1988), self-destructive obligatory running and anorexia (Nixon, 1989), violence and hypermasculinity (e.g., Messner, 1990), and victimology (e.g., Young, 1991). There also is the encouraging development of a set of independently written papers by Curry (1991), Duquin (1991), and McTeer and White (1991), all focusing on pain and injuries in sport.

My primary aims here are to elucidate the kinds of cultural messages about risk, pain, injury, and comebacks that are conveyed by American sports print media, and to consider how these messages may contribute to the willingness of athletes to risk their bodies and health to play high-level sports. This examination of risk, pain, and injury in sport is based on a content analysis of *Sports Illustrated*, the most popular American sports magazine. The analytical framework is largely inductive, deriving from the data produced in this research.

**Methods**

The data are from a content analysis of *Sports Illustrated* articles from March 1969 through April 1991, which I conducted exclusively. This methodological technique enables researchers to infer dominant cultural themes about sport from a prominent mass media source (Real, 1989, pp. 90-95). Using a single coder eliminates the problem of intercoder reliability, although it does introduce the possibility of bias—the problem that multiple coders are meant to minimize. The aim of interpretation was to represent in sociologically meaningful terms the meanings conveyed by the sources of coded items.

Although major aspects of the dominant culture of American sport are expressed in a variety of media representations and cultural practices, *Sports Illustrated* was used as the data source in this research because it has been the most popular and influential sports magazine in the United States. As such, it provided evidence of perceptions and experiences regarding the pain and injuries
of athletes in major American professional and college sports. It was assumed
that the public culture of risk, pain, and injury—or "culture of risk"—in major
American sports could be inferred from such evidence.

The collection of *Sports Illustrated* articles included commentaries, investi-
gative reports, athlete profiles, and other features on pain, injury, and disability
in American professional and college sports. Forty-four articles were identified
in this research, and thirty-nine were from the period of 1980–91 (see Appendix
A). The main focus was on articles from the past decade because they provided
recent data and covered a wide enough time span to produce a database with a
relatively diverse and large set of thematic categories from a variety of sports.
Five additional feature articles and investigative reports from the 1969–78 period
also were used because they expanded the time frame of the analysis by including
the most extensive or broadly focused coverage of pain, injury, and disability
issues from this earlier period.

Articles with two types of content were identified: the first being detailed
reports or analyses of pain, injury, disability, rehabilitation, and comeback efforts,
and the second being statements or quotations from reporters indicating the
nature, causes, or meanings of pain and injuries for athletes in professional and
college sports. The selected articles deal exclusively with male athletes.¹ For the
period 1969–79, the *Sports Illustrated* articles focused on professional boxing,
professional football, and college football, and two articles focused on more than
one sport or had a general sports focus. For the period 1980–91, thirteen articles
focused on professional football, eight on professional baseball, four each on
professional basketball and college basketball, three on professional auto or boat
racing, two each on professional boxing and college football, one on professional
hockey, and two on more than one sport or on sports in general.

The purpose of the content analysis of magazine articles was to identify
items of observation, commentary, and individual thoughts, attitudes, and experi-
exes concerning pain, injury, disability, rehabilitation, and comebacks from
injury (see Edwards, 1973, pp. 367-375). Each distinct content item, which ranged
from one to several typed lines of transcription, was classified in terms of its
dominant meaning regarding pain, injury, disability, and rehabilitation of athletes.
Items included synopses of statements or descriptions, and paraphrased and direct
quotations. The categories of item classification were inductively, rather than
deductively, derived. A total of 243 distinct content items were classified, and
fewer than 5% of items or portions of items were classified in more than one
category.

The sources of the content items were *athletes*, including both athletes who
continued to play with injuries and disabled athletes who were out of action but
were involved in rehabilitation to return to action; *retired athletes*, who included
disabled and nondisabled athletes who left their sports; *journalists*, who were
the authors of the surveyed articles and who assumed the role of commentator,
reporter, investigator, or analyst; *doctors* and *trainers*; *coaches*; *management*,
which also included owners of pro teams; and *other*, which included a judge in
a negligence case against a professional team, a counsel for the National Football
League Players' Association, a psychological consultant to professional teams,
and parents (who had extensive sports involvement). It is important to note the
difference between disabling injuries (such as badly broken bones), which prevent
an athlete from competing, and nondisabling injuries (such as mild sprains or
bruises), with which an athlete may continue to play but perhaps at a somewhat reduced level of effectiveness. This paper focuses on the “gray” or ambiguous area between disabling and nondisabling injuries.

**Results**

Six major thematic categories and nineteen subcategories were derived from the 243 content items identified in the study of *Sports Illustrated* magazine articles. The main source of items was athletes, who contributed 41.6% (101). Journalists contributed 34.2% (83), doctors and trainers 9.1% (22), coaches 5.3% (13), retired athletes 4.9% (12), management 1.2% (3), and others 3.7% (9).

The categories and subcategories, which form the basic conceptual framework for understanding athletes’ acceptance of the risks of pain and injuries, include items that directly support the theme with which they are associated and others that challenge it. Some of the items express the viewpoint of athletes, usually reflecting that they are athletes’ or retired athletes’ own statements, and other items express the viewpoint of other sources in this study. While critical statements were made by all types of sources, except management (which included only three people), journalists were most likely to be critical and retired athletes were more likely to be critical than injured and disabled athletes still pursuing active careers. What follows are detailed descriptions of the categories with frequencies of items (sample items are presented in Appendix B).

**Category A** (15.6%, 38), Structural Role Constraints, refers to basic expectations, demands, perceptions, and implications that athletes associated with their roles or role performances as athletes. It includes subcategories related to disposability, replacement, and precariousness of career (A1, Disposable [10]); doubting, suspecting, accusing, and stigmatizing disabled players (A2, Accuse [12]); an expectation that the body will be pushed to perform (A3, Push Body [7]); and responsibility to team and team reactions (A4, Team [9]).

**Category B** (8.2%, 20), Structural Inducements and Support, refers to rewards, prospects of rewards, and encouragement that make the role of athlete appealing. It includes subcategories regarding sport as an occupation providing chances for material rewards and future financial security (B1, Opportunities [8]); status recognition, team attachment, and cheers of the crowd (B2, Recognized Part [5]); and social support (B3, Support [7]).

**Category C** (4.1%, 10), Cultural Values, includes general cultural statements, not having reference to specific individuals, performances, or situations, that refer to the importance of good character, the tolerance of pain, and proving masculinity.

**Category D** (21.8%, 53), Institutional Rationalization, refers to reasons given from a management or organizational perspective to justify the risks and pain of injuries and disability in a sport, to defend the sport from detractors, and to deflect attention from the risks. It includes subcategories related to pain and injuries as an inevitable or necessary part of the game (D1, Part of the Game [11]); minimizing or ignoring injuries and pain and not letting injuries get in the way of the game (D2, Minimize [11]); relying on medicine and medical personnel (D3, Rely Medical [11]); and subordinating the athletes’ interests and using their bodies for team, club, or management purposes (D4, Subordinate [20]).


Category E (28%, 68), Socialization of Athletes, refers to processes through which athletes learn and internalize expected and desired behavior, roles, beliefs, and feelings and develop self-conceptions. Athletes may be socialized about pain, injury, disability, rehabilitation, and comebacks by formal and informal socializing agents, such as sports authorities, medical personnel, representatives of other powerful or respected social institutions such as the law, teammates and other athletes, their families, and the mass media. All of these agents are represented among the sources of content items found in this research. The Socialization subcategories relate to character and having something to prove as an athlete and a man (E1, Character [17]); competitive spirit and being determined to play (E2, Competitive [19]); loving sport and being uncritical of it (E3, Loving Sport [5]); confidence and pride in ability, fitness, and invincibility (E4, Confidence [20]); and trusting and relying on doctors and trainers to take care of athletes (E5, Trust Doctors [7]).

Category F (22.2%, 54), Accepting the Risk and Pain, refers to the explicit or implicit willingness of athletes to accept the risks and pain of sports injuries. It includes subcategories that concern minimizing or ignoring injuries and pain and learning to play hurt and in pain (F1, Play Hurt [28]); accepting personal blame or responsibility for injuries or pain (F2, Blame Self [10]); and pushing the body and accepting the risks (F3, Taking Risks [16]).

In general, it was found that the more closely a person’s livelihood is tied to a sports league, club, or program, the more likely it is that the person will accept or publicly express statements compatible with a positive image of sport. In fact, many of the people expressing positive sentiments about sport seemed to be convinced that pain and injury are worth the risk when balanced against the many benefits they associate with sport. We cannot be certain that all the public statements attributed to the sources in this research accurately or fully reflect their private sentiments. What is significant here, though, is that public statements made by people of prominence in sport are likely to have some influence on the athletes who hear or read them.

The distribution of items across the thematic categories can be broadly construed as an indication of the relative salience of different kinds of thoughts and feelings about risk, pain, and injury in sport for the various sources of these items. For these sources, it appears that an assortment of Socialization themes are most prominent in their thoughts and feelings (28.0%), followed fairly closely by themes about Accepting the Risk and Pain (22.2%) and Institutional Rationalization (21.8%) and then by the other themes concerning Structural Role Constraints (15.6%), Structural Inducements, and Support (8.2%), and Cultural Values of character, pain tolerance, and proving masculinity (4.1%).

Since athletes and journalists contributed over 75% of these content items, a few additional comments about their responses are appropriate. The themes of Socialization (42/101 or 41.6%) and Accepting the Risk and Pain (29/101 or 28.7%) are especially prominent in the thoughts and feelings of athletes. It seems that athletes are less concerned than journalists with Institutional Rationalization themes. Institutional Rationalization themes are the most prominent ones for journalists, being mentioned at a rate of 32.5% (27/83), but these themes rank fifth among the six main categories for athletes, being mentioned at a rate of 5.9% (6/101). These results imply that athletes are especially likely to articulate thoughts and feelings that reflect on their personal qualities, commitments, pride,
and confidence as athletes and as men. They learn to trust doctors and trainers to make medical decisions for them, and as a result of this trust and what they have learned about themselves and sport through their athletic socialization, they talk about personally accepting the risks of pain and injury as part of sport. With their greater distance from the action, journalists are much more inclined than athletes to talk about how the interests of management, coaches, and the sport are served by minimizing or rationalizing pain and injury and how individual athletes' interests are subordinated to interests of the team, club, or management. Thus, athletes seem more likely than journalists to view pain and injury in personal or interpersonal terms, while journalists are much more likely to take a structural or organizational perspective and see possible exploitation in the ways pain and injury are handled in sport.

Analysis and Conclusions

This research does not allow for general conclusions about how much athletes are intentionally or unintentionally manipulated or exploited by coaches and management or how well athletes understand the sources or implications of their risk taking when they play hurt or with pain. Overall, though, the results of the content analysis suggest that athletes are exposed to a set of mediated beliefs about structural role constraints, structural inducements, general cultural values, and processes of institutional rationalization and athletic socialization that collectively convey the message that they ought to accept the risks, pain, and injuries of sport.

Widespread acceptance of risk, pain, and injury by athletes makes pain and injury statistically normal in sport, and at the same time, widespread acceptance of what has been called here "the culture of risk" normalizes their pain and injury experiences (Curry, 1991; Curry & Strauss, 1988). Furthermore, the evidence evaluated in this content analysis suggests that this culture of risk can foster guilt, shame, uncertainty, job insecurity, and frustration among those who complain about pain and injuries, and even depression among those with disabling injuries. In general, athletes are exposed to mediated—and more direct—messages that tell them they must play as long as possible with pain and injuries and must try to come back as soon as possible after serious injuries.

Although socialization themes are the most common ones talked about by athletes in the Sports Illustrated articles, we should not conclude from these results that athletes are so effectively socialized or strongly influenced that they cannot see beyond or behind the messages and pressures to play with pain and injuries or that they cannot make their own decisions about these matters. On the other hand, this research paints a picture of a cultural climate of high-level American sport that clearly seems slanted toward encouraging athletes to take risks with their health. Respected sports figures and commentators frequently glorify the character of athletes who endure with a high pain threshold, sacrifice for the team, and ignore the personal consequences. Athletes who choose to talk openly about their pain and injuries risk stigma, especially if the pain and injuries have invisible sources. In professional sports (e.g., Gifford & Mangel, 1976; Underwood, 1979) and perhaps in some parts of college sports (e.g., Shaw, 1972; Snyder, 1990; Telander, 1989), athletes know that they will receive help to be
rehabilitated, but they will not be compensated for their sport-derived disabilities after their careers are over.

The mediated cultural messages identified in this study, in effect, encourage a kind of "self-abusive addiction." A former Duke University football player (quoted in Telander, 1989, pp. 180-181) used the idea of "abusive addiction" to refer to the grip that playing in pain has on athletes. Evidence about positive and negative addictions to leisure sports (e.g., Nixon, 1984, pp. 227-231; 1989) indicates that this abusive addiction may not be limited to athletes in high-level college and professional sports. Research showing that people are willing to risk and endure pain and injury in ostensibly less serious sports realms, such as leisure sports, high school athletics, and even youth sports (Eitzen & Sage, 1993, pp. 91-92; Underwood, 1984), suggests that the boundaries of the culture of risk are wide and deeply embedded in American sports. It seems important to examine more closely whether the level of sports involvement or the type of sport or sports role influences athletes' vulnerability to mediated and more direct influences to play with pain and injuries, and their vulnerability to the kind of self-abusive addiction discussed by Telander.

Schudson (1989) has proposed that culture is not a set of ideas imposed but a set of ideas and symbols available for use. Individuals select the meanings they need for particular purposes and occasion from the limited but nonetheless varied cultural menus a given society provides. In this view, culture is a resource for social use more than a structure to limit social action. (p. 155)

In this context, White (1992, p. 140) observed that we deal with the possibly varied or even contradictory interpretations of different cultural ideas and symbols by drawing from intersecting interpretations across a set of relevant stories embedded in a culture. For athletes, the story-sets they find in the culture of sport tend to convey a relatively coherent set of messages about risk, pain, and injury. These cultural messages constitute a culture of risk within the larger cultural context of sport.

While the culture of risk in sport may not be a "culture imposed," it nevertheless appears to provide a biased set of story lines about risk, pain, and injury that tend to make the free expression of questions or complaints about such things acultural or anomic (see Hilbert, 1984). By minimizing, discrediting, or deflecting talk about pain or injuries, the culture of risk in sport distracts attention from questions or challenges that could undermine athletes' commitment, and masks the real implications of risk taking in sport. When confronted with the indisputable facts of pain and injury, coaches and sports officials can use the culture of risk to rationalize or justify their sports. For example, they can talk about how pain and injury give athletes opportunities to prove or display their character.

It may be that mediated messages and more direct ones from coaches, management, and medical personnel telling athletes that they ought to play with pain and injuries are viewed by them with some suspicion or skepticism. For example, Stebbins's (1987) study of professional football players in Canada suggests that players may sense some manipulation or exploitation of themselves by coaches and trainers. However, he also found that for a complex set of personal and cultural reasons, the players often choose to play with pain and injuries,
despite their distrust of management and their awareness of the risks. Messner’s (1992) interviews with male former athletes at various levels of sport indicated to him that internalized ideas about stereotypical masculinity worked in conjunction with external factors to influence these athletes to “choose” to play hurt.

When athletes are socialized, encouraged, pressured, or otherwise influenced to view pain and injury as a necessary or attractive part of the game, coaches may not have to try hard to convince them to play hurt. In fact, athletes may be among the strongest opponents of efforts to introduce new rules or equipment to make the sport safer. The opposition of many NFL quarterbacks to new rules to protect them when they are “in the grasp” illustrates this point. We may wonder, though, whether these athletes truly oppose safety measures or are simply trying to fulfill a perceived need to appear tough to other athletes, coaches, and fans.

A dilemma of athletes is that the culture of risk teaches them to accept risk taking in sport and to minimize or ignore pain and injuries as much as possible, but it does not protect them from the physically, socially, economically, or emotionally debilitating or disabling consequences of chronic pain and serious injuries. In the end, it is they who are held responsible for their own health after they have relied on the culture of risk to construct meanings of risk, pain, and injury in the context of their own sports experiences (see Good, Brodwin, Good, & Kleinman, 1992, pp. Epilogue).

It is interesting to note that other research (Nixon, 1992a) has shown that while athletes grapple with their dilemmas of risk taking, coaches act out their own paradox. They talk about protecting athletes and about not wanting to see them injured at the same time that they express their admiration for athletes who push themselves to excel and are willing to play hurt. While genuinely concerned about the welfare of their athletes, many coaches ultimately turn to the culture of risk to encourage or motivate athletes because their sports are structured to be risky or dangerous.

Athletes may find it difficult to escape the hold of the culture of risk and related structural influences unless they receive strong support from people outside the sports establishment. If athletes derive their status, identity, or livelihood largely from their subculture or social network of sport, they may not hear or want to hear the voices of caution or concern outside sport until they no longer are able or allowed to play their sports at all. In a related analysis of structural social network influences on athletes to play with pain and injuries, Nixon (1992b) showed how patterns of interaction and relations of power within sports networks (called “sportsnets”) mediate or carry the messages of the culture of risk that rationalize and normalize pain and injury in sport. In serious (high-level and commercialized) sportsnets, it is argued, athletes receive biased messages of “support” that reinforce the culture of risk more than they contribute to the welfare of the athletes. The more deeply athletes are involved in such sportsnets, the more likely it seems that the culture of risk will provide the only terms or “stories” for them to deal with the risks of pain and injury.

Within the cultural and rhetorical framework of sport portrayed by this research, athletes act quite rationally. They weigh the alternatives that seem available to them, either playing versus sitting out when they are injured or in pain, or trying to come back versus retiring when they are disabled, and decide that continuing to play or attempting a comeback is the best decision. Playing
is the choice that seems to provide the best rewards within the framework that exists to evaluate alternatives. In this framework, they learn to expect, accept, and minimize or ignore pain and nondisabling injuries as a normal part of the game, and even take pride in their pain threshold as proof of their character as athletes, their dedication to the team, and, for at least some males, their masculinity.

In the end, the risks and pain of sports injuries are accepted and acceptable to athletes because in their sportsnet, the story lines available for interpreting these experiences are drawn from the culture of risk. As Frey (1991) proposed, the low status of athletes in sport means that they must bear most of the serious risks and rarely have enough power themselves to define the boundaries of acceptable risks. The notion that risks are part of the game for athletes (but not for management) is the essential message of an institutional rationalization process that normalizes pain and injuries. When this message filters into athletic socialization, it helps insulate sports and their management from fundamental questions about the legitimacy of risky sports roles and practices.

The risks of pain and injuries in high-level and contact sports never will be eliminated because these sports are structured to produce pain and injuries. Athletes are not likely to have an opportunity to define the conditions of risk taking or the boundaries of acceptable risk taking in these sports until they achieve power comparable to that of owners, management, coaches, and other sports authorities. There is little evidence at this time that coaches and sports officials generally are inclined to put the athlete’s welfare ahead of the team’s or organization’s interest. The law and the courts have the power to force changes on sport, but except for the fear of liability in the universities, an occasional negligence decision, and court cases dealing with the effects of flagrant sports violence, there has been relatively little evidence in recent years of the imprint of such legal or judicial pressure. Without such countervailing influence, athletes will to continue to face a conspiratorial culture and structure in sport, which encourage them to believe that accepting the risks and pain of injuries is their only legitimate or viable choice if they want to play.

References


Pain and Injury in Sport


**Appendix A**

**Sports Illustrated References (by Date of Publication)**

Including highlight “A conversation with ‘The Greatest.’”

(continued)
Appendix A (cont.)


Appendix B

Sample of Major and Illustrative Content Items

Note: The primary reason for the order of items in a list for a category is their location in the chronology of the literature search, with earlier items generally appearing before later ones. The articles that were the basis of these items are listed in Appendix A. The samples of items are meant to help define themes and, as samples, are representative of items in a thematic category or subcategory but do not include all items in the category or subcategory.

Summary of Thematic Categories and Subcategories

A. Structural Role Constraints
   A2. Accuse. Coaches think players are dogging it when they recover slowly from injuries; coaches make disabled players feel guilty; slow slide into "gray area" peopled by hypochondriacs, malingerers, and "non-risk takers"; faker; low pain threshold.
   A3. Push Body. Burden always on player to play; "We don’t want anybody to play injured. But play hurt, yes, you have to."
   A4. Team. Letting teammates down; detached teammates; wanting to impress management with rehabilitation progress to reassure them about investment.

B. Structural Inducements and Support
   B1. Opportunities. Worried that this injury will affect my pro chances; need to grab the moment.
   B2. Recognized Part. I don’t feel like part of the team anymore; loving the cheers of the crowd.

(continued)
Appendix B (cont.)

B3. Support. Rare case of a head coach who cared about an injured player; not listening to loved ones who tell you to quit.

C. Cultural Values. It is worse to feel like a quitter than a loser; men should not be afraid of injury; a reputation for toughness.

D. Institutional Rationalization

D1. Part of Game. Athletes have to play with injuries and in pain, it’s the nature of their occupation; football makes injury unavoidable; players are coached to inflict injury.

D2. Minimize. You cannot worry about injuries or players going down, it’s part of the game; ignoring or reinterpreting injury statistics.

D3. Rely Medical. Reassured by the doctor that my injury wouldn’t get worse; you learn to trust doctors and sometimes you shouldn’t.

D4. Subordinate. They let me fight with my blind eye ‘as long as it served someone’s purposes’; the doctor versus athlete dilemma; the health of the player usually is subordinated to the team’s interests, when the two conflict; artificial turf good for the economics of the sport but causes injuries and may prematurely end their careers.

E. Socialization of Athletes

E1. Character. An acknowledged he-man among men, impervious to pain and the sight of his own blood; optimistic, proud, hardworking, and patient during a long rehabilitation; trying to come back so that there would not be any questions in my mind; you can’t keep a good man down.

E2. Competitive. Feeling sick to my stomach because I have to sit on the sideline; athletes are so competitive and intent on playing.

E3. Loving Sport. Doing what I enjoyed; I knew I would miss it if I never could play again.

E4. Confidence. I was the guy who was invincible, who never could get hurt and then I was humbled when I got injured; I thought I had conditioned myself against injury; my pain tolerance is high, I feel I can conquer anything.

E5. Trust Doctors. Feeling as though it is up to the doctors to make the decisions about playing; alleging inept medical treatment; “I’m the most doctor-tested man alive.”

F. Accept Risks

F1. Play Hurt. Pain is part of football, I seem to enjoy it; athletes live with pain; giving in to the pressure to play hurt and in pain; injuries as an occupational hazard and putting up with the little nagging injuries that come with aging.

F2. Blame Self. Not using injury or pain as an excuse, I made the decision to play, so you could blame me; I’m not blaming the manager for overwork.

F3. Taking Risks. Is it worth the risk of not being able to walk again? “It sure is. . . Playing college football is the best thing in the world. No price is too great”; the “no pain, no gain kid”; athletes want to compete whatever the cost—including risk to their lives.
Notes

1My original intention was to compare male and female experiences with pain, injury, and disability, but *Sports Illustrated* offered very limited coverage of female experiences of this sort—or of females in general. As a result of this limited female coverage, this study focused exclusively on males.

2However, there are some preliminary indications that leagues may be responding to the economic penalties that result when “superstar” players are injured. In the NFL new rules protecting the quarterback, and some replacement of artificial turf with natural grass, would fit into this category. The NHL is also struggling with the issues of fighting and checking from behind.

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