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# 14 Becoming Disabled Through Sport: Embodied Memories of Pain

BRETT SMITH AND ANDREW C. SPARKES

## Introduction

Drawing on data from a life history study of a small group of men (n=14) who have suffered spinal cord injury (SCI) and become disabled through playing sport, this chapter explores these men's embodied memories of pain that were experienced in a specific period of their lives. This period was the initial acute phase of rehabilitation following SCI that they experienced between four and 20 years ago. During this phase of rehabilitation all the participants lived with excruciating pain. Fortunately though, there comes a time when the nerve fibers either outside (peripheral) or within (central) the spinal cord begin to fail to transmit pain, which diminishes until specific areas of the body become, for most people, largely, or totally pain free. This occurs approximately six months after first experiencing pain and is possibly due to neurochemical changes that may influence neuronal hyperactivity and pain perception. That said, pain is not forgotten.

Therefore, the data we present in this chapter represents the participants' memories of pain when they inhabited a particular kind of body, how they felt about this, and how they dealt with it during their time in rehabilitation. In this regard, following Smith and Watson (2001), we felt the body to be a site of autobiographical knowledge, as well as a textual surface upon which a person's life is inscribed. For them, the body is a site of autobiographical knowledge because "memory itself is embodied. And the life narrative is a site of embodied knowledge because autobiographical narrators are embodied subjects" (p.37). Hence, memory refers to the *retelling* of the past from the experience of the present. To complicate matters further, as Neisser (1994) reminds us, when dealing with memory we need to be aware of the following categories at work in any retelling of the past.

- (1) actual past events and the *historical self* who participated in them;
  - (2) those events as they were experienced, including the individual's own *perceived self* at the time;
  - (3) the *remembering self*, that is, the individual in the act of recalling those events on some later occasion; and
  - (4) the *remembered self* constructed on that occasion.
- (p.2)

According to Neisser (1994) autobiographical memory is, therefore, best taken with a grain of salt. This is because “The self that is remembered today is not the historical self of yesterday, but only a reconstructed version. A different version – a new remembered self – may be reconstructed tomorrow” (p.8). Of course, this reconstructed version of the self can provide a number of insights into the ways in which pain is narrated as part of this very process of self reconstruction and meaning making. As Williams and Bendelow (1998) point out, via the process or narratization the individual is able to take something like pain that imposes itself so unwelcomingly into their life, and turn it into a meaningful story that is told to self and others. In this active process, fate is transformed into experience, and becomes available for critical scrutiny. It is to the memories of pain that we now turn (for details of the methodology informing this study please see Smith and Sparkes, 2002, 2004; Sparkes and Smith, 2002, 2003).

### **Unspeakable Pain**

For all the participants in this study, pain had neuropathic etiologies. This type of pain occurs in areas where there is normal sensation, but can also occur in parts of the body where there is little or no feeling after injury. This said, the men in our study stated that initially they found it very difficult, if not impossible, to articulate their subjective experiences of the neuropathic pain they encountered following SCI during their rehabilitation period. As an exemplar, Max commented:

I remember the pain in rehabilitation like it was yesterday. It was that powerful. I just couldn't say what it felt like though back then ... I couldn't express the pain to the doctors, my family, anyone. It was just, just, pure agony. But I just couldn't find the words to really describe it I suppose. And that's frustrating as well, not saying what it feels like, not being able to say how I felt, and that makes you withdraw further.

As these comments suggest, pain is both inexpressible and unsharable. The ability of pain to resist and destroy language ensures that the communication of personal meaning and experience is either momentarily or permanently silenced. In these conditions the sufferer and his body are placed in what Frank (1995) describes as a *monadic* relationship to other bodies including those of loved ones, friends, nurses and doctors. Here, the individual body is closed in upon itself and isolated rather than connected and existing in relation of mutual constitution with others. Over time, and under specific conditions, however, physical pain can find a voice and, when it does, it begins to tell a story.

### **Naming Pain**

The storying of pain is initiated when metaphors, adjectives and other linguistic forms are called upon to describe the sensations of pain. For example, the men in our study often described their initial experiences of pain in rehabilitation with terms such as ‘burning’ and ‘electric shock’. As Richard commented, “pain was overwhelming in rehab. It was like an electric shock travelling through my body, but without a switch to turn the power off ... It was excruciating”. Others, however, used the terms of ‘sharp’ and ‘shooting’ as a way to describe their neuropathic pain. For example, in response to being asked, “What, if anything, sticks out about your time in rehabilitation?” Rob whispered, “The pain. I’ve never experienced anything like it before. You would think that breaking your neck would hurt, but the intensity of it was like nothing I have ever experienced ... a sharp pain, shooting down and across your spine, and, well, I couldn’t think of anything else, that’s how bad it was”.

Even though participants recognise the inadequacy of the chosen terms for the pain they experience, there remains an act of naming, a way of giving language and voice to their painful embodiment. This act of naming, as part of the storying process, is strongly shaped by the cultural and narrative resources the individual has access to. For example, Richard’s use of an electrical metaphor to describe his pain clearly draws upon a taken for granted feature of his life within a Western technological society. Likewise, words such as, ‘sharp’, ‘shooting’, and ‘burning’ call upon a limited range of words available within our society for describing pain. Therefore, while a reported biographical event may be unique to the individual, its expression via language is structured according to socially shared conventions of reporting. Thus, narratives of pain are not the sole creation of individual minds but are social creations. It is to the social dimensions of the narratives of pain told by the participants in our study that we now turn our attention.

### **Welcomed Pain**

For most people, and especially athletes, intense physical pain associated with injury is an unwelcome phenomenon. This was not so for the men in our study specifically during the time when they first entered the spinal unit and before being told that they would never walk again. That is, in this liminal zone, all the participants actually *welcomed* the neuropathic pain they experienced. It reminded them, first and foremost, that despite the potentially fatal nature of SCI, they were still alive, still a “being-in-the-world” as Leder (1990, p.73) would describe it. As Rob pointed out, “You know, I could have died because of the accident. Half a centimeter either side of the spine and you wouldn’t be taking to me now ... This might sound crazy, but I was in a lot of pain and that

was at least a sign that I was alive, because, as I say, I could easily have died". Equally, at this time, pain was taken to indicate that the body was not totally 'broken', that things were still 'happening' in the spine, and so possibly the SCI was curable. Thus, for Phil, "You just wouldn't believe the pain I was in. But, and I'm not kidding you here, I was actually thankful of it. Strange isn't it. But I was like, 'Okay this hurts, and if it hurts then you must still be alive, so don't let it worry you, keep it to yourself and be strong'".

During this early period of rehabilitation, defined in retrospect as a period of hope, pain did not engulf the self or take over the individual. Rather, it had ostensibly positive uses and allowed the participants to make meaning out of their situation and to reframe pain or 'it' as purposeful. However, even in this period when pain was welcomed as a signifier of life and a message of hope for recovery, its expression, or lack of it, was being shaped by a masculine convention of telling.

### **Hidden Pain**

Hiding pain is a common strategy for athletes whose embodied experiences and modes of expression have been shaped by the cultural pressures of hegemonic masculinities. Hiding pain is also a common feature of the disciplined and dominating bodies (Frank, 1995) that the participants inhabited prior to SCI. This masculinized and embodied code legitimises what can and what cannot be said in an acceptable telling of a pain story. Thus, nondisclosure, or narrative silence, remains a key narrative convention for many men, even in the extreme context of SCI. For example, even though Paul was experiencing a kind of pain he had never encountered before in his life, he states, "Still, I wasn't about to become a 'sissy' simply because I was in pain, so I didn't tell anyone, I even kept quiet to me Mum". The issue of speaking about pain as a direct threat to his masculine sense of self is also revealed in the following comment by Dan, "Initially though I didn't show how much pain I was in. It still felt as though my body was burning alive, but I remember thinking, just keep quiet about it, no need to tell anyone. You know, I didn't want to appear a wimp, so I kept it to myself".

The ability to hide pain, or disrespect it, however, is limited in the context of SCI rehabilitation. As such, the narrative convention of 'silence' becomes problematic and increasingly more difficult to sustain. This is because, very often, the pain-relieving medications, opiates, epidural blocks, and/or distraction techniques used, are unable to alleviate the onslaught and ongoing presence of excruciating physical pain. During this time, the body becomes locked in pain and exerts an ever increasing *telic* demand (Leder, 1990) to be free of this distasteful phenomenon.

### Locked in Pain

As part of the initial treatment of SCI, the participants were physically constrained to reduce movement. This is an immediate and obvious closing down of space that shifts attention to the body, a body that is now out of the control of the individual who inhabits it. This loss of control can be particularly threatening to those who have experienced a disciplined and dominating body (Frank, 1995) via sport prior to SCI. Feelings of losing control are accentuated by the fact that, unlike those in pain who can withdraw themselves from the demands of the social world and various arenas of social interaction, this retreating from public view and the gaze of others during rehabilitation is difficult. Eamonn explains this situation as follows:

I felt out of control ... couldn't control my moods, the pain, it just took over, I was at rock bottom, and I asked for more morphine, but that didn't work, not really. So you see pain was always there, and because of that I didn't want to be around people after a while. Didn't want to speak to anyone, but I couldn't avoid people either. You see, I was in a halo brace, and it wasn't safe for me to move, even if I could. So because of this, because I couldn't leave the bed, not like I could once I was able to use a wheelchair, I felt trapped, and, while it's good to know that people care, I just wanted to be by myself. Didn't want to be around anyone, but that was impossible.

According to Leder (1990), the new world into which people are thrust by pain is characterised by *spatiotemporal* constriction, "We are no longer dispersed out *there* in the world, but suddenly congeal right *here*. Our attention is drawn back not only to our own bodies but often to a particular body part ... [P]hysical suffering constricts not only the spatial but the temporal sphere. As it pulls us back to the *here*, so sever pain summons us to the *now*" (p.75). In this regard, he talks of pain exerting a phenomenological centripetal force that gathers time and space inward toward the centre so as to constantly remind the person in pain of the here-and-now-body. However, as the words of Matthew also reveal below, the increasing telic demand of pain over time instigates a call to another for assistance in order to alleviate individual suffering.

Eventually the pain become too much, too intense. I couldn't push my body out of my mind, my whole world was falling around me, and the pain made it worse ... And the morphine, painkillers weren't working you see, so it was getting too much not to say anything ... I'm not one to complain though, and well, its not the done thing is it. I mean it's not really a manly thing to do. But I stopped the doctor anyway and said to him, 'Look the pain is too much, nothing's working, can you do something about it?' I explained to him that I was battling against the pain, and that, you know, it was getting more intense, and he upped the dosage of painkillers. Still, that only took the edge of it for a few hours and then it was back

again ... Pain took over, I was mess, but I tried not to let it beat me, even though it felt like myself was breaking apart right in front of my eyes ... I couldn't do a thing. I was trapped in the pain.

The comments in this section illustrate the ambiguous and the contradictory nature of pain in that it can instigate a call to others as part of its telic demand, while simultaneously unmaking the world again so that the person withdraws from speech and voice into the isolation of the painful body. This adds to the dilemmas of narrating pain in meaningful ways to self and others including nurses, doctors, and loved ones. Furthermore, the contradictory nature of pain during this phase of the rehabilitation process illustrates that while the men might appear to be *hiding* pain, in line with masculinized conventions of emotional expression, that this may not always be the case. That is, pain as a disruptive and unwelcome phenomenon can force the individual into their own hiding place within the confines of the body. Thus, hiding pain is not always a conscious strategy and should not always be viewed as determined by particular forms of masculine practices.

### **Reflections**

In this chapter we have aspired to illuminate the men's embodied memories of pain that were experienced in rehabilitation many years ago. In relation to the aspect of time, attention needs to be drawn to the fact that the data presented here was generated, as Neisser (1994) reminds us, by the *remembering self* in the act of constructing a *remembered self* during the occasion of life history interviews some years after being in SCI rehabilitation. That is, the words of the men are not those of the *historical self* and the *perceived self* who lived the actual experience in rehabilitation. Thus, any connections between these selves is accomplished via the process of narration, in the ways the men story this experience into their lives. Within this process of narrative construction we are able to see the shaping influence of specific masculine practices.

Accordingly, the remembering self acknowledges that the *historical self* hid pain during the rehabilitation period and that this was associated with the *perceived self* at the time of being a sporting male. This said, the interplay of the different selves in the stories told by the men, acts to complicate the notion of hidden pain. For example, there were clearly times within rehabilitation that the men chose to deny and refrain from verbalising their pain to others and adopt the stoic attitude that is a classic characteristic of hegemonic masculinity.

However, at other times, the excruciating nature of pain, and its ability to exert spatiotemporal constriction while simultaneously unmaking the world of language, makes pain literally unspeakable. In both cases, pain is hidden, but the *conditions* of this hiding are different in both. To further complicate

matters, the evidence suggests that even though the men in our study hid their pain at times during rehabilitation, they actually *welcomed* this pain in the early phase of this process. Thus, the manner in which pain is experienced and made meaningful by the individual is intimately linked to the context in which they find themselves. Furthermore, the narratives of pain told by the men in our study clearly link individual subjectivities to wider cultural frameworks of meaning. Thus, what is told and how it is told is linked to cultural resources and acceptable norms of telling that operate in relation to gender. With these points in mind, we hope that this work serves as an invitation to take up the different issues it raises and to explore further the lived experiences of people who become disabled through sport.

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