

AN ETHNOGRAPHY OF PAIN AND INJURY IN PROFESSIONAL RUGBY UNION

The Case of Pontypridd RFC

P. David Howe

Cheltenham and Gloucester College of HE, UK

Abstract In the professional game of Rugby Union the elimination of injury to players has become a paramount performative, and therefore financial, concern. The recognition that professional contact sports entail the potential for significant injury is becoming increasingly evident in the disciplines of sports medicine and the sociology of sport. Among the complex of factors that comprise the habitus of a rugby club will be the expectation and accommodation of factors relating to injury. This article makes conceptual distinctions between pain and injury. Much of the extant literature of pain and injury uses qualitative interview techniques to good effect. This article uses the methodology of participant observation to offer a more felicitous social understanding of pain and injury in a distinctive sporting context. Ethnographic research was undertaken at Pontypridd Rugby Football Club in Wales over a period of two years. This approach enables an increased diachronic understanding of pain and injury within this particular sporting context and how the personal and social experience of these phenomena are transformed through the process of professionalization.

Key words • habitus • injury • pain • professionalism • rugby

Pain and injury are key considerations in elite sporting contexts. This is because the body is the one tool with which an athlete has to work. When this body experiences pain and injury it has implications for the individual, since it may limit their ability to participate. There are also implications for the wider sporting environment — for example, when an amateur pastime transforms into a professional concern the health and well-being of players may be sacrificed as the pressure to win increases. Much sociological research on pain and injury in a sporting context has been conducted with sports men and women when they are not injured or in pain (Nixon, 1992, 1993a; White et al., 1994; Young, 1993) and has focused on the personal experience of these phenomena through the medium of one-off interviews. This approach has produced limited insights into the social construction of pain and injury. This article attempts to address this research lacuna, by presenting an analysis of pain and injury based upon ethnographic research. Ethnography is an approach that enables a diachronic understanding of these phenomena as the participant observer is present at the point where injury occurs and the approach also allows observation of the medical treatment of injury and the associated pain. This method helps to illuminate the relationship between the injured player and the expectations of their sporting environment.

The article begins by delineating three conceptual domains. In the first of these, the concepts of pain and injury are discussed. Second, social research on the body and how this can provide a useful backdrop for an investigation of pain is outlined. The third conceptual domain that informs the analysis is Bourdieu's notion of habitus. Following these conceptual considerations, a brief discussion of the ethnographic method is presented. The article then moves on to report selected findings from participant observation conducted at Pontypridd RFC (February 1994–May 1996) as the game of rugby¹ was being professionalized. The financial and emotional value attached to pain and injury is explored with the objective of establishing a greater understanding of the nexus between the individual and their sporting environment's interpretation of pain and injury. Conclusions highlight the benefits and limitations of the ethnographic method in facilitating understanding of the social construction of pain and injury.

The Nature of Pain and Injury

Although closely related, pain and injury are physically and conceptually distinct. Pain is a highly subjective phenomenon and this has led to its exclusion from much discussion of injury, which may be seen as more objective. Adopting the same conceptual distinctions outlined in previous work (Howe, 1997), injury can be understood as a breakdown in the structure of the body, which may affect its function. Pain is the marker of an injury and is an unpleasant sensory and emotional experience associated with actual or potential tissue damage, which may be divided into acute and chronic components. Acute pain is a short sharp sensation that is experienced at the point when injury occurs and for a limited period thereafter. Meanwhile, chronic pain is often associated with a pathological process that causes continuous pain, or pain that recurs at intervals for months and, in some cases, years after injury. If pain is still present after a cure should have been achieved, it must be considered chronic.

Both types of pain have an impact upon a sporting community.² With some injuries, acute pain imposes limitations on further activity, thus preventing further damage. Chronic pain, on the other hand, typically manifests itself for a time beyond the course of an acute injury's healing schedule. In this persistent form, pain does not have a biological function, but is a malefic force that imposes severe emotional, physical, economic and social stresses on the patient and their social group. Throughout this research, both types of pain were reported. However, the majority of injuries that were observed were accompanied by acute pain (Howe, 1997).

Reactions to pain are not simply involuntary and instinctual, but are determined in part by the social context in which pain occurs. This is central to the research reported here. Cultural groups, including sporting subcultures, display distinctive responses to pain. For example, the experience of pain may be normalized within some groups and problematized in others (Curry and Strauss, 1994; Nixon, 1992, 1993a, 1993b; Young, 1993). Meanwhile, the manner in which a player copes with pain may reflect a particular social construction of gender identity (White et al., 1994). Furthermore, stoicism may be valued in the face of

pain (e.g. Kotarba, 1983). The ability to function with (sometimes intense levels of) pain may therefore be seen as a litmus test for acceptance into sporting subcultures.

Within these subcultures White et al. (1994) have suggested that it is important to identify the 'location of discourse' of pain. Here, a distinction between private and public pain can be made (Helman, 1990). Public acute pain, and its associated injury, is witnessed by spectators, officials as well as the other players and squad members when it occurs during a match. Private pain can be subdivided. This type of pain can, firstly, be a completely personal experience, where it is not revealed to others at all. During this experience, individuals draw upon personal understandings of their own bodies, which shape both their interpretation of and response to pain (Kotarba, 1983). Private pain may also be expressed in the domain of the changing room, to a limited number of others. Keeping pain private, or expressing it publicly, may or may not be desirable within the context of a particular group's belief and value system. All three levels of pain can exist at any one time and all were evident within the community of athletes at Pontypridd RFC.

Pain and the Body

Research on pain and injury (Nixon, 1992, 1993a; White et al., 1994) in sporting contexts has been influenced by studies of embodiment. Over the past 20 years, social theorists such as Turner (1992, 1996), Featherstone, Hepworth and Turner (1991), Shilling (1993), Leder (1990), Bourdieu (1977, 1990, 1993), Foucault (1979) and Schepers-Hughes and Lock (1987) have demonstrated how the notion of embodiment is important to the social world. Studies of sport have also begun to centralize the body within their analyses (Andrews 1993; Blake 1996; Bourdieu, 1988; Hall, 1995; Hargreaves, 1987; Maguire, 1993).

Significant to the study of pain and injury within this work is the notion of the 'absent body'. Most professional sportsmen undertake training with the goal of enhanced physical performance on a daily basis. In this process, the healthy and injury-free body is made 'invisible' — i.e. there is a lack of conscious thought regarding the movement of the body. It is only after injury and the onset of pain that the body 'appears', as the sports man or woman becomes aware that the required movement of their body is hindered by pain, as a result of an injury. As Leder (1990) points out, the normal mode of bodily disappearance tends to be profoundly disrupted in the context of factors such as pain, disease and death. Here the body becomes a central aspect of experience, albeit in an alien and dysfunctional manner. In other words, in contrast to the 'disappearances' that characterize ordinary functioning, the body in the context of pain, suffering and death *dys*-appears. That is to say:

The body appears as a thematic focus for attention, but precisely in a *dys* state — *dys* is from the Greek prefix signifying 'bad', 'hard' or 'ill', and is found in English words such as 'dysfunctional'. (Leder, 1990: 84)

Crucially for this study, the process of bodily disappearance for rugby players is a result of the distinctive habitus of the club (this is elaborated in the following

subsection). Players become immune to the threat of injury because a number of players at any one time are sidelined due to injury, which consequently normalizes pain and injury within the club environment.

The literature on embodiment can therefore offer useful insights for the understanding of pain in a sporting context but there are limitations in this research, not least in that it often assumes that the body is undifferentiated — presumably white, male and unaffected by age or disability (Hall, 1995). This may have its advantages, considering the focus of research reported here, as the vast majority of informants were white males. Nonetheless, age and disablement do enter the study since many of the ex-players, who are still active members of the club, had their careers ended by an injury which often led to disability (Howe, 1997). Interviews with members of the club committee demonstrate that chronic pain may be a feature of this life-after-rugby.

The Habitus of Pontypridd RFC

Over the last 20 years there has been increased attention paid to the value of the ideas of Bourdieu within social scientific investigations of sport (Clement, 1995; Jarvie and Maguire, 1994; Laberge and Sankoff, 1988; Wacquant, 1992). This might be partially attributed to the theorist's own fascination with sport and society (Bourdieu, 1988, 1993). Throughout this research Bourdieu's conceptualization of habitus has been adopted (Bourdieu, 1990: 63). This can be understood as habitual, embodied practices that collectively comprise and define a culture.

In sporting cultures many different factors, from geography to training regimes, all contribute to the development of a specific club's habitus. In the case of Pontypridd RFC, it has historically been an unfashionable club in Welsh rugby (Smith and Williams, 1980), partly due to its geographic location. This has led to the development of a distinctive club habitus. The determination to succeed on behalf of the club is one of the components of this habitus (Howe, 1997). At the outset of the research, the club was run as a community cooperative, and club success in this context symbolized and reinforced the regional identity of the Rhondda Valley. However, the process of commercialization in rugby that became evident as the research progressed transformed the game in the community of Pontypridd into a potentially lucrative business enterprise in which economic gain became more important than championing community identity (Howe, 1999).

The sport's commercialization was paralleled by the players' professionalization, a process that involved increased training and associated increased rates of injury.³ Thus, a change in the club's habitus impacted upon the personal and social experience of pain and injury. In particular, acute pain takes on the qualities of chronic pain as it is experienced in the club environment. This is because the performance of the body is of much greater importance to an elite athlete than it is to the general public (Maguire, 1993). As a result, when a player experiences an injury, which is present with acute pain (and a short period where training is not permitted), it is interpreted as a chronic pain would be by a non-sportsman.

Observations of this nature were arrived at through use of an ethnographic approach, which facilitated an understanding of the transformation of the club's habitus and its impact upon pain and injury.

Sport and Ethnography

Anthropology, the traditional 'home' of ethnography, has been rather slow to examine the social milieu surrounding sport. The importance placed on the utilitarian nature of culture in traditional anthropology, as opposed to the expressive dimensions of culture, of which sport is a part, may help to explain this absence (Chick, 1998). While early work by anthropologists such as Tylor (1896), Firth (1931) and Lesser (1933) examined the importance of sport in the social world, few have followed in their footsteps. Anthropologists such as Geertz (1972) and Foley (1990) have used the anthropological lens to examine sport, although sport was not their prime focus. The history of the anthropology of sport (see Blanchard, 1995; Sands, 1999a) is rather limited, but the adoption of ethnography as a cross-disciplinary methodological tool for furthering our understanding of the sporting world should be seen as a major contribution by anthropology to social research regarding sport. The related discipline of sociology has increasingly been the focus of high quality of research into the social environment surrounding sport (Ingham and Donnelly, 1997), some of which has adopted the ethnographic method.

Over the last decade there has been an increase in the use of participant observation as a primary ethnographic tool for detailing sporting communities. Important ethnographic studies have been produced by anthropologists such as Armstrong (1998) on football hooligans, Foley (1990) on American football, Klein (1991, 1993) on baseball and bodybuilding, as well as several edited volumes (Armstrong and Giulianotti, 1997; MacClancy, 1996; Sands, 1999b). Meanwhile, the recent work by Wheaton (1997, 2000) and Wheaton and Tomlinson (1998) on wind surfing, by Sugden (1996) and by Mennesson (2000) on men and women's boxing, respectively, are excellent examples of how non-anthropologists have embraced ethnography and put it to constructive use in describing and understanding the functioning of sporting cultures and in chronicling the transformation of these cultures.

One of the important advantages of the ethnographic method for the study of pain and injury in a unique sporting context is that pains can be recorded as they occur and the ethnographer is able to observe the impact of this both on the individual concerned and the sporting community in which they belong. Over time the anguish of an acute pain and injury may be forgotten, which is a potential difficulty for researchers interviewing sportsmen and women 'at a distance' from their injuries. Furthermore, if an acute pain develops into chronic pain, it may become a private experience, being usually shared by the player only with the club's sports medicine team and external 'others' such as the anthropologist assisting in the treatment room. Throughout this current study I adopted the role of massage therapist, water-boy and general 'gofer' and as such I was close to the players during practice and matches as well as residing within the community.

This highlights the distinctiveness of participant observation in that personal relationships are the vehicle for the collection of data. Following the assertion of Last (1981), although other research methodologies enable an exploration of the known social world of the 'natives', the important element that ethnography can add to the research project is that it can facilitate an understanding of the unknown elements of a particular community because of the intimacy of participant observation.

Although ethnography has undoubtedly enhanced understanding of sporting cultures and communities, it is an approach that has been subject to critique from within and without anthropology. Notably, the traditional view within anthropology of an objective social science has been brought into question, leading to a 'crisis of representation' within the discipline and elsewhere in the social sciences (Clifford and Marcus, 1986; Marcus and Fischer, 1995). This crisis

... alerted anthropologists to the need to pay closer attention to the epistemological grounds of their representations and, furthermore, has made them consider the practical import of that process of reflection, both for the anthropological endeavour and for those who are the subjects of any anthropological enquiry. (James et al., 1997: 3)

Those adopting ethnography as a research tool therefore became more sensitive⁴ to their own identities and the impact of this on their research findings. This new enlightened approach to ethnographic representation coupled with other methodologies that are more commonly employed in social investigations of the sport (interview and survey⁵) leads to a more complete understanding of the sporting world and in particular its relationship with pain and injury.

Pain and Injury at Pontypridd RFC

Rugby is a sport where a high degree of physical contact is part and parcel of participation and the injury rate is often high. While the number of injuries sustained by players was not a surprise, during this research I was struck by the manner in which athletes reported their injuries. Generally there was a desire by my informants to talk of the injury only if it was related to training and the goal of becoming a better athlete. If the pain and injury were a result of what could be seen as physical inadequacy on the part of the athlete then the consequences on the player's life outside the sport became the focus of conversation. Most of the injuries that I recorded were of an acute nature and therefore so was the pain. If a sports injury becomes chronic this often means the end of a career (Howe, 1997). Therefore I became concerned with how and why pain and injury varied from player to player and how this depended on the treatment that was administered by the medical support team.

In Pontypridd the disclosure of pain and therefore injury displayed an unusual pattern. Players tended to be most vociferous about minor pains and injuries and the loudest complaints were made about injuries that were played on. If a player broke his forearm the pain was obvious but then 'disappeared' as players no longer made reference to it, whereas if the injury were *playable* then the player concerned would let it be known that he was not pain-free. This served two

purposes. First, it gave the player the option of blaming poor performance on the injury. Second, it would give the player elevated kudos within the club because of his ability to deal with the pain and champion the club's cause at the same time.

With the arrival of commercialism, which ultimately led to the professionalization of the team, the player's body became a commodity to be employed. As a result, the way pain and injury was managed was also transformed, but the manner of this change related to the individual's role at the club. Players appeared to be placed under more pressure to deal with pain when their position within the squad was under threat. This is illustrated by the following comment made by a long-standing member of the club.

Since you have been around asking odd questions about my injuries and stuff I have really noticed how things have changed at the club. In the past I would 'cry-off' due to pain and minor injury now my livelihood is dependent on performing well every Saturday. You have to suck it up in the modern era — hide the pain and play on. (Notebook #4: 13)

Furthermore players became more or less vocal about the pain depending on the advantage to which they thought it could be turned. The mention of pain after a match could be used to save face when a player's performance was below par as a result of carrying an injury. Likewise when a player sustained a minor injury in training and could easily be replaced by another individual then there was a tendency to conceal the pain and injury. On the other hand, a player who was a certain starter for every match, and much better than his understudies, would most likely do less to cover up the pain and injury that he might have been feeling. Such a player would not have wanted to cope with a pain that hindered his performance and in the long term impacted upon his chances of being the club's first-choice starter.

Discussions among the players often focused around pain and playing hurt⁶ rather than injury because injury was seen as an indication of inferior bio-mechanics. The idea of injury detracts from a player's notion of perfection on the pitch, in spite of the fact that every player at Pontypridd was injured while I was in residence. There was a definite correlation between the type of injury, the pain that was involved and the way it was discussed. The club's star number 8 was very aware of the problems that his third broken arm in the last two years brought to bear on him and his playing style.

It is not so much the pain of breaking this thing [arm]. To have it happen so often really gets me down. Maybe the coach is right. It is about time I try to change my tackling 'cause every time I start playing good I get injured again. (Notebook #3:23)

Injury may undermine a player's self-confidence and as a result may lead to personal reassessment as a player. Therefore with an injury of a serious nature there is little kudos to be gained by talking of the pain. With injuries that are related to overuse of particular parts of the body, most often aggravated by too much training, the talk of pain increases. A centre approaching his mid-thirties was continually struggling with sore abdominals. He suggested

Remember when you play in the centre it is important to have strong abs. and at times I push my self too hard . . . the pain gets well, bad. You gotta remember that you gotta push that barrier if you want to keep your place at my age. (Notebook #1: 31)

To this player, then, pain became a positive indicator of hard work. The same player commented that at times he is in pain and that he believes it is in his own best interest if the team does not know.

My abs [abdominal muscles] are in constant pain and the trainer says that I have to be really careful with them. I try not to let any of the team selectors know that they bother me — or I may not get picked to play. (Notebook #2: 6)

This scenario highlights the difficult position the sports medicine team occupies within the sporting community. When pain and injury are acute the club is aware that the injured player should not play but when the situation becomes chronic there is scope for the player to conceal the problem. The player may say he is fit because he may be afraid of losing his place on the team or, with the advent of professionalism, may need the match fee which he will be paid. On the other hand, the coaching staff may try to manipulate the sports medicine team into convincing the player that the pain does not exist and that therefore he should play. This is a clear example of how acute pain can manifest itself chronically within the environment of Pontypridd RFC as a result of social pressures. Far from them being unique to professional rugby union, other contact sports such as American football have been dealing with these dilemmas for a number of years (Huizenga, 1994: 70).

Treatment of Pain

The lack of objectivity⁷ in the measurement of pain has posed a large problem for research into the social role of pain in various communities. In the context of Pontypridd RFC, the severity of each individual's pain was always relative. Researchers such as Bendelow and Williams (1995) suggest that this is a difficulty with investigations of pain throughout western society.

The elevation of sensation over emotion in traditional medical and psychological approaches results in the lack of attention to subjectivity, which in turn leads to a limited approach towards sufferers and a neglect of broader cultural and sociological components of pain. (Bendelow and Williams, 1995: 146)

In the West medical practice has long revolved around the alleviating of bodily suffering to the point where pain as the indicator of ailments has often been ignored in discussions, being simply placed to one side as a by-product of structural and functional inadequacy. When an athlete is injured, because of the subjective nature of pain a physiotherapist will often poke, pitch and twist in the region of the injury, in order to determine the extent of physical damage. Therefore the treatment team increases the level of pain in the short term in order to achieve a better understanding of the injury and thus speed up pain relief in the long term.

The treatment of injury after the onset of pain can be a problematic process. From time to time it is possible for the medical practitioner to misdiagnose an injury because they are not taking all the relevant information into account. Data samples (Howe, 1997) show, alarmingly, how minor injuries have turned into more serious ones because the medical staff were treating the wrong ailment. This provides a good example of how the diachronic nature of the research is beneficial in cataloguing the development of injuries.⁸ Although pain is the marker for injuries, because there are no rigid rules about the elimination and/or severity of duration of pain (due in part to the subjective nature of the concept), it nonetheless is a problematic indicator of injury.

That pain can be misleading in the treatment of injury can be highlighted by the most significant injury case during my study. This involved the club's international outside-half who missed several games during the 1994/5 season with a supposed hamstring injury. The injury had been sustained during an important cup match, but the player had continued in the match despite pain in the area of his hamstring. The team osteopath later diagnosed it correctly as a misalignment of the pelvis.

During the following season the medical team was unable to detect immediately a broken collarbone that the outside-half had sustained. This late diagnosis meant that he was unable to take his place at outside-half for Wales for the first three matches of the 1996 Five Nations Championships,⁹ all of which were lost. In this specific case X-rays were taken but they did not appear to indicate a fracture. If the player had been more vocal about the pain, the injury could have been properly treated. The player commented

You may think I'm thick but the pressure for me to play is unbelievable. When no fracture showed [on the X-ray] I thought hell it [the pain] must be in my mind . . . Now with the injury like it is I may lose my spot on the Welsh squad. (Notebook #3: 20)

In some cases, therefore, the pain of an injury may be a better indicator of an injury than the diagnostic equipment used by the sports medicine team. This in itself raises questions about how the level of pain tolerated by an individual on a daily basis affects the quality of service that they receive when they become injured.

Because of the subjective nature of pain, an understanding of how each player reacts to it may become important in determining the functioning of sports medicine clinics. Research on both male and female American collegiate sportspeople suggests that '[they] typically play while hurt to the extent possible and get help when their pain level reflects an injury that prevents them from performing' (Nixon, 1996: 83). At Pontypridd RFC the habitus at the club allows for open communication between the sports medicine team and the players. Therefore, the players would often seek medical treatment before an injury became serious. Squad size has a lot to do with personal communication and availability of medical treatment. Pontypridd RFC, only had a squad of 36 players during the study and a treatment staff of four (including the doctor). An international second row commented,

One of the physios is always about . . . if I feel any real pain I go to them right away . . . I have missed several opportunities to play for Wales in the past because I was concealing an injury so I don't want to miss my next crack. (Notebook #3: 29)

In spite of this availability, it is impossible to detail objectively the level of pain accurately, no matter how well the treatment staff know the player. The amount of pain a player is willing to tolerate will often depend on the performative occasion. At the start of a Five Nations campaign, pain tolerance would arguably be greater than that which would be considered acceptable for a regular club league fixture. Each competitive situation has a relative value to the player preparing to perform in it and the more important it is for the player to play in a match the more pain he will be willing to overcome.

To many club officials the player's pain is no longer a prime concern. In the professional era, when a winning team is paramount to a healthy balance sheet, the elimination of injury is all-important. The reduction in the amount of time needed to treat injury leads to team management getting more value for their money in relation to player contracts. This shift in treatment patterns, as a rapid return from injury becomes vital for the club, has left some long-serving members of the team concerned:

In the past when I was injured I recovered at my own pace. Now it seems that my feelings about my fitness are not as important . . . the club seems so concerned about getting their monies worth they have little time for me. (Notebook #3: 27)

Access to Treatment

The advent of professionalism in Rugby Union and the desire of both the club and the player to protect their investment in the sporting body have made accessibility to treatment of paramount importance. It appears from observations that accessibility to sports medicine clinics is paramount to the way a sportsman deals with pain. If the player can drop in to see a physiotherapist when they have a minor complaint it will reduce the chances of serious injury.

Some injury treatments may only work short-term and my data suggest that the selection of treatment method was not always successful. The same player may be unable to play with the same injury after being 'healthy' for just a short time. This is an indication of a number of problems. First, the player may be unable to cope with the physicality of the game. Second, it may be an unlucky coincidence, or finally it may be a flaw in the method of treatment administered for the injury. If pain and therefore injury start to become chronic (in the traditional sense) then a number of choices have to be made: do you retire from your sport or do you have an operation that may save and even prolong your playing career? A high-profile player provided a response to this question:

The fact that I am paid to play the game places great stress on me. I want to play well in every match and that means playing pain free . . . It would be devastating when Wales comes calling if I am out with an injury. (Notebook #4: 7)

Decisions about the health of a player in the professional era of rugby union not

only affects the players' well-being but also the financial success of the whole club and, as a result, greater emphasis is placed on the maintenance of the body. Therefore, effective treatment of injury should be paramount but at times it was sporadic at best.

Treatment of injury at Pontypridd RFC was observed to be very unsystematic during this research, yet players were regularly leaving the treatment room cured. Unless the injury was a common occurrence, such as a sprained ankle, the players appeared to be given different treatments until one of them began to relieve the pain. As players came into the treatment room they would be given the next available modality machine (ultrasound or interferential), regardless of the injury sustained. In spite of this unscientific approach to the treatment of injury, the players would return to fitness within reasonable time.

What is of importance is that the players believe and expect to be healed by the treatment staff. The acquisition of the services of a professional physiotherapist¹⁰ brought scientific medicine to Pontypridd RFC. This professional inevitably introduced a different personal approach, which altered the treatment environment. However, this was not inconsistent with the club's habitus, and therefore did not hinder the speed of recovery in the treatment room. One of the players commented:

Ever since the physio has arrived at the club I have been happier in the treatment room, if you can be happy there! I don't know what is up with [the trainer] but we just don't get on. It gives me a feeling of security to know that the physio is looking after me. (Notebook #2: 16)

This is not to say that all the players did not trust the trainer but just that his personality was different to that of the physiotherapist. Players were therefore able to choose by whom they wished to be treated. Another option for pain and injury treatment was the osteopath whose alternative form of medicine is more holistic than that provided by the physiotherapists. The treatment of injury provided by an osteopath is essentially done by the manipulation of the skeletal system. This is often accompanied by heavy massage to loosen muscles around the various joints in the body before realignment can safely take place. The adoption of non-traditional medical practice is a clear indication that the club valued players (as assets) in the professional era.

By increasingly giving the players at Pontypridd RFC a choice of treatment the sports medicine team has arguably enhanced the placebo effect and the speed of recovery from injury. A former Welsh international flanker at the club commented on the treatment using osteopathy:

Ever since I have gone to see him [the osteopath] on a monthly basis for a physical I have had no serious injury. I think it was great for the club to employ his services although I must confess to being sceptical of his techniques on my first few visits. (Notebook #3: 14)

The adoption of an osteopath as well as qualified physiotherapists at the club may be seen as a shift in medical practice from a curative to preventative paradigm (Howe, 1997). This is in line with the value that has been added to the bodies of rugby players since the advent of professionalism. In the long run, preventing

injury is more cost-effective and better for the players than curing them. With the increased commercialization of the sport of rugby (Howe, 1999), the consumption of sports placebos such as sports drinks and other nutritional supplements has also been encouraged by the medical team at Pontypridd RFC, as well as regular flexibility exercises that can limit the onset of injury. Ultimately, the nature of the game of rugby means that all injury cannot be prevented, but the habitus at Pontypridd RFC has been transformed by the way in which pain and injury is treated in the club environment.

Conclusion

Accurate measurement of the social significance of pain within the sporting world is problematic. By realizing that pain is the signifier of injury, some explanations of the concept's cultural importance may be established. This article shows that, as well as being a physical marker of injury, pain may be seen, in the environment of Pontypridd RFC, as a symbol of social distinction, the personal and social experience of which has been altered as the habitus of the club is transformed through professionalization. No longer is the health and well-being of players considered, by management, above the desire to win games. In a sporting environment where 'perfect' performance is the objective, acute pain often develops chronic traits as the desire for success is increased. As the need for success increases, so too does the risk of acquiring pain and injury. For better or worse this is the legacy of professionalism in elite rugby in Pontypridd.

Time is of crucial importance in the investigation of pain and injury since the timing of their occurrence in the sporting context is ambiguous and manifests itself in an unstructured form. Ethnography is a research approach that can accommodate this ambiguity. However, there is a paradox to the diachronic scope that the ethnographic method provides. The ethnographer is present when pain occurs, but they are also there to record the treatment and injury management regimes, which are in themselves very revealing of the social importance of pain and injury. Rugby players in Pontypridd frequently discussed pain and its function in determining the time required by a player to return to activity after an acute injury but such discourse was distinctive to the environment of the changing room. However, ethnography is clearly not appropriate in every research context as it is too time-consuming. It is suggested therefore that ethnographic research into pain and injury complements, but should not replace, the more established and less time-demanding methodologies of survey and interviews (Nixon, 1993a; White et al., 1994; Young, 1993) and together these techniques will enable the social science of sport to develop a more complete understanding of the sporting universals of pain and injury.

Notes

1. The game of rugby union is played with 15 players a side and throughout my research none of the full squad of 36 players was able to avoid pain and injury due to the confrontational nature of the game. While some players suffered serious knee, shoulder or neck injuries, all players due to their involvement in the game were from time to time confronted with more common sprains, strains, bruising and cuts.
2. A further social distinction in the type of pain can be derived in a sporting context, namely playable and unplayable pain. The effect of these types of pain is self-evident, but players in different positions may experience them differently. For example, a pain in the shoulder may not stop a wing from performing but the same pain may force a prop to examine the consequences of playing more carefully.
3. Although training enhances performance it also carries the risk of injury that is necessarily associated with involvement in sporting activity.
4. De Garis (1999) has gone so far as to suggest that the ethnography of sport should be turned into a sensuous ethnography where the participant ethnographer records all aspects of the sensuous experience of fieldwork.
5. The value of this type of data should not be underestimated and contrary to suggestions by anthropologists such as Sands (1999c) these data have an equal role to play in constructing 'social reality' as that data collected by the use of the ethnographic method.
6. See Roderick et al. (2000) for discussion of playing hurt in the context of professional football (soccer).
7. It is possible to objectify pain using laboratory conditions and equipment to measure the physiological response of the nerves to pain (Good et al., 1992: 9). These conditions do not exist during competition or training and therefore the measurement of pain I am discussing is the subjective response of the athletes.
8. It was not until the advent of professionalism in autumn 1995 that treatment records were kept for each player on the squad. Prior to this time the only record of injury was that kept within my field notes. Even after treatments were recorded by the club, the manner in which they were noted was distinct from my fieldnotes.
9. This is an annual tournament, which involves the best teams from Europe (England, France, Ireland, Scotland and Wales). In its current format, the tournament with the inclusion of Italy is known as the Six Nations.
10. Before my time at PRFC the club had used the services of a number of amateur trainers who adopted a bucket and magic sponge technology toward the treatment of injury.

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P. David Howe is a Senior Lecturer in Anthropology of Sport. He has researched extensively in the area of the pain and injury and is currently completing a book entitled 'Pain, Injury and the Culture of Risk' for Routledge.

Address: School of Sport, Cheltenham and Gloucester College of HE, Francis Close Hall, Swindon Road, Cheltenham GL50 4AZ, UK.

Email: PDHowe@chelt.ac.uk