

FEMALE WATER POLO PLAYERS' EXPERIENCES OF MALE COACHES' APPROACHES TO PAIN AND INJURY

Tim Chambers  & **Sally Shaw**

University of Otago, School of Physical Education, Health and Exercise Sciences, 46 Union Street West, PO Box 56, University of Otago, Dunedin, New Zealand

ABSTRACT

The dominance of high-performance coaching by men has led to many coaching methods being influenced by masculine attitudes concerning pain and injury. Aim: 1) gain a greater understanding of female athletes' perceptions of male coaches' attitudes towards playing through pain and injury; 2) examine the implications of female water polo players' experiences of pain and injury. Method: six elite female water polo players were recruited and interviewed using a semi-structured interview process. Results: participants adopted detrimental health practices in order to conform to coaches' gendered attitudes surrounding pain and injury. Conclusion: coaches' increased awareness of the traditional male-constructed attitudes of pain and injury may advance athletes' health and well-being by highlighting alternative coaching methods.

Keywords: gender, sports coaching, athletic injury, sociology

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INTRODUCTION

Sport has been shown to be a male-dominated institution which tends to privilege ideas of masculinity over femininity (Bryson, 1983; Hargreaves, 1990; Theberge, 1997). Men continue to dominate coaching in most sports resulting in a proliferation of masculine ideas (Anderson & McGuire, 2010; MacKinnon, 2011). Coaches' gendered attitudes towards pain and injury have led to their normalisation and justification within sporting environments (Anderson & McGuire, 2010). Playing through pain and injury has been viewed as an avenue to construct and reaffirm male athletes' masculinity and has traditionally been viewed as a masculine characteristic (Curry, 1993; McKay, Messner, & Sabo, 2000; Messner, 1990a; Young, McTeer, & White, 1994). While a valuable contribution to the pain and injury research, the over-emphasis on masculinity and male experiences fails to explain why research has shown female athletes' persist through pain and injury at the same rate as male athletes (Granito, 2002; Nixon, 1994; Pike & Maguire, 2003; Young, 1997). Therefore, there appears to be a relative lack of research focused on female athletes' experiences of pain and injury, with a few notable exceptions (Charlesworth & Young, 2004; Malcom, 2006; Pike, 2004; Theberge, 1997; Young & White, 1995).

In order to address this gap in the research, the purpose of our study was to investigate female athletes' gendered perceptions of pain and injury. Specifically, we wish to gain a greater understanding of female athletes' perceptions of coaches' attitudes towards playing through pain and injury. In order to work towards this aim, we ask the following research questions:

- What are female athletes' perceptions of coaches' attitudes towards pain and injury?
- Will these attitudes be influenced by a sport (water polo) that has historically and culturally privileged men and male ideas?
- How do these attitudes impact on the athletes' playing experiences?
- What critique can be made of the attitudes that might lead to changes in coach and athlete behaviour?

CONCEPTUAL FRAMEWORK

Gender as power in sport

The multiple and inextricable links between gender and sport have been well researched. Gender is a powerful social construction that influences societal understandings and practices (Alvesson & Billing, 2002). Masculinities, or discourses most often associated with conventional ideals of being a man, dominate sport (Messner, 1992). These include strength, aggression, and, importantly for this research, a disregard for pain and injury (Anderson & McGuire, 2010). Conventional femininities, or discourses most often associated with conventional ideas of being a woman, are less influential (Shaw & Hoeber, 2003). These conventions include caring, aesthetic focus and a self-awareness that would preclude playing through pain and injury. The consistent dominance and valuing of masculinities over femininities are played out throughout the sporting arena: in the media, prize money, access to resources and training, and coaches' attitudes (Shaw & Frisby, 2006). Gender is therefore powerful, influencing how coaches and athletes behave. Power is dynamic, however, as women and men may resist the conventions of their gender, thus also exerting power (Schubring & Thiel, 2015).

Gendered attitudes of coaches and masculinity

Coaches are central figures in athletes' sporting environment and play a crucial role in influencing athletes' choices and attitudes (Anderson & McGuire, 2010; Charlesworth & Young, 2006; Nixon, 1994; Norman & French, 2013). Gender plays an influential role in the coach–athlete relationship (Norman & French, 2013). The social construction of gender influences the underlying assumptions and actions of both coaches and athletes (Anderson & McGuire, 2010; Norman & French, 2013).

Coaches are able to influence athletes to adopt or accept gendered attitudes that conform to an orthodox form of masculinity (Anderson & McGuire, 2010). These attitudes can promote risk-taking behaviour or detrimental health practices (Adams, Anderson, & McCormack, 2010; Anderson & McGuire, 2010; Roderick, Waddington, & Parker, 2000). Hughes and Coakley (1991) suggested that athletes tend to adopt

their coaches' gendered attitudes because it is advantageous to their future sporting success. Norman and French (2013) showed that female athletes viewed their coaches as gatekeepers to athletic success. Men's control over sport has restricted female athletes' agency and resulted in athletes simply adhering to the existing [masculine] norms (Blinde, Taub, & Han, 1994). Adams et al. (2010) showed that despite athletes' disapproval of their coaches' gendered attitudes, they accept them in order to avoid the repercussions associated with resistance.

Despite the growing evidence of the power of coaches' gendered attitudes, the voices of female athletes in relation to their experiences with coaches are often overlooked. Research that has focused on female athletes' experiences and coaches' gendered attitudes has generally focused on coach/athlete communication (Norman & French, 2013) and inappropriate sexual relationships (Krauchek & Ranson, 1999; Norman & French, 2013).

Research that has focused exclusively on girls' or women's experiences of pain and injury is somewhat dated (Theberge, 1993). Consequently, it does not take into account the contemporary increased access for women to many traditionally male sports. Recently, girls' and boys' experiences of managing pain and injury have been compared (Schubring & Thiel, 2015), however, there is limited research that focuses exclusively on women's experiences in the modern sporting arena. Consequently, we believe there is a need to better understand women's gendered experiences of pain and injury in sport's contemporary context. Given that many women's teams at the highest levels of sport are coached by men, it is important to understand some of the gender dynamics at play between these coaches and athletes. We aim to uncover female athletes' experiences of pain and injury in the male-dominated sport of water polo. This analysis will adopt a critical lens with a focus on gender as the mechanism by which power is exerted and resisted.

METHOD

In order to examine women's experiences of pain and injury, we interviewed six elite or high-performance water polo players. Our intent was to discover their individual experiences and critically interpret them in order to provide insight into our research question. This approach was aligned with our critical approach in which we understand gender relations as power relations. Water polo provided a detailed insight into pain and injury as it is an aggressive and training-intensive sport in which many overuse and impact injuries occur (Franić, Ivković, & Rudić, 2007). It is a sport that has privileged men in relation to personnel payment, Olympic status and managerial positions. Additionally, it is a sport where the gendered power dynamics of a male coaching staff could be easily analysed due to the dominance of men in New Zealand high-performance coaching.

Participants

The participants were six elite female water polo players who were playing in the premier domestic competition in New Zealand at the time of the research. Elite was defined as having played for their respective national teams (5 New Zealand, 1 USA). The athletes ranged in age between 18 and 28 years old with an average age of 24

years old. All participants were Caucasian and had some university education. All participants had suffered one severe injury at some point in their career. Severe injuries limited athletes' capacity to participate and without treatment, would have long-term health implications. Injuries included, but were not limited to; a torn retina, torn bicep tendon, torn Anterior Cruciate Ligament, broken ribs, spinal stress fracture and a range of shoulder injuries. Four out of six participants had required a cortisone injection in order to mask the pain from an injury in order to participate. Half of the participants required some form of surgical intervention due to injury. The participants were given pseudonyms in order to preserve confidentiality: Sarah, Lydia, Kate, Inge, Lorraine and Marcel. Sarah was 26 years old from New Zealand and had played at the elite level for 8 years. Lydia was 28 years old from New Zealand and played for 12 years at the elite level. Kate was 24 years old from the United States and had played at the elite level for 5 years. Inge was 25 years old from New Zealand and had played for 7 years at the elite level. Lorraine was 18 years old from New Zealand and had played for 2 years at the elite level. Marcel was 22 years old from New Zealand and had played for 6 years at the elite level.

Data collection and analysis

Semi-structured interviews were conducted with the participants at the start of both the domestic and international water polo seasons (February–March 2013). This time period was chosen because the participants were competing in the domestic national league competition and more accessible to the interviewer. The interviewer was the first author who was competing in the male division of national league competition.

Qualitative methods provide an effective means of analysing power as they enable greater understanding of research topics which are complex (Creswell, 2013; Liamputtong, 2009). Interviews emphasise participants' perceptions which gives meaning to their experiences. This emphasis highlights the voices of individuals or groups who are constrained by their current environment and may have a limited capacity to challenge the current power hierarchy (Liamputtong, 2009).

Semi-structured interviews were chosen because their flexibility promoted a degree of openness (Wengraf, 2001). This openness enabled the alternation of question sequence or introduction of more probing questions to tease out more in-depth information as recommended by Gratton and Jones (2010). For example, following a standard question about the culture of pain and injury in water polo, more detailed questions were asked in order to obtain more information about the roles coaches played in reinforcing this culture as well as the participant's perceptions of coaching behaviour. Examples of follow up questions included "Do you think coaches value these types [players that play through injury] of players more?" and "Do you think this type of behaviour [coaches valuing players who play through injury] is normal?" Due to the sensitive nature of the material discussed it was decided that one-on-one interviews were the most appropriate form of data collection. The interview schedule developed to guide discussion included questions related to dialogue surrounding pain and injury such as "When you were injured during the season and who did you talk to about your injuries?" and gender such as "Why do women play through pain and injury?"

The interviews lasted between 45 to 60 minutes and were later transcribed verbatim. Participants were offered the opportunity to review the transcripts for accuracy. The

transcribed interviews were read a number of times for familiarisation, in preparation for line-by-line coding (Creswell, 2013). Line-by-line coding promoted the emergence of categories, their properties and relationships to one another (Creswell, 2013). The coding process started with axial coding which involved the identification of categories which were related to the themes of gender, coaching, and pain and injury attitudes. Following this, open coding involved labelling and grouping new or unexpected phenomena or concepts into categories under a shared heading or classification (Creswell, 2013). The categories that emerged were related to the male-structured nature of sport generally and water polo specifically. For example, participants frequently commented on men's privileged position in sport and that women were continuously striving for equal position and opportunity. The participants also commented that the gendered power structure of sport was exacerbated in the water polo context. The first author's status as a water polo player meant that he was able to easily gain access to the participants. Rather than viewing this experience as problematic bias in the analysis, we suggest that his experience gave him a high level of connection with the participants and empathy with their situation (Denzin, 2009).

Ethical standards

Ethical approval was obtained in October 2012 from the researchers' university ethics committee. New Zealand Water Polo Association approved the research in October 2012. All participants signed a consent form signalling their approval to partake and for information gathered to be used. The names of people, participants and places have all been changed with pseudonyms in order to preserve the participants' and third-party identities.

RESULTS AND DISCUSSION

Three main categories are reported in the results and discussion. The first reveals the coaches' control mechanisms used to influence athletes' attitudes and behaviours. The second demonstrates participants' acceptance and privileging of traditional male characteristics. Lastly, the implications of the normalised gendered attitudes towards pain and injury are outlined.

Coaches' (gendered) control mechanisms

A coach's position gives them influence over an athlete's decision to accept risks with their body (Adams et al., 2010; Anderson & McGuire, 2010; Charlesworth & Young, 2006; Curry, 1993). Sarah identified her coach's ability to influence players' attitudes and explained how this impacted negatively on injured players:

I personally thought whatever he [coach] was thinking or saying was influencing the girls...I think it reflects [that] how the coach treats them [injured players] is how the players end up treating them as well. The coach has lots to worry about and sometimes he would forget about injured players and so would the team.

Inge demonstrated how an injured player was negatively viewed by coaches:

I think it's a negative thing when you have an injury, coaches don't really want to hear that their players are injured, just because no coach wants an injured player.

Sarah suggested that her failure to play when hindered by her type one diabetes condition had significant implications for her playing time:

A couple times in the game I pulled myself out because of my diabetes and he would bench me for the next three games because I had pulled myself out of the game.

Marcel made a connection between an inability to play through injury and reduced playing time:

I suppose people do look at [players who take themselves out when injured] differently. Then you do look back and they are the ones the coach doesn't play.

Similarly, Lydia showed how her coach reinforced his attitudes towards pain and injury by controlling player's playing time:

They were wussy, they wouldn't even train if they had period pain...It would annoy me but then it would be reflected in their pool time so I thought that was fair.

Inge expressed the fear of over exaggerating the extent of her injuries to her coaches because she knew that disclosure of her injury would have negative implications for her position in the team:

I wouldn't want to exaggerate [my injury] because if it is not threatening and it doesn't have long-term effects I don't want that to affect my place in the team.

The athletes perceived three control mechanisms used by coaches to reinforce their gendered attitudes related to pain and injury which included; neglecting injured players, reducing pool time and leaving injured players feeling vulnerable about their position in the team. MacKinnon (2011) suggested that male coaches tend to teach male and female athletes in the same way which has the potential to negatively impact on female athletes' experiences. Female athletes have been shown to express their experiences of pain and injury more freely while discussions surrounding pain and injury in male environments tend to be silenced (Charlesworth & Young, 2006). Sarah and Kate showed how their male coaches would often ignore athletes that were injured. Their coaches' actions reinforced the traditional masculine approach of silencing dialogue around injury. Consequently, other players tended to treat injured players in an equally negative way and the participants' experiences of pain and injury were perceived in an increasingly negative way.

Coaches have the capacity to make athletes lives so difficult that they would rather play through pain and injury than be on the sidelines with an injury (Roderick et al., 2000). Nixon (1992) found that coaches may not consciously try to exploit athletes but their actions often have exploitative effects. In this case, Sarah and Kate perceived

that their coaches implicitly reinforced their gendered attitudes and negative treatment of injured players by neglecting them when they were injured. Teammates, following suit, also neglected injured players which influenced them to come back from injury prematurely and reinforced the coach's gendered attitudes.

The reduction of playing time was a consistent fear among participants and was a major determinant in their decisions to play through pain and injury. Young and White (1995) claimed that female athletes normalise pain and injury in order to show courage and character, consolidate membership in the group and avoid being benched. Those athletes who are not prepared to conform to the coaches' attitudes tend to be stigmatised as not having the right attitude (Charlesworth & Young, 2006; Roderick, 2006). Adams et al. (2010) showed that athletes adopted their coaches' gendered attitudes surrounding pain and injury in order to avoid being benched. Marcel, Lydia and Sarah all made the connection between being able to play through injury and increased playing (or avoidance of decreased playing time). Consequently, their male coaches were able to impose their gendered attitudes towards pain and injury because they controlled another commodity which the athletes highly valued.

The third commodity controlled by coaches was positions in the team. Hughes and Coakley (1991) suggested that athletes who are vulnerable to accepting group attitudes (like those athletes competing for positions) are more likely to risk their bodies. Shaw and Hoerber (2003) found that the gendered social control mechanisms within sport organisations in relation to the establishment of leadership and other influential employment positions continue to be dictated by norms of masculinity. The participants' future career prospects and their progress through the levels of the national programme were reliant on their ability to conform to masculine norms surrounding pain and injury produced by their all-male coaching staff. Inge clearly shows this relationship by claiming that she concealed her injuries because they made her less of a candidate for a place in the national team as her previous male coaches had reinforced the masculine norm of silencing injury talk. Women who want to succeed in environments controlled by norms of masculinity must also embrace masculine work practices (Shaw & Hoerber, 2003). As a result, female voices and perspectives relating to pain and injury have been devalued and often completely shut out of the dialogue that influences athletes' attitudes and actions.

Participants showed disapproval towards a culture that required athletes to play through pain and injury. In addition to their comments, the tone and awkwardness in participants' answers demonstrated they thought playing through pain and injury was wrong but nonetheless required in order to succeed. In contrast, Lydia demonstrated approval of the reward system that benefited athletes' who would play through pain and injury. Perhaps being the eldest participant and having the greatest exposure to these attitudes contributed to this exception.

The coaches controlled commodities such as; playing positions, playing time and attention from peers which were highly valued by the participants. This control instilled the coaches with tremendous power in determining attitudes towards pain and injury, as well as solidifying their own position at the top of the sporting hierarchy. Coaches used their position to enforce their gendered expectations and attitudes towards pain and injury. Participants demonstrated such negative responses towards injury in these masculinised environments that they often downplayed the severity of the injury or

concealed the whole injury from coaching staff or showed they could play through in order to demonstrate character to coaches. Sabo (2004) argued that athletes' subservience to pain reinforced the hierarchical relations within sport. Similarly, Singer (2004) found when female athletes adopt a masculinised model of sport it reinforces the hierarchies of gender that operate to subordinate women. These findings are reinforced by the participants of this current research. The acceptance of their male coaches' gendered attitudes and injuries reinforced the hierarchical relationships within water polo. As Inge and Sarah indicated, in this study, coaches pushed female voices and perspectives to the periphery which simultaneously reinforced the attitudes of men and an orthodox form of masculinity.

Accepting and privileging male characteristics

Participants frequently referred to the gendered aspects of sport and pain and injury. They also demonstrated an acceptance and privileging of traditional male characteristics. Sarah acknowledged men's dominance of sporting culture and suggested women play through pain and injury in order to achieve equality within sport:

[Women play through pain and injury] to be accepted in sporting culture as it is such a male-driven society... I think they also play through it to get the same recognition as male sports and players.

Interestingly, Lydia appeared to have completely accepted the orthodox masculine attitudes towards pain and injury into her own coaching philosophy:

I think that coaches should be harder on players that don't play through injuries that they could.

Likewise, Kate had incorporated these attitudes towards pain and injury into her definition of an elite female athlete:

I think a woman athlete is someone who has pushed their body to a really high level and obviously has gone through pain and gone through injury to try and succeed and get to that goal. I think it comes with the territory of being an athlete.

These respondents accepted dominant views of pain and injury, with one believing coaches should be tougher on those with injuries. These views demonstrate the normalisation of coaches' approaches to pain and injury. These gendered attitudes were so ingrained that Kate used them in her definition of a female athlete. Lydia demonstrated the evolutionary cycle of these ideas and had incorporated masculine ideas related to playing through injury into her own coaching philosophy.

So, what is it that makes these discourses so strong in sport? We believe that there are multiple gendered reasons, for example, Puwar (2004) claimed that the perceived gender-neutrality in sport produces and reinforces white male experiences as the norm. As a result, women who want to succeed in environments that are controlled by norms of masculinity must also embrace masculine work practices (Shaw & Hoerber, 2003). Adams et al. (2010) showed how athletes adopted their coach's gendered attitudes in order to succeed in a heavily masculinised environment. Success is therefore defined as playing through pain and increasing chances of achieving

success by adopting a very narrow form of masculinity. The naturalisation and acceptance of dominant masculine ideas surrounding pain and injury were reinforced by coaches' gendered control mechanisms.

Other than the physical concerns of accepting pain and injury as normal, the cultural considerations of these findings are important. They show that very little is different in women's sport, so common conceptions of women as more nurturing or caring for themselves and others do not necessarily hold true. The problems with athletes taking unnecessary risks with their bodies are prevalent in sport, which has implications for our understanding of pain, injury and rehabilitation. Without some criticism from the players, it is unlikely that anything will change (Purdy, Potrac, & Jones, 2008). The privileging of male attitudes towards pain and injury had severe implications for the participants' health and well-being.

Normalisation of gendered attitudes: implications for athletes

Female athletes are often aware of the gendered nature of sports involvement and injury yet they tend to comply with many of the detrimental health practices (Sabo, 2004). The establishment and reinforcement of masculine discourse by persons in positions of power had significant implications for the participants. Inge alluded to sport as a male-dominated institution and that the desire for equality is what drives women to play through pain and injury:

Male sport is more dominant and I feel that women are always behind. I hate the whole 'oh men can do that because they are stronger' so that links to women wanting to keep going and getting that same status.

Sarah reinforced Inge's statement and extended it to specifically include water polo as a male-dominated sport in which female athletes are expected to conform to male prescribed notions of pain and injury:

Clearly you're a girl and that is your orientation. That is what you are born into this world. But you do a guy-orientated sport so you are expected [by the water polo community] to be more like a guy than a girl.

Lorraine showed how the norms of her male coach influenced her experiences of a serious shoulder injury:

When I told him [coach] about my injury he kind of brushed it off like he didn't care. I felt like I should get it [cortisone shot] so I didn't miss any of his trainings or games.

Likewise, Lydia explained how she was pushed to play through a serious injury:

He was pushing me so hard to play because he thought I could play through that injury. I snapped the top of my pinkie on a girl's forehead and I damaged my nerve in there and had no feeling down the side of my arm for a few months.

The gender inequality in coaching positions is hardly surprising as sport, and particularly water polo, has been an institution dominated by men since its inception (Hargreaves, 1990; Messner, 1990b). The lack of women in coaching positions has provided men with a fertile ground to foster their gendered ideologies (Theberge, 1993). Sabo (2004) argued that male-dominated social hierarchies are entrenched in sport. As a result, injury and risk have been built into organisational dynamics. As organisations increasingly accept these norms as truths they become hard to challenge because the language and structures used to create and reinforce them become naturalised (Alvesson & Billing, 2009). Both Inge and Sarah demonstrated how they are conscious of the male-dominated nature of sport. They acknowledged the gendered dominance of men influenced their perceptions of pain and injury. In particular, Sarah's comment demonstrated the expectations to conform to masculine attitudes of pain and injury in order to be accepted in the water polo community. These organisational influences can be seen on an individual level as the masculine norm of silencing talk around pain and injury is reinforced in the comments of Lorraine and Lydia. Ultimately, participants demonstrated that in order to succeed in the sport they were required to accept these gendered organisational norms which led to the normalisation of risk associated with playing through pain and injury.

The majority of the participants' experiences of pain and injury were primarily influenced by their male coaching staff, while female voices were subordinated by male authority. Lorraine demonstrated how her agency was reduced during the dialogue concerning pain and injury. Consequently, participants tended to accept the gendered attitudes of their male coaches as they controlled the attitudes and norms surrounding pain and injury. As a result, the male coaches' gendered attitudes were normalised and accepted as the correct way to view injuries which had severe implications for the participants.

The way people in positions of power practice gender have significant implications for the way sport is delivered (Acker, 1990; Alvesson & Billing, 2002; Martin, 2003). Gendered attitudes towards pain and injury, which promote risk-taking behaviour traditionally associated with an orthodox form of masculinity, have been shown to be detrimental to athletes' health and well-being (Adams et al., 2010; Knoppers & Anthonissen, 2008; Messner, 1990b). Furthermore, these attitudes can lead to increased injuries and the development of attitudes which led athletes to disrespect the seriousness of their injuries. Fasting and Pfister (2000) found that male coaches who coached female athletes tended not to alter their approach, leading to negative experiences for the female athletes. Norman and French (2013) showed that male coaches often misunderstood or mismanaged the gendered aspects of the coach-athlete relationship. These aspects included inappropriate and sexualised comments, under-estimation and trivialisation of women's athletic ability and lack of communication (Norman & French, 2013). Furthermore, Lorimer and Jowett (2010) demonstrated that male coaches had less empathy for their athletes which often correlated with less successful relationships. The participants reinforced the above findings as they adopted detrimental health practices in order to conform to the gendered attitudes of their male coaching staff. Lorraine's (aged 18) male coach failed to have a meaningful discussion with her about her injury. As a result, she felt pressured to have a cortisone shot in her shoulder. Lydia had suffered nerve damage in her arm and was pressured to play through the season by her coach and ultimately did so in order to conform to her coach's gendered attitudes. These examples clearly

show how participants felt the need to conform to the attitudes of their coaching staff. These attitudes were premised upon an orthodox form of masculinity. This orthodox form of masculinity was characterised by silencing dialogue surrounding injury as well as a lack of empathy for athletes who were injured. The participants conformed to their coaches' gendered attitude. The rationalisation of pain and injury led to its institutional rationalisation. This served to reinforce the coaches' position of power as well as perpetuate the dominant masculine ideology. Female coaches have been shown to be more empathetic and better communicators (Fasting & Pfister, 2000; Lorimer & Jowett, 2010; Norman, 2013). This suggests that a different attitude towards pain and injury may remove or reduce the gendered control mechanisms symptomatic of a coaching practice that privileges an orthodox form of masculinity.

CONCLUSIONS

The participants' experiences of pain and injury were influenced in part by the attitudes of their male coaching staff. The gendered attitudes of male coaching staff were often perceived by the participants as gender neutral and ultimately became taken-for-granted. A finding which reinforces Puwar (2004) who claimed the gender-neutrality in sport imposes white male experiences as the norm. The participants accepted the gendered attitudes towards pain and injury not because they wanted to be like men but rather the coaches' gendered attitudes reflected a set of norms which were valued within participants' sporting environment. The participants perceived the adoption of these attitudes as a key to their future sporting success. Primarily, this was because coaches were viewed as gatekeepers to their sporting careers. Consequently, the position of the coach was shown to be highly influential in determining athletes' beliefs and actions particularly in relation to playing through pain and injury. As a result, these attitudes towards pain and injury were often detrimental to participants' long-term well-being and tended to result in them taking unnecessary risks with their health.

One implication of this research is that researchers should give greater consideration to the influence of coaches' gendered attitudes on athletes' beliefs and actions. Secondly, coaches need to consider their interaction with female athletes in order to build better relationships based on understanding and mutual respect. Lastly, coaches should ensure athletes will not be disadvantaged when they talk about their injuries and must abandon the orthodox masculine view of silencing injury talk. A limitation of this research included the absence of coaches' voices. This was a result of the research's aim to highlight the voices of female athletes. Future research could include coaches' perspectives. This may help determine the extent to which coaches are aware of the gendered nature of the coaching practice and if they are, whether they think it is problematic. In addition, research should examine sports created and reinforced by norms dictated by women. This could assist in determining whether women have developed a more enlightened response to pain and injury. Moreover, examples of coaches' attitudes within these sports may provide information that can be used by coaches to develop better relationships with athletes and instil a greater respect for athletic injury; particularly as female coaches have been shown to be more empathetic and better communicators (Fasting & Pfister, 2000; Lorimer & Jowett, 2010; Norman, 2013). A result that suggests that coaching practices with a more enlightened attitude towards pain and injury may avoid the gendered control

mechanisms of the dominant masculine coaching practice while promoting athlete recovery and well-being.

FIRST AUTHOR BIOGRAPHY

Tim Chambers is currently enrolled as a PhD student at the University of Otago, Wellington, working toward a Doctorate of Philosophy in Public Health. As a Fulbright Scholar, Tim will be spending 12 months of his PhD at Harvard University as a Visiting Student Researcher at the School of Public Health. Tim's current research is looking at the nature and extent of children's exposure to alcohol marketing. The research submitted in this article contributed to the confirmation of a Bachelor of Physical Education (1st Class Hons) Degree from the University of Otago (2013). The data was collected between February and March of 2013.

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