CAN I TALK TO YOU? A STUDY OF HOW ATHLETES
COMMUNICATE INJURY TO A COACH

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by
Kimberly D. Keyawa

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ABSTRACT

CAN I TALK TO YOU? A STUDY OF HOW ATHLETES COMMUNICATE INJURY TO A COACH

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This thesis explores the complexity within the communication between an athlete and coach regarding injury and illness, through the theoretical framework of structuration theory. The purpose of this research was to fill a gap in current literature concerning the ways in which athletes communicate with coaches about injury and illness, as well as barriers that limit this interaction. Four research questions were formulated to focus the study on how athletes prepare and approach interactions regarding injury and illness; the ways in which gender influenced communication; the influence communication rules, beliefs, and values in athletic organizations had on injury and illness disclosure; and how communication interactions influenced athletes’ decisions about disclosure. Semi-structured interviews were conducted with current collegiate athletes from a west-coast university. It was discovered that athletes go through a process
of various steps before an interaction with their coach occurs. Gender differences did not provide extreme influence on communicative behavior, although there were linguistic differences in the ways injury was discussed. The university rule-system was identified as common knowledge amongst athletes, but was often ignored. Communication interactions amongst teammates, trainers, and prior experience with a coach were found to provide the most influence for injury disclosure. This study further discusses the implications rising from the extent athletes are willing to push their health in order to participate and the problems that can develop when injuries are not disclosed to a coach. This study concludes by offering suggestions for organizational protocols to deal with this phenomenon.
CHAPTER I

RATIONALE

The exertion of energy, physical skill, and endurance are the epitome of sports. It is because of these components that athletes have a high tendency to push the body to extremes, often to the point of injury. Injury is strongly correlated with participating in athletics. In 1993, American athletes endured an estimated 17 million sport injuries (Heil, 1993). In 2003, the American Sports Data (2003) stated:

Of the 35-40 million annual injury-related emergency room visits, approximately 10% are sports-induced — an estimate confirmed in a pilot study of the present research which also indicated that less serious sports injuries (e.g., those not requiring ER treatment) — were perhaps five times as numerous.

Williams and Andersen (2007) supplied congruent data, reporting a survey of sport injuries conducted by American Sports Data that estimated over 23 million sport injuries per year. Research therefore suggests that the probability of obtaining an injury during sport is significant and continues to grow.

The likelihood of obtaining an injury increases with the level of competition. Henderson and Carrol (1993) found that athletes who played in high school and college had an 80% chance of obtaining an injury sometime during their career. This could be due to what Richards and Rathbun (1999) state as “pressure to maintain team performance, irrespective of the risk to the individual. Players who will not take risks for the team do not last long in the starting lineup” (p. 465).
Moreover, pressure to play injured is more prominent at these competitive levels, which can result in prolonged injury, or submitting to risky surgery rather than going through a recovery process (Richards & Rathbun, 1999). College athletes in particular feel pressured to play, sometimes due to scholarship. Richard and Rathbun (1999) wrote this is especially prominent with athletes who attend college on the basis of being able to participate in sports. The authors explained that athletes may go to an extreme if they are injured and are unable to play, stating: “few will stay in college as regular students even if they can continue their scholarship” (p. 465). What can be more problematic is some athletes can only attend college because of a scholarship. Since regulation changes in 1973, this has been seen as an a sensitive issue for an injured athlete since coaches haven’t been required to keep a four-year scholarship contract and have been able to “withdraw scholarships from injured athletes and from those not skilled enough to play” (Sack & Staurowsky, 1998, p. xii). The pressure to play, whether it be peer or self-induced can be physically harming to an athlete; in some cases they will see limited benefit compared to the risk of prolonged injury and potentially disabling themselves (Richards & Rathbun, 1999).

Statistics that demonstrate the amount of injuries endured by athletes should be framed in the context that they were reported injuries; they were not inclusive of injuries that were not addressed by an athlete. The perceived pressures an athlete endures could be linked to the amount of unreported injuries. A retrospective study conducted by Putukian (2007) found that of 1, 532 high school football players, 15.3% had a concussion and of these concussions, only 47.3% were reported due to the athlete’s fear of being kept out of play. As mentioned by Richards and Rathbun (1999), at a collegiate
level, unreported injuries would increase due to its competitive nature, as well as the larger assortment of injuries (non-exclusive to concussions) and the maintenance of scholarship.

Enduring injury is not only harmful to athletes physically, but emotionally as well. Evans, Mitchell, and Jones (2006) stated that emotions immediately following injury consist of shock, anxiety, and depression. When assessing the extent to which coaches support athletes when they are injured, the “coach-athlete relationship” has been found as an important component. Thorton (2011) stated that the responsibility of coaches, in addition to designing practice plans and line-ups, is to “use reasonable care to ensure the safety of all those under his or her supervision” (p. 346). However, because the emotional effects of injury, and sometimes the physical injury itself, are not always transparent, this presents a difficult situation for a coach to identify in order to provide “reasonable care.” Therefore, coaches must adopt and promote skills that would increase the likelihood of their athlete’s communicating health problems.

Research has been conducted in regard to the perceived support athlete’s have from coaches regarding injury. This research consists of ways athletes feel supported and the effects coach support has on recovery. However, studies have yet to delve deeper into this research to see how athletes actually communicate these injuries, if at all, to a coach. Due to the limited studies addressing this issue, more research is needed in order to better understand this process. Moreover, possible conclusions from understanding this communicative process could help prevent prolonged physical and emotional distress when an athlete becomes injured.
The following work will first showcase a collection of associated literature, which is comprised of both broad and narrow concepts related to the study. This work includes: sports and society, sport communication, health communication, emotion and injury, the coach-athlete relationship, coping strategies, social support, and internalization. Qualitative methodology will then be discussed in reference to how it serves as the best tool to reach the goals of this study. This inquiry will then provide an analysis of interviews comprised of collegiate athletes and their reflection of prior experiences communicating injury to their coach. The analysis will conclude with a discussion of the study’s findings, implications of the results, and a reflection of the study at large.
CHAPTER II

LITERATURE REVIEW

The following review of literature is composed of two parts. The first section explores structuration theory. Structuration theory will be an organizing theoretical framework for the analysis of how college athletes negotiate the multiple pressures of injury disclosure. The second portion of the literature review will begin with literature showcasing sport and communication in society; the participation in sport and the emotional reactions to injury; the aspects and effects of a coach-athlete relationship; and conclude with the multiple components of social support and how they are used to cope with injury.

Structuration Theory

Structuration theory describes the “ontological complexities of social life” (Miller, 2005, p. 71). Through the lens of structuration theory, social life is often considered in terms of structure and agency (used interchangeably with the term “action”). Miller (2005) states that structures are the “rules, norms, and beliefs that characterize the social world” and agency is the “behavior and interaction of humans within that world” (p. 71). When interpreting social life, a central tenet is seeking the relationship between structure and agency, commonly known as the “duality of structure.”
Giddens (1984) describes this dual aspect of structure as “both inferred from observation of human doings, yet as also operating as a medium whereby those doings are made possible, that has to be grasped through the notions of structuration and reproduction” (p. 122). Miller (2005) uses the interactions that take place within a college classroom as an example of this phenomenon:

As you sit in a college classroom, certain structures guide your interaction. You know you should not talk while the professor is lecturing. You know you should raise your hand to secure an opportunity to talk in class. These rules and structures serve as the medium in which your interaction occurs. However, the concept of the duality of structure reminds us that these rules were created by interaction. Over the years, rules were developed through repetitive interaction in college classrooms. (p. 71-72)

This example highlights the relationship between social action and practices at the macro and micro level. At the macro level, there are pre-determined rules of the classroom, such as raising your hand when you wish to speak. These rules are then sustained through micro level behaviors, such as students repeatedly raising their hand for an opportunity to talk. However, this also demonstrates that these rules are not inalterable; there is leeway for repetitive actions or interactions at the micro-level to form new overarching rules at the macro level over time. Geist-Martin and Scarduzio (2011) summarize this concept by stating the central idea of structuration theory is “social life is constrained and enabled through the social interaction of everyday life” (p. 126).

Structuration theory refers to rules and behaviors in social life and is therefore found in many different contexts regarding social interaction. Organizational communication scholars have found success using structuration theory to learn what guides behaviors in the work place. Tracy and Ribera (2010) stated, “past work-life scholarship has successfully used structuration theory to explore the taken-for-granted
ways that communication in the workplace influences policies and practices” (p. 6). Geist-Martin and Scarduzio (2011) contributed to this notion by stating structuration theory also “reveals the rules and resources that employees use in the workplace that influence their daily well-being” (p. 126).

Rose (2006) explains that employees often access rules or generalizations of an organization through common themes seen in social interactions. Geist-Martin and Scarduzio (2011) stated that employees then use these rules “as a way to understand and also punish other employees for their choices at work” (p. 126). In an organizational setting, rules can be seen in reference to macro and micro behaviors as well. Geist-Martin and Scarduzio gave the following example: “At the micro level many employees are provided with wellness and success tips at work, yet at that macro level the organizations in which they work do not provide policies and practices that facilitate employees’ health” (p. 127). The disconnection between macro and micro rules is fairly common. For example: an employee is debating whether to take time-off work to help his wife with their newborn baby. The organizational policy (macro-level) would allow this time off with no penalty, however he is aware that taking time off work is discouraged by his fellow employees (micro-level) due to the fast work-pace and endless deadlines. This disconnect can increase confusion and emotional distress and can play a large part in dictating decisions and behaviors.

Macro and micro practices, in relationship to the duality of structures, can be seen in several organizations. What is missing in contemporary literature, however, is the presence of structuration theory in an athletic setting. In an athletic organization it can be assumed that macro rules of the organization (i.e., an athletic department) may govern or
conflict with rules represented at a micro level (i.e., a specific sports team). Once more, macro level rules could be situated as rules of a coach, versus micro level rules of teammates. Due to this strong correlation, further research should consider theoretically analyzing an athletic organization in regard to its relationship to structuration theory.

This section has reviewed the aspects of structuration theory, how it is applied in an organization, and why it is strongly encouraged to be examined in an athletic setting. This section was provided to inform the reader of possible underlying components present in contemporary literature. The following section will commence with a review of associated literature and conclude with research questions that will be answered through the analysis portion of this study.

Sport Communication and Society

The participation in sport alone engages social involvement and stimulates the mind and body through physical activity. Sport is desirable because it provides a heavy dose of our yearning needs to see competition, while showcasing real people demonstrating the limits of the body. These aspects are considered attractive to participants and fans, because they appear sexy and erotic and a stimulus for human emotion (Jackson, Andrews, & Scherer, 2005; Wenner & Gantz, 1989). The establishment of sport as a mediated activity has propelled its ability to engage a large audience with these attractive dimensions, and allowed its popularity to spread locally and internationally (Crawford, 2004). However, “although the actual performance of sport is a physical activity, communication in, around, and about sport influences both the
physical performance of athletes and the social construction of the sporting experience” (Kassing et al., 2004, p. 374).

Kassing et al. (2004) further posited the following:

It is through communication that participants (e.g. coaches, athletes, trainers, and referees), spectators (i.e. at actual sporting events and via mediated channels), sports organizations (e.g. professional and amateur sports franchises, sports governing bodies, and fan clubs) and sports media combine in complex and intertwined ways to comprise the community of sport. (p. 374)

Therefore, through communication a community of sport is developed; enabling its desirability through the exhibition of human emotion, and its dissemination to a wider public.

With the advancements in technology, sports have the ability to “cross spatial, linguistic and cultural divides, enabling it to unite distant people, however temporarily” (Jackson, J. et al., 2005, p. 9). In fact, events such as the World Cup Final, which estimate an audience over 1.5 billion, are “especially dramatic presentiments of a fully developed global culture of the future, in which the whole world is watching the same thing at the same time” (Rowe, 2003, p. 284). The dissemination of sport enables a rare phenomenon, where a large population can not only watch an event but communicate about the same event. Kassing et al. (2004) argues once more that communication is constitutive to these experiences of sport.

Although the use of mass media has been seen as a focal point in the rise of sport’s popularity, our social lives are no longer limited to media presentations and reports of sport activities (Kinkema & Harris, 1998). In fact, “intertextual linkages, sport metaphors, and sporting discourse have pervaded everyday talk and are now readily apparent in the language practices of society at large” (Kassing et al., 2004, p. 375). Its
prominence in our everyday discourse has resulted into a wider distribution of participants.

“To imagine a world without sports would be to alter the conditions of everyday life” (Billings, Turman, & Butterworth, 2012, p. 1). Sports are a major part of American life and it can be seen in its prominence in today’s youth. Hilgers (2006) stated that more than 17.5 million children play organized soccer and 2.2 million toddlers and teenagers play Little League Baseball. The amount of interest in sports at a young age has correlated to an increase of participants at the high school and collegiate level. Kassing et al. (2004) stated that the integration of sports into conditions of everyday life is rooted in the way people enact, produce, consume, and organize sport primarily as a communicative activity. Billings et al. (2012) emphasized that “communicative practices precede and frame the ways people participate in sport” (p. 6). Communication’s centrality in sports is seen in the “expressions of collective identity found at live events, to the images produced by sports media, to the importance granted to sports in the vitality of a community” (Billings et al., 2012, p. 4).

This section has reviewed many facets contributing to sports’ popularity and how these have established a large participatory population. The next section focuses on the athletes themselves, in particular, the effects of the sufficient exertion of energy and the rigor of athletic development. Slobounov (2008) stated, “it is recognized that injury results from a natural risk of participation in organized sport” (p. 360). Through Billings et al.’s (2012) belief that communicative practices precede and frame the ways people participate in sport, and Slobounov’s statement that injury is a natural risk in sport, it can
be assumed that communicating about health issues is an inherent characteristic when participating in organized sports.

**Emotional Reactions to Injury**

Communication is conceptualized as the central social process in the provision and promotion of health care delivery (Kreps, Bonagur, & Query, 1998). Several different aspects of the communication process are utilized in the study of health communication. This includes, but is not limited to, intrapersonal health communication inquiry, which examines the “internal mental and psychological processes that influence health care” and interpersonal health communication inquiry, which examines the “relational influences on health outcomes” (Kreps et al., 1998, p. 3). These relationships can be found and generated in a variety of settings.

Currently scholars of health communication are focusing their attention on settings such as “homes, offices, schools, clinics, and hospitals” (Kreps et al., 1998, p. 4). One setting of health communication that has failed to receive attention from scholars is in the field of sports; specifically, the intrapersonal and interpersonal communication that takes place between an athlete and coach when an athlete becomes injured. In most health information settings, individuals can chose to engage, or not engage, in seeking health advice based on the impression of the care they will receive. An additional factor contributing to the probability of a seeking health advice is how an individual feels emotionally.

Evans et al. (2006) stated “sports injury can be a significant source of stress and may have differential cognitive, emotional, and behavioral implications for the
athlete” (p. 289). Wiese-Bjornstal, Smith, Shaffer, and Morrey’s (1998) integrated model of response is most commonly used to assess how pre-injury and post-injury factors influence emotional response. This model recognizes the concept of change and is therefore viewed as a “dynamic, interactive process in which cognitions, emotions, and behaviors, are explained within a cyclical cognitive framework” (Evans et al., 2006, p. 290).

Through this model, the authors Evans et al. (2006) stated that emotions immediately following injury consist of shock, anxiety, and depression. The middle phase of rehabilitation produces anger, depression, frustration, and apathy; although, Tracey (2003) stated athletes exhibit positive emotions in regard to improvement in their injury during this stage as well. Evans et al. (2006) concluded that in the final stages before the return to sport, athletes encompass impatience, anticipation, and increased confidence. Positive emotions derive in this phase from being healthy enough to return to sport, but were also accompanied by negative connotations associated with the fear of rejection from their coach once they returned.

In the past section, I examined how an athlete responds to injury and important aspects to consider. Due to the consumption of various unpleasant and confusing emotions that athletes undergo when injured, an athlete’s perception of the relationship with his or her coach may lay the foundation for how a coach is approached in a time of need. The following section will address the work of scholars who have analyzed athletes’ perceptions, behaviors, and attitudes in reference to the complex phenomenon known as the coach-athlete relationship.
Coach-Athlete Relationship

Several studies have examined the perception an athlete has of their relationship with their coach and the effects these perceptions have on the athlete. The following literature first defines the elements that constitute a positive and negative coach-athlete relationship, followed by the effects each can have on an athlete. This section will then explore different models and perspectives that can help assess the coach-athlete relationship.

The effectiveness of the coach-athlete relationship is influenced by four contributing factors: (1) intrapersonal (motivation, self-esteem); (2) interpersonal (communication, decision making); (3) psychosocial (motivational climate); and (4) sport-specific (training) (Jowett, Paull, Penegaard, Hoegmo, & Riise, 2005, p. 155). Smoll and Smith (2006) suggested that positive and negative relationships are determined by how athletes remember and interpret particular coaching styles and behaviors and how these interpretations affect the way they view their sporting experience. The authors went on to state that positive coach-athlete relationship can be determined by the coach’s ability to “enhance athletes’ psychological and social well-being, foster the development of self-efficacy, positive values and coping skills, and promote continued involvement in healthy physical activity” (p. 19). Additionally, Jowett et al. (2005) stated the coach-athlete relationship affects athletes “both as sport performers and as human beings” (p. 155). Positive relationships not only encourage improvements in athletic performance, but also allow greater opportunity to raise an athlete’s self-esteem in outside behaviors. In contrast, negative experiences within a relationship have the ability to decrease performance and effort. This can lead athletes to have less focus in their training and put
them at a higher risk for injury and insecurity. Smoll and Smith stated negative coach-athlete relationships can also “create distress, foster the development of dysfunctional attitudes toward achievement and competition, create needless interpersonal stress, and contribute to sport competition attrition” (p. 19).

Scholars have recognized the inherent ability for coaches to have psychological effects on athletes. Jowett et al. (2005) reported two perspectives that have been used to analyze the coach-athlete relationship: the leadership perspective and the relationship perspective. Jowett et al. explained the leadership perspective was first examined by Barrow in 1977 and specifically emphasizes the “impact of coaches’ behaviors and actions on athletes’ physical and psychosocial aspects such as performance, satisfaction, and self-esteem” (p. 156). The authors stated that “leadership is a characteristic of the coach” and is thus individualized in coaching tactics and behaviors (Jowett et al, 2005, p. 156).

Approaches to the study of the leadership perspective began in 1978, through “Chelladurai and Carron’s 1978 multidimensional model” which focused on three aspects of coaching behavior: “actual behavior (i.e., behavior that originates from a leader’s personality, ability, and experience); preferred leader behavior (i.e., behavior that reflects characteristics of the members); and required leader behavior (i.e., behavior that is indicated by the demands and constraints of the situation)” (Jowett et al., 2005, p. 156). This model argued that “the greater the consistency among the three aspects of coaching behaviors, the greater the likelihood that the athlete will experience competitive success and satisfaction” (Jowett et al., 2005, p. 156). The Leadership Scale for Sports was also developed to measure both the coach’s “perceived” and the athlete’s “perceived and
preferred” perspectives (Jowett et al., 2005, p. 156). However, the model was criticized for its low levels of explained variance. Scholars argued other interpersonal aspects, such as how both athletes and coaches think and feel about their current relationship, should be examined in order to grasp a more holistic view of how this phenomenon can affect a sporting experience.

Jowett et al. (2005) reported the meditational model of the coach-player relationship, developed in 1978 by Smoll and colleagues, was also used to explore the leadership perspective. It focused on the “interrelationships between coaches’ overt behaviors and athletes’ perceptions of coaching behaviors, as well as athletes’ attitudes toward coaches” (Jowett et al., 2005, p. 156). In this model, actual behaviors as they occur on the field or court are assessed, rather than perceptions of behaviors due to coaches’ tendencies to be oblivious to certain behaviors (Jowett et al., 2005). However, this instrumentation received the same criticism as the multidimensional model because of its emphasis on one-way interactions, and disregarded the dyadic nature of the coach-athlete relationship.

The fact that both approaches in the leadership perspective were criticized led Jowett et al. (2005) to create the relationship perspective in order to incorporate the dyadic nature of relationships. Emphasis was placed on behaviors, feelings, and thoughts of both coaches and athletes. This second perspective examines the “interpersonal constructs of closeness, commitment, complementarity, and co-orientation, to operationally define coaches’ and athletes’ emotions, thoughts, and behaviors” (p. 157).

The construct of “closeness” was a function of interpersonal issues such as liking, trust and respect. Liking was associated with the ability to disclose information
openly; trust allowed the voicing of needs and problem solving; and respect implied the receiver would be appreciative and receptive to the information. The construct of “commitment” referred to the maintenance of the relationship (accommodation versus retaliation.) The third construct, “complementarity” reflected the dyadic relationship between athlete and coach to seek improvement by working together; this is seen in reciprocal actions within terms of control while providing instruction, and in terms of affiliation, by developing a friendly stance. “Co-orientation” referred to the examination of how and why the coach and athlete perceive each other the way they do (Jowet el al., 2005). The relational perspective has been discussed as the most effective way to assess the coach-athlete relationship. To this extent, it could be argued that the presence of these five constructs could affect the way an athlete views the effectiveness of the coach-athlete relationship, and therefore effect how comfortable they may feel disclosing information. On the contrary, the absence of these constructs could also deter an athletes’ ability to manage injuries.

Beyond the coach-athlete relationship, scholars have also studied the effect of coping strategies during injury as a tool to help athletes prosper through this difficult transition. These strategies can be used to assist negative emotions that can be developed from watching teammates play and train without them, the feeling of isolation, and becoming worrisome of the perception their coach may have of them (Bianco, 2001). Brewer (2001) declared that coping strategies are unique to different individuals and may vary over time and to the type of circumstance an athlete is in. Despite its variation, studies have identified a few popular coping themes that have been seen as helpful when dealing with injury, such as avoidance and isolation, achieving rehabilitation goals,
focusing on academics, and seeking social resources (Bianco, 2001; Evans, Hardy, & Fleming, 2000; Evans et al., 2006; Gould, Udry, Bridges, & Beck, 1997).

This section reviewed how current literature describes both positive and negative coach-athlete relationships and the effects each can have on a sporting experience. Additionally, this portion explored different models that are used in order to assess these relationships, with specific detail given to prominent characteristics within each prospective. It was suggested that a negative relationship, or one that lacks specific characteristics seen in the relational model, could deter athletes from communicating with their coach and seek coping mechanisms from outside sources in a time of need.

The following section focuses on the most used and widely studied coping mechanism, social support. Due to the wide range of study, this section will begin with the broad notions of social support and its associated theories, and then transition into more specific associations with this study.

Social Support

Historically, social support has been an important and popular topic of interest for researchers. Goldsmith and Albrecht (2011) stated “the study of social support is as timely today as it ever has been” (p. 335). Albrecht and Adelman (1987) conceptualized support as “verbal and nonverbal communication between recipients and providers that helps uncertainty about the situation, the self, the other or the relationship an functions to enhance a perception of personal control in one’s life experience” (p. 19). This definition is still widely operationalized in contemporary scholarship.
Social support is used as a tool to confront the hassles of daily life and can be seen in ordinary relationships, such as those between family and friends (Goldsmith & Albrecht, 2011). The type of support that is received is governed by how a problem is disclosed to a recipient (Caughlin et al. 2009). Supportive conversations often entail conversations entailing “reassurance, validation, and acceptance, and enable disclosure of thoughts and emotions” (Goldsmith & Albrecht, 2011, p. 336). Evidence shows that social support also has the ability to help those who are ill or injured recover more successfully (Kulick & Mahler, 1989). This particular phenomenon has garnered attention from the social sciences, specifically those interested in the health field.

Health scholars have examined this concept “as the role of comforting communication in providing social support to those who are troubled” (Kreps et al., 1998, p. 4). Cobb (1976) was one of the first to conceptualize social support and its affects in a health setting, defining the concept as, “information leading the subject to believe that he is cared for and loved; that he is esteemed and valued; and that he belongs to a network of communication and mutual obligation” (p. 300).

Richman, Rosenfeld, and Hardy (1993) were one of the first to posit social support as a multidimensional concept and provided a model in order to explain “the interaction between individuals and groups and the social support given and received in the environmental context” (p. 289). Their idea of social support as a multidimensional concept identified eight classifications. This model is often referred to as a framework in contemporary literature. The original classifications defined by Richman et al. (1993) were later simplified by Robbins and Rosenfeld (2001) and described as the following:
(a) listening support; perceived nonjudgmental listening (b) emotional support, perception provider is acting in a caring and comforting way; (c) emotional challenge, perceived challenge to help the recipient evaluate her or his attitudes, values and feelings; (d) reality confirmation support, support from someone similar to the recipient that helps him or her by confirming his or her perspective of the situation; (e) task appreciate support, perceived acknowledgement and appreciate of the recipient’s efforts; and (f) task challenge support, perceived challenge of the recipients’ way of thinking about an activity to motivate to greater involvement. (p. 279)

Researchers who utilize the framework provided by Richman et al. (1993) often craft their own operational definitions, but adopt the six dimensions as a standard foundation. Social support is very prominent within research in an athletic context (Evans et al., 2006; Corbillon, Crossman, & Jamieson, 2008; Rosenfeld, Richman, & Hardy, 1989; Robbins & Rosenfeld, 2001; Yang, Peek-Asa, Heiden, Lowe, J., & Foster, D., 2010; Zourbanos et al., 2011). Studies have proven that injury provokes negative effects both emotionally and physically and “positive social support could serve as a protective factor that helps to reduce distress after an injury and improves motivation during rehabilitation” (Yang et al., 2010, p. 372). Robbins and Rosenfeld stated “supportive communication reduces ambiguity, complexity, and unpredictability- sources of uncertainty- and thus provides the support recipient with increased feelings of personal control” (2001, p. 279). The quality of social support perceived by an athlete can, in turn, cause low and high incidences of injury (Bloomfield & Fitch, 1995). However, simply offering social support is not enough to have an impact on how an athlete perceives its quality.

Corbillon et al. (2008) stated that providers not only need to make sure they give support, but it must be the right type, the right amount, and at the right time. For example, literature suggests that athletes would most likely need emotional support right
after injury. If a coach’s initial attempt at support was telling an athlete they can be ready for the next game if they work hard in rehabilitation (task challenge support), there would be a conflict of perception and the support wouldn’t resonate with the athlete (Corbillon et al., 2008). Because of the high possibility of a coach and athlete having contradicting expectations of support, several studies have looked at how athletes perceive coaches support, as well as what the role of a coach should be in this specific context.

Robbins and Rosenfeld (2001) revealed that the athletes in their sample population described their assistant coaches’ roles as strictly technical advisors, to which their only job is to attend practice and develop drills for skill training (task challenge support). In turn, when an athlete had to sit out during injury, they were no longer in their coaches’ vicinity to provide support. This result could explain the author’s additional findings that suggested injured athletes preferred emotional and informational support from their trainers, than any type of support from their coaches. Corbillon et al. (2006) also found in their study that injured athletes described their coach as “distant, insensitive to the injury, and lacking in belief of the athlete” and therefore, perceived coaches’ social support as inappropriate and insufficient (p. 95). However, these findings could be specific to the selected population’s perception of their coach-athlete relationship, as Bianco (2001) stated that whether or not a coach’s support is desirable for an athlete is largely dependent on whether the athlete perceives a positive relationship with his or her coach.

The underlying variable in this situation is the individual perceptions, awareness, and effort provided by a coach. For example, Corbillon et al. (2006) found that coaches remained distant to injured athletes to ensure that no athlete received more
attention than another. In addition, Robbins and Rosenfeld (2001) posited that coaches who provided appropriate task appreciate, task challenge, and emotional challenge support at the correct times in rehabilitation were widely accepted by their athletes.

Rees and Hardy (2004) stated that coach-specific efforts and strategies can affect more than an athlete’s perception of social support, they can have exceptional influence on how athletes condition their actions. Schmidt and McGuire (2005) stated coaches lack the power to “force athletes to accept the team culture” but can rely on their ability to “influence their athletes and convince them of the value of buying into the team” (p. 180). Additionally, the authors emphasized coach behaviors and beliefs are integrated into an athlete’s own sense of self. This is largely due to the head and assistant coaches ability to see their athletes on a day-to-day basis and have more possibility to “encourage an injured athlete, possibly enhancing her or his self-esteem, or to ignore an injured athlete, adding to her or his feelings of frustration and possibly discouraging a positive recovery” (Robbins & Rosenfeld, 2001, p. 280). This is a powerful proclamation in a broader scope of an athlete’s personal development and can also have detrimental effects on an athlete if being injured is perceived as unacceptable to their coach.

Athletes, who experience supportive coach-specific efforts that enhance self-esteem, are more likely to develop high self-efficacy in specific situations as well. Galarce, Romanadhan, and Viswanath (2011) stated, “A person’s beliefs regarding his/her capacity to seek health information (i.e., self-efficacy) are associated with a higher probability of HISB (health information seeking behavior)” (p. 172). In an athletic context, self-efficacy can also relate to an athlete’s perceived ability to communicate to a particular person. According to Galarce et al., “self-efficacy is measured in terms of
specific contexts and domains” (p. 172). For example, a person might show high self-efficacy when it comes to telling a trainer about an injury, but low self-efficacy when it comes to sharing the same information with a coach. However, self-efficacy is “not purely a mental construct” but an outcome of an “objective resource evaluation,” such as perceived barriers that may interfere with the ability for an interaction to occur (Galarce et al., 2011, p. 171).

A possible barrier that can affect one’s self-efficacy is perceived social norms. Galarce et al. (2001) believe self-efficacy can be affected by “knowing family and friends are willing to share and discuss information or feel that it is important” (p. 172). The social group of an athlete not only depends on family and friends, but the acceptance and encouragement within their team dynamic as well. This can be seen in an athlete’s ability to feel comfortable approaching a coach, trainer, or teammate, especially in a time of need, or to disclose information such as injury. The alternative situation would consist of an athlete who perceives their coach, or members of their social group, as unapproachable and/or unaccepting of an injury, forcing an athlete to internalize possible information, questions and pain.

The idea of internalization has many implications when considering the athlete’s ability to admit or communicate injury. Nixon (1994) stated that there is a “reluctance to talk openly about injuries, especially with authority figures such as coaches and athletic trainers” (p. 341). Nixon stated that this could be based on the premise that athletes base their health decisions on the kinds of relationships they have with their “sportsnet” (coaches, athletic trainers and teammates) within a culture that emphasizes “risk taking” and “sacrifice” by playing injured (p. 341). How sympathetic or
caring the significant others are in a sportsnet largely determines how an athlete chooses to talk to authority figures.

Nixon’s (1994) study revealed that although coaches declared they cared about the wellbeing of their athletes, they acknowledges that “injury and pain should be expected by athletes, that athletes were likely to do everything possible to play, that they respected athletes who played hurt and tried comebacks from serious injuries, and that athletes had a hard time quitting” (p. 251). Pressure to play injured was not only present in coaches, it was also found when teammates wanted or needed their teammate to play. Nixon reported contradictory results in this study, finding that “40% of the athletes said they felt pressed by teammates to play hurt, and nearly 50% said they felt this kind of influence from coaches” while also finding that relatively few of the athletes felt “pressed by trainers or therapists to play hurt; most said that coaches, teammates, and training room personnel expressed some sympathy or caring about their sports injuries and pain” (p. 352). Inconsistencies of these findings suggest there could be other variables that have not been accounted for in understanding the effects of a “sportsnet” on communicating injury between an athlete and a coach.

A possible variable in this phenomenon could be gender. Boyle and Haynes (2009) stated “the issue of gender and the representation of biological differences between the sexes have long been central to our perceptions of sport in society” (p. 122). This perception is critical, as Hall (2002) states “gender” as a major social and theoretical category, just as significant and perhaps more so than other sociological categories, such as class and race. Yang et al. (2010) suggested a “understanding sex differences in social support patterns as well as the effect of injury on such patterns is important for providing
effective social support to male and female athletes” (Yang et al., 2010, p. 372). Nixon (1994) stated that since it is already a known fact that there are gender differences in reporting symptoms and seeking health care services, “these differences could show up in support seeking regarding pain and injuries” (p. 342).

In Yang et al.’s (2010) quantitative analysis of collegiate athletes, the authors found that female athletes were more likely to rely on friends for social support, and “fewer reported relying on coaches, athletic trainers, physicians, and counselors for social support”; however, when support was given, all sources were found helpful, except from coaches (pp. 374-375). This result seems uncharacteristic of the typical behaviors suggested from different sports socializations, like “men [being] more concerned than women about displaying ‘macho’ behaviors, such as ignoring pain injuries” (Nixon, 1994, p. 342), which would predict men being less likely to seek social support. This contradiction could be due to gender differences in regard to social support being a fairly new subject of inquiry. Yang et al. stated that “male and female athletes differences in their social support needs or patterns remains unclear” (p. 374); suggesting a need for further research regarding this topic.

In addition to differences in their needs for social support, male and female athletes may show differences in the way they describe their perception of injury and illness. This concept is commonly referred as the use of gendered language. Rackow and Wackwitz (2004) stated certain linguistic systems establish oppressive relationships within gender. This is seen through interpersonal studies that utilize the “Western white male communicative behavior as a standard model to which other communication rules and patterns are compared” (Rackow & Wackwitz, 2004, p. 3). Rackow and Wackwitz
(2004) stated that when women are compared to this model they suffer from their speech being identified as “weak, overly polite, and hesitant” (p. 3). Cook-Gumperz (2009) stated linguistic style can “provide a more dynamic approach where speakers are seen as controlling their own self-presentation of identity from within a range of communicative possibilities” (p. 296). Irvine (2001) supplemented this thought and stated that these language acts are mediated by the speaker’s understanding of “social groups, activities and practices including forms of talk” (p. 23-24). In the context of athletics, identifying different forms of talk amongst gender and how athletes choose to linguistically represent themselves would be an interesting addition to identifying gender differences in the perception and the communication of injury and illness.

There is one underlying gap that is prominent within existing literature. This component is the process that takes place when an athlete communicates injury to his or her coach. In studying the responses to injury, we see different stages an athlete goes through emotionally, but not the particular emotion of how they feel when they know they need to communicate the injury and how they proceed in doing so. Through the assessment of the coach-athlete relationship, the relational perspective was seemingly more qualified to provide a holistic view of the phenomenon. It provided various components involved in a relationship that can encourage or deter discloser of information, but did not specify if this includes communicating health issues, which could be an important concept to decipher. Literature in social support gives promising information as to reasons why an athlete would or would not feel comfortable or obligated to communicate the injury. However, the contradictory results found in the
literature allude to the assumption that additional variables need to be analyzed in order for conclusions to come full-circle.

Contemporary literature touches on a possible variable of gender differences. Studies conducted by Yang et al. (2010) and Nixon (1994) provided information that men may be more likely to play through injuries, but may seek more forms of social support than females. These results seem to probe an interesting comparison: if females are less likely to seek social support when injured, then it would seem reasonable to suggest they may also be more inclined to play through an injury, more so than males. Additionally, since females were found to not find social support from a coach helpful, it could suggest females are less likely to communicate the injury to a coach as well. Understanding what role gender dynamics plays in how an athlete communicates an injury to his or her coach could be a key component.

To corroborate these assumptions, the current study aims to assess the following:

RQ1: How do athletes communicate injuries and illness?

RQ2: In what ways does gender influence communicating injuries and illness?

RQ3: What communication rules, beliefs, and values in athletic organizations influence injury and illness disclosure?

RQ4: What communication interactions influence athletes’ decisions about injury and illness disclosure?
CHAPTER III

METHODOLOGY

The general purpose of this exploratory study is to understand a unique social interaction through the reflections of individual experiences. R. L. Jackson, Drummond, and Camara (2010) stated that qualitative methodology is used for “understanding human beings’ richly textured experiences and reflections about those experiences” (p. 22). Additionally, qualitative methodology has been used to analyze “personal relationships and episodes of interaction” and “how people describe their relational bonds” and the “dilemmas they encounter in maintaining and transforming them” (Lindlof & Taylor, 2011, p. 21). Specifically, this study seeks to grasp the descriptions of the various situations and processes an athlete goes through when communicating injury to a coach. This can only be done through an athlete’s own interpretation of these interactions and how the relationship between a coach and an athlete is described. Thus, the use of quantitative methodology is best fit in order to render to the goals of this study.

This study used interviews as its specific method in order to gain an insight into individual athletes’ experiences of communicating health issues. Lindlof and Taylor (2011) stated that interviews allow participants to “articulate their knowledge- especially the ways in which ‘how’ and ‘when’ and ‘to whom’ something is said influences ‘what’ is said” (p. 173). This information is important and is often retrieved through the use of
respondent interviews. Lazarfeld (1944) was the first to attribute five goals of respondent interviews; Lindlof and Taylor have simplified these definitions as follows:

1. to clarify the meanings of common concepts and opinions, 
2. to distinguish the decisive elements of an expressed opinion, 
3. to determine what influenced a person to form an opinion or to act in a certain way, 
4. to classify complex attitude patterns, and 
5. to understand the interpretations that people attribute to their motivations to act. (p. 179)

Due to the commonality between the goals of this study and the goals of respondent interviews suggested by Lazarfeld (1944), respondent interviews were used as the method for this inquiry.

Participants

This study interviewed 20 collegiate athletes who play on both men’s and women’s sports teams. A total of 11 males and nine females were interviewed. In Fertman’s (2009) book *Student-Athlete Success: Meeting the Challenges of College Life*, he stated:

During intervals of high stress or pain, the brain secretes chemicals called opioids that act as powerful numbing agents. Student-athletes can handle pain better than the average person during intense competitions because they are expected to tolerate a higher level of pain. (p. 69)

Collegiate athletes in particular were selected for this study based on the above description and the assumption that at this level of competition, an athlete has reached the point to which he or she has an above-average amount of pain tolerance, is aware of his or her limits, and understands when it is necessary to communicate an injury. This level of competition also brings additional pressures that are specific to collegiate athletes; such as whether obtaining or maintaining a scholarship affects injury or illness disclosure, and/or participating in traveling endeavors for competition or scouting
opportunities. Due to the assumption that college athletes are aware of their pain tolerance and also may have additional pressures they may succumb to, the study of collegiate players in particular was necessary.

Additional criteria for participants were that were currently competitive. Therefore, participant experiences ranged from their freshman year at the collegiate level, sophomore year, junior year, junior year transfer (first semester at the college), senior year, and in some cases, those who have been competitive for five years due to a red-shirting season. Furthermore, athletes were asked if they were on scholarship but it was not a requirement to participate.

Procedures

Once approval from the institutional review board (IRB) was met, the researcher first approached a former teammate and current coach of a team from a west coast university, as a liaison to reach a wider population of university coaches. In addition, the researcher contacted the coaches of athletic teams at this university by phone and email, in order to gain initial access to their athletes. The researcher informed these coaches of the goals of this study, the time-commitment it would entail (one-time interviews of an hour length, per participant) and the future benefits the analysis could contribute to their program.

Two coaches expressed interest in the study and broached the topic to their team and allowed the researcher to attend a practice to give further details. In order to gain access to additional teams, the researcher asked four faculty members to send an announcement to their student-athletes explaining the study and the request for
participants. A snowball effect was then used which “yields a study sample through referrals made among people who share or know of others who possess some characteristics that are of research interest” (Biernacki & Waldorf, 1981). Athletes who had already been interviewed referred their teammates; those who expressed interest were then referred to the researcher. The athlete population was contacted through phone and e-mail and further contact was only between researcher and participant to ensure confidentiality. The researcher and participants worked together to schedule interview times.

A consent form was read aloud before the start of the interview (see Appendix A). The interviews followed a semi-structured format suggested by Kvale and Brinkmann’s (2009) and included an “outline of topics to be covered, with suggested questions” and utilized the interviewer’s judgment to decide “how closely to stick to the guide and how much to follow up the interviewee’s answers and the new directions they may [have] opened up” (p. 130). Participants were asked questions on the following topic areas: (1) experiences of injury/illness, (2) interactions between coach and athlete when injured, (3) interactions between athlete and team when injured, and (4) current knowledge of health and program availability (see Appendix B). After the second interview, additional questions were added to the questionnaire. Appendix B displays the current version.

The interviews averaged 40 minutes in length and were conducted in public places, primary local coffeehouses. All interviews were recorded with participant permission in order for the researcher to transcribe their experiences and keep an accurate
account of the interaction. Pseudonyms were used when these experiences were referenced during the analysis to further assist the anonymity of the participants.

The characteristics of the interview consisted of a young female researcher interviewing both male and female participants. Due to the possibility of gender dynamics affecting interview responses, the researcher also observed and recorded the interaction utilizing scratch notes and head notes to document behavior or comments that seemed to have been influenced by the characteristics and gender of the female researcher. Lindlof and Taylor (2011) stated scratch notes include:

... actions, statements, dialogue, objects, or impressions that the researcher will later elaborate. In some research sites, scratch note taking may be physically impossible or, due to participants sensitivity, ill advised. In these situations, headnotes may suffice ... [the researcher] then commit[s] these impressions to memory through an act of will. (p. 156)

The researcher made a conscious effort to keep the interview as informal and conversational as possible; therefore, as advised by Lindlof and Taylor, it was not appropriate to utilize scratch notes during the interview. Instead, head notes were taken and once the interview had completed scratch notes were written.

The tape-recorded conversations and headnotes cumulatively produced close to 200 typed pages of single-spaced interview data. The analysis derived from the grounded theory approach revealed themes that were “grounded in the relationships between data and the categories” (Lindlof & Taylor, 2011, p. 250). Data was first analyzed through the method of open coding until an exhaustive list of categories was reached. The constant-comparison method was used, as suggested by Lindlof and Taylor (2011) to “compar[e] each incident of a code to other incidents in order to determine which categories they belong in . . . and define each category’s properties with greater
precision” (p. 251). Once categories are described in detail, more focused coding was utilized until the analysis moved from “descriptive to more theoretical levels, leading to a ‘saturation’ of the material by the coding process, with no new insights and interpretations” (Kvale & Brinkmann, 2009, p. 202). Through these approaches, six themes emerged within the data and are discussed in detail (see Table 1), along with the implications that arose from these findings. Once these six themes were identified, a theoretical reading of the interview texts was used to “bring forth new dimensions of familiar phenomena” (Kvale & Brinkmann, 2009, p. 238)
### Table 1

*Emergent Themes of Injury and Illness Disclosure That Withheld the Theoretical Framework of Structuration Theory*

<table>
<thead>
<tr>
<th>Themes</th>
<th>Description/Components</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Awareness</strong></td>
<td>• Participants in the study stated they became aware of the availability and protocols of a health center and a training room through an athletic orientation and/or team physical.</td>
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<tr>
<td></td>
<td>• Majority of athletes stated having open communication with their coach and trainer was the most “appropriate” way of dealing with injury and illness.</td>
</tr>
<tr>
<td><strong>Perception</strong></td>
<td>• The perceptions of the athlete by others prevented several participants from communicating injury and illness.</td>
</tr>
<tr>
<td><strong>Key players:</strong></td>
<td></td>
</tr>
<tr>
<td>Coach</td>
<td>(1) Players were afraid of being perceived as “weak” or “unreliable” and punished through lack of playing time; (2) self-efficacy issues emerged through the perception of the quality of the coach-athlete relationship</td>
</tr>
<tr>
<td>Teammates</td>
<td>The following were individually felt and collectively asserted: (1) Players wanted to look tough; (2) worried about the negative talk that might develop; and (3) the perceived pressure to play well for their teammates.</td>
</tr>
<tr>
<td><strong>Power of play</strong></td>
<td>• All athletes stated they would not tell their coach they were injured simply because they do not want to sit out of competition or were working towards a position on the starting line-up. (1) Many athletes would exaggerate or lie in order to convince their trainers and coaches they were okay to play; (2) Majority of athletes were willing to push their body in order to play (i.e. playing through mononucleosis and sawing off casts).</td>
</tr>
</tbody>
</table>
Table 1 (Continued)

<table>
<thead>
<tr>
<th>Themes</th>
<th>Description/Components</th>
</tr>
</thead>
<tbody>
<tr>
<td>Copying Strategies</td>
<td>• Fear of negative perception geared athletes to seek out their own remedies to combat health problems, often utilized in the following order: (1) self-treatment, through home remedies and medication; (2) seeking support from teammates; (3) and seeking support from their athletic trainer.</td>
</tr>
<tr>
<td>Short and Sweet Conversation</td>
<td>• Most athletes concluded that serious injuries need to be disclosed to their coach.</td>
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<tr>
<td></td>
<td>• Approaching conversations evoked anxiety.</td>
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<td></td>
<td>• Athletes would structure dialogue to ensure conversations lasted a maximum of three minutes.</td>
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<td></td>
<td>• Athletes were satisfied when coaches showed a sense of caring, periodically asked how they were doing, and did not make the situation a “big deal.”</td>
</tr>
<tr>
<td>Gendered language</td>
<td>• A little over a third of the male athletes referenced discriminating gendered terms in their narratives.</td>
</tr>
<tr>
<td></td>
<td>• Terms and phrases referenced male as strong and females as weak.</td>
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<tr>
<td></td>
<td>• Male athletes would excuse themselves for profanity in front of the female researcher, but not for gender offensive language; suggesting males have become insensitive to their offensiveness.</td>
</tr>
</tbody>
</table>
CHAPTER IV

ANALYSIS

Results identified six key themes that were composites of how athletes cope with injury and illness and strategies used to approach conversations about these health problems. After a theoretical reading of the interview texts, themes were then found to provide dimensions to the components of structuration theory. Thus, structuration theory will serve as an organizing theoretical framework for the analysis. There were six themes that emerged through the analysis of data and will be discussed as the following: awareness, perception, power of play, coping strategies, short and sweet conversation, and gendered language. Following each section will be a brief summary of the findings.

Structure

Structuration theory assesses the elements of structure and agency. Miller (2005) states that structures are the “rules, norms, and beliefs that characterize the social world” and agency is the “behavior and interaction of humans within that world” (p. 71). When interpreting social life, a central tenet is seeking the relationship between structure and agency, commonly known as the “duality of structure.” Therefore, in order to assess this relationship, this analysis will first discuss the themes that constitute what athletes believe the “structure” injury and illness disclosure should resemble and the resources that have guided them to these overarching beliefs.
Awareness

University athletic programs are equipped with facilities to ensure their athletes receive proper care and training. Whether athletes utilize them however, is premised on individual awareness and knowledge about such facilities. Participants in the study universally stated they are aware of a health center and a training room that are provided for them. However, only one athlete reported knowing of a sport psychologist available to her team. Almost all of the participants however, stated they learned about the protocols for the training room and health assistance through an athletic orientation or through their team physical. Athlete Keith described his experience as the following:

Part of the preseason orientation all the athletes get gathered and we talk to the head athletic trainer, the AD [Athletic Director] and all those people. They talk about where the training room is; we all get shown it anyways before the season by either our coaches or we’ll find it, it’s pretty convenient right next to the locker room. The head athletic trainer will talk to all the athletes, like if you’re hurt go into the training room and get help, all of the protocol. All of the athletes would be made aware at the beginning. It’s kind of our orientation about all of the rules, everything we need to know about the season and stuff. It’s definitely beneficial because it gives us a lot of information, especially for the incoming athletes who don’t know or didn’t have those kinds of services at their high school.

Other participants stated they were required to go into the training room for their physical and perform several tests before they were allowed to compete; most said this was a time when they were introduced to all of the trainers as well.

All students enrolled at the university have access to a health center to help treat illness. Participants in this study were informed of its services and location through three different media. About half of the athletes stated their physical required them to also visit the health center to be eligible to compete. Some athletes stated their coach
emphasized going there when they were sick, and other athletes learned about its location and services through their general first year orientation.

At the time of the interview, all participants were confident with the facilities they had available to them and the protocols for each (i.e., location, when to go, what they offer, etc.). With the exception of two participants, all athletes made reference to having knowledge of the health center when they first arrived at the university. Those two participants stated they were informed by teammates. Similarly, only two athletes stated they had to find out about the training room by their own means, which involved visiting the facility with a teammate or hearing about treatment opportunities through causal conversation. All athletes reported positive first impressions of the facilities and made no reference of feeling reservation to return if needed.

Unanimously, all athletes that were interviewed identified some knowledge of the protocols involved with using the facilities; however, these protocols resonated differently amongst the athletes. When asked to describe an appropriate way to deal with injury and illness each athlete gave general guidelines that they would recommend. Their responses fell within two categories. Over two thirds of the participants thought athletes should have open communication with their coach and trainer as soon as possible. For example, Athlete Pamela explained the following:

I would say go to the coach first. Tell him, “I’m feeling like this… and I’m going to go talk to the trainers to really see what is going on.” Then see what the trainers say and they’ll report it back to the coach. Afterwards I would tell coach what’s going on too. I would actually remind the trainers to tell coach. His door is basically always open. As long as you guys [athlete and coach] are both on the same page everything will go smoothly.
Athlete Evan also explained that when you are sick, it is in your best interest to call your coach if you can’t come to practice, “Because when I call him, he can hear me that I’m actually sick. Definitely tell the coach right away.” Additionally, Athlete David supplemented this approach, explaining that waiting too long to report a problem to a coach would be ill advised. He explained: “I would let the coach know and be straightforward. Don’t wait for something to happen to bring him aside. Maybe let him know before practice and say, ‘Hey this is what’s going on . . .’ Don’t wait for an incident to happen.” Similarly, Athlete Ezra made reference that his team was conditioned, somewhat by fear, to report injuries. He explained: “Actually, if you don’t talk to him or see the trainer, he’ll chew you out for not doing that; cause he wants to make sure you are healthy to go.”

The residual responses upheld the opposite spectrum in regard to injury and stated athletes should only inform the coach if the injury is serious. Athlete Katie explained the steps she recommends:

I would say first, figure out how bad it is and if you need to go to a doctor and get it checked out. If you need surgery then don’t even think about playing on it. Go see the trainer and basically if you can deal with it and you’re not in horrible pain all of the time, then see how far you can go before you stop playing on it, because that’s how you get stronger. You should tell the coach when the trainer tells you to, or when it’s bad enough he notices it during practices. Just say, “Hey I’m going to try my best but if you see me slipping up its because I can’t move my ankles really fast because I sprained them.”

Athlete Frank explicated this thought process, emphasizing that contact with the coach shouldn’t be a priority. He stated:

If you can’t play, if it hurts you too much to play, you should probably go to the training room before you talk to the coach to see what it is. If it turns out it’s just a sprain or a pinched-nerve that can easily be fixed, then you can come back and get that fixed and then you don’t have to tell the coach.
These results identified that the athletic organization has communicated a solidified structure that has been set in place for its athletes. However, the effectiveness of this information seems to be mediated by the intrinsic rules set in place by the athletes themselves.

An exceedingly large number of participants identified open communication with their coach and trainer as an appropriate way to address injury. This suggests in addition to being able to recall familiar guidelines from their physicals and orientations, most coaches told their athletes that they want to be informed of their health issues. Because these responses were governed by their awareness of their organization’s protocols and what the athletes considered appropriate, these findings exhibit the rules, norms, and beliefs that these athletes are aware of at the macro-level.

Agency

The duality of structure represents the relationship between structure and agency. The previous section described current rules that seem to have been set at the macro-level, providing a current social structure. This section will focus on the concept of agency, or the “behavior and interaction of humans” within a given structure (Miller, 2005, p. 71). As Miller (2005) suggested, individuals can use their agency with varying levels of consciousness, to produce new structures. Therefore, although “structures guide our interaction and are often reproduced by that interaction, we can also produce new structures that will have varying levels of influence on subsequent interaction” (Miller, 2005, p. 72). Through participant narratives, common behavioral tendencies were found
in relation to how athletes react and cope with health problems and strategies used to approach conversations about injury and illness.

Perception

The perceptions of the athlete by others prevented several participants from communicating injury and illness and/or made approaching an interaction regarding these issues difficult. The description of perception was multi-faceted and highlighted many key players. The most common fear about communicating injury or illness was the coach would then perceive the player as “weak” or “unreliable.” In addition to sustaining a positive reputation, the fear of communicating was also mediated by the perception an athlete had of their relationship with their coach. Similarly, athletes were also concerned that communicating injury would damage their teammates’ perceptions of them as a player and an essential member in their program.

A common theme among participants was being perceived as “tough” and therefore reliable by their coach, specifically by not getting hurt. Those with this mindset who became injured or ill felt the need to play through or not talk about their health. This thought process is typified by the following response by Athlete Billy:

I want him to think I’m the toughest kid on the team. Hopefully he thinks I’m a hard player, cause that’s what I was kind of sculpted to be, no matter if I get hurt I’m going to play through it, that’s the kind of perspective I want him to have of me.

These players explained psychological reasons why they fear telling their coach about an injury, mentioning feelings of judgment and slight paranoia that their reputation may be tainted after such an interaction. In many contexts athletes felt specific social pressure to uphold a reputation that they were a reliable teammate, which in most cases meant being
identified as a strong and consistent asset to their program. Athletes also believed that in order to ascend to the top of their coach’s starting lineup, they must embody the reputation of a player who can consistently produce impressive statistics and contribute to their team’s success. The following quotation from Athlete Billy exemplifies the fear of failing to achieve these desired reputations:

Every time I tell him about an injury, I’m like man I don’t want them to have the idea that I always get hurt. One time he said, “You need to go and pray to God or something cause you keep getting hurt all the time,” and I don’t want him to think that or have that perspective.

Athlete Katie also identified with this struggle and decided in order to combat the potential judgment, she simply would not put herself in a place where judgment could occur. She explained:

If I had a bad stomach or feeling nauseous or something, I’d probably keep it to myself because I don’t want him to think I can’t handle it, or say that I can be tougher, same with injury. I play through it now because it’s easier.

For over half of the interviews, the fear of being perceived as “weak” was enough motivation to play through injury and illness for as long as their body would allow. Athlete Samantha explained this was how she thought most people on her team felt: “I don’t think people complain about their injuries to the coach. I think it’s a sign of showing weakness.”

The emphasis on being “tough” seemed to come not from prior experiences but from fear of the “unknown.” Athlete Garrett stated his coach’s perception of whether he was capable of playing through an injury was what kept him for communicating. He explained his coach does not talk very much and when he is quiet he assumed he is analyzing his players and deciding whether he can trust them to play. Athlete Quinn
stated she became uncomfortable when she was injured because of all the potential
criticism. She explained:

Most injuries are more severe . . . mine was just an ankle. So I thought maybe he
would think I could play on it more, or maybe he thought I wanted to sit out, or
maybe he thought I was faking. So I think that’s what made me uncomfortable, just
my own thoughts of what he would think or what he would say.

No athlete made reference to a time when a coach explicitly called him or her or a
teammate “weak” in a demeaning way. However, although Athlete Keith mentioned he
felt his coach had genuine care about his teams’ health, he also gave reference to this
demeaning talk in a humorous form: “He jokes about people missing all of the time,
makes knocks at them, says they’re soft.” Athlete Katie also said her coach dances
around this issue, explaining: “He just says, ‘No excuses, try your best and work hard.’
He expects us to deal with most things, in a professional way, like not showing it. It
probably is a way of saying, ‘Don’t tell me that you’re hurt.’”

Athlete Keith was the only participant who made note of specific instances
when there was encouragement to play through an injury from a coach. However, many
athletes provided comments that they felt their coach rewarded toughness and punished
weakness. This can lead to an assumption that these feelings were embedded
subconsciously from a prior experience, even if a recollection of a specific event was not
mentioned. Athlete Natalie gave the following example:

I feel like my coach praises more players than others, like if you’re tough, if you
can play through stuff. I think he definitely praises one player because she’s a hard
worker and she’s tough. She’ll get bulldozed but she’ll get right back up and keep
playing. Other people get bulldozed and sit there and pout and come out. So he
definitely praises people that play through that. Praise is seen through playing time.
Other players made reference to this extent, stating playing through an injury communicated to the coach that the player was reliable. This has bigger implications because the concept of reliability becomes linked to injury and playing time through a complicated system of communication that is both overt and opaque. Athlete Frank explained:

The coach usually says it’s fine- but when they say it’s fine, it doesn’t usually mean it. They don’t really say what they mean, they’ll say it’s fine- but in their mind they’ll right you off. I don’t want to get written off, so I don’t talk. They’re trying to win and if there is a guy that is going to get hurt in the middle of the season or has the potential for being a bad part of the team, they can easily find another player.

Other players made reference to this feeling as well. Athlete Steve thought if he were to ever say he wasn’t feeling up to par his coach would think he was weak and find someone else. Similarly, Athlete Lisa explained she wouldn’t even think about telling her coach about an illness, stating, “I feel like our coach would get mad if we missed because of that. I wouldn’t even bother telling him I was sick, it would never be severe enough.” Athlete Keith supplemented this by saying his coach will respect you more if you tough it through an injury or illness. Additionally, Athlete Ezra noted that he felt the coach rewarded players who were always out there throughout the year and not sitting out because “he needs guys that are going to be reliable physically and mentally.” This pressure not to seem weak or unaccountable makes it reasonable for these athletes to second-guess the decision to make their injury known. Athlete Billy described the thoughts that went through his head when he was injured: “My thing about the coaches was them thinking, ‘Well this kid can play, but he’s going to get hurt and he won’t be able to play . . . is it a gamble, is it a risk we want to take?’” Having the coach perceive a
player as “tough” and “reliable” seems to be at the utmost importance to athletes, making a coach an unattractive resource for disclosing injury.

Amongst the internal pressure to be considered tough and reliable, athletes also identified self-efficacy issues in relation to their belief in their ability to speak about injury to a coach. Self-efficacy in this instance was affected by how they perceived their relationship with their coach. Athlete Mary explains that the barrier of communication between her and her coach is not that she is intimidated by what her coach may think, but simply because she feels there is not a relationship. She explained:

I’d like to have a good relationship with him and I don’t feel like it’s there so that’s why I don’t feel like I can talk to him that easily. I just feel like I need to communicate more, it just starts on the small basis of letting him know how I feel, like feeling left out, and once I see that he cares what I’m saying, then I can start talking to him about when I get injured or something.

Both Athlete Doug and Frank supported this statement, making reference that if you do not have a good relationship with your coach, then when you are injured or if something is wrong, you probably won’t tell them. Some athletes even experienced this to an extreme. Athlete Steve commented that he did not feel like having a relationship with his coach was even an option. He shared:

I would approach him maybe if we had a better relationship, I feel like we are not that close. I feel like he doesn’t make relationships with his players, he even told us that he was here to be our coach and not our friend. He said that kind of in spite of last year, how our season ended a little shorter than expected, and I think it was just a kind of just a thing to get in our heads that he really want us to win rather than being our friends.

Although Athlete Steve reported having a good relationship seemed out of reach, the majority of the participants stated that a player could essentially “earn” and better
relationship with their coach simply by playing well, or in other words, by finally claiming the title of a “reliable player.”

Almost unanimously, all participants who made reference to having a good relationship with their coach also reported that they received sufficient playing time. Similarly, participants who made note that they struggle with their playing time or were hopeful to increase their participation in competition, reported poor relationships with their coaches. For example, Athlete Mary said, “I feel like he has that relationship with his starting players. I would like to have a relationship, it’s actually a goal to have it.” Athlete Doug explained he went through a process with his relationship, as his relationship seemed to coincide with his growth as a player.

With my coach now I feel like it is more of you got to prove yourself until then he’s not going to really give you the recognition you think you might deserve. Before, I was timid to talk to him. Last year he was a little hard on me, just because he expected a lot of me and this year I’ve proven myself to him by playing good and showing I work hard, so our communication is a lot better than it was last year- it’s more comfortable. But, at that time last year, it was kind of hard to tell him I was hurt.

Athlete Evan actually experienced the opposite effect, perceiving his relationship with his coach to be strong when he was a starter, and become weaker once he became injured and began talking to him about returning to his spot after recovery. Athlete Evan admitted he was bitter about the situation and now sees his coach as “two-faced.”

In most cases, athletes reported that knowing you have a solidified spot on the starting lineup made it easier to talk to his or her coach about injury. Athlete Henry said he felt better about talking to his coach about his injury because his roommate had been through the same process and retrieved his place on the line-up once he had recovered. Several players made similar statements in reference to special treatment that was
rewarded to those who received sufficient playing time, such as reacting to injury with urgency and care. Athlete Natalie explains her perception of her coach with individual players:

He cares more about injury if you’re one of his starters. People freak out a little more if someone is injured and sick if they play a lot and made more of a difference in a game than someone who doesn’t really play a lot. People kind of forget about the people that don’t play a lot.

Athlete Mary gave reference to this when commenting on a time when she got hurt in practice:

I don’t really get playing time, so I feel like I’m not one of the important players he’s worried about. So I could see why he wasn’t as concerned. I didn’t like it, I just expected it.

The fact that Athlete Mary “expects” this treatment gives more support that this is a common behavior amongst her team.

In summary, the importance of the coach’s perception of a player was the most prevalent comment within all participant narratives. The concepts of “toughness” and “weakness” compiled with the pressure to display accountability seem to portray the act of injury disclosure as a dagger to ones’ self-image. Additionally, the perception of the kind of relationship an athlete has with a coach, as well as how a coach will treat certain “starting players” creates self-efficacy issues when it comes to communicating injury or illness, and in most cases communicating in general. However, the concept of perception is multi-faceted and contains many players. To this extent, the perception of one’s teammates also surfaced as a limitation to injury and illness disclosure and will be discussed in the following section.
Maintaining a certain perception from one’s teammates was a dominant response amongst the participants. From these narratives, three popular feelings emerged: wanting to look tough, worrying about the negative talk that might develop, and the perceived pressure to play well for their teammates. In addition, almost all athletes commented on a time when they have judged another teammate for sitting out and/or communicated an injury. There were no narratives that reflected on an experience that influenced the development of these perceptions; however, pressure to play through injury in order to sustain positive perceptions was felt by the athlete and also informally communicated and reinforced amongst teammates.

A few athletes stated they had worried they would be judged for sitting out and had different mechanisms for combating this feeling. Athlete Samantha said she simply will not communicate injury because she feels people would say, “Well why isn’t she playing, I’m more hurt than her, so suck it up and keep playing.” Similarly, Athlete Quinn reflected on a time she got hurt during practice and had to sit out. She explained,

I wondered what they were thinking, so usually whenever they would run I would do push-ups or something to let them know I’m still here and trying to be a part of the team.

These accounts often reflect back to the general idea of not wanting to look weak in front of others. Athlete Frank described a time when he obtained a major injury at the beginning of a weight-workout; he stated, “I couldn’t breathe, I couldn’t move, but I finished the workout because I didn’t want to look like a pussy.” Athlete Keith also annotates this perception in the following excerpt:

You don’t want to look soft to your teammates. You don’t want to appear like you get hurt a lot, you can’t hang in there, and if you get one little knock you’re going to have to come out. There is that feeling that you want to play through pain and kind
of tough it out. I’ve definitely taken bad knocks in practices or something where maybe I felt like I should have came out and sat out the rest of practice or something and not done anything because I didn’t want to look soft to the team.

These narratives also describe a similar concept that was mentioned within the coach’s perception, the idea of accountability. In these instances, unless receiving a debilitating injury, if an athlete sits out their team might assume they can no longer be held accountable for the team’s overall goal, which is to win. Athlete Samantha gives this example:

It’s like you’re held accountable so you don’t want to let down your team so you just kind of push through the pain. I feel like I’m accountable, I feel like I have to perform in order for my team to do well. Last year we didn’t have a lot of depth in our bench, so if I would come out, it would be like who would come in for me?

Similarly, Athlete Natalie described a time when she felt pressured to play, even after undergoing two previous concussions. This concept is interesting due to the recent attention from medical scholars about playing with concussions. For example, the recent CNN article written by Coy Wire following the NFC championship discussed the possibility of developing chronic traumatic encephalopathy, a recent disease suggested to be a result of too many head injuries. The article also identified athletes who have attempted to take a competitive advantage by utilizing the knowledge of concussions to “take out players” which can give a high incentive for players not to disclose their injury for fear of wider dissemination (Wire, 2012). Athlete Natalie described the circumstances that propelled her to continue contributing to her team, even though she was worried about her health:

I was frustrated because I didn’t want to sit out. I felt like since I’m the only true person at my position this year, I didn’t want to let my team down. But, at the same time I didn’t feel comfortable playing.
Within this excerpt, there is a glimpse of the power that perception can have on an athlete, especially when a team dynamic is set in place. It is questionable if these circumstances would have changed even if the current medical discoveries were addressed to the athlete. The determination to play may also be due to additional components surrounding judgment. In particular, this feeling seems to remain deeply embedded because these athletes have also participated in judging their fellow teammates. Almost every interview gave reference to a time an athlete had made a negative observation towards a teammate who communicated a health problem.

Both male and female athletes discussed events where they thought a teammate could have “toughened up.” Athlete Mary addressed the issue to the extent that it actually makes her angry. She explained:

As a player it makes me mad because I’m getting hurt all of the time and I don’t let that stop me from going to practice and like crying about it. I just feel like she needs to toughen up. There was one time she took a foul and it was hard and she cried. I felt like she didn’t need to cry it’s just that she’s a crybaby.

Other athletes made a reference to an “I’m doing it, so should you” attitude. Athlete Natalie said she had felt this way in regard to sickness. She explained she had come to practice everyday when she was sick and remembers thinking, “If I can come sick, you can come sick.” Athlete Ezra gave a similar perception of his teammates when illness struck. Saying if it happens once, he’d be okay with it. Twice, he’d be annoyed and want them to get on some medication; concluding with, “Honestly, if they are missing all of the time I think of them as being soft.”

Although it was clear judgment was passed to a variety of players, several female athletes reported they felt this type of perception was only seen for select players;
with only one female stating she felt there was no judgment placed at all. For the majority, the support that was supplied for an athlete who seemed injured was indicative to them as an individual player. Athlete Rose made the following comment:

Certain players you just trust their not lying based on their history and their effort, if they ever dog, or complain. So when they do, they must really be hurt. If you’re always saying it we just don’t believe it anymore. I can think of one person that it happens to a lot, she just has that rep where it’s like “Okay, sure you are.” It’s sad because that one-day she is really hurt we’re all going to say “bull shit.”

To this degree, Athlete Lisa also agreed that as bad as it seems, some players get judged while others do not. It seems that this causal talk develops towards certain players that don’t seem tough enough and may have asked for attention for their injury more than once. Athlete Samantha referenced a player who always seems to be limping until someone asks if she is okay. This developed into a team dynamic. “We always joke around like if somebody is hurt or getting ice after practice we’ll say, ‘Oh does your leg hurt, why don’t you ask [___] to go with you to the training room cause she’s always there.’ ”

Although male athletes didn’t make reference that judgment is passed towards specific players, a significant amount discussed times when they thought their teammates were using injury as an excuse for being tired or for poor performance. Athlete Keith explained it becomes frustrating because his team will be working hard during a workout and it seems like some of his teammates fake an injury so they have a better excuse to sit out, other than admitting they are tired. In addition, Athlete Frank described a case when his teammates said his shoulder hurt during a game, but he was skeptical if the injury was legitimate; saying, “I really didn’t think it was a shoulder injury at all. We just thought he was faking it because he wasn’t playing good.”
These encounters collectively suggest that pressure to obtain a reputation that boasts reliability and toughness was both felt and exerted at the level of the athlete. Both genders made reference to the importance of being known as “tough” by their coaches and teammates. However, it seems that females then take this perception of being tough and use it to criticize and talk negatively about some players more than others. Negative talk amongst males does not seem to happen when someone complains of an injury, but rather when they play through it and use it as an excuse for extra rest or for poor performance.

These instances narrate how a sense of pressure is communicated in a continuous cycle within athletic teams. Within this cycle, pressure to play through injury is individually felt and collectively asserted. Thus, athletes have created a rule-bound system where they continuously feel the pressure to sustain the perceptions of toughness and reliability, while also punishing those who fail to meet the same criteria.

The Power of Play

One of the most powerful internal drivers for these participants was the power of being able to play. Beyond image perception, all athletes stated they would not tell their coach they were injured simply because they do not want to sit out of competition. More explicitly, being able to have the opportunity to play and make it on the team’s roster and/or starting line-up was a major factor for several of the participants. These components were mentioned as key factors inhibiting injury and illness disclosure.

Every athlete made reference to the ways in which playing a collegiate sport made a difference in his or her life. Answers varied from the fact that it had always been a life-long goal, the monetary benefits associated with scholarship allowing them to
attend college, and for some, being able to play in college is the only reason they are enrolled as a student. These reasons make it evident that their passion to play could propel them through many obstacles. For many athletes, their mind is made up even before an incident happens. Athlete Samantha explains:

It’s just like I like to play and this is what I want to do so if anything gets in the way I just kind of overcome it, whether it’s getting hurt or when something like a sickness happens I just push that aside and keep playing.

Similarly, Athlete David said it would take his coach literally pulling him aside and telling him he cannot play for him to step off of the playing field. He elaborates, “I would never initiate the ‘me going up to him’ I would never do that, because I like to play through it. I want to play, most of all. That’s probably the biggest reason, if not the only reason.” Athlete Henry also identified fear of not playing was his biggest obstacle for disclosing his arm injury. Because of this, he played through a serious injury for two whole games. Similarly, Athlete Keith and Steve stated that if you are in a position where you are playing a lot, you do not want to let another guy come in and get opportunity to be exposed to the coach. In addition, Athlete Deanna said her worst fear when she had a minor injury was that she was going to lose her spot by her replacement.

For the athletes mentioned above, each were identifying protocols they take in order to maintain playing time; however, for some, they would not identify injury because they want the opportunity to play. Athlete Evan, who mentioned he was trying to earn back his position, stated there is a motive to play through injury because of the competition for playing time; “every little thing counts.” Athlete Garrett is in a unique situation where he is trying to walk-on to the team. He elaborated that because of his situation it is better to have his coach not know, than to have him worry about him. He
concluded with, “Unless it feels like it is about to fall off- I won’t tell him.” Athlete Frank, who has already completed a season on the same team as Athlete Garrett, said he is aware of some of his potential teammates and their injuries. He explained he understands why they would not complain about their pain because they are trying to earn a spot. Through this narrative, Athlete Frank did not think the situation was out of character, but rather normal.

Although the drive to secure playing time already begins at a high level, the majority of athlete responses said it dramatically enhances once season commences. Athlete Pamela said she is recovering from a serious injury and communicates with her coach and trainer about her progress. However, she explained her approach would be much different if she was in season, especially going into the play-offs. She explicates this approach in the following excerpt:

If it were in play-offs, I really probably wouldn’t say anything. It is lose or go home, so I feel like my team would really need me. It’s my last year. I wouldn’t put it in somebody else’s hands to tell me if I could play or not.

Here, Athlete Pamela explains even though she loves competition, she is willing to sit out and communicate with her trainers about an injury. The importance that this injury is monitored and watched, however, seems to vanish when the word “play-off” comes around. Athlete Samantha identified with this theme and said if you are in season and get injured, all you can do is ice it. “Especially going into play-offs it’s definitely important for you to push through the pain. So you just kind of prolong those injuries until the season is over.”

Many athletes mentioned they would use techniques such as exaggerating and lying in order to convince their trainers and coaches they were okay to play. Athlete
Keith said he knows of teammates that have exaggerated how much better they were feeling to try to “get back out there.” In addition, Athlete David said he was going through treatment for a minor injury that consistently caused him a lot of pain. He explained his coach has to pull him out of play otherwise, he will not sit out. However, this sense of resistance to sit out seems to enhance once he is in season, he explained, “If it would have happened in season I would have played through it, even if he pulled me aside, I would have lied to him.” He continued to explain that during the season when he is injured he avoids his coach at all cost. Athlete Deanna also explained the dramatic difference season can induce. She talked about a time when she sat out and actually had to go to the hospital because her body was having a bad reaction to an illness. However, she said if she were in season, she still probably would have played through it.

These excerpts narrate the tolerance athletes have for pain and illness to ensure they are able to play the game they love. However, these prior glimpses into their stories seem to only be the beginning, as athletes are willing to put themselves in worse conditions in order to play. The follow section describes the extent athletes are willing to play through pain and illness.

When it comes to illness, all athletes said they had played through at least a head cold at one point. Many mentioned that times when they had the flu and were unable to control the symptoms of their sickness with medication, that they would make a call to their coach. However, there were a couple of athletes that refused to even let those symptoms get in their way. Athlete Garrett commented on a time when he played through the flu, and even this he considered minor.
It wasn’t too much harder. Your arms feel heavier, your whole body feels heavier; you feel like you’re dragging. It just takes more effort to get through it. Unless I’m like deathly ill to where I can’t play, then that’s when I won’t. I don’t like to tell him anything because then he won’t play me- then I’d miss a game and I don’t want to miss.

Athlete Frank reflected on a time when he had mononucleosis (mono) in high school and decided to play through his entire season. He commented,

I didn’t play very good at all . . . I don’t think you’re supposed to play when you have mono. I’ve never told my coach when I was sick. I didn’t think there was a reason for him to know.

This experience illustrates that athletes may play through sickness for the love of the game, but in some instances, their naivety of the situation could be harmful. In this case, playing with mono is highly unadvised and should not have been treated as an everyday cold, as the spleen is enlarged and sporting activity could cause it to burst.

In a similar context, athletes have pushed the limits of their injuries as well. Athlete Rose shared that at her prior college she had played with shin splints to the point where she was told she was two games away from receiving stress fractures in her legs. She explained that they did not have substitutes, so it was on her to deal with the pain.

Athlete Lisa was also willing to play through pain if it meant she could compete in more games. This occurred when magnetic resonance imaging (MRI) indicated that her injury was going to take her out of competition for an extended period of time. She described her reaction as:

I didn’t know what to say. I wanted to say, “It’s fine I don’t have any pain,” like I did have pain . . . but I didn’t want to say it. It felt fine. Some people play with this injury. I didn’t want to think about going through rehab.
Athlete Lisa elaborated that she would have played through it if she were not told she needed extensive rehabilitation and also mentioned being away from the game through her recovery process was very difficult.

Athlete Billy also attempted to play through a difficult injury. He explained that he had broken a bone while playing in the offseason prior to returning to the college for their training. In an effort to be ready to play and keep the extent of the injury confidential, he described the steps he took:

I broke it and I took the cast off early before coming here. I didn’t want my coaches to know I broke it over the summer so I had my friend saw it off because it was still three weeks early from the initial date that the doctor was going to saw it off himself. I was kind of hoping I could take it off and it would just be okay. Since it wasn’t healed, I ended up having to tell my trainer and coach anyways.

In these two instances, athletes were struck with components of their injury that were out of their control, the need for extensive rehabilitation, and the need for a cast. Both made claims that if these elements were not in the picture, they would have played through the pain.

Two other participants found such luck. Both athletes found out they had injuries that were not likely to worsen if they continued to play. Athlete Frank explains the experience he had:

I hurt myself my last year in junior college. I still played through it. I figured I only had a couple of years left to play, so I might as well finish it up as good as possible. I kept it to myself. I didn’t want to tell the coach because I figured if I told the coach he wouldn’t play me. I was at the training rooms every single day before and after practice getting treatment. I had an agreement with the trainer that he wouldn’t tell our coach, so that was kind of cool; we had a really good trainer. But after I played I couldn’t even wash my hair.

Athlete Henry was told even if he worsened his injury he would have the same extensive rehabilitation, so he also decided he would try to continue playing until his season ended.
It wasn’t really that big of a deal to hurt it more, and it’s my last year of playing eligibility wise so I might as well try. I didn’t really come to a point when I realized I needed to take care of my body until my coach came to me and said if it hurts you probably shouldn’t do it.

Athlete Henry identifies an interesting concept when he says he did not come to a point to realize he needed to take care of his body. These exemplars suggest that collegiate athletes have very narrow vision in regard to playing the game they care so much about, regardless of the pain they endure. To this extent, Athlete Frank also identified a past teammate at a junior college who played with a torn meniscus and elbow as well as shoulder problems. He continued to explain that his prior teammate’s body is now falling apart and he was forced to quit in order to get healthy.

Not every athlete that was interviewed had an experience where they received a significant injury, but that does not mean they would not play through one if the situation arises. Many athletes indicated the extent they would be willing to put their body through if it meant they could compete. Athlete Katie declared that it would have to be a full body cast next time she sits out. She explained she had to sit out when she broke a bone and her dad would not let her saw her cast off in high school. She concluded that after her experience she would push her body pretty hard, especially if it was her last year of collegiate competition. Athlete Natalie also agreed that if it were her senior year she would consider prolonging her injury, possibly worsening it. Athlete Samantha complemented this approach by saying she also would have to have a broken leg or arm in order for her to sit out. When further asked if she would reconsider if the injury could be prolonged she stated:

If it would effect me after I would definitely look into it but I would ask to see if I could prolong whatever it was, if I had to have surgery or whatever the injury was,
if I could fix it after my season. But probably depending on where we were at I would try to keep playing.

Athlete Frank, who mentioned he had previously played through a persistent injury, was also asked to what extent he would continue playing through injuries. His answers were consistent with his previous actions:

Permanently injuring myself went on the backburner. My sport is such a big part of my life I would sacrifice a part of my body to play it as long as I can. I’m playing through minor injuries right now. The coach doesn’t know and I probably won’t talk to the trainer, because the trainer usually has to tell the coach. I don’t know the trainer that well yet to ask him to hide it, maybe in the future. I don’t really see permanently hurting myself as a priority. If it does tear, I can always get surgery or do whatever, go through rehab, after season is over. I think I will play through it until my body physically can’t play anymore.

These narratives provide insight into the power that playing in competition has on an athlete. Their sport, in essence, becomes a higher priority than their physical health and most will do anything to continue basking in all that it has to offer; especially if the circumstances meant they could only enjoy it for one more year. Both athletes who received sufficient playing time, and those who did not, recall different kind of reasons to want to play through an injury. It is because of this extensive passion that athletes prefer to develop individual protocols for injury and utilize their own unique set of coping strategies.

Coping Mechanisms

The stigma that telling a coach about injury or illness will result in a “weak” perception or limited playing time, have geared athletes to seek out their own remedies to combat these health problems. Three dominant trends were found. These include self-treatment, seeking support from teammates, and seeking support from their athletic trainer.
Athletes of both genders identified instances where they utilized their own home remedy to deal with their illness or injury. Athlete Evan explained this is often the primary solution because, “The trainers and the coach talk a lot. So if I tell the trainer then the coach will probably know.” Often times this meant doing either home exercises or using pain medication. However, although male athletes utilized both mechanisms, female athletes did not mention relying on pain medication as part of their injury or illness protocol.

Several athletes mentioned their own home-remedies that they believe help return them to the playing arena the quickest. For instance, Athlete Katie explained when she sprained her ankle the trainer just put ice on it, but “she knew the drill.” She said, I hurt it Friday and took it home and put it in a bucket of ice with some Epsom salt, elevated it, and kept off of it for awhile . . . went back into the grind that Monday and played through it.

Likewise, Athlete Quinn iced her injury on her own, made sure her shoes were extremely tight, and wore double socks. She elaborated these techniques get her back to the game a little bit earlier, “as opposed to going to the athletic trainer.” In an ambitious act, Athlete Pamela said she was not happy with the treatment she received from her trainers during rehabilitation. She explained she did not receive much guidance during her recovery and decided to figure out ways to strengthen herself by researching information on YouTube.

For the male athletes, painkillers seemed to an instinctive behavior in order to combat injuries. Athlete Keith mentioned that his first instinct regardless of the problem is to sit up and take a couple of painkillers and utilize some positive self-talk, such as, “It’s not going to be bad” and “I’m fine.” Several athletes made reference to using pain medication on a daily basis when they were injured. Athlete Steve stated he played
through an injury by taping it himself, taking Advil, and icing it after practice every day. Additionally, although Athlete Garrett is suffering through minor injuries, he claims they are not to the point where anyone needs to know. To help contest the pain, he uses “Ibuprofen and stuff” to help him get through the day, although he admits the following day finds him in substantial pain. Athlete Steve explained that illness is always played through, so he just tries to take a lot of Vitamins C, but going to the Health Center never crossed his mind.

The use of medication is not uncommon for these athletes, however Athlete Evan and David responded with some unusual behavior. Athlete Evan believed if the trainers knew about his prolonged injury they would probably sit him out. He explains in order to keep playing when it acts up, he tries to get a good night sleep and “loads up on Tylenol” in order to play. Athlete David also utilized taking several painkillers in order to play in the following excerpt:

Towards the end of last season, it felt like it was starting to die; I couldn’t play anymore. But I was the only one for my position and they counted on me to play. So I had prescription Ibuprofen and I’d take one, and if it didn’t work as well as I wanted to, maybe during a game, I’d probably take another one to get me through the game. What was recommended was three times a day, so probably taking two within an hour wasn’t recommended, but I did it anyways.

The use of pain relievers seemed to provide a way for athletes to play through an injury that they perceived to be minor. In most cases, it provided a “quick fix.” Female athletes referenced more individual exercises and strategies that they learned and believed reduced their recovery time, whereas males relied more on pain relief medication. With both genders, participating in their own treatment gave them a sense that their body was being supported. With the many demonstrations of the determination to get back on the
playing field, it becomes evident that in many cases getting injured is the worst thing that can happen to an athlete. Therefore, having an instance when an athlete is struggling to play through an injury, or forced to sit out, can be an extremely emotional experience.

Athlete Rose reminisced on the time she encountered a serious injury a week before an important tournament. She explained the struggle the timing of the injury placed on her emotions and every day life. She elaborated:

We didn’t have a lot of time, we had to get on the bus and get to the tournament, and it couldn’t be all about me. Then people move on. It affects my everyday but it’s just a highlight for four days and we have to move on and not give a shit. Of course, you want to pout and be like “this sucks.” But you got to get over the “pitty-party” eventually. I think it took me some time to do that just because you’re an athlete, you’re used to being able to do anything.

Athlete Rose further mentioned that her rationality was a progression of anger and disappointment, until she was able to accept her circumstances and move towards next season. Athlete Evan also related to the initial feeling of anger when he got hurt, saying the most frustrating part of his injury was knowing he lost his position and it was out of his control. Athlete Deanna explained a similar experience when she got injured:

I just sat there . . . I didn’t want to move. I was angrier knowing that I was injured and could be possibly done for the season. It’s a scary feeling knowing that at any time an injury can take you out from something you love.

Not only do athletes have emotional reactions towards the possibility of being taking out of game play, but reaction also rose from being taken out of their traditional team atmosphere. Athlete Pamela commented that when she went through a serious injury she didn’t feel completely apart of the team because she was forced to sit on the sidelines.

Interestingly, over half of the female participants reported the emotional aspect that was involved with their injury, but only about a quarter of the male
participants made such reference. This could be a representation of the willingness to express emotions about a vulnerable time, or simply that most male athletes did not find it meaningful or helpful to reflect on the emotional aspect that was involved in injury to the researcher. However, over two-thirds of the male participants narrated a time when they thought talking to a teammate was helpful. With such joy associated with their sport, as illustrated in the two prior themes, it is expected that athletes would need support through this time of absence. In fact, for over half of the athletes, relying on teammates became the sole factor in order for them to push through their injury.

What seemed to be comforting factors when confiding in teammates were the satisfaction of support, confidentiality, and knowing they were not the only one going through pain. Athlete Billy also said that although there is still a competitive component within the team, he feels everyone is supportive of injury and always wants to know how those on the sideline are doing. Athlete Deanna said she found the most support in her teammates when recovering from injury because they “pushed her to be better and get back into her groove.”

In Athlete Deanna’s example, this was an injury she was forced to sit out for. When athletes are going through minor injuries that they do not believe need to be addressed to a trainer or coach, participants said the aspect of confidentiality was helpful. Athletes mentioned teammates were often the first people they talked to about injuries and was a way for them to express their frustration without worrying about their coach finding out and losing playing time.

Other players found comfort in teammates, rather than any other support outlet, because they identified with each other’s struggles. Athlete Billy reported his
teammates use each other for physical support during “hush, hush” injuries. He explained there are a few of his teammates, one in particular, who he relates to because they always seem to get injured at the same time. He explained, “If I know he’s struggling in drills I’ll just take more reps. I’ll be like, ‘Here, let me just go again, let me just go again’ to help him give him that rest or whatever it is.” He further explicated that if one is injured, they use each other to get through the week of practice without having to tell their coach.

In most cases, athletes seemed to seek out their friends within the team when they wanting to vent about an injury. The athletes never referenced worrying about judgment towards the teammates they told. This leads to the assumption a sense of trust and positive perception was already negotiated and that athlete did not need to worry about the negative perceptions that were discussed in prior categories.

Another safe outlet for most participants was their athletic trainer. In most events athletes who used this resource felt they had a strong relationship with their trainer and preferred talking to him or her about injuries. A key component to this relationship was an awareness of trust that the trainer would involve the athlete in their decisions for treatment. Almost unanimously athletes said they were satisfied with the treatment they have received from their athletic trainer.

A few athletes even said they had an agreement with their trainer that they would also be involved with the decision to tell their coach. Athlete Ezra explained, “He’s cool to talk to cause he doesn’t say anything unless I think it’s a big deal. It’s something we talk about and it helps me get through it.” However, there were two experiences that reported waiting too long to see their trainer and were reminded that if they would have come in earlier, they would not have had to go through so much pain; in
these cases, an athlete was unable to receive stitches and was left with wide scars and another athlete made her injury worse.

In summary, there appears to be a pattern that has developed for the ways in which athletes nurture health problems, although the causality of their actions is unclear. No reference was made as to how individual remedies and protocols were learned; however, due to the consistency of self-treatment protocols, there is a high possibility that this knowledge was passed down from generation to generation and/or was communicated in some form amongst their teammates. For illness, few protocols were mentioned because most athletes confirmed that unless they were bed-ridden they would suffer through practice. However, for injury, most athletes would first try to take care of it themselves and utilize the support of teammates to push through their pain. If the injury was severe enough they would find comfort in talking to their trainer. Most athletes liked that they were involved in the decision to tell their coach, the majority confirming that this was usually at the point when their coach should probably know they were unable to participate in practice.

Short and Sweet

Multiple reasons were established for playing through injuries and this has led athletes to act in ways to keep their injury quiet. In order to do this, many athletes admitted to using several coping mechanism; however, most athletes concluded that serious injures need to be disclosed to their coach. The following section addresses how athletes approached these situations, the contents of a typical conversation, and the overall satisfaction the athlete had with the interaction.
The majority of the participants stated approaching the coach about an injury was an intimidating situation and something they would do only if they were to the point where they could not play. Almost unanimously, athletes suggested when injury occurs the most appropriate way to approach their coach was to seek help from their trainer prior to the conversation. They felt this showed they were handling the situation correctly, legitimized their injury, and ultimately made the conversation shorter. However, even after taking this first step, a sufficient amount of athletes stated actually telling the coach about their injury evoked stress.

In all cases, athletes said the aspect they were most nervous about was the coach’s reaction, male athletes in particular. In order to contest this issue, athletes would prepare for the conversation by scripting it out in their heads. Athlete Ezra stated he would run the conversation over in his head, usually in the shower:

I would think I’m going to say it like this and if he says something I’m going to say this and hopefully I’m in and out…and hopefully he doesn’t have a huge reaction to it or doesn’t look at me like “this kid always get hurt” or “he’s a liability.”

Athlete Frank also stated being intimidated by his coach affected the way he approached the situation. He also utilized the tactic of scripting out the conversation in his head, in order to find ways to make his injury seem like less of an issue than it really was. Similarly, Athlete Jacob said he would take some time to think about what he was going to say and how to phrase it, explaining, “You don’t want to sound like you’re weak or anything.” To this degree, Athlete David reported being conscious to make reassuring statements that he was “fine” and “not to worry about him” because he had recovery quickly.
Several females also said approaching a conversation with their coach made them nervous. Athlete Quinn said her nerves developed because she had never talked about an injury before and she was not sure what his reaction was going to be. Athlete Mary said she had a hard time articulating the pain she was going through in such a way that he would not think it was a big deal. She admitted she had to lie to her coach in order to accomplish this. Although these feelings and techniques are consistent with the males, none of them mentioned techniques that they used to prepare for the conversation, such as scripting it out in their head prior to meeting with their coach.

However, regardless of who the athlete was, almost every narrative contained similar contents in their conversation. The most common response was that the conversation was “short and sweet,” ranging between 30 seconds to three minutes. All participants structured their dialogue as such that it was quick and to the point, first telling the coach what they hurt and then what the trainer said. In all responses, the participants said the coach would reciprocate this style and either say “okay” or ask a few questions as to how they got hurt and if they are getting treatment. Athlete Ezra explained,

> Usually anything that has to do with some type of injury it is not a long conversation at all, he just doesn’t get very involved. That’s the trainer’s job, so he just goes to him.

Several athletes identified that they felt their conversation was kept short because they believed, or experienced, a time when they knew the coach and trainer communicated to each other, further reducing the need for the athlete to have an extensive conversation with his or her coach.
All athletes seemed to be okay with this minimal conversation time and the coach’s immediate response to the injury. Athlete Doug expressed gratitude towards his situation:

It was to the point and that is the exact way I wanted it to be. I didn’t want to explain how emotional or upset I was about my injury and how I wasn’t going to be able to play. I wanted it be cut and dry and right to the point.

This feeling was reiterated in all but three athletes. Almost unanimously, athletes thought their coaches showed a sense of caring and understanding, the three select athletes felt their conversations lacked these qualities. One in particular, thought her coach did not provide a safe playing field for her, which increased the risk of getting injured before a major tournament. She stated, “I wish that she would have looked me in the face and said, ‘I’m so sorry we were doing that. We should have never been doing that drill.’ But I know she’s human.” However, in general, participants were pleasantly surprised at how easy the conversation was and felt a sense of relief afterwards. For example, Athlete Billy said, “I just felt relieved, like twenty pounds were lifted off of my shoulders. Then I could worry about other stuff . . . like homework.”

All but two athletes also thought the overall response to their injury was sufficient as well. Most responses stated the coach was generally supportive and they appreciated the fact he or she did not make it a “big deal.” In most cases, they valued the coach asking about how they were doing from time to time, as it was comforting knowing he wanted them to recover. A few responses included the coach actively watched the player and initiated the conversation if he or she felt they were hurt. The participants seemed to have mixed feeling about this, as some of them were angry they had to sit out,
but at the same time felt it legitimized their injury when he or she noticed and were glad they didn’t have to approach their coach themselves if they were having pain.

**Gendered Language**

Although athletes of both genders shared many similarities in their experiences and protocols for injury and illness, their use of language when describing their injuries, as well as their teammates injuries, supplied some variation. A little over a third of the male athletes referenced discriminating gendered terms in their narratives. Most word choices seemed as if they were naively used as daily occurrence, with no conscious effort made to devalue females. This can be concluded due to their initial reaction to answers posed by the researcher, especially since the researcher is a woman.

Responses varied in regard to highlighting this finding. In general, when making referencing for one to become tougher, the solution was to “be a man” about it. Athlete Frank’s response to his prior teammate’s injury exemplifies this notion:

> I had a teammate back in junior college, both his knees in his meniscus were torn and he had elbow and shoulder problem and he tried to play through it. He’s messed up now. I probably wouldn’t have told the coach anyways- I think you should just man up and play through it until you can’t.

Similarly, Athlete Frank also identified his dominant interpretation of gender when describing an incident when he became injured and played through it. He explained how he pulled a muscle while lifting weights with his team. He went on to say, “I couldn’t breathe, I couldn’t move, but I finished it because I didn’t want to look like a pussy.” The use of a term that refers to a female’s genitals clearly showcases the lack of sensitivity to the word’s offensiveness, and further establishes his believe that females are weaker than males.
This athlete was not the only one to display this type of demeanor. Athlete Doug was more explicit with his descriptions. His first use of the language came when he described his first impression of the trainers at his facility. Saying he felt confident in going to them because they “didn’t give you the impression that they were going to be all panties up in a bunch about it.” He later explained the reasons for his nerves when talking to his coach about his injury was because he did not know what he was going to say, “like if he thought I was going to be a girl about it, or how he was going to take it.”

Similarly, Athlete Steve responded to the knowledge of his teammate’s broken leg with, “I didn’t think he was a sissy because he broke something.” The use of the words and phrases like “panties”, “being a girl about it,” and “sissy” are associated with the female gender and are all used as a way to describe perceived negative qualities of weakness.

There was one female participant, however, that also identified the female gender as a sign of weakness. Athlete Mary engaged the stereotype when describing how she developed her protocol to play through pain:

Because my older brothers were kind of rough, and I always watched them to see how they handled things, so I didn’t want them to think I was a wimpy little girl. So I’d want to cry, but instead I’d say, “I’m okay . . . ” and try to laugh about it.

Here, Athlete Mary uses the connotation “wimpy little girl” to represent a frowned upon image of a person who could not handle pain. This example could indicate that some females play into the normality of using these demeaning terms unconsciously, with no recollection of the meaning their description implies. Feminist scholars have addressed this concept in prior literature. For example, Irvine (2001) explained language acts are mediated by the speaker’s understanding of “social groups, activities, and practices including forms of talk” (pp. 23-24). In this situation, it is possible that Athlete Mary
depicted her situation in such a way that it would be considered normal to her teammates in everyday discourse, inferring that the demeaning linguistic choices of males comprises the “norm.” However, due to the lack of examples to supplement this excerpt, this should only be considered a possibility and not a conclusion.

The amount of male responses with these linguistic choices is significant enough to conclude that a pattern exists. This may also be present within the team due to the structure of collegiate sports and the time allocated with their teammates. Something also to note is in several instances male athletes would say, “excuse me” or “forgive my language” when they used profanity in front of the researcher. This brings other insight that most of the male athletes acknowledged the gender of the female researcher and may have chosen their word choices carefully as a result. Once more, some of the athletes identified for using gendered language, also excused themselves for profanity, but not for female-specific offensive terms.

Moreover, head notes written down by the researcher also eluded that physical appearance of the researcher (young female) may have affected the data from male participants. For example, during the interview process the researcher noted that she had been shown “battle scars” several times when males would narrate how an injury occurred. For example, a couple males made comments such as “It’s kind of minor, I don’t know if you can see . . . I had like seven stitches right her,” as well as, “I had surgery, you can see the scar right here and here.” Similarly, Athlete Ezra seemed to feel the need to explain the severity of his injury. He continuously made statements such as “It may not seem that serious, but it’s pretty serious when you’re my position” and “It may not seem at first it would prohibit me, but I have to like get splinted up now and
other treatment.” These descriptions only occurred with male participants, as no females attempted to justify their injury or show the scars they were left with.

Similarly, several athletes made comments about their success. Some athletes made sure to note that sitting out for injury was the only time they had ever sat out, confirming that otherwise they play a lot. Additionally, a few athletes mentioned they had received a State Championship. Both type of comments at the time seemed out of context to what was really being asked of the research question. Additionally, after the interview had concluded, one participant asked if he was going to be able to see the researcher again. These displays suggest male athletes felt the need to show and explain to the female researcher how much pain they went through and how successful they are as an overall athlete in order to impress the researcher. This alludes to the possibility that to achieve this outcome, a few participants may have withheld accounts of “weakness.”

Summary

This analysis has identified six key themes that were composites of how athletes cope with injury and illness and strategies used to approach conversations about these health problems. In the next section, the answers to this study’s research questions will be addressed, as well as implications from the findings discussed in this section. Limitations to the study as well as areas for future research will also be addressed, as well as a conclusion to the study as a whole.
CHAPTER V

DISCUSSION

This section will present a discussion of the findings, which is necessary in order to explain further implications and meaningful concepts that were uncovered through the research. This section will commence by illustrating the answers to this study’s research questions and reflect on concepts discussed in prior literature. Research questions three and four will be discussed collectively, as they are representative of the theoretical framework that led the analysis. The limitations to the study will then be addressed, as well as areas for future research. The discussion will conclude with a reflection of the study in its entirety.

Research Question One

The categories identified from the data address this research question for this study in several ways. As an overall analysis, there are many aspects as to how an athlete communicates injury to a coach; however, results clearly illustrated illness simply is not communicated unless the illness’ symptoms physically prevent the athlete from participating. As for injury, the mindset of the athlete will determine when and in what ways the injury is communicated. For example, the perception or stigma an athlete has of an injured player ultimately relates to how they cope with an injury. According to the results, admitting to injury or illness (unless debilitating) is seen as a sign of weakness
and results in non-participation. Additionally, the perception an athlete has of their relationship with their coach was seen as a crucial element in providing comfort and self-efficacy to disclose information. Many athletes declared the reason they would not communicate injury is because they did not feel close with their coach. This is consistent with Jowett et al.’s (2005) research, where the authors stated if an athlete does not perceive “closeness” as a function in their interpersonal relationship with their coach, this often means they lack aspects of liking, trust and respect, which can affect the ability to openly disclose information. Ultimately, the perception of weakness and of the coach’s relationship, both culminating and separately, were seen as extremely preventative; therefore, athletes go through a process before they will communicate to a coach.

Studies from Yang et al. (2010) reported that when female athletes were injured they were “more likely to rely on friends for social support, and fewer reported relying on coaches, athletic trainers, physicians, and counselors for social support”; however, when support was given, all sources were found helpful, except from coaches (pp. 374-375). This literature is inconsistent with the findings of this study, however, as both genders identified the same progression for injury disclosure, including seeking out identical forms of social support. The first inclination was to play through the injury, utilizing medication or his or her individual remedy, such as ice and tape. Athletes will then communicate injury first to their teammates in order to receive emotional and sometimes physical support. To the extent an athlete needs additional help the injury is communicated to their trainer, and in some cases this is done earlier in the process if the athlete feels they have a good relationship with their trainer (i.e. they are involved in some aspects of decision-making for treatment and disclosure). To the point where the
injury is noticeably affecting their play, athletes will identify this as a “serious” injury, and communicate to their coach by utilizing some common strategies.

Approaching this conversation invokes nervousness for the majority of athletes. To prepare for this conversation, several male athletes would script out the conversation in their head prior to the interaction. When a player does approach the coach they utilize tactics such as meticulously crafting their word selection in such ways to lessen the extensiveness of the injury, and utilizing confirming statements that they would recover quickly. In general, athletes seem to be satisfied when the conversations remain short, the coach shows a sense of caring, and the situation is not elaborated. However, there were comments that suggested the coach showed more immediacy to injured athletes who received playing time as opposed to those who do not. This was inconsistent with the research provided by Corbillon et al.’s (2006) who stated coaches remained distant to injured athletes to ensure that no athlete received more attention than another.

Regardless of the amount of attention an individual athlete received, the majority of the athletes were overall satisfied with their coach and felt he or she made an effort to periodically ask about the injury during recovery. This gave a sense of reassurance to the athletes that the coach did not forget about them. This also was inconsistent with Corbillon et al.’s (2006) findings that coaches are “distant, insensitive to the injury, and lacking in belief of the athlete” which makes coach support insufficient and inappropriate (p. 95). Bianco’s (2001) reporting that support was only desirable for players with a positive relationship with their coach was also inconsistent, due to the clear illustration that all athletes (regardless of if they thought they had a positive
relationship) were satisfied with their coach’s involvement and support in their injury disclosures.

Research Question Two

Every theme that was explored in the results section had an evenly distributed amount of males and females that accounted for its popularity, unless identified otherwise. For instance, both genders related to the idealistic perception of being “tough” and the feared perception of “weakness” by both their coach and teammates. Additionally, both genders made reference to the importance of the coach-athlete relationship to assist with the process of injury and illness disclosure, and how receiving sufficient playing time can be an essential role within this relationship. Each gender was also consistent with their responses explaining the importance their sport has on their life, the dire need to be able to compete, and the extent of pain they were willing to play through, even if it meant prolonging or worsening their injury. All participants also sought out the same social support groups, which consisted mainly of teammates and their athletic trainer. Additionally, both groups expressed the same satisfaction with the conversations with their coaches, as long as he or she expressed caring, didn’t exaggerate the situation, and kept the conversation short.

However, there were some subcategories that showcased differences within gender. These included: differences within the team dynamic, the openness to talk about emotions, psychological emotions towards player-coach conversations, and the type of language used to describe perceptions of weakness. The following section will highlight each of these concepts and how they are comparatively different between the genders.
Although both male and female athletes expressed the same fear of negative perception from their coach and teammates, there were some differences within the team dynamic for how they perceived their own teammates. For females, several comments explained that some athletes on their team had at some point proven their toughness, and therefore if they complain about an injury, it is accepted as a legitimate injury. However, across all female teams that the interviews derived from, they admitted some select players who complained about an injury were made fun of or questioned for their legitimacy. Although negative talk was never mentioned as a prominent factor, it does seem to be apparent for select individuals.

For males, skepticism did not occur for certain individuals, but collectively for any player who may be using injury as an excuse for extra rest or for poor performance. For males, there seemed to be more faith in their teammates if they were sitting out; however, it was also apparent that there was low tolerance for players that decided to play with an injury and used it as a scapegoat.

Both genders identified the importance of his or her sport and it can be assumed that when they are forced to take an absence it will provoke a range of emotions. Over half of the female participants reported the emotional aspect that was involved with their injury, but only about a quarter of the male participants made such reference. For example, Athlete Rose explained it took her awhile to cope with the thought of being taken out of competition and it was hard to deal with once everyone moved on from the shock of her injury. Additionally, she struggled with adjusting to the new life style a broken leg forced her to enter. Both Athlete Lisa and Mary noted instances of uncontrollable crying in their situation. This is consistent with Evans et al. (2006)
findings that sports injury can be a “significant source of stress and may have differential cognitive, emotional, and behavioral implications for the athlete” (p. 289). This was also consistent with males, who expressed the aspects of frustration. However, for males, talking about their emotions was unappealing, Athlete Doug summarizes this thought: “I didn’t want to explain how emotional or upset I was about my injury and how I wasn’t going to be able to play.” This could be a representation of the willingness to express emotions about a vulnerable time, or simply that most male athletes did not find it meaningful, or helpful to reflect on the emotional aspect that was involved with injury.

Females and males also differed in the way they prepared to communicate with their coach. Although some females made comments on their nervousness to approach the situation and uncertainty of how the coach was going to react, significantly more males projected this feeling. Similarly, only males described techniques they used in order to prepare for this interaction, such as scripting the conversation out in their head. This illustrates that males tend to express more hesitation and dedicate more time in sculpting the contents of their conversation, where as females tend to be slightly more comfortable and direct with their approaches.

The last noticeable difference amongst gender was the language used to describe injury and illness. There were significantly more males that referenced stereotypical language. The amount of male responses exhibiting these linguistic choices is significant enough to conclude that if one male athlete uses it in their daily language, his team may also as well. The negative connotations associated with the word choices of “being a girl” and/or a “pussy,” express the perception that being a female athlete is weaker than being a male athlete. This is an interesting finding in regard to male team
dynamics, because results clearly illustrated that in most categories male and female athletes do not differ in regard to mental toughness and the willingness to play through pain.

In summary, male and female athletes have a few different tendencies in regard to how they perceive injury with their teammates, as well as what aspect of injury (i.e., emotions) they prefer to talk about. Males also dedicate more time into scripting out the conversation in order to avoid negative perceptions. Additionally, the use of linguistic terms used to describe negative perceptions of injury were largely associated with the female gender, and were seen in more male responses to be discriminating towards females. However, in most categories, gender does not seem to have a substantial influence on the ways in which athletes communicate injury.

Research Questions Three and Four

The categories identified from the data were consistent with structuration theory. Structuration theory was used as the theoretical framework for this study and provided insight into the conflicting aspects of structure and agency within an athletic group. Structure refers to the rules, beliefs, and values in athletic organizations. At the time of the interview, all athletes declared that they were knowledgeable of the resources available to them when they were sick or injured. Moreover, the majority of athletes expressed their knowledge on the importance of utilizing the athletic training room and the health center. Additionally, several athletes commented that their coach made it known that he or she wants to be made aware of their health problems, emphasizing “open communication.”
The majority of athletes often referenced these resources when describing what they believed to be appropriate protocols for an athlete when they are injured. Most responses consisted of making sure the coach is immediately made aware and to seek help from the training room. This was usually supplemented by making sure open communication remains between the athlete, coach, and trainer.

However, the rules that were identified in their organizational structure had many disconnections between the actual behavior and interactions that athletes participated in. This is consistent with current literature from organizational scholars. In order to demonstrate the similarity, Geist-Martin and Scarduzio’s (2011) example will be compared with this study. They explain: “At the micro level many employees are provided with wellness and success tips at work, yet at that macro level the organizations in which they work do not provide policies and practices that facilitate employees’ health” (p. 127). This current study experienced the opposite effect. At the macro level, the organization provides athletes with information and protocols for when they are hurt or ill. However, at the micro level individuals are engulfed in an atmosphere where they believe they need to play through health problems to be reliable; for fear of being considered “weak” or “not tough enough”; the inability to talk to their coach; and in some cases, to earn playing time.

These perceptions seemed to have developed through interactions amongst teammates and observations of their coach. Individuals within a team interact with each other in such a way to prove that they are tough and reliable. This was seen in examples identifying players getting hit to the point they thought they needed help, but continued to play in order to prove themselves to a teammate. This was also seen in references to the
belief that their coach will reward and praise them for fighting through an injury or illness. Additionally, athletes feel a need to be accountable for both their coach and their team; which could possibly be the result of a technique suggested by Schmidt and McGuire (2005) that stated coaches rely on their ability to “influence their athletes and convince them of the value of buying into the team” (p. 180).

These every day interactions have started to create new structures within teams, which Miller (2005) claimed as a possibility. Instead of following what the athletes described to be “appropriate” protocols, many athletes will first try to play through pain with their own remedies and utilize forms of social support. In many cases, not until it is a serious injury, which many referenced as physically not being able to play, is the trainer and coach made aware. Athletes may engage in this behavior due to this disconnect in the duality of structure and in many ways may be confused with macro and micro rules as to what is actually the appropriate protocol.

For example, many athletes recalled that injuries and illness should be reported to the coach because he genuinely cares about their health; however, results showed through many examples that they feel their coach praises and honors those who play through injuries and do not complain about them. Prior research exhibits this confusion as well. Nixon’s (1994) study revealed that although coaches declared they cared about the wellbeing of their athletes, they acknowledges that “injury and pain should be expected by athletes, that athletes were likely to do everything possible to play, that they respected athletes who played hurt and tried comebacks from serious injuries” (p. 251). Therefore, this disconnect of the beliefs, values and rules of the athletic
organization between the actual behavior and interactions on individual sports team, has the potential to cause excessive confusion and stress on an athlete.

Implications

This section will discuss further implications that developed from this study’s findings. The largest implications derived from the athlete’s perception of injury and the amount of importance placed on being able to play. Results stated that athletes would eventually communicate their injury if they feel it is serious. What is problematic is many of these athletes defined a serious injury as a point when they physically could not play. This is alarming due to the possibility of prolonging the injury and/or permanently injuring themselves if they refuse to see it as a priority or even a problem to begin with. Athletes are putting their health at risk because of their strong desire to play while injured.

Another implication came from how much sports constitute these athletes’ daily lives. This study’s participants started playing their sports between the ages of three and five. Many athletes have grown up participating in their sport, to the point where most declared that it was “their life” and they “can’t imagine life without it.” As adults, they have known nothing other than playing and the thought of sitting out was actually considered worse than being unhealthy. To recall an example, Athlete Frank disclosed the following:

Permanently injuring myself is kind of on the backburner. My sport is such a big part of my life I would sacrifice a part of my body to play it as long as I can. I’m playing through minor injuries. The coach doesn’t know. The trainer isn’t aware of it. I probably won’t talk to the trainer, because the trainer usually has to tell the coach. I don’t really see permanently hurting myself as a priority. I can always get
surgery or do whatever, go through rehab, after my sport is over during off-season, like over summer.

Additionally, athletes are going to extremes in order to play and keep their injury a secret. Players are willing to play through intense illness, as it was in one example where a player played through mono, which could have resulted in a burst spleen. Moreover, for more noticeable health problems, Athlete Billy described a time when he had a friend saw off his cast prior to his scheduled date in order to try and be ready for his training. Athlete Katie stated she would have liked to participate in the same behavior while in high school but was unable to under her parent’s guidance. The largest implication with these stories is that the athletes are willing to make sufficient sacrifices to hide their injuries in order to participate and this results in an increased probability that they will wait until it is too late to communicate. In fact, Athlete Katie stated an athlete should: “See how far you can go before you stop playing on it, because that’s how you get stronger.” When actually, two athletes recalled experiences where their trainer told them they could have healed and recovered faster if they would have sought help earlier; which means they were playing weaker, for a longer than what was necessary. Both admitted they still have problems communicating their injuries due to perception of their coach and playing time. Through these events, it is clear even after learning the importance of communicating through first-hand experience the concept that injury will equal the loss of playing time is hard to overcome.

An additional implication is the fact that athletes are willing to prolong and/or worsen injuries because they are under the assumption that they will be able to fix it later. Several athletes explained if they were to get hurt they would see if they could get
surgery after their season or career was completed. This may not be the case. Choosing to “just have surgery” does not always guarantee the joint, muscle, or ligament will always heal as well as it once was; which would actually result in the athlete having permanent implications from their initial injury.

Although athletes seemed to get a general orientation of the policies and protocols suggested for when they are injured or ill, results show that they are not being utilized. This inconsistency can be largely due to the conflict between structure and agency, however, the organization can combat this issue in a few ways: (1) have more frequent meetings in hopes that the information will resonate more with the athletes; (2) meetings should also address the reality of athletes permanently hurting themselves. Simply offering services is not enough when dealing with athletes that have such drive and passion to play their sport. Incorporating exemplars of athletes who waited too long to seek help or describing the change in life style they will have to endure if they push their body too far, are essential areas that need to be addressed. It can be assumed that although Athlete Frank doesn’t see permanently disabling himself as a priority right now, he may be also unaware of the life style he’d have ahead of him if he were to be put on the wait-list for a replacement of some sort, or had to succumb to several surgeries. To some degree, if athletes are not constantly made aware of the importance of communicating their injuries, there may not be an incentive to do so.

An additional improvement within the organization is to recognize the apparent disconnect within the duality of structure. The results identified that the majority of athletes felt comfortable with their trainer due to a bonded sense of trust. It is within this relationship that trainers are also able to act as an advocate in creating/negotiating the
duality of structure and should be educated in this role. This would require an orientation/training amongst the athletic trainers to inform them of the themes (see Table 1) that represent the duality of structure and be educated on the common tendencies within the agency of their athletes. With this knowledge, trainers can become more aware and capable of recognizing behavior that severs from the goals of the organization and serve as a mediator between the two. With this improvement, trainers can help redirect athletes to safer protocols that are in-line with the organization, as well as assist and support their athletes when preparing for a conversation with their coach.

The final implication amidst the organization is although all athletes seemed knowledgeable of the services provided for them to stay healthy as they compete, there was a lack of information disseminated to athletes in regard to mental health. Only one athlete mentioned their coach had made reference to a sport psychologist that was stationed on campus. Athlete Pamela, who was recovering from a serious injury, explained that she actually sought out this type of assistance but was unsuccessful, stating the following:

I went to a psychologist, or counselor, whatever was available in the student center before season started. I wanted to talk to someone about it. I already felt like I was ready and stuff but I wanted to make sure I did everything I could possibly think of to be mentally prepared to get back on the floor. I went there because I know mental preparation is like a big part in any sport, so why not talk to somebody who specializes in that area? I just came up with it on my own. When I was talking to him he thought that I was ready. I didn’t think it was that helpful, he wasn’t a sport psychologist; it wasn’t something that he was used to. I would have definitely gone to a sport psychologist.

After this narrative was assessed, the researcher actually uncovered that there was in fact a sport psychologist on campus, located in the university’s kinesiology department. This outlet could serve as an important tool for athletes to manage conflict with playing time,
injury, or possibly an outlet to help them deal with the perception of telling their coach they are injured.

Communicating injuries to a coach is important because if they are unaware of a player’s health problem, they are unable to secure a safe environment for their athletes. Coaches should therefore be reminded, perhaps with seminars as a part of a staff meeting, of the importance of prompting athletes to take care of themselves. Moreover, coaches should take responsibility to also be looking for athletes who look like they are in pain. Acting on these improvements could improve intrapersonal communication of an athlete, interpersonal communication between athlete and coach, and organizational communication between athletic department and athletes.

Limitations to this study include the researcher’s ability to reach the selected population. The researcher had a difficult time getting in contact with coaches in order to reach their athletes. In addition, contact with the athletes was also difficult due to their restricted schedules and most of their time already allocated to other duties. This limited the study in its ability to reach athletes across different sports teams and was forced to use a reduced amount.

An additional limitation to the study was the physical appearance of the researcher. This limitation was touched upon when describing the linguistic choices of the males and was reflective in many male narratives that involved both over sharing and under sharing components of their injury and illness experience. For example, a common trend was to over emphasize their success as an athlete as well as physically depict the scars that remained from their injury, presumably as signs of strength. At times, this same trend was found with athletes under sharing components of their injury and illness.
experience. For instance, several athletes withheld accounts of weakness, vulnerability, and emotional aspects to their answers because of the perceived importance of “not being a girl about it.” Among the many references of not wanting to seem weak or carry the characteristics of a “girl,” explicit references were made for the dislike of discussing the emotional aspects associated with injury. The probability of these accounts being associated to the researcher’s appearance is increased due to specific comments that were made once the interview had completed. For instance, asking the researcher if she was going to be present at any games or if they were going to be able to see her again. This limitation could be contested if a male researcher was also present during the interviews or if a male researcher conducted half of the interviews. This would have the possibility to also provide an interesting comparison within itself.

Future Research

The research findings and implications to the study bring forth rich areas for future research. First, after addressing the importance of the coach emphasizing injury disclosure, it could bring forth the idea that coaches do not consider this responsibility associated with their job. Therefore, if playing through an injury and illness has larger implications for an athlete, this enables a coach to claim he or she was “unaware” of the extent of the injury, and thus obtaining no liability. The aspect that coaches at the collegiate level are paid to win games should not be dismissed. This can be researched through a more detailed analysis of the actual content of the conversations that take place, and to what extent the coaches contribute to keeping the conversation brief.
A second aspect the analysis of the conversation should cover would be how accurate the athlete is at disclosing information to the trainer and coach. Several athletes mentioned effort to make the injury appear less critical than it was so that they were considered less of a worry and the coach would still consider them when it came time to make the line-up. Additionally, assessing how much information athletes know about the implications non-reported injuries can elicit would be an interesting aspect to uncover.

Finally, future research should look for a more diversified population across sports teams as team dynamics and intrinsic rules could play an intricate part in injury disclosure. This study was limited to just a few teams and it would be interesting to see if there is a difference between the agency represented on a variety of teams. Additionally, comparing the competitive level of the schools (i.e., Division I, II, and III) could determine whether the level of play is indicative to sufficient injury disclosure and would be an interesting finding to explore.

Conclusion

The love of sport has instilled a drive in athletes to be able to participate at all cost. The participation in sport has increased and research shows the amount of injuries has grown as well. The rising possibility for athletes to prolong injuries and physically hurt themselves because they will not communicate injuries makes this concept an important one to further understand. The present study provided an exploratory approach into the ways in which injury and illness are communicated to a coach. Although research findings indicated coaches were supportive of injury disclosures, the majority of athletes simply will not communicate injury due to its perception of weakness and their will to
participate. The implications of the study encourage athletic organizations (athletic director, athletic trainer, and coaches) to develop consistent, frequent, and realistic protocols explaining the risks of hiding injuries. In addition, emphasis should be made on communicating this information to a coach so they are able to sustain a safe environment for their athletes and keep them physically healthy, in order to enjoy the sport that remains such a large part of their lives.
REFERENCES
REFERENCES


CONSENT TO PARTICIPATE IN
STUDY LETTER

Can I talk to you? A study of how athletes communicate injury to a coach

Date

Dear ______________________:

I am a graduate student under the direction of Zachary Justus in the Communication Studies Department at California State University, Chico. I am conducting a research study focusing on the ability for athletes to communicate health issues to their coach.

I am inviting your participation, which will involve an interview of approximately one-hour in length. You have the right not to answer any question, and to stop the interview at any time.

Your participation in this study is voluntary. If you choose not to participate or to withdraw from the study at any time, there will be no penalty.

This study will assist in the general understanding of the cognitive process a collegiate athlete goes through when communicating health issues to a coach. There are no foreseeable risks or discomforts to your participation.

Your responses will be confidential. Names of individuals who participate will not be recorded. The results of this study may be used in reports, presentations, or publications but your name will not be used.

I would like to audiotape this interview. The interview will not be recorded without your permission. If you give permission for this interview to be taped, you have the right to ask for the recording to be stopped. Please indicate whether you give permission for the interview to be taped. Interviewing notes, transcriptions, and recordings will be kept in a locked office at the California State University, Chico campus. At the culmination of the study, those records will be destroyed.

If you have any questions concerning the research study, please contact Kim Keyawa, at California State University Chico, Department of Communication Studies (530) 898- 6615. If you have any questions about your rights as a subject/participant in this research, or if you feel you have been placed at risk, you can contact the Chair of the Human Subjects Institutional Review Board, at (530) 898-5413.
Background information

How long have you been playing?
What year are you (freshman, sophomore…)?
Why did you choose to play in college?
Are you a starter on your team’s line-up? Would you say you receive sufficient playing time?

The Program

INJURY/ILLNESS EXPERIENCES

• Tell me about a time when you were injured?

  PROBE: What was the injury; how did it happen

• What did you do after you realized you were hurt?

  PROBE: play through, stay quiet, who did you talk to? - teammate, friend, family member, coach, trainer

• Tell me about a time when you were ill during your training?

  PROBE: What was the illness, did it affect performance, did you sit out; seek help

• Tell me about an experience you have had in the training room?

  PROBE: When did you know you should go? How long did you wait to seek help? Did you feel comfortable, nervous? Did you decide not to go?

INTERACTIONS – Coach- athlete

• Describe an experience you have had talking to your coach about an injury or illness?
• What prevents you from communicating with your coach? How did you approach the situation?

_PROBE:_ What gets in the way of you not talking? (EX: no time, scared, other players have worse injuries- so mine doesn’t seem important)

• Which coach did you tell? Can you tell me about your conversation?

• Were you satisfied with your coaches/trainers immediate response to your disclosure?

• Where you satisfied with your coaches/trainers overall response to your disclosure?

_PROBE:_ Was your conversation short/long- was that what you wanted? Was it what you expected? Did they follow up with your injury in a way you expected? Did your coach treat you differently? Do you receive the kind of treatment and attention you had hoped for? (EX: I don’t like the way my coach handled the situation, but I received good treatment)

INTERACTIONS- Athlete- team

• Tell me about a time when a teammate had to sit out because they were sick or injured? How did the team react? Did your coach seem to have a reaction? How did you feel when they missed practice/game?

_PROBE:_ negative talk, supportive talk, compare them to someone else who didn’t sit out, praise them for sitting out, there is no discussion

• Did this incident influence your own decisions about communicating with your coach and/or trainer?

• What would you consider to be appropriate ways to talk to your coach about injuries? How did you learn/discover them?

• Has someone on your team recently gotten hurt or ill?
IF YES: How did you find out about it?
    PROBE: you noticed, they told you, heard from a teammate, heard from a coach
Did the injury come up in any informal team talks or discussions?
    PROBE: How was the player described?

CURRENT KNOWLEDGE
    • Are you, or one of your teammates, currently playing through an injury?

*IF YES: How long has it been? Is the coach aware? Is it getting better? Are you (they) receiving treatment?

    • What do you know about the services available to you for injury and health needs?

        PROBE: Training room, health office, where to get information, when to get it

    • Do you have anything you’d like to add from prior questions, or something we haven’t covered?