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The Marathon Journey of My Body-Self and Performing Identity

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In this autoethnography, I provide voice to the wounded storyteller (Frank, 1995) in my journey to address issues of embodiment, 'the body', and illness in relation to my performing identity, with a particular focus on how I was able to overcome a spinal injury, partial paralysis, and lower back surgeries to cross the finish line as a 'runner'. I explore how my embodied identity was initially centered on my athletic identity early on in my life to how my sense of body-self has been translated due to an unexpected 'illness' and deteriorated physical conditions I have encountered over the past decade, causing me to question, challenge, and critique my perceptions of my performing identity in my altered and new 'body.'

Dans cette auto-ethnographie, je donne une voix au narrateur blessé (Frank, 1995) par mon parcours et adresse le sujet de l'incarnation, du corps, et de la maladie en lien avec mon identité, avec une emphase particulière sur la façon dont j'ai pu surmonter une blessure à la colonne vertébrale, une paralysie partielle, et des chirurgies au bas de dos afin de franchir la ligne d'arrivée en tant que « coureuse ». J'examine comment mon identité corporelle était initialement centrée sur mon identité sportive et comment la perception de mon corps a changé en raison d'une « maladie » inattendue et de conditions physiques qui ont détérioré dans la dernière décennie, ce qui m'a amenée à remettre en question et critiquer mes propres perceptions à propos de mon identité de performance dans un « corps » altéré et nouveau.

May 1st, 2011

The last few miles have dragged on longer than the first 23 combined. At this point in the event, I know it is mind over matter.

Just one foot in front of the other; I tell my fatigued self, in my attempt to put the home stretch into perspective. I have run 3 miles many times before. In this moment, I have to trust my training and believe that I have what it takes to cross the finish line.

I feel the rebound effect from the ground as my foot pushes off of it, while swinging my arms feverishly back and forth to propel myself forward, ignoring

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the poor biomechanics of my running gait (i.e., my hips awkwardly rotate, causing my left knee to buckle and hinge, resulting in my left heel hitting the medial area of my right calf) as my muscles begin to seize up from fatigue.

I glance at my running partner to see how she is faring.

And, if I'm really honest, in the hopes that she can give me something I can't seem to find in myself at the moment.

Her steady breathing, her sweat-stained face steeled, she says, "You got this. Only a couple more miles to go." I return my gaze to the path ahead, breathing higher into my lungs than I have in miles, and feeling the uncertainty subside somewhat as I wipe sticky sweat from my eyes and hit my stride (what's left of it). Mere minutes later, the finish line is in sight along with a plethora of people that line the last .2 miles to cheer on their loved ones. The realization that I was, in fact, going to run the full 26.2 miles instantly ignited a surge of warmth deep within my body, causing my cheeks to quiver, at the very moment my toes crossed the line under the Finish banner.

I instantly pump my clenched fists into the air and anxiously turn to my running partner, who is beaming despite the moisture that fills up her green eyes. As our fatigued bodies decelerate, we stumble as we search to find one another's lips and take hold of one another's bodies as we celebrate this significant moment, oblivious to the streams of runners who meander passed us. My mind turned into a movie reel of highlights of memories, alerting me to why this moment, this achievement, meant so much to me. It felt like an eternity (*a lifetime ago?*) since I physically felt on top of the world. Although I recognized the adrenaline rush and exhilaration, running a marathon felt vastly different, because *I* was different, *I* had changed in ways that I could have never imagined.

Body-self and Performing Identities

In this autoethnography, I provide voice to the wounded storyteller (Frank, 1995) in my journey to address issues of embodiment, 'the body', and illness in relation to my performing identity, with a particular focus on how I was able to overcome a spinal injury, partial paralysis, and lower back surgeries to cross the finish line as a 'runner'. Autoethnography creates a space for one's voice to be heard (Ellis, 2004) since often times a person's voice is silenced—either they do not feel safe to verbally express their thoughts or feelings or others simply do not feel they are listened to or heard. In using autoethnography as method and representation in this paper, I use dual voices to present my story (Ellis, 2004). I write in traditional text as my first and primary voice to describe my experiences and my collective story. However, as I look deeper within myself, my thoughts, my experiences, and ultimately my unsettled struggle in doing so (Dashper, 2013; Laurendeau, 2011), I employ an *inner voice, which is displayed in italics* (Ellis, 2004), to represent my critique and analysis of these experiences, both at the individual and societal levels.

Scholars have different perspectives on what is considered to be voice. Robinson and Taylor (2007) place emphasis on the actual voice, yet other scholars (e.g., Fisette, 2013; Cook-Sather, 2002; Dewar, 1991; Fine, 1994) focus on providing, accessing, or authorizing a person *with* a voice in order for them to be heard. In autoethnography, Sparkes (e.g., 1996, 1999, 2002), Laurendeau (2011), and Dashper (2013) have used narrative inquiry to give voice to the body-self¹ and one's

performing identity, especially in relation to individuals who have experienced and/or live with illness, pain, an injury or a physical disability. Frank (1995, 7) argues that “voices tell stories” and that through storytelling, people work out their changing identities. Frank’s research (1995, 25, 27) provides voice to those with illness and who suffer, because,

...the voices of the ill are easy to ignore, because these voices are often faltering in tone and mixed in message...People telling illness stories do not simply describe their sick bodies; their bodies give their stories particular shape and direction. People certainly talk about their bodies in illness stories; what is harder to hear in the story is the body creating the person.

In this paper I employ Sparkes’ and Frank’s work to frame my own body-self story as I explore how my embodied identity was initially centered on my athletic identity early on in my life to how my sense of body-self has been translated due to an unexpected ‘illness’ and deteriorated physical conditions I have encountered over the past decade, causing me to question, challenge, and critique my perceptions of my performing identity in my altered and new ‘body.’ Specifically, I will situate my performing identity and embodiment among ‘problems’ of control, body-relatedness, other-relatedness, and desire as well as position my body-self across a continuum of resolutions within the disciplined, mirroring, dominating, and communicative bodies (Frank, 1995).

My Sporting Body

In the following vignettes, I attempt to paint the picture of the foundation of my embodiment, back to my sporting days during my childhood and adolescence. I interweave social issues of gender, class, and motor elitism (which will later become ableism) throughout these vignettes to portray the social struggles I encountered, but more importantly, to illustrate the significance of my able athletic body-self to *me*. Athletics offered me a space of potential social belonging as it provided me acceptance and legitimacy as a young, female, working class athlete within a world of limited encouragement or acknowledgment. At the current age of 36, I find myself at times trying to hold onto my embodied identity from when I was an athlete.

For as long as I can remember, I have loved and appreciated sport. At an early age, I watched countless Boston Red Sox and Celtics games with my grandfather on his small, boxy, knob turning television. When I was nine, against my will, my mother signed me up for Little League baseball, because she knew how much I enjoyed ‘playing’² the sport. I was upset that she made this decision without consulting me, but deep down I knew I wanted to play ball. This decision changed my life as I developed my able athletic body-self and sporting body, which lays the foundation of my performing identity (Shilling, 2008; Sparkes, 1996).

* * *

April 1988

It’s the first day of Little League practice and I am filled with emotion. When we arrive at Cass Park, I stagger out of the backseat of the light blue 2-door boat my

mother drives and glance to the baseball diamond across the way. My rapid heart beat pounds through my chest, causing a banging echo in my ears. Sweat begins to surface on the palms of my hands as I clutch the left-handed, leather-bound glove in the crook of my forearm and elbow.

I am not good enough to do this. I can't play with the boys. I just want to go home. I struggle with two different voices I hear in my head, one telling me to get back into the car and the other casting visuals of me gripping the ball around the red seams and hearing the ping of the bat when the ball hits the sweet spot. I surrender this battle occurring within my mind, since I ultimately have no choice—I have to play, because my mother signed me up. I know quitting is not an option, even though that is not something that was ever told or role modeled to me.

I crane my neck to the left as I approach the beaten down field and watch the bigger bodies whip the ball back and forth to one another. When I step onto the hardened dirt on the 3rd base side, a nucleus of blue and gray Rick's Car Wash hats turn in my direction. I trot to the outfield where the team is lined-up for a drill. I quickly survey my teammates performing the first task; all boys aside from two taller, older, and stronger girls, are taking turns tracking down the spinning white sphere in the open, bumpy, grassy field. My turn quickly approaches. I hold my breath. I feel a dozen pairs of eyes on me.

Please don't hit it out of my reach. I don't want to embarrass myself on my first attempt.

Ping! Echoes the ball as it connects with the bat. Pop! I am delighted when the ball enters my glove. I grab the ball out of the pocket of my glove, crow hop, and send the ball in flight back to its owner. I finally take a breath, relieved that I did not make a fool out of myself.

Maybe I can play ball after all.

The end of practice arrives, but before we can depart to our patiently waiting parents, coach wants us to practice sliding into second base. Starting at first base, we line up in a single file, random order.

I can't do this. I have never slid before. On TV the guys make it look so easy. I am going to do this wrong I just know it.

I take the last spot. I sway my average-sized body and my long, brown ponytail, from left to right, playing cool, as I observe and learn how to slide from my teammates. I hear the scraping of their cleats when they push off of the bag and the small grunts they bellow out as they sprint down the second base line; resulting in a dusty, brown cloud when they make contact with the ground. It's my turn. Everyone is looking at me. I replay their takeoff and landings over and over in my head. I push off of first base, pump my arms as I accelerate down the baseline. . . ."Jump!" the boys shout to me, as I approach second base (years later I question, did they yell jump simply because I was a girl?). For a brief moment, I glance over to them, hoping they will see my uncertainty and provide more direction on what I should do.

My body feels out of control. I feel out of control.

At that very moment, I struggled not only with how to slide, but also with my own identity. In Frank's work (Frank, 1995, 33) on body-relatedness, he asks a simple question, "Do I have a body or am I a body?" At the time, I did not see my body as me, as who I am, rather, I perceived it as a separate entity of myself.

I follow their initial instruction. I jump.

Smack! A loud thud echoes across the field as I land directly on my shins. Laughter emulates all around me while I stifle the tears that moistens my hazel eyes. Coach is startled by my sliding performance, or lack thereof, but quickly comes over to check on me. "Let's pull up your pants to see if you are ok," he calmly says, as he waves his hands, indicating to my teammates to move out of the way. No one moves. I tug at the bottom of my tapered jeans, but they don't budge. My eyes fixate on my dusty and filthy sneakers and socks, in an attempt to deflect eye contact with anyone on the field.

My teammates continue to laugh at me. I am so embarrassed. I watched the Red Sox for years and they never played in tapered jeans and sneakers! But, I did not have the courage to tell my mom that I needed athletic pants and cleats to play ball. We simply could not afford it. I don't think my mother realized the expense that was included in signing me up to play on a sports team, even one of the 'cheaper', more working class sports, like baseball (Gelber, 1983). Despite our financial struggle, it was the last time I ever wore jeans and sneakers to a baseball practice.

So how should I handle this in the future? I didn't want to appear as if I didn't know what I was doing, especially because I was a girl playing a 'boy's' sport. I had to develop my skills so the boys would see me as one of them, as a ball player, not a girl in a ponytail who did not initially wear the appropriate sporting attire. I was determined to improve and to never face such embarrassment again.

In drawing on my memory of my body-self (Sparkes, 1996), I realized in that moment, at the young age of nine, I desired to be better than them, that is, I wanted MORE for my sporting body (Frank, 1995). Is this because I recognized something in myself that I had the motor ability to perform at a level that would allow me to compete with my teammates, which aligns with Helstein's (2007) argument that to understand one's identity they first must recognize something in, on, or through their body? Or did I simply want to break down social barriers by demonstrating that girls could play baseball, too?

* * *

May 1996

Sports became my life, my saving grace so to speak, my sanctuary. I put all of my energy and work into something that made me feel good and something I truly enjoyed. I was the first to practice and the last to leave. Before and after practices I not only interacted with my teammates, but other high school students, many of whom were friends. I especially enjoyed interacting with the guys, especially the boys on the basketball team, because I felt that I had gained their respect (why do girls have to prove themselves, especially to boys, to show they are good enough?). I felt like I could be myself. . . a ball player, *an athlete*.

In front of coaches, players, families and friends, I proudly stood on the podium at the annual athletic banquet garnering MVP accolades for softball and basketball and the Female Athlete of the Year award my senior year of high school. I felt on top of my athletic career. I *was* on top of my athletic career. At a time when I struggled with my home life and didn't care much about academics, I placed my entire focus since I was 9 on being an athlete. It was who I was. It was who I wanted to be. It was how I wanted others to perceive me. It was a space where I found social

acceptance and belonging. I certainly was not the most popular kid in school—I never had the newest or coolest clothes, did not go to the big parties, and did not fit the socially constructed female prototype of a high school girl (e.g., thin, tall, wore form-fitting clothes and make-up), yet my peers never bothered me, because I was successful on the basketball court and softball field. Teachers called me by my nickname, Fizz, they attended my games, applauded me when I performed well and razzed me when I did not. Athletics certainly didn't give me the 'cool' label, but it provided me a sense of community among my teammates and other athletes—a sense of community, of family that I longed for.

Did I need these awards to prove to me, to others, that I was good enough to be an athlete? It's not like I was heavily recruited to play in college. So, why, through my fixated smile as I posed for the cameras, did I still desire more? Did I bring upon this desire on my own or was this a result of the constraining spaces within the sporting culture? Did I have complete control over what my sporting body was capable of doing or was I entering a world of unpredictability (Frank, 1995)?

I didn't realize *then* how much my sporting body and performing identity was *about* to change.

My Failing Body

May 1, 2011

Theresa and I let go of our embrace and snap back to reality as hundreds of people surround us. Within an instant, volunteers wave their arms directing us where to go to get our timing chip clipped off of our shoes.

I still can't believe it. I just ran a marathon. I never thought this was possible. I have a broken back after all. And to run my first marathon faster than any of the goals I set for myself? This is one of the best days of my life.

The reality of running a marathon begins to set in as a volunteer places a finisher's medal around my neck. We set out to reunite with our supporting crew: my mom, Quinn, Annie and Lisa. After a few phone calls are placed, we hear familiar voices bellowing screams of excitement and delight. My mom rushes over with her arms extended out and wraps them around me. Tears stream down her face through her radiating smile. "I am so proud of you," she expresses through her quivering voice. Her tears were not because I 'won'³ the marathon, but because I overcame a challenging and painful journey to get here.

November 2000

Will it ever go away? What is causing this stabbing, poking, pulling pain in my ass? Is something seriously wrong? Should I go see a doctor? Na. I'm 22. I'm an athlete. I still play basketball, run 2–3 miles a few days a week, and weight lift regularly. I can work through this annoyance.

I keep the left glute⁴ pain to myself. There's no need to alarm anyone else when it'll go away shortly.

I hope.

July 2001

A pop song echoes in my foggy head. Without even opening my sleepy eyes, I know the time on the clock reads 4:30am. I slowly turn onto the right side of my body, moving closer to the edge of the bed. As I pivot and swing my right leg toward the hard wood floor, I am reminded of the stabbing, sharp pain in my groin and glute area, sending what feels like electrical currents down the back of my left leg. I take a deep breath.

I can do this. I can work through this pain. But what is happening? Why is this happening to ME? What can I do to get rid of this pain?

I extend my stiff, pained body into a standing position, while exhaling the air that engulfs my lungs.

Lately I have started to question what my body can handle as I am beginning to lose sight of my physical capabilities, including the most simple, mundane daily tasks such as putting on clothes and taking a shower. I can't find comfort in any position—standing, sitting, kneeling, or laying down. In almost in an instant, my athletic, freely moving, sporting body has decided to stop working. Fluid and effortless has shifted to tentative, jagged, short, and shuffled movements.

While contemplating my next move, the pressure and fullness of my bladder determines my first destination, only 15 long feet away.

I pull down my cotton and plaid pajama shorts and underwear and begin to point my lower body toward the toilet. A jolt of lightning radiates from my back, into my glutes, all the way down my leg, to my big left toe. “I can’t take this pain anymore!” I cry out loud. I clutch onto the wall with my left hand and grab tightly to the white corner of the sink with my right, balancing my 5¢6, 140 pound body four inches above the seat, while I relieve the pressure in my bladder. A few moments later, I stand in my bedroom dumbfounded.

How am I going to get my underwear and shorts on, as well as my socks and shoes? If I bend forward the pain will intensify, immobilizing me.

I drop the black jockey cotton underwear to the floor. I step my right foot into the right hole. My heart begins to race; my breath is almost to a pant. I quickly lower my body onto the bed and rock onto my back while extending the right, pain free leg into the air. I grab onto the underwear with my right hand, while rocking into an upright-seated position. Stabbing. Stabbing. Throbbing. I take a deep breath in through my nose and exhale loudly, trying to lower my pounding heartbeat and my breathing, which is near hyperventilation. I wiggle my left foot into the underwear, which I am holding at my ankle close to the floor. Tears stream down my pasty face, feeling sorry for myself.

In these moments of extreme pain, *I feel defeated, broken, hopeless, and helpless.* I’d give anything to be without pain, to be who I was a few months ago—a functional, pain-free, moving body, and able athletic body-self. I am not ready to accept my new body-self, whatever that is.

I wonder, have I sustained an injury? Will I have this pain for the rest of my life? What, exactly is going on here?

What I do know is that I am pissed off at this newly pained body. As Lauren-deau (2013) experienced with his own injury, I do not feel ‘whole’. At the time, I did not realize that I was adapting and taking responsibility of my body-self and performing identity even though I did not choose this changed and painful body

of mine (Frank, 1995). Yet, my feelings and experiences, without consciousness, were blurring the socially constructed ideologies of able-bodiedness and disability (Laurendeau, 2013; Peers & Eales, in press), from an able athletic body-self and sporting body perspective. How, then, do I identify my body-self in the gray, social space I occupy in this pained body?

The Diagnosis

August 6, 2001

My heart beats rapidly as I sit alone waiting for Dr. Butler.⁵ Shortly after she enters the room, Dr. Butler expresses confidently and matter of factly, “You have three herniated discs that are pressing against your nerves. One of them, at the L4-L5 level, is very large. This is causing your intense pain and lack of function of your big toe. I am sorry to inform you, but for your pain to go away and function and feeling to come back, you will need to have surgery at the L4-L5 level.”

I am at a loss for words. I wish I had someone here with me while I receive this news. Everyone I saw in the waiting room was old. I did not see anyone below the age of 60, never mind 22!!

“I consider your situation an emergency. I am scheduling you for surgery this Thursday.” As my jaw hits the ground and my eyes widen, I shout out, “Thursday? That’s only three days away! I will need some time to prepare before I have surgery.” Dr. Butler places her hand on my arm and in a soft, calm and empathetic voice responds, “I understand your concern, but as I said, this is an emergency. If you don’t have the surgery as soon as possible, you could lose complete control of your bladder and bowels. If that happens, you will have to go directly to the emergency room and I cannot guarantee who will be on call to perform your surgery. Without surgery, you could become paralyzed.” I am numb, silenced, dumbfounded. Everything seems to be spinning—the room, my mind, my entire being. I am shaking uncontrollably and lack the withitness (Kounin, 1977) to voice, out loud, the questions I initially conjure up in my mind.

I encountered contingency, the body problem of loss of control, and having surgery was my attempt to regain control of my body-self (Frank, 1995). My body’s ‘problem’ was testing my former healthy, sporting body, that is, the ‘problem’ was interfering with the social roles of “individuals looking, feeling and being at their best and most productive in a social milieu in which health is prized, expected, and increasingly demanded” (Shilling, 2008, 107). Shilling’s description of the health role aligns with Frank’s (1995) disciplined body, which is based on actions of self-regimentation, such as diet and exercise. “The disciplined body is not a pleasant way to live. But most ill people experience some aspects of it: monadic self-enclosure, disassociation of a body that becomes “it”, a need to restore some measure of control, and loss of desire” (Frank, 1995, 43).

Was my body-self ill? Sick? Broken? Injured? Will I become paralyzed? Will the surgery ‘fix’ the problem? Will I be my ‘old’ self again? I do not know what I am, what my body-self currently is, or what socially constructed box I ‘fit’ (or don’t fit) in, but I do know that the diagnosis confirmed that my body was failing.

My Failed Body

August 9th, 2001

By 6:45am, I am prepared for surgery. My mom stands by me while I wait. A nurse approaches us and indicates, "it's time." I am instantly scared shitless, yet surprisingly relieved. My mom leans over the hospital bed, gives me a kiss and says reassuringly when our eyes meet, "I will be here when you wake up." I respond in a steady and warm voice, "Thanks, mom, I will see you soon. I will be ok." As I leave the preoperative room, I rotate my head as much as I can to look at my mom one more time and see her sobbing into her hands, finally releasing the emotions she has held in over the past few hours and potentially days.

I wonder what is going through my mom's mind at this very moment. Is she, too, questioning whether I will return to my athletic, pain free self? Or, if I will become a member of the remission society (Frank, 1995)? I continue to long for and desire to be an able-bodied athlete. Without sport, without a pain free moving body, I do not know how to identify; I do not know who I am. 13 years later, through self-reflection, lived experiences and engaging in research, I now realize that my angst was not only about the desire to return to my athletic, performing identity, but also my resistance to slide toward a broken, failed (i.e., limited, disabled) body. Peers and Eales (in press) would argue, who IS able-bodied?

* * *

June 24, 2003

Bright lights. IVs. Nurses. Gurneys. A medicinal smell. This preoperative room looks extremely familiar. I feel like I have been here before.

Am I dreaming? Am I currently under anesthesia? Or, am I living this very moment again?

A lightning bolt radiates down my left leg, bringing me to tears. That's all it took for me to recall my reality.

The first surgery was deemed a success, since Dr. Butler was able to remove the grey matter that was placing significant pressure along my spinal nerves. Over a period of time, I regained strength and function of my left foot. The pain had dissipated significantly, but some still remained. I returned to work, both teaching and personal training, three weeks after the surgery, but was limited in my movement and ability to perform my jobs with the intensity and strength in which I was previously accustomed. I eventually began to walk on the treadmill, ride the upright bike, or go on the elliptical to move my body and used the nautilus machines for weight bearing exercises. A year or so later, I began to slowly jog a few days a week, increasing my distance up to 4 miles in a single jaunt around the neighborhood. Although I had not returned to my sporting body (or the athletic identity I longed for), my body-self continued to be a disciplined body (Frank, 1995), finding comfort in my daily regimens, especially in my increased ability to exercise.

I was relieved to not be in continuous agony, but felt lost, different, a shell of myself.

How can I be 24 and need to think about and be cautiously ginger with every movement that I make? How can I teach physical education and be a personal trainer and not be able to be 'free' in how I move? Can I still lead by example and if I can, what kind of example am I?

For the first time, my physical limitations caused me to enter the body problem of 'other-relatedness', which "is concerned with how the shared condition of being bodies becomes a basis of empathetic relations among living beings" (Frank, 1995, 35).

Was I questioning my ability as a teacher and trainer based on my own expectations or is this an example of how the constraining spaces within educational institutions and the sporting and moving culture influence one's identity?

I continued to partake in both of my jobs to the best of my ability. Despite the pain and the bodily restrictions I encountered, I performed as many movements and skills on the gym floor to teach my students. My students never questioned my ability to teach them physical education, yet I knew that I was limited and incapable of performing many sporting and athletic movements. In their eyes, I didn't *look* as if I had physical limitations. I wore athletic attire, had a muscular athletic body, and was young. I was able to move and hide my pain, that is, I *passed* (Goffman, 1963), although I was terrified of being found out (Newman, 2013). Passing is socially mobilizing, according to Peers and Eales (in press) because, "simply through the act of bipedal ambulation, she [I] is assumed to be able-bodied, and she [I] is accepted as a productive, independent and non-disabled member of her [my] community (p.). Without intentionally doing so, I challenged the socially constructed ideologies of ageism and ableism; that is, I was young and appeared to have an able athletic body, so I *should* have the ability to perform as a physical mover, as an athlete, and as a physical education teacher. Once again I longed to be socially accepted to give me legitimacy as a young physical education teacher, but instead of having a sense of social belonging, I felt I was a fraud; I accepted the social ideologies even though I didn't neatly 'fit' into them.

Unfortunately, the stabbing, intense, lightning bolt pain resurfaced. Using Sparkes' (1996) label for a similar, painful back experience, the "fatal flaw" had returned. I attempted to rectify the situation with physical therapy, a cortisone pack, and epidural steroid injections, but nothing alleviated the pain. The primary culprit—L4/L5. A second surgery to 'fix' the 'problem' was the familiar diagnosis.

My 'Reformed' Body

July 2008

I nurtured my disciplined body (Frank, 1995) by starting every day with physical activity. If I didn't move in the morning, I would be flexed at the waist, like a hunchback, causing me to maneuver my body at a very slow speed, appearing to be rusty and needing lubricating oil to get my vertebrae back into gear. Over the past couple of years, I began to restore and reclaim my body-self (Frank, 1995) by building up my stamina and increasing the level of intensity with running and weight training, even though I was not able to perform like I once did before my body failed. Unlike other individuals who have suffered physical injuries and

paralysis, I was unable to restore my body-self back to my sporting body (Frank, 1995; Smith & Sparkes, 2004, 2005; Sparkes & Smith, 2002, 2003, 2011). I still did not identify as an athlete; that is, an able-bodied athlete.

Every day I am so grateful that I can move my body and exercise in ways I have not in years. I still continue to be overly cautious as my back constantly locks up, my glutes feel stabbing pain, and at times, a tingling sensation radiates down my leg; I never know how I am going to feel from day to day. I have become a medical master of my own being. I know when to lighten up or eliminate exercises in my weight training, when to increase my stretching activities, and when to engage in lower impact cardiorespiratory exercises. Unless I voice my physical pain and concerns to others, which I rarely do, my physical challenges are disguised; that is, I am able to 'pass' (Goffman, 1963) without others knowing about my physical limitations.

As I engage in self-reflexive practice at this very moment, I return to this time period and question whether I perceived my ability to 'pass' in a positive or negative manner. Did I feel like I was getting away with something or was I buying time from being found out (Newman, 2013)? If I am truly honest, I know I intentionally moved in ways that would not draw attention to the physical limitations I encountered on a day-to-day basis. Not only did I fear that others would know that I was an able-bodied imposter, but that one day, passing would not be an option for me. The mere fact that I even had an option signifies my privilege over individuals that have no choice.

I feel back in the game. Well, I am not *really* back in the game since my body has not been restored (Frank, 1995), but I am performing at a level that almost feels foreign to me. I am jogging (*running?*), biking, and performing activities that other people are doing. I *almost* feel *normal*, whatever 'normal' is anyway. I know at any moment on any given day the excruciating pain can resurface, and take all of this rekindled performing pleasure away from me.

I am using the phrase, 'being back in the game' metaphorically since I will *never* return to playing sport in my lifetime. I will *never* be an athlete, the way I once was back in my high school days. When Dr. Butler informed me that my sporting days were over after my first surgery in 2001, I lost all hope of completely restoring my body-self (Frank, 1995), despite the fact that the surgery 'fixed' the problem by removing the disc herniation pressing up against my spinal nerves. Being back in the game demonstrates my quest to accept my new body-self as I attempt to reform my performing identity (Frank, 1995; Sparkes & Smith, 2011).

* * *

February 7, 2009

During a night out with Theresa, I entered a conversation that would ultimately change my life. As she sipped away at her foam-filled Guinness, I hesitantly blurted out, "How would I go about training for a half-marathon?" Theresa's eyes lit up at the thought of proselytizing someone new to the running world and began asking questions about my current running activity, my goals, what event I was considering and so many other questions that I had not even thought about. Theresa is a

'runner'. Yes, the real deal, a *real runner* (Collinson, 2005; Collinson & Hockey, 2007; Hockey, 2005; Smith, 1998). She runs marathons, is in running groups, is exceedingly fit, and is so intimidating.

The next day I receive an e-mail from Theresa with the title '1/2' in the subject box. Within this e-mail, she encouraged me to consider running a half-marathon within the next couple of months, expressed that she felt I was "so fit that it will be easy for you to train for a 1/2", encouraged me to begin running outside and even offered to run with me. I instantly felt a range of emotions that included excitement about the possibility of pushing my body beyond known limits while simultaneously frightened that I would fail, that my body would fail me. I acknowledge these emotions in my response to her:

Hi T,

Thanks for the email and encouragement. I have to admit that I have been really considering this the past couple of weeks. I think I really want to do it, but I hesitate because I don't want to fail, which is why I don't really want to tell people about it. May is only a few months away and don't know if I will be conditioned for it in enough time. I have been running 6-8 miles on the treadmill every other day for some time now...

What kind of clothing attire and paraphernalia do I need to run outside? Should I get one of those mileage trackers that you have? How about sneakers? Nutrition?

I appreciate your offer to run with me, but I don't know. I don't run with anyone because I am so slow, never mind an avid runner! But, I will consider it. Or even if we both meet and you run at your pace and I run at mine and meet up when we are done.

I really am strongly considering this. It excites me, yet makes me so nervous at the same time. I feel like it's such a commitment!!!! Your thoughts?

Jen

Do you think I could do it? Your thoughts?

Clearly I was looking for her approval, a sense of belief in me, *a sense that I did not have in myself*, and wanting her to help me make a decision about signing up for a half-marathon.

Why would her confidence in me be a deciding factor as to whether I signed up for a half-marathon? Did I, somewhere deep within me, believe that I could do it? Was this my own fear of failure or something bigger than me, such as the sport culture that emphasizes winning and success? During this particular time period, did I fear that I would prove to myself (to others?) that I was physically capable and able?

I did it. I signed up for the Pittsburgh half-marathon. This challenge, this commitment, caused my body-self to enter into a world encountering body problems of lack of control, unpredictability, and desire (Frank, 1995).

April 19, 2009

It is dark outside, puddles are everywhere, and a consistent drizzle falls upon us as we search for the 10:41/mile time slot since Theresa is pacing a 2:20 half. I am not registered for the event, but plan to help her pace the first 5 or 6 miles. People in her pace group jog in place, talk with one another, and exude jittered excitement, especially those running a half-marathon for the first time. I am inspired by the newbies and the surrounding running culture. Adrenaline is rapidly flowing through my body. Motivating music blasts from the speakers. 15–20,000 people are here to run; all of them with varying goals, yet they all desire to cross the finish line. I am encapsulated by the excitement of the event. With my heart rapidly beating, I turn to Theresa as we begin to slowly move toward the start line and announce, “I am running the whole thing.”

I cannot remember a time I felt so exhilarated or was more proud of myself. After two back surgeries I was able to run 13.1 miles. Two weeks later, I did it again—and 26 minutes faster! I knew I was not restored from my back problems, since I had to make lifestyle adjustments on a daily basis based on my limitations, but it seemed I had made forward progress with my physical ability. My performing identity continued to evolve, yet even after running two half-marathons, I still do not identify as an athlete, and in particular, a runner. Identifying as a runner was so important to my body-self and performing identity. I longed to be an athlete again, to be a part of a team, to compete and push my body’s limits, to find a space of social acceptance and belonging. Although I knew that it was not possible and certainly did not attempt to defy my doctor’s orders by attempting to go out on the court or field, I continued to desire being part of a sporting/athletic/moving community. My newfound enjoyment with running and being exposed to the running community caused me to desire a runner identity. I yearned for it. I needed it. Now, in retrospect, it was probably my way to prove to myself that I was abled, that is, I wasn’t broken, a fraud or an imposter. I didn’t just want to ‘pass’, I wanted to be accepted, to belong to a movement culture that embraced performance and in particular, the moving, disciplined body (Frank, 1995).

“If you do not view yourself as a runner, then who *is* a runner?” Theresa challenged every time I verbalized my nonrunner identity. She did not accept my responses such as those that run faster than a 9-minute mile pace, run in many events, have specific race goals, actually race not ‘just run’, are part of a running group, and vary up their runs with tempos and track workouts. At the time, I based this off of my own criteria; however, scholars have conducted research and written about runner’s identities, both able-bodied and injured sporting bodies that support these criteria (e.g., Collinson, 2005; Collinson & Hockey, 2007; Hockey, 2005; Smith, 1998). As she was about to leave the room, signaling the end of the conversation, with a sharpened, short and emphatic tone she stated, “Running is relative. Anyone who runs is a runner. So, you are a runner.” I so badly wanted to believe that. I desire to be a runner, but feel that if I take on that identity, it will bring about a slew of expectations and I am too fearful of not living up to them, of failing. I have a failed body, not a failing body. At that moment my body-self was taking on a new, reformed identity, but I knew it could fail at any time. Resisting the runner identity was safer for me.

As Frank (1995) articulates, desire is one of the body's problems with illness, where the ill, and in my case, the physically limited, continuously want more, there is no final demand in sight. Desire is present in two ideal types of bodies, the disciplined and the mirrored body. As I have already shared, the disciplined body focuses on control, regimens and routines of one's performance, such as exercise. Whereas the mirroring body focuses on the visual, appearance, and consumption. The mirroring body has been a part of my body-self for many years; however, it has become more prominent in relation to my reluctance to identify myself as a runner, because my "consumption attempts to recreate the body in the images of other bodies: more stylish and healthier bodies" (Frank, 1995, 43).

'It's' Back

June 14, 2011

It's a month after the marathon and we venture out to the bike path as a family. After the 5.5-mile trek, all sticky and sweaty, we load back into the purple pick-up truck. As I hike up my left side so I could get up on the higher seat, I feel it immediately. 'It' stops me in my tracks. 'It' is a stabbing pain in my sacroiliac area. I immediately know something is wrong. As I look down at the floor, in my attempt to try and catch my breath and resist the tears that are forming in my hazel eyes, my body begins to tremble. I glance out the side window and bite down on my tongue, as I attempt to conceal my pain and concern from Theresa and Quinn. Up to this point, they were accustomed to seeing me in discomfort—walking gingerly, my body tilted and out of alignment, pain in my glute, tight hamstrings—but they had yet to see me when 'it' got really bad. I am worried. I immediately make an appointment with Dr. Hands, a chiropractor that performs Active Release Therapy (ART), but even he could not 'fix' me this time like he usually does.

This is not a 'running' injury or 'just' an injury. An injury is temporary. What I live with(in) my body, my existence, and my every day life is NOT temporary. Let's not forget, I am a member of the 'remission society' (Frank, 1995).

'It' was back.

* * *

September 15, 2011

The past three months have been pure hell; some of the worst pain I have ever experienced. I cannot move without the stabbing, sharp, electrical pains radiating from my back, into my glute and down my leg. I cannot find comfort anywhere. It is brutal. The scariest aspect of all of this, is that 24 hours after 'it' came back, my left foot went limp and paralyzed. I have no function. Zero. Nothing. Theresa describes it as "flaccid, completely flat and swollen, and as if I have no veins, ligaments, bones, or tendons."

I feel defeated. I am pissed off at my once again failed body.

I am devastated that I cannot run. I am very limited in what I can do, not just with physical activity, but basic functioning for daily living. I have become frail and exceedingly weak since I cannot run, lift weights, or engage in any vigorous

physical activity. But, I make myself walk. Every day. Often times a couple of times a day. And it's not a 'normal' walk.

How could it be with a paralyzed foot, limited feeling in my lower leg, and blisters all over my feet from wearing form-fitting shoes?

My walking gait requires me to hitch my knee up high and swing my left leg out to the side with every step. This causes my right side to shift even more to the right for counterbalance and often times overcompensates due to the decreased strength of my overall body, not just my left side. Despite this, I am determined to remain active. I have to prove to myself that I can move, similar to how Collinson (2005) and Hockey (2005) found alternative ways to stay active while nursing running injuries. The thoughts of never running again or ending up in a wheelchair permeate my mind on a daily basis. Both are possibilities. Real possibilities.

At times I am mentally strong if either situation becomes the end result, by preparing myself for what life would be like. During these times, my communicative body is on a quest to meet my suffering head on, to accept impairment and disability, and to use it, as a benefit, to gain from this experience (Frank, 1995; Sparkes & Smith, 2011). But, there are ample moments when I experience dark and heavy thoughts of becoming permanently paralyzed. I don't want to imagine myself in a wheelchair or never running again. I am hopeful that my performing body can be restored with the help of alternative treatment, but not to the extent of surgery.

My (Re)Failed Body: Surgery #3

October 3, 2011

The neurosurgeon at the hospital diagnosed the severity of 'it' (i.e., my lumbar herniated discs) and suggested another microdiscectomy to repair the problem. This surgery would be on the L3-L4 disc, a level higher than my previous two surgeries. I met Dr. Mudder, my surgeon, one week before the surgery date. At that appointment, he questioned whether running was good for me, which really upset me. I wanted a doctor that was going to support my desire to run (*my need to run?*), not another doc who was going to tell me that I could NOT do another form of physical activity.

Before we left the patient room that day, Dr. Mudder informed us that he was doing a 'crazy thing' and had signed up to run a half-marathon, which just happened to be the day before my surgery. We knew of the event and confirmed our belief (and maybe someday might have actual data to support it) that most medical professionals' perceptions about running has more to do with their personal feelings and experiences with running and not whether it is 'good' or 'bad' for the patient.

* * *

October 10, 2011

A week later, we drive up to the hospital early in the morning. It is dark outside and all is quiet in the car. I sense Theresa and Quinn's nervousness, but I am ready. I

just want the pain to go away, to be able to feel my leg and foot again, and to walk 'normal' (*because this would once again allow me to 'pass' and display my able-bodiedness?*). I recently started to refer to myself as a 'cripple', which demonstrated how dark and low my emotional body-self had become.

I knew that this term was derogatory and would never allow my family, friends or students to use that term to describe themselves or anyone else, yet I still referred to myself in that manner. Why did I use such a term? What was the message I was conveying to myself and to others that heard me verbalize this out loud? Was I trying to prepare myself if I did not regain function of my foot or terrified that I would be different, nonfunctional, or 'abnormal' in the eyes of society, especially as a physical education teacher and a physical mover? Would I be or am I already influenced by the social stigmas associated with disability? How would this change my body-self and performing identity?

Everything is familiar, even though I am in a different hospital, with different nurses and doctors, and different people by my side. Theresa and Quinn have become my world over the past couple of years and for the first time, I am responsible for two other people in addition to myself. My heart aches as to what all of this, what I, am doing to them. I assure them and explain as much about the process and surgery as I can, but how much can someone understand who has never even been under anesthesia or is a 9-year-old boy? Heck, it's still hard for me to fathom that I am 33 and have a back of a 90 year old. As I enter the operating room I feel as if I am reuniting with a lost, but not forgotten space ship—the large, bright lights, operating table, lots of beeping noises, a group of nurses and assistants. The anesthesiologist appears and gives me the cocktail that will put me under. But, just before I am completely gone, Dr. Mudder appears at the end of my gurney. Although I only met him once, I am delighted to see him. In a groggy state, yet with as much exuberance as I can muster, I slur to him, "Great job in your half-marathon yesterday! What a great time for your first running event!" The last image I see before I venture to a state of unconsciousness, is the radiating smile that appears across his face.

Before I am released from the hospital, Dr. Mudder came to see me. He informs us, in a soft, confident voice, that the surgery "went according to plan." We talk about what I should expect and next steps in regard to my pain and function. As he is about to leave the room, he quickly turns, opens his mouth as if he is going to say something, but suddenly stops himself and ponders as if he is trying to coordinate his thoughts. Then, as he looks right into my eyes, he says, "If you can run next year, I will run the TowPath half-marathon with you." Little did I know at the time (and did not find out until months later) that he told Theresa and Quinn that I would not have any more foot function now than I did before the surgery and that I might not regain any for months.

That was all I needed to hear. His message was loud and clear—there is a chance you will be able to run again. I was determined now more than ever to get back to who I was before this third surgery.

To get back to being a runner.

It was my next quest (Frank, 1995).

Transformed Once Again

February 2012

As soon as Theresa pulled the car into the driveway from the hospital I had her walk (well, it was a shuffle since I could not take regular steps and still had no function of my left foot, plus was groggy from anesthesia and in so much pain due to the trauma of the surgery that resulted into a mass on my back the size of a softball) with me down the driveway and to the corner of the street, two houses down. Every day, I went a bit further, until I was walking the entire 1.5-mile loop. I still had numbness, tingling and no function, and felt an abundance of discomfort, but I was not in pain. Because I stopped using my calf for a few months, the size of my muscles deteriorated significantly. If I am truly honest, moving my body was not as easy as I make it out to be. I was still very weak and frail and often times needed assistance. I was very cautious as to where I stood, often times finding walls, railings, or fences to operate as a barricade for me, limiting the opportunity for someone to bump into me. Going up the stairs was the absolute worst, because I did not have the ability to push off with my left foot. I continuously came up with alternative strategies to complete daily tasks, move from place to place, and to perform my job. I believe we all do that to survive in this world, don't we? I have to believe that we do.

October 7, 2012

The last few miles have dragged on longer than the first 23 combined. At this point in the event, I know it is mind over matter.

Just one foot in front of the other, I tell my fatigued self, especially my flopping, smacking left foot that has pushed the limit far beyond its functional capability, in my attempt to put the home stretch into perspective.

I glance at my running partner to see how he is faring.

And, if I'm really honest, in the hopes that he can give me something I can't seem to find in myself at the moment.

His steady breathing, his sweat-stained face steeled, he says, "You got this. Only a couple more miles to go." I return my gaze to the path ahead, breathing higher into my lungs than I have in miles, and feeling the uncertainty subside somewhat as I wipe sticky sweat from my eyes and hit my stride (what's left of it). Mere minutes later, the finish line is in sight along with Theresa and Quinn who are enthusiastically cheering me on the last .2 miles. The realization that I was, in fact, going to run the full 26.2 miles instantly ignited a surge of warmth deep within my body, causing my cheeks to quiver, at the very moment my toes crossed the line under the Finish banner.

Thank God that is over. I wasn't sure if I would be able to go the distance. I have never been so relieved to cross the finish line.

I turn to my running partner. We embrace to celebrate our accomplishment. As I hold onto his broad, muscular shoulders, I burst into tears. He continues to hold my shuddering body close to him. "Thank you", I shakily whisper in his ear. "No, thank you," he genuinely responds.

The Journey Continues

It is a year later, and the TowPath marathon is still the epitome of my performing body since my last surgery two years ago. I continue to run (*jog, since it's slower than a 9-minute mile pace?*) on a regular basis, approximately 30–40 miles a week, but haven't run further than 12 or so miles on any given run in the past year. I do it because I enjoy running, I want to stay in shape, but simply, because I can, since I never know from one day to the next if 'it' will return. I continue to have partial paralysis, foot drop, and limited function in my left foot and lower leg, which makes it challenging to run since I don't have the strength to push off with my left foot. I run 90 seconds slower per mile than before the third surgery and use a 'step-slide' with each strike of my left foot resulting in a large hole on the ball of my foot in my left running sneaker. More than ever, I question my physical ability and certainly my identity as a performing body and runner.

Through telling my story I have relived the pain and suffering I have endured for more than a decade. While I found comfort in Sparkes' (1996) "fatal flaw" and appreciated having Frank's (1995) theoretical framework on body problems with illness to guide my analysis of my body-self, I continue to question my performing identity, my body, myself as a physical mover and my embodiment. I do not suffer from illness, yet I have a chronic condition. I do not have an injury since it will not heal or be permanently rectified, but I have physical limitations that prevent me from playing sport and engaging in many forms of physical activity. I do not have a disability, because I can function on my own without assistance (ADA, 2013). I cannot play sport, yet I can run (*trot? jog?*). I do not know where I 'fit' within socially constructed labels, but what I do know is that regardless of the bodily problems I experience, I am on a quest to discover what my body can physically endure despite my limitations. Yes, I may suffer from a spinal 'injury' and partial paralysis, but we are all bodies who experience bodily problems and resolutions. It is up to each and every one of us to determine our own body narrative.

Based on my body narrative, I raise questions such as, what is it about (a) the sporting culture and context that influences views of able-bodiedness, disability and motor elitism?, (b) the running culture and context that influences identity as a runner?, (c) the educational culture and context that influences identity as a physical education teacher educator?, and (d) where do my views evolve based on how I have positioned my body within these cultures and contexts that ultimately formulate my past and current body selves and performing identities? These questions are raised based on the social ideologies that are constructed within our world. Throughout this paper, I have divulged my embodiment over the course of my life, first highlighting my identity as a young, female, working class athlete to my embodiment as a physical mover today with partial paralysis. Gender and class (and most notably race) are often central to how individuals are perceived and portrayed in athletics, yet as researchers, how have we researched and crafted their stories based on the athletes' embodiment? And, what does 'being' an athlete mean anyway, regardless of gender, class, race, and motor ability/able-bodiedness? The stories that are told of athletes and able-bodied/disabled movers is based on those that have been successful or have defied the odds, but such a small percentage of athletes and physical movers are able to compete at an elite level. In my instance, I did not play sport after high school and I ran a marathon like thousands of other

individuals, but through my own story telling, I raise issues of what athletics brings to individuals across all ages, how gender and class are still so significant in sport and how we operate on a day-to-day basis, as well as how one's age and body type alone provides social expectations of one's performance.

In the introduction of a recent *Sociology of Sport Journal* issue (2013), Giardina and Laurendeau argue for a variety of knowledge and research practice that goes beyond replicating research studies and interpreting interview data by engaging in research that intervenes with politics and praxis. In my attempt to engage in my own self-reflexive process of my body-self and performing identity, I raise awareness to the research questions that we are asking and researching as well as the methods that we employ, particularly in the personal questions that I raise above. These questions that center on embodiment, able-bodiedness, performing identity, and the body-self exposes how each individual has their own story that influences their embodiment and in this instance, performing identity. No two stories are the same; despite the association we attempt to make with prior literature. For example, research has been conducted on the performing and changing identities of performers that retire (Martin, Fogarty, & Albion, 2014; Stier, J., 2007), sustain an injury (Laurendeau, 2013; Smith & Sparkes, 2004, 2005; Sparkes & Smith, 2002, 2003, 2011; Tasiemski, et al., 2004), and on able-bodiedness and disability (Chin-Ju & Brittain, 2006; Groff, D., & Zabrieske, R., 2006; Peers & Eales, in press); which exhibits that this growing body of literature demonstrates the importance of delving deeper into individuals' body-self and performing identities. If we accept Peers' and Eales' (in press) questioning and ultimately their argument as to who is able-bodied, then how do most individuals identify and how does that influence their embodiment?

This focus on able-bodiedness does not only relate to athletes and those that engage in some form of physical movement, but to those of us that teach and conduct research about sport, physical education, and human movement. If we teach about sport, does that mean we need to perform sport? If I teach physical education, does that mean I need to 'look' like a physical educator and have the physical capability to perform all types of physical activities? I argue that we need to engage in personal reflexive practice about our own embodied and performing identities as well as on how our own identities influence our teaching and scholarly practices.

Notes

1. In this paper, I refer to the 'body-self' as a reference to my own embodied identity. As Sparkes highlights in his 'Fatal Flaw' article (1996), scholars tend to engage in reflective practice about the self and/or about the body, thus made the argument to research the 'body-self' as a hybrid of the two. For me and in this paper in particular, I am exploring my body-self through bodily performance, how my evolving and moving body (based on Frank's (1995) range of 'bodies' in relation to illness) influences my embodied identity over a period of time.
2. Before I participated in Little League, I never 'played' the actual game of baseball. Rather, my brother and I 'played' catch, which consisted of throwing and catching the baseball back and forth to one another in our yard and the neighborhood streets.
3. This was my mother's first running event as a spectator. Even after she saw the thousands of runners picking up their race packets at the expo, I had to explain to her that I was not going to win the event, but I was going to do the best that I could to finish the event. Later that evening,

when talking to my stepfather, it might have become more of a reality to her when she stated out loud, “Well, she said she is not trying to win it.”

4. Glute is short for gluteus maximus, the largest muscle in the buttocks.

5. To protect the anonymity and vulnerability of the individuals I include in this autoethnography, I have used pseudonyms for all of the composite characters (Ellis, 2004) in telling my story, with the exception of my wife, Theresa, and son, Quinn.

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