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Psychosocial Readings of Encounters with Pain in Sport

by

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## Abstract

This thesis examines how female athletes relate to and interpret their experiences of pain. Starting from the position that the meaning of pain is not given but is interpreted, this thesis takes as its central question: what compels athletes to interpret their pain in the ways that they do? Previous sociological research argues that athletes accept pain, risk, and injury because they have become normalized aspects of sport. In contrast, this thesis explores the specific individual ways athletes find traction with the normalized practice of tolerating pain in sport. Drawing on the in-depth unstructured and semi-structured interviews I conducted with female athletes, I primarily turn to Kleinian psychoanalytic thought to read how these athletes relate to their pain and the discourses on pain they discuss. In particular, I consider how they psychically manage the difficult aspects of their pain experiences in the process of narrating them. Taking the interview conversation as a site of the social workings of pain, I analyze how the listener has a bearing on how the interviewees interpret and express their pain. In focusing on pain (rather than pain, risk, and injury) this research endeavors to hold onto the complexity and diversity of pain, as well as the full complexity of the athlete as a subject who interprets her experiences both consciously and unconsciously. On the basis of this research I suggest that an ethical response to athletes' pain may not always entail trying to prevent or reduce this pain. Instead, I argue that it may be more important to acknowledge what is difficult about pain, which varies for different subjects. For some the difficulty of pain is what it signifies, for others what is difficult is acknowledging one's own relation to pain or having one's

relation to pain acknowledged by others, and for others still, the pain may be unavoidable, and so what is at stake is not whether pain is suffered but how it is negotiated. Finally, I suggest we need to develop how sociologists understand processes of normalization, to account for the complex ways athletes may wittingly engage in experiences of pain.

## Preface

This thesis began with the idea of exploring athletes' experiences of pain. Previous qualitative sociological research that asked athletes about their experiences of pain in sport was troubled by the widespread social phenomenon of athletes' "acceptance" of risk, pain, and injury in sport. The concern is that risk, pain, and injury have become normalized in sport. The normalization of risk, pain, and injury is an issue worthy of critical consideration. However, this theory of how athletes understand or interpret their pain implies a very simplistic subject, one that arguably cashes in on the cultural figure of the "dumb jock".

Furthermore, pain itself in these sociological analyses is remarkably banal; pain is a side effect of injury and pain is understood as something athletes avoid if processes of normalization had not compelled them to tolerate it. From here, I began to envision a study of athletes' experiences of pain that put aside these assumptions and in the phenomenological spirit went "back to the things themselves", a study that was grounded in the meaning of pain for athletes' themselves.

Early on, then, I was first and foremost interested in athletes' interpretations of their pain, including what experiences they consider to be pain. I was curious about what pain means to athletes when so called "physical pain" is a common experience in many sports, and if athletes' ways of making sense of pain would reveal anything about how and why they bear pain (while athletes may not always want to avoid pain, pain is still difficult to bear). However, this curiosity transformed as the project progressed. It was not enough to attend to the meanings

of pain athletes expressed because expressing an interpretation of pain does not address the bond between the athlete and the meaning. What forms that connection became of interest to me because over the course of interviewing athletes I observed that it was pertinent to the interpretations athletes were making. For example, in an athlete's narration, if the pain recalled evoked anxiety, the anxiety seemed to inform the athlete's interpretation; the telling seemed to do the work of trying to resolve the anxiety. Thus, to grasp the meaning of pain for athletes is not only a matter of attending to the meanings at play in her experience of pain, it is a matter of acknowledging what affect braces and imbues the meaning(s) the athlete interprets. A second factor in the course of interviewing that expanded my analysis of the work of interpreting pain was the realization that how I listened and responded to the narratives seemed to have a distinct effect on how my interviewees articulated their experiences. This came to substantively inform the theoretical frameworks I turned to and the structure of my analyses.

This thesis then, is written in two parts. The first three chapters articulate the development of this project into one that psychosocially reads the athlete's and the researcher's interpretations of pain. And the latter three chapters turn to psychoanalytic theory, mostly of a Kleinian persuasion, in order to read interpretively how the athlete and the researcher interpret and engage their encounters with the athlete's pain. Accordingly, my analytical interpretations are layered so that I may address the multiple encounters with pain: the experience, the telling, and the listening which are different but inseparable experiences.

This project began with a curiosity about how athletes experience their pain, and unexpectedly, by following that line of inquiry it came to substantively engage issues of methodology. I interpret what is expressed when a research subject narrates experience, how the researcher is implicated in this narration, and what animates the researcher's interpretations. This emphasis on interpretations did not emerge in a spirit of despair about the failure of objectivity in both the subjects' accounting of their experience and the researcher's processes, but through an interest in engaging and dwelling in the conditions in which people articulate and study experiences that are always essentially interpretive. Ultimately, then, this is as much a thesis on methodology as it is a study of how athletes make sense of their experiences of pain.



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I extend my deepest gratitude to the interviewees who agreed to participate in this research. The experiences they so generously shared are the backbone of this thesis and enabled me to think and analyze in ways that were beyond my imagination.

I am thankful to my engaged and thoughtful committee members. Amy Kaler was a generous and astute reader whose approach to and conversation with work outside of her field is something to which I aspire. Susanne Luhmann came onto the committee at the last minute but left me with questions that may engage me for my entire career. Jan Jagodzinski's warmth, enthusiasm, and understanding of the line I endeavored to walk gave me a much needed boost in times of uncertainty about my analysis. I thank Don Kuiken for teaching me about interviewing and phenomenology and graciously accepting my defection to Klein. And finally, thanks to Deborah Britzman for being such an attentive and challenging reader; her feedback leaves me with the exciting feeling that this thesis is just an opening.

There are three people who were perhaps the most influential in the writing of the thesis. From the beginning, Debra Shogan encouraged me to take my own intellectual path and generously stepped further out of retirement in the latter stages of my writing to take on the role of supervisor again. I am especially grateful to Debra for her caring and supportive presence in the difficult time of Sharon's passing. I want to thank Angela Robinson for always being there and especially for pushing, supporting, and holding me together through the most difficult times of writing and revising. I am infinitely grateful for her stimulating intellectual engagement, passion for psychoanalytic thought, and her joyful presence in my life. Finally, I want to acknowledge Sharon Rosenberg, who so patiently, graciously, and wisely challenged and encouraged me and so skillfully articulated the project back to me when I was lost inside it. Having Sharon as a supervisor was an amazing gift. I am so grateful to have known her.

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## Chapter One

### Introductory Orientations: Pain, Meaning, and Subjects

How do people make meaning of and relate to their pain? What meanings are at work as pain is perceived? And, how are these meanings caught up in the way pain is experienced, related to, and talked about? These questions are central to the explorations that follow; questions that animate how I explore pain as a discursive phenomenon. The significance of regarding pain as discursive is not to collapse pain wholly into language, but it is to claim that pain and meaning are inextricable; it is to mark a distance from the notion that there is a moment where pain is before meaning and is pure consciousness of ‘raw sensation’. Further, if there was such a moment, it would not be available for reflection or study. To recognize pain as not occurring in experience before meaning begs the question of how the meaningfulness of pain occurs. The idea that meaning does not intrinsically emanate from the (pain) sensation itself, but that somehow different meanings arise in our experiences of and reflections upon pain, brings us to questions of knowing. Through which meanings do people know their pain? What compels people to know their pain in the ways that they do? And what holds people back from knowing their pain in other ways?

To ground my research I work with athletes’ narratives of their experiences of pain; studying athletes interests me because sports are often painful activities. I wonder how athletes know their pain, when participation in sports quite obviously and regularly creates the conditions for them to experience pain. Of specific interest to me is: how do athletes make sense of their pain? And

what animates and what limits their reflections and narrations of their experiences of pain?

In line with this focus on athletes and pain, there are two bodies of literature to which my research relates. The first is what I call “socio-subjective theories of pain,” and the second is sociological studies on risk, pain, and injury in sport. There is little overlap between these two literatures. The socio-subjective theories of pain form the literature that inspires me, informs the above questions, and theoretically orients this project. However, my inquisitiveness about athletes’ participation in painful practices and how they make sense of this overlaps with the kinds of questions the sociology of sport literature asks. Sport sociologists’ central line of inquiry is a question of sociality that might be phrased as: what compels athletes to accept and play through risk, pain, and injury? Their key claims, themes, and conceptualizations of pain, which I detail later, are quite different to those in socio-subjective theories of pain. I position my own project as largely allied to the work of socio-subjective theories of pain because like them I question the orthodox conceptualizing of pain upon which sport sociologists rely. Since my interest is in athletes, this project is in conversation with the sociology of sport literature. And these studies have been invaluable in enabling me to think through some of the complicated aspects of studying athletes’ interpretations of and relationships to pain.

In the remainder of this chapter I briefly explain the orientation of this thesis, which guides how I discuss these two bodies of literature. I explain how each body of literature understands pain as a phenomenon, the subjectivities they

each posit, and thus how they understand people to experience and make sense of pain. I then use a socio-subjective theory of pain to critique how sport sociologists conceptualize pain and characterize the role of subjectivity within the experience of pain. Following this critique, I conclude the chapter with how we might take the insights of socio-subjective theories of pain to re-think how we study athletes' experiences and narrations of pain. That orientation then provides me with a focus for the bulk of the thesis.

### Making Sense of Pain: A Basic Orientation

This thesis is fundamentally concerned with how people make sense of pain, both athletes and researchers. Analyzing how pain is made sense of has been explored from several different perspectives within socio-subjective theories of pain.

However, Roselyn Rey's (1993) text, *The History of Pain*, provides a particularly good explanation from an historical perspective as to why we might want to undertake this kind of work. She argues:

Pain is indeed certainly a combination of cultural and social factors: it has not had the same significance throughout the ages nor in the various different civilizations...[Historical] examples and testimonials all reveal how man's relationship to pain is affected by his beliefs as well as by the context of differing philosophical or religious backdrops. (2)<sup>1</sup>

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<sup>1</sup> Rey (1993) is referring to the following examples and testimonials: flagellants during the middle ages, Napoleon's soldiers, Saint Médard's "convulsionaries" during the 18<sup>th</sup> century, processions of martyrs, and the accounts of the lives of mystics.

Rey's text examines various western religious, philosophical, and medical understandings of pain throughout the last two thousand years. She develops an argument that claims beliefs affect how people make sense of their pain, both personally and in research. In doing so, she shows how religious and philosophical understandings of pain are revealed over time as particular ways of knowing pain, and that these ways of knowing are more or less invested in, in different historical eras. In terms of experience and in terms of scholarly understandings of pain, then, pain is not objectively known about, but known about in certain ways.

Taking Rey's (1993) findings seriously has important implications for my research. First, through what beliefs do athletes experience their pain? Through what discourses is their pain intelligible to them, and why are these discourses invested in rather than others? Second, when considering studies by sociologists of sport, I am prompted to ask: if there is no neutral knowing of pain for the researcher, in what ways does the researcher encounter pain and for what purpose? Through what perspective(s) do they know pain? Moreover, in my own research, following the awareness that pain cannot be objectively known, I find it important to pursue an analysis that is mindful of how any claims of knowing, including my own, are perspectival. Rather than understanding perspectival knowing as a limitation, I take it as an object for analysis; how we know – the perceptual constellation people have – has some function, for both academics and individuals in pain. What do different ways of knowing pain *do* for academics

studying pain and for individuals when in pain and when recounting their experiences of pain?

The idea that different ways of knowing pain can be seen as serving some function affects the shaping of this project as a qualitative study. Being interested in how people are compelled to make sense of their experiences turns us toward considering peoples' talk for how it *acts*, rather than taking peoples' speech as transparently conveying a person's experience. Hollway and Jefferson (2000a) convincingly argue that there is more to how people express themselves than *telling it like it is*. They state:

In everyday informal dealings with each other, we do not take each other's accounts at face value, unless we are totally naïve; we question, disagree, bring in counter-examples, interpret, notice hidden agendas. Research is only a more formalized and systematic way of knowing about people, but in the process it seems to have lost much of the subtlety and complexity that we use, often as a matter of course, in everyday knowing. (3)

There is a resonance between Hollway and Jefferson's (2000a) understanding of how people talk and the common criticism of interview based research and participants' truthfulness (for example, see Marshall and Rossman 1989, 149). This concern, while used to question the reliability of interview based research, acknowledges that people speak *from a position*, perhaps to represent themselves in a good light or to give the interviewer what they think is good interview material. Like the idea of not taking people at face value in everyday

conversation, this concern highlights the notion that people speak with motivations rather than from a stance of neutrality. What inspires or provokes the perspective or the point of view that shapes how people talk about their experiences? Part of Hollway and Jefferson's assertion is that the motivated ways in which people talk is an important aspect of peoples' making sense of things. Instead of considering peoples' standpoint as something that prevents the researcher from getting an "accurate" account, the way in which people are inclined to regard and express their experiences *is* what is at stake in their research. In the same vein, my interest in how people make sense of pain becomes an interest in attending to what inspires and provokes people to express their experiences of pain in the ways that they do.

A study of how athletes make sense of pain from the orientation of socio-subjective theories of pain takes us on quite a different path compared to the inquiries sport sociologists have pursued. Pain regarded as a discursive phenomenon entails seeing pain as historically and socially situated and inextricably bound up with meaning making. To signify "pain" and then signify "meaning" is only an abstract separation, a separation that demonstrates the limits and freedoms of language, but does not adequately represent how meaning making is at the heart of experiences of pain. Furthermore, I have suggested that, once we take this idea seriously, the question of meaning entails a question of knowing: which meanings become the ways through which pain is known? What affects how we are able and unable to know pain and express our pain?



If meaning arises during the experience of pain – contouring how pain manifests, and if these meanings are bound up with cultural and social factors, the kind of experiences people refer to with the term “pain” may be massively varied. To recall, Rey (1993) argues that philosophical or religious backdrops inform beliefs, which affect peoples’ relationship to pain, but the realm of cultural beliefs is arguably actually much larger than this including, for example, cultural ideas and beliefs about pain and gender, age, ethnicity, sub-cultures – sporting and otherwise – medicine, and so forth. And somehow we become invested in some ideas, they emerge in how we know our pain, and other ideas we turn away from; but what mediates those cultural ideas that we become invested in and those we do not? Research, then, that considers pain meaningful and involving a question of knowing is interested in paying attention to how experiences of pain are constituted and to the variability of pain – to all that comes up for people and is a part of the experience of pain. This view of pain is developed in the socio-subjective theories of pain literature, to which I now turn.

### The Socio-subjective Theories of Pain Literature

An understanding of pain requires many different kinds of knowledge, but the knowledge we most consistently ignore and dismiss, as I have claimed, concerns the bond that links pain with meaning (Morris 1993, 18).<sup>2</sup>

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<sup>2</sup> The voices Morris (1993) is concerned with are patients’ testimony and literary voices (in essays, novels, poems, plays and other genres) that also effectively speak for patients. We might also add to Morris’ list the non-scientific academic research on pain.

The literature that concerns pain and meaning emerges in a particular power/knowledge complex that relates to the politics and epistemologies that underpin these works (Foucault 1972).<sup>3</sup> According to Morris (1993, 19), we live in an age and culture where the job of explaining pain has been handed over to medicine because of the current prestige of scientific knowledge. The hegemonic stronghold that biomedicine has over the conceptualizing of pain is considered by Morris to be to the detriment of understanding pain. He writes:

Medicine...because of its dominant position in our culture, tends automatically to suppress or to overpower all the other voices that offer us a different understanding of pain, including the voices of dissent within medicine...we need to achieve a new understanding of pain that allows us to recover the voices that mainstream medicine has rendered more or less unheard (2).

The issue for Morris then is the politics of knowledge when it comes to pain. What I believe Morris is objecting to is the dominance of a particular model of pain that has persisted for over 300 hundred years, a model that claims pain to result from a stimulus that sends a pain message through the nerves to the brain, which the brain registers as pain. This theory was initially asserted by Descartes, but in its current form, with all the appropriate physiological and anatomical terminology, it is known as specificity theory (Melzack and Wall 1982, 195; Rey 1993). This theory is a uni-directional cause and effect model. This model claims

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<sup>3</sup> I have in mind here Foucault's (1972, 112) comments on the politics of scientific statements. He argues that the effects of power circulate among scientific statements, allowing only certain statements to be legitimate. Thus, it is in a particular power/knowledge context that both scientific and non-scientific interpretations of pain are in conversation.

a clear and straightforward understanding of pain. It no doubt retains enduring currency in medicine and western culture more generally because of its common-sense appeal: many experiences of pain involve damage to part of the body (stimulus) and a mental awareness (registering in the brain) that the experience is pain. Nerves are inferred to connect the two elements of the experience. Thus, many experiences of pain seem to support rather than contradict this theory.

In spite of the empirical appeal and the hegemonic stronghold specificity theory has in the western popular imaginary, and notwithstanding the impressive biomedical research on pain etiology and management, pain continues to be described as a puzzle or challenge; there is no clear scientific understanding of pain (Ayede and Güzeldere 2002; Kleinman, Brodwin, Good and Delvechio Good 1992; Madjar 1998; Melzack and Wall 1982). There are many clinical cases of pain that defy specificity theory and these are well known to pain theorists across scientific and arts disciplines. Concomitantly, socio-subjective theories of pain have considered how social, cultural, and psychological factors are at work in the experience of pain, which are not considered by specificity theory. Rather than taking up pain as purely a matter of nerves and neurotransmitters those I call socio-subjective theorists of pain acknowledge pain as a meaningful subjective experience. In the remainder of this section, I will elaborate on some of the key themes, claims, and theories taken up in this body of literature.

‘Socio-subjective theories of pain’ is a term I am coining, in this work. I use it to refer to a multi- and inter-disciplinary set of texts. This literature includes works by nurses and other medical professionals (Ananyian 1992; Ayede and

Güzeldere 2002; Criste 2002, 2003; Madjar 1998), dissenting neuroscientists (Melzack 1990; Melzack and Wall 1982; Melzack, Wall and Ty 1982), cultural theorists (Ahmed 2004; Bakan 1968; Morris 1993, 1998; Scarry 1985; Sontag 2003), anthropologists (Kleinman, Brodwin, Good and Delvechio-Good 1992) psychologists (Doleys 2000; Chapman, Nakamura, and Flores 2000), historian (Rey 1993), philosophers (Leder 1990; Olivier 2002) and personal accounts of pain (Burns, Busby, and Sawchuck 2001). This material is so disparate and broad in scope that it is not a fully articulated area of study. However, for my purposes, I am treating these texts as a body of literature because I read something in common between them. They recognize social and psychological factors to interact and shape the experience of pain; they take people's beliefs and values as working in relation with their physiology to produce the experience of pain. These theorists have some overlap with some sociological schools of thought. However, their view of pain is quite different from the majority of sport sociologists, who tend to ascribe to a conventional understanding of pain, where pain is the by-product of injury.

The major themes within the socio-subjective theories of pain literature, which inform their conceptualizations of pain as a meaningful experience, pertain to how pain is subjectively and socially constituted. When thinking about pain as an experience, the emphasis moves from confronting pain as manifesting from a physiological series of events within the body, to how these physiological events are actively, cognitively, emotionally, and unconsciously encountered by the subject. The terms of this shift are outside of the realm of mainstream scientific

inquiry, and in conflict with the specificity theory of pain. While I will not extensively overview this literature, I will discuss some of this work in relation to the following key themes: consciousness, attention, the phenomenological notion of “lived experience”, interpretation, and sociality. These themes are central to this body of work and help illustrate the crucial role meaning has in the experience of pain for my larger project.

Psychologists studying consciousness provide an excellent account of the significance of individual consciousness with regard to pain. As Chapman, Nakamura, and Flores (2000) put it, “[p]ain depends upon consciousness for its existence therefore it is a phenomenon of consciousness” (17). Their point here, while seemingly obvious, refers to an important way in which consciousness is crucial to understanding how pain is diverse and individualized. Thus, they are dissatisfied with the classical understanding of pain (specificity theory) as *only* a bottom-up biologically predetermined process involving nociception, transmission of impulses, modulation, and then the registration of pain in the brain (28). The problem with this model, they argue, is that it considers pain as, “something that happens in the awareness of an injured or sick person such as a message that arrives. It is not something that the person produces or does” (28). In essence, the classical view implies consciousness to be passive, as if consciousness is a blank slate prior to the transmission of a pain message. In contrast, Chapman, Nakamura, and Flores claim that the person has an active role in producing the experience of pain.

Taking up a constructivist framework, Chapman, Nakamura, and Flores (2000) provide an alternative explanation for the consciousness of pain. Rather than seeing the experience of pain as the transmission and registering of a message, they see the nerve impulses as entering an active complex of dynamic schemata that constitutes consciousness. They claim that, “pain emerges from complex patterns of massive, parallel distributed processing” (29). Their notion of processing signifies the aspects of brain function that are always at work in the conscious individual: this includes how consciousness operates to create coherence, an ongoing concept of self, attention and intentionality – such that consciousness is always selective and always about something. Furthermore, they point to how consciousness has a personal and affective character; consciousness is not fully sharable, and it is unavoidably affected by our emotions (29-30). Thus, when nerves transmit a so-called pain message, this impulse interacts with an expansive set of meaningful frameworks. Implicitly, these frameworks affect the experiencing of pain. Moreover, the consciousness of pain shifts the focus of these frameworks, giving a particular impetus to the dynamics of the reconfiguring of consciousness in that moment.<sup>4</sup>

The evidence that Chapman, Nakamura, and Flores (2000) cite for holding that more is happening in the brain than the passive reception of a pain message

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<sup>4</sup> For example, someone who has a strong identity as an athlete and who experiences the sudden pain of an overstretched muscle might feel a great deal of anxiety if, say, the athlete has an important game in the near future and imagines the pain to indicate a level of injury that prevents her from competing. On the other hand, if an athlete has been feeling frustrated and over-trained, she might feel affirmed about an overstretched muscle, and appreciate having a small injury rather than a more severe injury, and also be pleased about how it would demand a legitimate and needed break from training.

(to the thalamus and on to the somatosensory cortex<sup>5</sup>) is the emerging literature on positron emission tomography (PET) studies of pain.<sup>6</sup> PET research on people who are in pain shows blood flow, and therefore brain metabolism, in multiple parts of the brain, beyond those traditionally associated with pain.<sup>7</sup> According to Chapman, Nakamura, and Flores, the metabolic activity observed in PET studies shows massive parallel distributed processing, and such processing is indicative of the production of coherence and the individual's active constructing of the meaning of her immediate experience. Therefore, Chapman, Nakamura, and Flores consider consciousness to involve gradations rather than be on or off; for example, an experience of pain that is not expected stimulates the activity of sense making, increasing mental processing, as indicated by the PET studies. A significant contribution of their research is the development of a theoretical framework that accounts for individual difference in pain experience when tissue trauma is similar. This is particularly important since explaining individual differences in pain has been a major limitation of specificity theory (Chapman, Nakamura, and Flores 2000; Madjar 1998; Melzack and Wall 1982; Morris 1993).

Chapman, Nakamura, and Flores' (2000) theorizing of the significance of consciousness in the experiencing of pain finds support in Bakan (1968) and Leder's (1990) older and more philosophical considerations of how pain shifts attention to change the kaleidoscope of immediate consciousness. Leder uses the

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<sup>5</sup> These are the part of the brain that are traditionally identified as being involved in the sensation of pain.

<sup>6</sup> A PET is a nuclear medical imaging machine that shows a three dimensional representation of the metabolic functioning within the body (Chapman, Nakamura, and Flores 2000).

<sup>7</sup> The parts of the brain showing metabolic activity in PET studies of pain patients include the: frontal cortex, cerebellar vermis, somatosensory cortex, insula, putamen, cingulate, thalamus, and globus pallidus (Chapman, Nakamura, and Flores 2000).

phenomenological example of a tennis player who, mid-swing, suddenly experiences chest pain. Generally, when performing hand-eye co-ordinated actions skillfully, the body fades into the background of perception, as one pays attention to the movement of the ball, the court, the gusting wind, whilst attempting to anticipate and outwit the opposing player (71). Leder writes:

Yet this structure is lacerated by a single moment of pain. The player is called back from ecstatic engagement to focus upon the state of his own body. A background region, the chest, is now thematized. Assuming for a moment the pain is cardiac in origin, a once tacit viscosity now floods through perception and cries out for action. (71)

Leder's example illustrates how some of the schemata of consciousness Chapman, Nakamura, and Flores (2000) abstractly refer to shift as pain is felt. Attention suddenly goes to the body in general and the heart in particular, which previously were not attended to. And, one can easily imagine how this change of attention involves the emergence of novel schemata: comparison to memories of chest pains, concern about how severe the situation is, if it is a heart attack; the possibility of death and the anxiety this might provoke; distressing emotions concerning one's attachment to life and loved ones; the need for medical attention, to fend off the threat on one's life and so on. These changes in attention speak to the presence and immediacy of how different frameworks of meaning might come into play in the experience of pain.



Leder (1990) and Ahmed (2004, 26) both refer to the shift in attention back to the body as being seized, by virtue of the intensity of feeling. What Leder and Ahmed refer to as the seizing effect of pain perhaps also relates to what Bakan (1968) is addressing when he speaks of the “imperative of pain.” Bakan writes:

To attempt to understand the nature of pain, to seek to find its meaning, is already to respond to an imperative of pain itself. No experience demands and insists upon interpretation in the same way. Pain forces the question of its meaning, and especially of its cause, insofar as cause is an important part of its meaning. (57-58)

The way Bakan describes pain’s imperative as calling for sense to be made of it, especially its cause, suggests that considering the cause of pain *is* part of the phenomenon of pain, if we think of pain as an experience. Bakan’s notion of interpretation also suggests that the meaning of pain is not in any way *given*. Moreover, the nature of pain, its imperative for interpretation, positions both sociality and subjectivity at the heart of pain. The activity of making sense of pain is not simply a honing in on the sensation, even if the experience of pain may feel that way to the sufferer.

As the notion of consciousness and the related ideas of attention and interpretation demonstrate, when we consider what constitutes pain beyond physiological mechanisms, pain comes across as a very rich and complex experience. Not surprisingly, then, some researchers have taken up phenomenological perspectives to further explore the lived experience of pain

(DeIvechio Good 1992; Kleinman 1992; Leder 1990; Madjar 1998). Studying pain in terms of *embodied experience* has been one way to address both the physicality of pain and the subjective meanings of pain for the sufferer. As Madjar asserts, “phenomenology focuses on the study of phenomena, not as ‘objective’ entities in and of themselves, but of the phenomena as they are perceived or as they are experienced” (28). As the earlier discussion of consciousness research indicates, this is a potentially fruitful approach to pain, if we are convinced that consciousness of pain involves more than reception of a message. Furthermore, phenomenological approaches have made a major contribution to addressing experience in terms of a mind-body unity, an issue that is not developed in consciousness research.

One of the most useful concepts taken up by phenomenologists studying pain is that of the *life world*. Good (1992) explains that study of the life world means to: “explore the organization of sentience, of experience, as well as the objects of experience, the contours of the world as experienced and responded to, as well as the organization and shaping of experience” (37). In this sense, phenomenology moves to pay attention to pain in terms of the specific situated ways in which one encounters pain. However, the concept of the life world, while personal, is not simply a private world; as Madjar (1998) elaborates: “it is able to take into account not only individual meanings of the situation, but also and more important, the intersubjectivity of human experience, the shared meanings that act as a basis for social interaction” (31). This approach avoids a solipsistic notion of

personal experience, whilst granting the individual variation of experiences such as pain.

The notion of lived experience has led to thinking about pain in a way that is less inclined to segment different aspects of experience off from one another. For Ahmed (2004), for example, sensation and emotion, while irreducible, are inseparable from one another at the level of lived experience. Moreover, Ahmed's idea of lived experience, like phenomenology and consciousness research, considers the intricacies of sociality in such personal and solitary experiences as pain. Even though the sensation of pain seems immediate, she explains how sensation is mediated:

Not only do we read such feelings, but how the feelings feel in the first place may be tied to a past history of readings, in the sense that the process of recognition (of this feeling, or that feeling) is bound up with what we already know. For example, the sensation of pain is deeply affected by memories: one can feel pain when reminded of past trauma by an encounter with another. Or if one has a pain one might search one's memories for whether one has had it before, differentiating the strange from the familiar. Indeed, even before I begin my search, the sensation may impress upon me in a certain way bypassing my consciousness. (25)

Ahmed articulates how the experience of pain involves the subtle workings of interpretation and sociality. First: Ahmed suggests that we do not have access to raw sensation because even recognizing a feeling as pain entails interpretative

work. Memories, conscious and unconscious, may be drawn upon in the interpretive work of feeling our pain. But perhaps the social mediation that Ahmed describes is the most significant challenge she brings to the classical understanding of pain; she suggests that pain may occur from an encounter with another, from being reminded of a trauma. This idea of how pain might be implicated in social relations resonates with some of the clinical examples of chronic pain I discuss in the next section, where pain sensation is triggered by a range of sensory or emotional experiences that are not typically expected to evoke “physical” pain.

While I have drawn upon only a few socio-subjective theorists of pain, my concern has been to demonstrate the kind of conceptualizing of pain these theorists have explored rather than survey all the literature. I have presented these ideas in relation to the classic scientific understanding of pain, partly because much of this work emerged in conversation with such literature, and partly because it remains, as discussed, the dominant popular discourse on pain (Morris 1993; Rey 1993). From different positions, the authors engaged here are working through pain in terms of how it is experienced and, accordingly, encounter it as a meaningful and subjective phenomenon. These approaches complicate pain because they expand what constitutes the experience of pain beyond the physical and physiological, perhaps leaving exactly what counts as pain an unanswered question. However, one of the most convincing aspects of this literature is its ability to speak to the clinical observations of how pain manifests so differently for different people. Reading this literature allowed me to wonder if opening up

the concept of pain might in fact be a productive way to approach athletes' pain. That is, if pain is subjectively experienced, might we better attend to pain as researchers if we do not ground our ideas about pain in definitions that cannot account for many clinical cases of pain? If we appreciate that pain is produced in complex ways that involve the subjectivity of the person, might we better attend to pain by turning to the subject in pain rather than the body as an object? And if athletes are subjects who participate in practices that frequently bring about pain, how might their particular subjective experiences of pain expand how we think about pain as a phenomenon? I return to such questions in the substantive development of this work, but for now I turn to the second major literature that touches on my interests.

### The Key Themes and Claims of Sport Sociologists

The second body of literature I consider explores athletes' experiences of pain within the field of the sociology of sport, which situates pain with risk and injury. It is a fairly coherent body of literature; the majority of these studies are explicitly in conversation with each other. However, they are arguably in two other conversations as well. First, they speak to mainstream sociologists as they take up some major sociological themes, including industrialization, commercialization, gender, ideology, and athletes' responses to social pressures. Second, sport sociologists tend to be located in Physical Education and Kinesiology / Sport Science departments or faculties. Their academic location is a small arts and humanities pocket in a scientifically oriented environment that includes

biomechanists, physiologists, (some) psychologists, sports medicine, and varsity sports. These scientifically oriented disciplines largely focus on producing optimal athletic performance (McKay, Gore, and Kirk 1990). As sociologists located amongst scientists, they research pain in ways that critically consider the often-unquestioned value of winning and improving performance. Thus, the orientation of sport sociologists' research is quite different from socio-subjective theorists of pain and my own project. Sport sociologists have proceeded to study pain in a way that largely follows from rather than questions the classical scientific understanding of pain. Their focus is on sports related social factors (rather than other ways in which athletes are socially situated), and their interest is in establishing a social analysis that theorizes athletes' acceptance of risk, pain, and injury.

The risk, pain, injury literature is largely grounded in surveys (Nixon 1993b, 1994a, 1994b, 1996a, 1996b), and various forms of qualitative analysis: ethnography (Howe 2001), semi-structured interviews (Malcolm and Sheard 2002; Roderick, Waddington, and Parker 2000; Safai 2003; Walk 1997; Young, White, and McTeer 1994; Young and White 1995), photo elicited interviews (Curry and Strauss 1994); mixed methods including a survey, participant observation and semi-structured interviews (Charlesworth and Young 2006; Pike and Maguire 2003); and accounts posted on the internet, content analysis of magazines, and unstructured interviews (Albert 1999).

Nixon arguably deserves to be credited as the founding father of this area of research. He conducted a content analysis of *Sports Illustrated Magazine*

around the themes of pain, injury, disability, rehabilitation, and comebacks (Nixon 1993a). In this analysis he concludes that athletes are exposed to rationalizations and a social environment that suggests they should accept the risk of pain and injury. Having identified these kinds of values to be culturally circulating, Nixon's other studies (1992, 1993b, 1994a, 1994b, 1996a, 1996b) employ the conceptual framework of a social network analysis in order to, "clarify the conditions that make athletes vulnerable to cultural and interpersonal messages exhorting and encouraging them to play with pain and injuries" (Nixon 1992, 127). Playing with and risking pain and injury is a practice evident in sport, but Nixon's concern is: What social dynamics are occurring that lead to athletes accepting risk, pain, and injury as a normal part of sport? Nixon hypothesizes that the social networks that athletes are a part of have dominant beliefs that provide ways of making sense of pain and injury that articulate it as acceptable, necessary, and even admirable. Moreover, Nixon suggests that when hurt, athletes turn to people within their athletic sub-culture for support and the support they get reflects the beliefs that rationalize and normalize the acceptance of pain and injury.

Nixon's survey based research (1993b, 1994a, 1994b, 1996a, 1996b) studies varsity athletes in the US, comparing males with females, athletes with coaches, as well as different racial groups. The findings were statistically inconclusive, in terms of ascertaining whether athletes and particular groups of athletes feel pressured to play when hurt. Later research continued with the logic that athletes accept pain and injury, because, regardless of what athletes report, in

practice, this seems to occur. To dig deeper, other researchers turned to qualitative approaches. The key questions driving the research that followed explores different avenues around what it is that athletes are valuing that leads them to accept pain and injury, and from where those values come. Professionalism, and hegemonic notions of masculinity and the attitudes of sports medicine practitioners were central to these inquiries.

Young, White, and McTeer (1994) studied how males identify with hegemonic notions of masculinity, and how athletes frame serious injury as a masculinizing experience. They conclude that, “while males may not actually enjoy physical violence and pain, the rewards of hegemonic masculinity remain meaningful enough” to compel athletes to play through pain and injury (192). Young and White (1995) followed this up with a second study of elite female athletes. If male athletes accept risk, pain, and injury because of an investment in hegemonic masculinity, how can women’s tolerance of pain and injury be understood? It appeared that in spite of many gender contradictions, female athletes demonstrate similar attitudes to male athletes with regard to physical danger, aggression, and injury.

Two studies conducted in the UK looked at men’s professional sports teams. In late capitalism the commercialization of elite sports, especially men’s, has brought attention to labor relations in sport. When athletes are both commodities and workers how does this inform how they make sense of their pain or injuries? Rodderick, Waddington, and Parker (2000) interviewed professional football players and Howe (2001) conducted an ethnographic study of a



professional rugby team. Howe reports that male rugby players talked about pain in terms of improving as athletes. And Roderick, Waddington, and Parker found that male footballers played when injured in order to keep their jobs as professional athletes, to receive bonuses in pay, to have a better chance of playing in European football competitions, and to impress managers. Likewise, Howe found that professional rugby players who had a less secure starting position were more inclined to play when hurt. Moreover, these two studies indicate that managers' and coaches' treatment of injured players prioritized getting them back on the field. These studies follow in the tradition of Nixon's research. Rodderick, Waddington, and Parker describe the context in which shared meanings around risk, pain, and injury are located as a network of social relations. Howe, in a slightly different idiom, articulates a similar social function through the notion of habitus – drawing here from Bourdieu.

Along with the development of professionalism in sport, another aspect of the commercialization of sport is the emergence of the field of sports medicine. Medical personnel are increasingly available to athletes of all levels. Not surprisingly, sport sociologists have inquired about the attitudes medical staff have towards athletes who are in pain or injured, questioning whether they encourage or object to athletes playing in such circumstances. In Curry and Strauss's (1994) photo essay, they infer that the presence of medical personnel normalizes pain and injury. Walk's (1997) study of student athletic trainers found conflicting beliefs about pain and injury. Sometimes the student athletic trainers show alliances with athletes and sometimes with medical staff. There were

occasions when they did not believe in athletes' health complaints, and at other times were frustrated with athletes who did not use health care services appropriately. In short, Walk did not find evidence of the sports social network that Nixon hypothesized.

My reading of this sport sociology literature suggests that much of it proceeds from Nixon's (1993a) original hypotheses. Having recognized socially circulating values that glorify and justify playing when in pain and injured, this research looks to establish links, demonstrating that athletes identify with such values and when asked express the personal significance of these values. Many of these authors explicitly identify an ethical concern with the normalization of risk, pain, and injury. There is a concern that athletes are invested in the beliefs and values perpetuated by their athletic subcultures in a way that has them relating to pain and injury as a normal and acceptable part of sport (other sociologists of sport have expressed these concerns too, see for example Pringle 1999 and Young 1999). In late capitalism, competitive sports, professional or otherwise, share in the logic of relating to athletes as mouldable, mechanizable entities pushed harder and further, to meet ever-increasing performance imperatives. These heady aspirations concern sports sociologists for how they detract from recognizing the athlete as a person that can suffer, be disabled, or end up with chronic pain and injuries.

On the one hand, these critiques raise important political and ethical questions about contemporary sporting practices. They challenge the one-sided glamorous stories of risk, pain, and injury that the popular sports media like to

tell. Moreover, they illustrate how these culturally pervasive ideas about pain are not just a way of describing pain but become implicated in how athletes relate to their pain. Effectively, these analyses combat the overstated cultural phantasy of heroic athletes individually overcoming pain and injury. Thus, this research alerts us to how hegemonic beliefs and values and problematic relations of power might be involved in athletes' tolerance of pain and injury.

However, as important as these critiques are, they have foreclosed several significant complexities: first, a more complex and diverse understanding of pain, because they simplistically connect pain to injury; second, a more complex understanding of athletes as subjects, because they represent athletes as accepting and uncritical of risk, pain, and injury; and finally as a consequence of the first two foreclosures, they exclude a more complex understanding of the workings of sociality within and across pain. In the next section, I elaborate on these critiques by drawing upon insights from the socio-subjective theories of pain.

### Unpacking the Risk, Pain, and Injury Literature with Socio-subjective Theories of Pain

Like the aforementioned sport sociologists, I am interested in how athletes make sense of their pain, such that they are compelled to tolerate pain and play when in pain.<sup>8</sup> However, my research takes a different direction to the risk, pain, and injury literature. Following the socio-subjective theories of pain literature, it occurs to me that athletes may not exclusively conceptualize pain in relation to

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<sup>8</sup> I do not want to assume that all pain is something people avoid, because athletes with much enthusiasm and commitment engage in painful practices. Nevertheless, I am aware that a lot of the time pain is something from which people want relief.

risk and injury. Moreover, the meanings of pain for athletes may not only come from the localized pressures and values sport sociologists discuss. To deliberate on this further, I next unpack the implicit connection between pain and injury that sport sociologists interpret. Primarily, I do so by drawing upon Melzack and Wall's (1982) critique of the specificity theory of pain (a critique that informs much of the socio-subjective theory of pain literature). The purpose of this critical consideration is to bring into question the constant reiteration of the pain-injury connection, a connection that, I argue, operates to naturalize, fix, and foreground pain as the side effect of injury. I will mostly focus on Howe's (2001) definition of pain (which I explain below), because he provides the clearest and most sophisticated articulation of this relationship. Melzack and Wall's work is particularly useful here, because a major outcome of their research was to identify the significance of psychological and social factors in the experience of pain, factors that they identify through considering clinical cases that are consistently read as unintelligible according to the classical scientific understanding of pain. In developing this critique, I am endeavoring to begin conceptualizing a different kind of subject who experiences pain than the socially pressured subject who unwittingly normalizes pain.

For sport sociologists, then, pain is unequivocally understood as an outcome of injury; in most of the research, this is evident from the way pain is framed. For example, Nixon (1993) describes his interest as identifying "factors that influence athletes to play hurt – and risk chronic pain and disability – and motivate them to try to come back from debilitating injuries" (184). Similarly,

Curry and Strauss (1994), who conducted one of the earliest qualitative inquiries, framed their criticisms and characterized pain and injury in the following way:

This study suggests that the normalization of injuries in sport – illustrated when universities make medical care immediately available and coaches and athletes minimize the significance of injury – encourages continued participation. Such continuation may be questioned by those concerned with the long-term effects of ‘playing with pain’. (Curry and Strauss 1994, 195)

In the absence of an explicit definition of pain, the meaning athletic pain is given comes through the contextualizing of pain with injury and debilitation, which foregrounds pain as a side effect of injury. In not discussing variability in the relationship between pain and injury, this contextualizing renders the psychological and socio-cultural factors that are also at work in *producing* the experience of pain as insignificant. These factors, according to the socio-subjective theory of pain literature, are exactly what destabilize the assumed linear progression from tissue trauma to pain.

To argue against the prevailing way sport sociologists understand pain, I critically consider Howe’s (2001) definition of the relationship between pain and injury because it provides the most explicit and robust articulation of this relationship. Earlier work arguably informs and circulates this understanding of

the relationship between pain and injury, but this definition articulates the implicit connection sociologists of sport make between pain and injury.<sup>9</sup> Howe states:

Pain is the marker of an injury and is an unpleasant sensory and emotional experience associated with actual or potential tissue damage, which may be divided into acute and chronic components. Acute pain is a short sharp sensation that is experienced at the point at which injury occurs and for a limited period thereafter. Meanwhile chronic pain is often associated with pathological processes that cause continuous pain, or pain that recurs at intervals for months and, in some cases, years after injury. If pain is still present after a cure has been achieved, it must be considered chronic. (290)

Following Morris (1993) and Melzack and Wall (1982), the relationship between pain and injury that Howe articulates here demonstrates a preference for understanding pain in terms of similarity rather than diversity. In some sense, it may be seen as a strength of this definition that its language is broad enough to encompass many possibilities; the idea of pain as a “marker” of injury and as “associated” with actual or potential tissue damage are wide-ranging enough to include potentially all possible variation in the relationship between pain and injury. However, in having this quality of containing the variability of pain in opaque language, the trade off this definition makes is that it glosses over the complexity and diversity of pain. Whilst Howe superficially emphasizes stability

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<sup>9</sup> Loeser and Melzack (1999) describe part of Howe’s definition (from “an unpleasant” to “tissue damage”), which is derived from Merskey (1979), as the best definition of pain, and it is endorsed by the International Association for the Study of Pain.

in the relationship between pain and injury, it is between the lines of the generalizations in this definition that there is implied complexity and variability. The normative function of definitions is to emphasize commonalities and neglect differences. The foregrounding of these commonalities has the effect of suggesting uniformity at the heart of pain; different pains are (conceptually) bound together by sameness. Prioritizing the similarity of pain over the diversity of pain is one way of approaching pain, and has certain effects on the kind of phenomenon pain is thought to be. In contrast, drawing attention to the diversity of pain, which Howe's definition subordinates, has different effects, effects that I argue are important to consider if we are interested in how people experience pain.

Many clinical cases of pain do not fit with the pain-injury relationship posited by Howe (2001). Morris (1993, 12) and Melzack and Wall (1982, 15) document cases of people who never experience pain, and, as a result, frequently experience injury.<sup>10</sup> On the other hand, Chapman, Nakamura, and Flores (2000) explain that some patients suffering from fibromyalgia persistently experience pain that appears to involve no tissue damage. Furthermore, with regard to acute pain, Melzack, Wall, and Ty's (1982) study of patients in a large urban emergency clinic found that 37% of people reported not experiencing pain for many minutes or hours after injury. So, not only is there not always a relationship between pain and injury, but even when there is a relationship, this may be temporally variable. In contrast to Howe, Melzack and Wall argue that the focus

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<sup>10</sup> In some cases of insensitivity to pain, damage or abnormality of the nerves has been observed, although in other instances the nerves appear normal.

on pain having a single cause – tissue damage – detracts from considering the “multiple, interacting physiological and psychological mechanisms” that constitute pain (376).

Re-reading Howe’s (2001) definition through these considerations, I note that referring to chronic pain as both a “marker” of injury and “associated” with actual (or potential) tissue damage and as “associated” with “pathological processes” again uses generalizing language to draw attention away from the variability of chronic pain and instead forefront similarities. Melzack and Wall (1982) are helpful here for fleshing out some of the complexities of chronic pain that bring into question Howe’s uniform way of describing this type of pain experience. While chronic pain may begin with tissue damage, it is only understood as chronic when the tissue has fully healed but pain persists. Therefore chronic pain inherently involves a changing relationship between pain and tissue damage. Howe’s assertion that pathological processes *cause* continuous or intermittent pain does not signify the complicated and variable ways in which these pathological processes operate. For example, intermittent chronic pain may be triggered by innocuous stimulation such as a very light touch, talking, sound, emotional disturbance, or the pain may be entirely spontaneous (Melzack and Wall 1982, 206). In some people’s lives, then, pain is less the marker of injury and more the marker of a particular activity or experience.<sup>11</sup> Moreover, if one has trigger zones in the body, these may spread to areas far removed from the original site of damage. Pain triggered by something like a sound or very light touch

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<sup>11</sup> Catherine Bush’s (2004) novel *Claire’s Head* provides some excellent examples of different triggers, as well as how a person in pain might make sense of triggers.



suggests that one of the factors bringing about the experience of pain is the summation of nervous impulses, increasing the intensity of the pain. In chronic pain of this sort, while injury is a factor, so is the trigger, and so are the factors that enable, or fail to prevent, nervous summation.

A further limitation of Howe's definition is that he takes none of the insights from the research on chronic pain (which suggest a mediated and variable relationship between pain and injury) to modify his understanding of pain in general as a marker of injury. Research that has explored the pathological processes of chronic pain has led Melzack and Wall (1982) to the understanding that even acute pain involves more complex physiological mechanisms than a pain message being sent to the brain. In some instances of chronic pain, surgery has been conducted that cuts the neural pathway along which a pain message was thought to travel, but in all cases the pain either continued or worsened. This led Melzack and Wall to suggest that experiences of pain entail not only nervous stimulation, but also the capacity of other nerves to inhibit pain (231). Moreover, they draw upon a wealth of clinical cases and laboratory experiments of pain perception, to convincingly demonstrate how psychological factors interact with the physiological workings of pain, thus mediating the physiological activity that shapes the experience of pain. One way in which psychological activity operates in the experience of pain is as descending information such as: attention, anxiety, past experience, emotional state, and the meaning given to the pain-producing situation. This indicates that a vast array of possible psychological and social factors is likely to be at work in any given experience of pain (Melzack and Wall

1982, 50).<sup>12</sup> Missing from Howe's definition, then, is a sense of the dynamic way in which physiological, subjective, psychological (consciousness and unconsciousness), social, and cultural factors intertwine to produce the experience of pain.

Thus, the generality with which Howe and other sport sociologists characterize a relationship between pain and injury, suggesting a relatively uniform physiology, is highly questionable. For as Chapman, Nakamura, and Flores (2000) explain: "the relationship between objectively defined tissue trauma and the highly individual unpleasant phenomenon of consciousness that we call pain is complex and ill-defined" (17). Therefore, it becomes misleading to think about pain as always and already a marker of injury.

The significance of Melzack and Wall's (1982) insights is that the meaning pain has for the subject does not come *after* pain is experienced. Instead, meaning is at work in the experiencing of pain; meaning arises *within* pain and characterizes how that pain unfolds, as a particular (meaning-full) pain. Thus, Melzack and Wall's analysis provides a useful re-orientation for sport sociology. Their research implicitly calls for a re-thinking of how we might sociologically explore athletic pain. Instead of regarding pain as a side effect of injury, and instead of regarding pain as always and already physical and physiological, we need to appreciate how the social and psychological aspects of pain play a central role in how pain manifests as an experience. Thus, pain is social not only by

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<sup>12</sup> Moreover, to recall Ahmed (2004), the psychological and social factors that constitute what Melzack and Wall (1982) call descending information may involve unconscious memories and anxieties.

virtue of how we interpret pain after the experience, but it is also social because socially informed meanings are at work during pain.

A major implication of understanding meaning to be occurring during the experience of pain is that it posits a different kind of subject than the one sport sociologists posit. A subject that has a physiological response to pain that is mediated by psychological factors and meaning making schemas, and that consciously and unconsciously draws upon his or her own history and knowledge to make sense of pain, is hardly a passive subject. Yet sport sociologists imply that athletes are somewhat passive. First, they draw upon a concept of pain that suggests the subject is not actively involved in constituting the experience of pain, and whose pain emerges from tissue trauma. Second, the only meanings they discuss athletes having in relation to pain are those that they are encouraged and pressured to have. Thus, the inference that athletes have normalized risk, pain, and injury if they tolerate and play through pain and injury, presents athletes as unreflexive subjects who simply take on prevailing ideas and values – especially in the absence of an explanation of how athletes might actively be involved in ‘normalization’.

We might also question why sport sociologists so frequently discuss athletes’ pain in relation to injury, because there are reasons and research to suggest that athletes may not only make sense of their pain on these terms. That is, even though tissue damage may be a factor, it may not be a salient meaning for athletes in all experiences of pain. A common experience among athletes is pain that results from training, stressing muscles and causing microscopic tears.

Training of this sort is done to improve strength, endurance, power, or muscle size. On the one hand, we could easily fit this pain into Howe's (2001) definition. However, the new tissue produced through the healing process increases the muscles' size and / or function. To describe this pain as marking an injury obscures the different meanings that might be attributed to this kind of acute pain. Moreover, given that there is an athletically productive element to this tissue damage, one might imagine that the meaning of this pain for an athlete is not wholly negative. In fact, as Leder (1990) puts it, "There are admittedly certain pains, such as that of the athlete pressing against limits that are congruent with life projects and have a positive significance. ('No pain, no gain.')" (77). If Leder is right in claiming that pain can have a positive significance in athletic contexts, why is it that sport sociologists constitute this pain as an outside to athletes' interests in athletic pain?

The productive effects of some tissue damage is a factor in some pain experiences suggesting that it is reductive to refer to all pain as always and already a marker of injury, as this negates the productive effects (e.g. muscles growth and fitness increases) as well as the meanings those effects have for subjects. Ewald and Jiobu's (1985) analysis of body-builders illustrates this point: "New participants learn that getting a second wind is good and therefore enjoyable...What the outsider perceives as self-torture, the insider re-defines as enjoyable" (148). Leder (1990) and Ewald and Jiobu point to some experiences of pain in sport that should not simply be understood as a marker of injury, because to do so would overemphasize the injurious element and narrow the meaning of

the pain for the athlete, which, contrary to Howe's (2001) claim, may not only or wholly be, "an unpleasant sensory and emotional experience" (290).

Malcolm and Sheard's (2002) study of men's rugby union in the UK also complicates the conventional pain-injury connection. Their hypothesis originally followed Nixon's thinking, suggesting that the professionalization of rugby union would result in athletes being more willing to play through pain and injury (154). However, how their participants discussed their experiences of pain led the authors to change their view of the relationship between pain and injury. They state:

[C]onsequently, we would argue, it seems important to draw a conceptual distinction between pain and injury and attitudes towards, and acceptance of each. Players can be in pain, yet continue to play with little or no risk of (further) injury. This, almost universally, they are prepared to do. (166)

Again it is possible that there is some tissue damage factoring into these rugby players' pain but the injurious element is not of significant consequence. An important question this raises is whether the ethical concerns about athletes accepting risk, pain, and injury changes if we imagine that some athletic pain does not accompany injury. Furthermore, if we assume athletes know the difference between an acceptance of playing through pain but a non-acceptance of playing through injury, as Malcolm and Sheard suggest, should we also be imagining athletes as exploited subjects who unwittingly normalize risk, pain, and injury? Perhaps the enduring insistence on regarding athletes' pain in terms of the risk,

pain, and injury triad overgeneralizes to a naturalizing extent and overstates the ethical concerns we might have about different instances of pain.

While Malcolm and Sheard (2002) came to question the pain-injury connection with which they started, the majority of sport sociologists do not. And, the effect of framing pain always and already in relation to injury is to constitute as outside of consideration other meanings of pain. What purpose is served when pain is persistently framed in relation to injury? It is my contention that there is a connection between how the majority of sport sociologists frame pain, how they characterize athletes as unwitting victims, and the force of their political and ethical objections to athletes sacrificing their bodies for their sport. Moreover, if their two founding premises come into question, then logically we need to also revisit the political and ethical concerns that follow from them. To elaborate, if not all pain is a marker of injury how might this alter our concern about athletes' willingness to tolerate pain? If we acknowledge that athletes are complex subjects that make sense of their pain during and after in myriad ways, rather than the unwitting victims of social pressures and authority figures that encourage them to tolerate pain and injury, does this call for a different political and ethical consideration of athletes' engagement with pain in sport? And finally, if we are open to acknowledging the complexity and diversity of pain and are willing to regard athletes as complex subjects, do we actually need to return to athletes and explore how they experience pain in order to re-think the political and ethical

issue of pain in sport?<sup>13</sup> These questions address key implications of my research that I will return to in the conclusion of my thesis. For now, I close the present chapter by indicating how my analysis thus far orients the trajectory of this project.

### The Meaning of Pain for Athletes and Researchers

If pain is not simply an effect of damage to the body, then how can we understand pain? (Ahmed 2004, 24)

Through my discussion of the sociology of sport literature on risk, pain, and injury and socio-subjective theories of pain, I propose a reconsideration of how we might investigate athletes' experiences of pain. Having argued that pain should not be regarded as only or simply the effect of tissue damage brings Ahmed's (2004) question to the table: how can we understand pain? If pain is not an objective phenomenon but is a subjective experience, we need to think about how subjects encounter pain as well as how researchers encounter pain as an object of study. If there is no neutral way to know pain, we might ask both of researchers and subjects, what is the function of how they know pain?

Even though the classical scientific understanding of pain, which many sport sociologists rely upon, is highly questionable, we might ask from the point of view of how it serves us, why it continues to be culturally predominant. It is my contention that the persuasiveness of the conventional scientific view of pain

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<sup>13</sup> Safai (2003) and Malcolm and Sheard (2002) both represent athletes as more reflective on the culture of risk in sport than earlier research, but neither substantially question the founding hypotheses within the sociology of sport literature on risk, pain, and injury.

(specificity theory) phenomenally resonates with how subjects are consciously aware of experiencing pain. As Bakan (1968) puts it: “Pain forces the question of its meaning, and especially of its cause, insofar as its cause is an important part of its meaning” (58). Sawchuck, Busby, and Burns (1999) continue this implication, noting: “When pain invades the sanctity of our corporeal walls, we may look to both immediate and distant occurrences to try and derive the cause, in the hope that this will lead to a remedy” (xi). In some way then, the conventional scientific approach to pain, identifying the physiological aspects of pain that can be understood in terms of cause and effect, assumes the same quest as the pain sufferer. Understandably, then, the person in pain has an affinity with those who understand pain in terms of cause and effect and on that basis work on relieving pain. Interestingly, this reveals something about the scientific approach to pain. Instead of objectively identifying the factors that produce experiences of pain, it has institutionalized as a normalized practice a particular aspect of the experience of pain: the desire to pin down its cause. Considered in these terms, the classical scientific approach to pain, while often humane and contextually important, cannot be expected to fully speak to experiences of pain. The perspective and agenda of the conventional scientific view, in its practicality and understandable anxiousness to eradicate pain, regards the meaning of pain and the ‘cause’ of pain in a particularly narrow way. This reductiveness arguably echoes the subject’s (frequent) wish for pain’s cause and remedy to be simple, and working on knowing the cause and effect chain of pain perhaps offers the assurance that scientists will at some point achieve dominion over pain. Appreciating why this



view of pain is persuasive illustrates the force of our investment in our most cherished ways of knowing pain as subjects in pain and as researchers.

### Thesis Overview

In the present chapter I have argued that the experience of pain is subjectively complex, resulting from an interaction of physiological events with psychological and social factors. Thus, how anyone understands pain, her own or another's, is a matter of interpretation. The "interpretiveness" of pain means that pain's meaning is not fixed, for example, as something we simply want to avoid. Pain is available to be interpreted otherwise, but this is not to suggest that we can in any simple way choose our interpretations. This brings us to questions of what comes to bear on pain's interpretation. Why do athletes make sense of their pain in the ways that they do? What makes a particular interpretation of pain transpire for the subject? Furthermore if there is no objective way to study pain, what animates the way I, as a researcher, am interrogating pain? What informs how I encounter my research subjects' experiences of pain, during the interviews as well as during the analysis of the transcripts?

Throughout the chapters of this thesis, then, I develop the argument that to grasp the force of subjects' and researchers' interpretations of pain we need to attend to both the meanings pain has for us as well as what animates how we engage those meanings. Consequently, my argument turns us toward the psychosocial workings of pain. My second chapter, which focuses on the methodological aspects of this undertaking, asks: what facilitates narrations of

subjects' interpretations of their experiences of pain? I consider which interview method is most appropriate for this task whilst also taking seriously the idea that the researcher is implicated in how subjects articulate their pain, particularly for how the researcher engages with her research subjects. As a consequence I ask what kind of engagement is called for from the researcher as a listener when the aim is to prioritize the subject's interpretations of pain, interpretations that may be difficult for the subject to engage and articulate. Even though I had a sense of the importance of my mode of listening prior to interviewing my participants, the experience of interviewing people about difficult experiences of pain re-directed my analyses. Attending to the difficulties at play in expressing and listening to pain became central to how my analyses unfolded over the remainder of the thesis.

In chapter three, I conduct my first analytical exploration of engagements with pain by drawing upon Cavell's (1976) notion of acknowledgment and Laub's (1992a) ideas on listening, to interpret two interview narratives. I argue that the manner of attending to the subject's pain (her own or other's attendings) affects the subject's experience of pain both in terms of meaning and affect. However, while Cavell and Laub help me think through the impact of expressions and listenings that acknowledge or fail to acknowledge pain, they also lead me to a more complex issue: if the meaning of pain is a struggle to acknowledge and involves failures to acknowledge because acknowledging the meaning of pain may itself be painful to consciously encounter, then there is more at issue than the "original" pain. Thus, in my latter two analytical chapters I draw upon a mode of

interpretation that allows me to read my subjects' and my own struggles, styles of engaging, and refusals to engage the meaning(s) of pain at play in the subjects' narratives. In chapter four, then, I make the case for turning to the psychoanalytic theory of Melanie Klein and other psychoanalytic thinkers who draw upon or develop her ideas. I assert her emphasis on negativity, anxiety, and how the psyche wrestles with the ways in which we know our experiences, makes her mode of interpretation apt for reading engagements with pain. In chapters five and six I offer Kleinian informed interpretations of what comes to bear on how athletes make sense of their experiences of pain and how I as a researcher make sense of their narratives. In this respect I develop a different argument about the social workings of pain. In these two final chapters I return to engaging the issue of how we might re-think the idea of athletes normalizing their pain. In chapter five, drawing on one of my interview transcripts, I argue that the athlete came to experience pain in an athletic context as part of her process of struggling with the work of mourning her father. Rather than experiencing physical pain because of the social pressure and encouragement to do so, I suggest that the social normalness of athletes tolerating pain provided the avenue for her to externalize her psychic suffering. This pain then, not only challenges the idea that athletes' pain in sport is always physical, but it also pushes us to think that an athlete's participation in a social norm may tell us more about that athlete's interiority than the social exteriority. In chapter six I take up the issue of normalization from another angle. Even when an athlete may be invested in a sporting subculture's prevailing discourse on pain, this still leaves the question of why that discourse is

compelling for the subject. In this chapter I interpret how an athlete's psychic struggle with her relationship to pain is key to her investment in the discourse. My purpose in these final two chapters is to argue that how athletes make sense of their pain involves social relations beyond social pressure from others, and that what we call normalization – athletes tolerating pain in sport – needs to be understood as emerging from complicated subjectivities, rather than understood at the expense of them.

## Chapter Two

### Approaching Interviews (On Pain)

Through what modes might we gain insight into how athletes make meaning of and relate to their pain? What kinds of procedural methods and what kinds of emotional engagement might facilitate athletes' articulations of their experiences? And how might an understanding of emotional engagement in research call for a re-thinking of how we articulate methods and what we understand the 'data' to index?<sup>14</sup> In this chapter I begin by outlining the rationale in which this research is grounded; that is, how the literature I reviewed in chapter one orients me to particular methodologies and methods of inquiry. Interspersed with my method I also argue that the rather unpredictable and unprocedural dynamics of emotional engagement with participants was a key factor in producing rich and insightful data in this research. Thus, I retrospectively reflect upon how emotional engagement was at work within the research process, thinking through how it enhances and complicates the data. I conclude by arguing that the complexities of (acknowledging and inviting) emotional engagement within research calls for a re-orientation in how we analyze data, data that is now understood to index both how each interviewee relates to her pain as well as how the interviewee and interviewer relate across the interviewee's expressions of pain.

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<sup>14</sup> Whilst I use the term data to refer to the transcripts that I go on to interpret, I use this distinction in the abstract, and with some reservations. My reservations are grounded in the idea that narratives of pain are themselves interpretations, and my interpretations in some moments also assume the role of data and become the subject of further interpretation. Thus referring to the transcripts as data and my analyses as interpretations is somewhat misrepresentative.

## Researching Complex Subjectivities

To begin with, then, I articulate the path of inquiry that began to form in response to several key insights from the bodies of literature that I discussed in chapter one. These bodies of literature left me wanting to work with athletes' accounts of their experiences of pain. Following the socio-subjective theories of pain literature, I am particularly interested in how subjectivity and sociality are at work in experiencing and making sense of pain. Through my critique of the risk, pain, and injury literature, I suggest that athletes may not be duped and normalized into tolerating pain; but, if we want to continue to use the language of normalization we need to re-think normalization as entailing more complex and dynamic subjective processes. In proposing that athletes are endowed with complex subjectivities, it follows that my approach to athletes' accounts of pain needs to be receptive of expressions indicative of complex subjectivities (such as, expressions of reflexivity, tension, and conflict). Thus, in this first section I argue how the literature I reviewed in chapter one concerning subjectivity informs the approach I took to interviewing.

As I explored the socio-subjective theories of pain literature, I was struck by the richness and complexity of the experiences of pain it articulates. For example, rigorous attention is given to: the role of interpretation in individual variations in pain; the cultural meanings at play in pain; and the significance of context in peoples' experiences of pain (Ahmed 2004; Kleinman et al. 1992; Leder 1990; Madjar 1998; Melzack and Wall 1982; Morris 1993; Rey 1993; Scarry 1985). Moreover, considering how sociality and individuality are both

present in experiences of pain has important and fascinating implications with regard to how a qualitative study might attend to experiences of pain. To think through these implications I turn to reflect on key insights from phenomenological and psychoanalytic theorists.

The phenomenological notion of the *life world* is particularly helpful in conceptualizing the relationship between individual subjectivities and sociality. The life world, while referring to our immediate lived experiences, assumes unique subjectivities and yet does not assume the subject to have experiences that are entirely free of the intersubjective. To explain this assumption I briefly divert to the phenomenological concept of *the sphere of ownness*. The notion of experience that involves no reference to others is the reduction that Husserl calls the sphere of ownness (Sokolowski 2000, 155).<sup>15</sup> As Steeves (1998, 19) clarifies, when we conduct that reduction and start to exclude others from our experience we are participating in an abstract way of thinking about experience because the meanings things have for us (material objects, emotions, other people etc.) invoke meanings from others. For example, if we consider an athletic context: parents, doctors, and teammates have all contributed to the meaning of pain for an athlete. So the very concept of subjective experience as entirely grounded in the “individual” finds its limit in the inevitable sociality of experience.

Phenomenology astutely situates subjectivity as individual – in the sense that it is unique to each person – but also as always intersubjectively constituted.

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<sup>15</sup> Different phenomenologists hold different views on whether Husserl was arguing that there is a dimension of experience that is free of others. Sokolowski (2000) reads Husserl as making this argument. However Steeves (1998) reads Husserl (1960) to be proposing a thought experiment that actually demonstrates the impossibility of a sphere of ownness (the sphere of ownness is discussed by Husserl in the 5<sup>th</sup> Meditation).

Thus, the subjective experience of pain is social in that it is intersubjectively constituted, but pain's social qualities do not make the subjective experience of pain something transparent or fully available to share with others. The uniqueness of subjective experiences of pain emerges in part from the way in which pain is social and the infinitely different ways intersubjectivity manifests; the social is always different (i.e. no two lives, experiences, or social contexts are the same). The life world is unique for everyone in part because of how we each have our own unique mosaics of social connection. As Good (1992) puts it, "though the life world can be investigated in relation to individual experience, it is an intersubjective world, a social and cultural world, a world that resists our desires to shape it at our own whims, a world of social facts and realities that we cannot wish away" (37). Subjective experience is individual because of our unique social positions, and yet those social positions prevent a solipsistic subjectivity.

Phenomenological research on pain, particularly that which draws upon the concept of the life world, has illuminated how the experience of pain is simultaneously social and uniquely subjective for each person. This insight is significant for my research into athletes' pain because it orients me toward how an analysis of the social need not be taken as a call for an analysis of what people have in common. As I argued in the previous chapter, the focus on what may be common amongst experiences of pain may occur at the expense of appreciating individual variation. The perspective of the life world offers an interpretation of sociality that enriches rather than impoverishes individual variation in experience, as it does not constitute the individual and the social as opposites.



Another key insight from a number of socio-subjective theorists of pain is the attention to unconscious dimensions in the experience of pain (Ahmed 2004; Bakan 1968; Leder 1990; Melzack and Wall 1982). These theorists articulate the unconscious as fundamentally informing how we experience (in the moment), relate to, and make meaning of pain. Given the different theoretical traditions that these theorists work within, their invocations of the unconscious are not all on the same terms. However, in different ways they attend to dimensions of experience that are not simply transparent to the subject.<sup>16</sup>

There are two discernibly different arguments about how the unconscious informs our interpretations of our pain. Ahmed (2004) demonstrates the first argument. To recall, she suggests that one way we interpret our pain is by drawing upon past experience. This does not mean that all these past experiences will be consciously illuminated in that moment because a particular pain may impress upon us in such a way as to bypass consciousness.<sup>17</sup> Nevertheless, the effects of the unconscious may be consciously experienced. For example, perhaps an instance of pain is reminiscent of a past pain that was interpreted with intense anger. The memory of the past pain may bypass consciousness but the anger that accompanied the past pain may infuse the present pain. In this sense, the unconscious adds further complexity to subjectivity, indicating that what we experience during pain may involve more than the present and the self-evident.

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<sup>16</sup> Melzack and Wall (1982, 230) refer to the brain activity sub-serving attention, emotion, and memories.

<sup>17</sup> Leder (1990) alludes to this argument but more in the language of a phenomenological understanding of perception.

The second argument about how the unconscious is at work in experiences of pain comes from Bakan (1968). In a rather dense weave of argument Bakan advances that the ego has a paradoxical relationship to pain. While we are accustomed to one side of this paradox, the idea that people try to avoid pain, Bakan suggests, “the ego needs pain in order to function. Yet its very functioning involves the attempt to rid itself of pain” (85). Bakan phrases his central thesis as: “Pain is the psychic manifestation of telic decentralization” (59). To clarify, telic centralization in terms of the ego entails all aspects of the psyche being governed by one telos (survival), that is, all (lower) telê are in alignment with this higher goal. Thus, the implication of pain as the psychic manifestation of telic decentralization is that a lower telê is in conflict with the higher telos of survival. In the case of pain, while the ego may have the goal of ridding itself of pain this paradoxically brings conflicting telê into play. This conflict is inevitable if, as Bakan (following Freud) claims, the ego is first and foremost a body-ego. That is, the boundary of the ego is consistent with the boundary of the body. However, when pain occurs Bakan asserts that the ego generates a different view of the body. The ego’s response to pain is to make pain distal to the ego, pain is differentiated into an “it” within a part of the body. Thus the body part itself by virtue of being identified with the pain may also psychically be experienced as “other” to the ego (76). For Bakan then, the ego’s regard of pain renders pain as phenomenally ego-alien.<sup>18</sup>

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<sup>18</sup> Bakan (1968) extends this logic by explaining that some experiences of pain may also entail the entire body being regarded as other.

There are two functions to the ego casting pain as ego-alien. One function is providing the psychological pre-condition for reducing pain and repairing any damage to the body part in pain. Since the body part is no longer aligned with the telos of the ego (i.e. survival and well-being) the affected area is psychically separated so that it might be encountered differently, namely for information that will allow the ego to treat the part in a way that will restore it. When a remedy for pain is found the body part may once again be experienced as in accord with the ego and its telos. The second function of making pain ego-alien is the preliminary work for sacrificing the affected body part. This function is grounded in the connection between pain and annihilation that the early ego is aware of but has yet to learn is not synonymous (i.e. not all pain signifies imminent annihilation). Thus, pain fundamentally evokes the threat of death for the ego, and so the ego makes pain ego-alien in anticipation of having to sacrifice the body-part in the event that not doing so may lead to death.<sup>19</sup> Bakan (1968) observes that the two functions of making pain ego-alien are in conflict (save the body part and sacrifice the body part). This conflict is an example of telic decentralization, and the two functions of making pain ego-alien also entail telic decentralization. In the first function pain is responded to by the ego as a call for the ego to overcome telic decentralization. In the second function pain is a call to permanently separate the affected part of the body and the loss of the body part (e.g. an organ, a limb, a breast, or part thereof), which also amounts to a death of a part that was experienced as an integral to the body-ego (78).

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<sup>19</sup> Scarry (1985, 31) also posits the connection between pain and death. She refers to rituals and rites in tribes that express this equation and she suggests this connection to be an intuitive human recognition.

The experience of pain as ego-alien, whether it involves the first function or the second (or a dilemma between the two), involves telic decentralization. During pain somewhere within us something is occurring that is in conflict with the goal of survival and wellbeing. The ego deals with these conflicts by making them unconscious. For example, people are accustomed to thinking of themselves as orienting toward survival and wellbeing in spite of the fact that all living beings eventually degenerate and die. Thus, if pain, as Bakan (1968) and Ahmed (2004) argue, evokes meanings and interpretations of which we may not be conscious but inform how we consciously make sense of our experiences of pain, an attention to how the unconscious is at work in pain may be important for grasping what is at stake in the meanings and affective qualities pain has for athletes.

A further reason for why we might want to think about how the unconscious might be at work in how athletes make sense of pain is because athletes face an inevitable conflict. If we grant that people experience a motivation to survive and thus behave in survival positive ways, how do athletes deal with the conflict of participating in an activity that often causes pain? What meanings does pain have for athletes if they know from past experience they are likely to experience further pain? The way sport sociologists have grappled with this conflict has been to retain an understanding of the subject within liberal-humanist terms, terms that prioritize consciousness and reasonableness. In so doing, they have been limited to thinking about pain in terms of docile normalization, which, arguably, operates in the manner of ideology and false

consciousness.<sup>20</sup> That is, athletes have been persuaded to accept and even embrace pain and injury as an inherent part of competitive sport; pain as a means to an end. An analysis that works at the level of consciousness addresses conflict as having some other kind of rational explanation, here avoiding or resolving the idea of a divided or conflicted subject that may also be destructive and irrational.<sup>21</sup> However, if a more complex subjectivity is enabled by considering the workings of the unconscious, how else might we think about the potentially conflicted idea of the athlete doing something that causes pain, which she is also invested in avoiding? Do athletes express a sense of this conflict? If so, do they see it as resolvable? If it is not resolvable, how is this conflict related to? Thinking about my project in light of this possibility, how might I ask after and listen to athletes' expressions of pain in a way that is open to expressions of such conflict?

I arrived at the idea of athletes making sense of their pain in complex and conflicted ways then for two reasons. First, a wealth of socio-subjective research and clinical cases indicates that people generally experience and interpret pain in diverse ways. Second, some of the findings in the risk, pain, and injury literature implicitly indicate that athletes experience their pain in complex and conflicted ways, even though the authors of this do not draw attention to this. To recall, Nixon's various surveys about collegiate level athletes attitudes about their experiences of pain, risk, and injury in sport (1993b, 1994a, 1994b, 1996a, 1996b)

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<sup>20</sup> I mean docile in the simplest sense – politically and psychologically docile, which is a more docile subject than Foucault (1979, 138) describes.

<sup>21</sup> Another way of thinking about this claim, from a psychoanalytic perspective, is as an argument that suggests everyone psychically processes pain in the same way; everyone is in denial. The limitation of such an argument is the unlikelihood that people do psychically process things the same way.

yielded no statistically significant results. One possible cause of statistical insignificance would be conflicted views about tolerating pain.

As I read Young, White, and McTeer's (1994) qualitative study on male athletes' talk of injury I came across moments of conflict that were largely untheorized. They describe the attitudes of the male athletes they interviewed as, "much less critical or reflexive than they were conciliatory toward the dominant code of masculine sport" (189). The authors draw this conclusion because their interviewees' expressions indicate injury as having the emasculating effects of making these athletes appear physically fragile to themselves. Yet, instead of questioning the discourse of masculinity the interviewees' reiterated notions such as, as a man it is desirable for them to be able to tolerate pain. However, at another point in the article, one athlete does seem critical of his coach's alignment with the discourse of masculinity. The authors describe the athlete as having "expressed concern over his university football coach's lack of support for his and other's suffering" (185). It is interesting to observe that the authors do not further engage this point for how it illustrates a conflict between the dominant masculine code of expecting athletes' to hide their pain and 'suck it up' and the desire for one's suffering to be acknowledged and to receive a supportive response when hurt. Arguably, this was a moment that might have prompted the question of why tolerating pain and adhering to the masculine sports code is difficult, indeed, why one might need or want support. Moreover, it indicates a more complicated

subject. That is, the athlete forges his investment in masculinity by negotiating conflicting desires.<sup>22</sup>

Young, White, and McTeer's (1994) study is particularly rich and insightful in terms of the expressions of difficulty it contains about male athletes' experiences of being emasculated and embarrassed by the fragility of their bodies. Many of them had suffered long term with debilitating effects and witnessed parts of their bodies break, separate, or split open. Again, this might be read as indexing a conflict for the interviewees between their experience of their bodies and how they *desire* to experience their bodies. In light of this, it is interesting to note that the authors do not consider whether the athletes' difficult feelings about their fragile masculinities might have been roused by the interview itself, thus informing how they articulated their experiences of pain and injury. Instead of assuming these athletes' accounts to simply represent their identities and past experiences, it could be argued that these expressions were a resurging idealization of tolerating pain. This idealization functioned as an active attempt to recuperate and reiterate a much desired masculine identity, which had been undone in the course of the interview (as the interview emotionally returned them to experiences that were embarrassing and emasculating). The key insight I take from my reading of this study is how it highlights the need to attend to what else

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<sup>22</sup> A similar argument could be made about how several athletes Young, White, and McTeer (1994) interviewed justify tolerating and hiding their pain because expressing their pain would bring down team morale or they would be called "a pussy". Opting to hide their pain in order to avoid certain consequences arguably indexes conflict. They seem inclined to express how they feel but then choose not to because of the repercussions. Making a "decision" to adhere to the dominant social discourse does not mean that athletes did not experience any conflict.

might be informing athletes' accounts of pain, other than what happened in the past.

In attending to how social life is implicated in how subjects uniquely make sense of pain, the conflicts athletes might have with prevailing discourses and rational interpretations of pain, and how athletes might express their experiences of pain in a way that is also doing the work of negotiating their relationship to pain in the present, a multifarious sense of subjectivity emerges. With this sense of subjectivity in mind, I now turn to discuss different interview approaches that are able to accommodate the complex ways athletes might experience and express their pain. My purpose is not to overview all possible ways one might interview subjects, but to review relevant approaches to interviewing and from them devise an approach that allows for, indeed welcomes and attends to, tension, ambiguity, and complexity in athletes' accounts of pain.

### Approaches to Interviewing

In this section I discuss phenomenological and narrative interviewing methods, as these approaches informed the interview style I went on to use in this project.

Although these approaches make mention of the interviewer being a good listener they do not substantially elaborate on this idea. Thus, to develop the kind of engaged listening that accounts of pain call for I also draw upon Cavell's (1976) notion of acknowledging.<sup>23</sup>

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<sup>23</sup> Such listening is a mode of ongoing work, because as I go on to explain, a listening that is acknowledging involves emotional engagement and this cannot be mastered in the same way a method can be.



Phenomenological and narrative interviewing styles came to inform my interview method because they are consistent with the key parameter of first and foremost attending to how athletes make sense of their pain. My objective was to learn from how athletes interpret their pain – the meaning pain has for them, including what kind of experiences they regard as pain. Thus, framing pain, for example, in relation to risk and injury, was something I explicitly wanted to avoid because of the possible effect of foreclosing some of the meanings pain may have for the interviewees.

The notion of not bringing any ideas from previous research on athletic pain into the interview procedure is consistent with what Giorgi (1985a) calls “the guiding theme of phenomenology”, which is the notion of going “back to the things themselves” (Husserl, cited in Giorgi, 8). In the context of my research, this means going back to pain itself. As Giorgi goes on to explain, for the qualitative researcher, Husserl’s idea can be taken up as an asking after the actual phenomena that people experience in the context of their everyday world (the life world). The objective of the interviewer is to facilitate the interviewees’ description of the phenomenon in question. Quite simply, this can lead to one structured question or statement that starts the interview, as in the case of this project: “Please take a few minutes to bring to mind three different experiences of pain that you have had in athletic contexts”.

To elaborate on the phenomenological interviewing style, I borrow from Wertz (1985)<sup>24</sup> as he portrays how one proceeds as an interviewer once the

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<sup>24</sup> Wertz’s (1985) piece is in the same volume as Giorgi’s (1985a), and the entire volume illustrates phenomenological methods. Some of the projects discussed ask participants to write

opening question has been asked. Below is an excerpt from Wertz's study on being criminally victimized (in which M is the interviewee and F is the interviewer):

M: He didn't succeed. Let's put it that way. But he attempted to put me in a car...

F: He attempted to put you –

M: Yeah. I must have been followed. I was coming down the road late at night. He must have seen I was alone. He followed me to the parking lot and the car looked the same as our neighbor's. So I didn't think nothing of it.

F: OK, so you were on foot?

M: Yeah, I just got out of my car to come up to the apartment building. It was about 3:30.

F: And this car was following you? (162)

This excerpt shows the style in which the interviewer elicits a detailed account of the experience. When he asks for clarification of a point or prompts for elaboration he uses as much as possible the terms the interviewee uses. In this excerpt the interviewee does not say that she was on foot, but that seems to be implied, so he asks for clarification. The role of the interviewer is to be an attentive listener, responsive to the story but not interfering with its meaning in process. The interviewer shows an engagement with the story and prompts for further articulation, by pointing to aspects of the story as a way of inviting the

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about an experience, others ask them to talk through an experience they are having in the moment. However, Wertz's is closest to mine in that it asks for the interviewee to recall and talk about past experiences.

person to say more about them, such that there is the opening and encouragement for the story to be told as fully as possible. After asking for clarification about whether the subject was on foot, the interviewer asks about being followed, a point central to the narrative that she was telling before he posed his clarifying question. Wertz's interview method is consistent with my project in so far as the way he responds to the interviewee does not introduce the researcher's meanings and assumptions. This approach involves an attitude of fidelity to the phenomenon as the interviewee articulates it.

However, while Wertz's (1985) way of speaking, as an interviewer, is instructive for how I phrased my responses to my interviewees, I departed from Wertz and Giorgi's (1985b) understanding of the status of interviewees' expressions and their focus on those expressions. One of the ideas embedded in their brand of phenomenological research is that interviewees (will) speak from pre-reflective experience. The notion of pre-reflective experience is perhaps best exemplified in a task that is performed skillfully: when performing such a task the subject does not explicitly reflect on or think about what she is doing. According to Giorgi (1985b), pre-reflective experience is a quality in "phenomenological description" and he considers this, "one of the best ways of revealing our spontaneous, pre-reflective ways of dealing with the world" (43).<sup>25</sup> However, the idea that accounts of experience of phenomena are pre-reflective, or that the researcher can distinguish between what is reflective and pre-reflective in an account seems questionable. I wonder if it is possible for a researcher to tell if an

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<sup>25</sup> Wertz (1985) describes his approach as consistent with Giorgi's articulation of phenomenological research.

interview subject is speaking about something she is reflecting upon, or if she is speaking “pre-reflectively” from the experience, or if there is some kind of combination.

My second reason for departing from Wertz (1985) and Giorgi’s (1985b) phenomenological approach is that I am not exclusively interested in pre-reflective experiences. Interviewees might well express reflective or prepared statements about experience as well as make statements that also reference what it means to discuss their experience in the interview context. I am interested in attending to these types of expressions as well because arguably they also express something about the interviewees’ engagement with the experience. As Brooks (1994) puts it, a narrative may be an opportunity to, “master the past through its telling and interpretation in the present” (61). Thus, my interest in what experiences of pain mean to athletes is not just an interest in the pain of the past but also about how that extends into the meaning making occurring in the present of the interview.

Another interview style that is fundamentally interested in interviewees’ meaning making is narrative interviewing. A defining feature of this approach is its acknowledgment of how the interviewee does not simply speak from past experiences. A narrative interview has a starting question, but beyond that is unstructured. How the interviewer asks subsequent questions depends upon what the narrator says. The intent is to not suppress the stories a person might tell, and the onus is upon the narrator to explain the significance of what is being told. In this respect, a narrative interview may involve a little less prompting than a

phenomenological approach. Responding to the interviewee, as with the phenomenological approach, also involves using the interviewee's terms, rather than one's own meaning frames. And, as implied in the phenomenological approach, the role of the interviewer in the narrative interview is to be a good listener. However the posture of the interviewer is to approach the interviewee as a storyteller rather than a respondent (Hollway and Jefferson 2000a, 31).

Although there are some similarities between phenomenology and the narrative approach, narrative interviewing distinctly departs from phenomenology in its consideration of the intersubjectivity of the interview process itself. According to Hollway and Jefferson (2000a) narrative interviewing regards the meanings as created between the research pair, the interviewer and the narrator, within the particular context of the research interview. This notion of not imposing specific meaning but considering the telling to be intersubjectively constituted openly troubles the idea of simply treating accounts of experience as only being about the past. The question this understanding of the intersubjective factor raises is: "What is the relation of the story to the event to which it refers?" (Hollway and Jefferson 2000a, 32). On the one hand, as Bauer (1996 cited in Hollway and Jefferson) points out, "narrations are rich in indexical statements" (32); that is, they reference events and experiences. I take this to suggest that researchers may still learn from the experiences that are the subject of the interviewees' narrations, even if we cannot make definitive claims about how the story relates to the event. On the other hand, another way to respond to the issue of how intersubjectivity informs the expressions of the interviewee is to read the

narrative for how it indexes the intersubjective dynamic at play in the constructing of meaning in the narrative. Taking the role of the interviewer seriously in terms of the impact she may have in the interview not only orients me to exploring that dynamic in the analysis, but also turns me toward thinking more about the significance of the interviewer's listening practice. That is, how might the interviewer's engagement of the narrator's expressions be a factor in the interviewer's responses, and in turn contour, one way or another, the interviewee's narration? To think through this further, I turn to Cavell's (1976) concept of acknowledgment, which is particularly instructive as he discusses acknowledgement of expressions of pain.

Stanley Cavell is a contemporary western philosopher, and in the essay I draw upon, *Knowing and Acknowledging* (1976), he is working in the tradition of ordinary language philosophy. In this essay he contemplates the meanings expressions of pain may index, what acknowledging one's own or another's pain entails, and what is at stake in acknowledging or failing to acknowledge pain. Central to this essay, then, is Cavell's concept of acknowledgment.

"Acknowledgment" in Cavell's use is broader in scope than his use of "acknowledge" and "acknowledging" (which are synonymous). A failure to acknowledge, for example, ignoring someone's expression of pain, is still a form of acknowledgment. The term acknowledgment does not describe a *particular* response; rather, it is "a category in terms of which a given response is evaluated" (Cavell, 263-4). However, within his discussion of how responses might be evaluated, Cavell articulates acknowledging as an engaged way of relating to

another's inner life, which I interpret as a mode of listening that complements the idea of an interviewer attending to what pain means to the interviewee.<sup>26</sup>

Granting that our means for knowing the other's pain is through her expressions of that pain (but insisting that we also know our own pain by giving it expression), Cavell (1976) contends that expressions of pain are, "an exhibiting of the object about which someone (else) may be certain" (263). While the listener may be certain of the other's pain, Cavell characterizes the listener's response that articulates the sentiment, "I know you are in pain, I know what you are going through," as an expression of sympathy rather than an expression of certainty, because this knowing is a response to the exhibiting of pain.<sup>27</sup> For Cavell, what is at stake in such an exchange is not knowing with certainty that the other is in pain, for Cavell knowing with certainty is not enough. More importantly, sympathy is expressed because the other's suffering makes a *claim* upon me. To heed this claim the listener "must do or reveal something (whatever can be done)" (263). Thus, to express sympathy is to acknowledge pain *to* the other. If pain is not acknowledged the listener does not know what the other's being in pain means.<sup>28</sup> To elaborate, the person in pain knows her pain by acknowledging it –

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<sup>26</sup> When discussing Cavell's (1976) ideas it may be the case that I use either "acknowledging" or "acknowledge" when doing so is grammatically awkward and writing "acknowledgment" appears preferable. However, I am permitting this awkwardness because I want to hold Cavell's distinction between these terms.

<sup>27</sup> This is not to say that Cavell is claiming that when someone makes this kind of statement they necessarily feel / express sympathy. One could be going through the motions or saying what is felt to be the appropriate thing to say. However, if one is making such a statement sincerely, what is important about it is its revealing of sympathy.

<sup>28</sup> An interesting question about Cavell's (1976) notion of acknowledging is whether or not we might understand a sadist to acknowledge the other's pain, and this raises two questions, one of sadism and one for Cavell: first, can a sadist acknowledge pain in Cavell's sense, even if not all sadists are sympathetic, we might still ask: is it possible for a sadist to be a sadist and be sympathetic? Second, if all or some sadists are not sympathetic does this mean that their knowing of the other pain, their attentiveness to it is a cognitive knowing rather than an acknowledging? Or

by giving it expression, whereas acknowledging the other's pain involves attending to the person in pain with sympathy. To connect across pain with sympathy is to find the attunement that is possible through and with the other's expressions of pain. Cavell's argument, then, is that our knowing another's experience is not a priori foreclosed by anything, rather the possibility for knowing lies in relationality – through establishing or re-establishing our affinity:

[T]he bond of sympathy that expressively links me to, and implicates me with, the other's inner life, may be suppressed to such an extent that it breaks, thus threatening to dispossess me of the region in my own mind which my behavioral response to the other is expressing. (Hammer 2002, 64)

In heeding the claim the other's suffering makes upon me, I actively maintain possession of the part of my mind that allows me to connect with myself and with others. Thus, the possibilities for how we know of others' inner lives, what things mean to them (including the struggles they might have, perhaps the difficulties of acknowledging), lie in the relationship, in the other's exhibiting expressions of pain and my acknowledging reception of them.

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does the sadist bring into question Cavell's conceptualization of acknowledging? Deleuze's (1991) discussion of sadism, indeed his departure from how Freud (1910) conceptualized sadism, was to see the logic of Sade's sadism as not the same as the sadist desired by Masoch's Masochism (40). Freud used these terms as having the same origin and as compatible subject positions: sadism as aggression directed toward others and masochism was sadism turned in on the self. Between Freud, Deleuze, Sade and Masoch, there seems to be a vast range of desires and interactions that might be termed sadism. For Deleuze Sade's logic, after which Sadism is named, is not a turning toward the other's pain, but an inflicting of pain that sets in motion of overwhelming destruction. That said, those who we might consider sadists, sexual sadists who inflict pain on another, I can imagine that this is not necessarily an expression of cruelty, I think it might be possible that the enjoyment one may get of inflicting pain on another might be in a sense sympathetic, in that one could be quite attentive and curious and perhaps do so with a deep feeling of care about how the other experiences the pain.



Bringing Cavell's (1976) concept of acknowledgement to my project, it seems to me that to learn from interviewees' narrations of pain not only requires a method of asking (the phrasing of the questions and when to ask them) that facilitates interviewees' expressions of pain, but also calls for the interviewer to listen in a way that acknowledges. That is, I am required to listen in a way that answers the claim the other's narratives of pain make upon me and respond with sympathy, not just interest. And I am also required to listen in a way that facilitates the other's expressions of pain by making the space for them to acknowledge what pain means to them. If the interviewer's listening is not sympathetic it seems reasonable to assume that an interviewee, who has difficulty acknowledging what her pain means to her, is less likely to come to a place of acknowledging; that is, giving her pain expression during the interview.

Listening in a way that acknowledges is key to knowing what being in pain means to the other. Envisioning acknowledging in terms of practice, I posed questions to myself in the research process that articulate the challenge of listening to accounts of pain in a way that acknowledges: Do I as an interviewer engage the interviewee in a way that offers space for expressions of pain, for what being in pain means to her? Do I listen with sympathy and answer the claim the other's suffering makes upon me? And, if I fail to acknowledge in any given moment, because my inner life may resist establishing attunement, do I do the work of re-establishing our connection across the interviewee's unfolding expressions?

Thinking about what listening to accounts of pain might call for extends an idea raised in narrative interviewing: to recognize the researcher as implicated in how interviewees express themselves. Following Cavell (1976), it occurs to me that in an interview there is not the presence or absence of emotional engagement, but only different modes or qualities of emotional engagement. Moreover, emotionally engaging in a way that acknowledges has the possibility of facilitating not just the interviewee's expressions of pain, but the interviewer's grasp of what being in pain means to the interviewee. While Cavell offers me an insightful way of thinking about the challenge of and the possibilities for how I might listen to my interviewees' narrations of pain, he also leads me to think about my interview method in more complicated ways. In the next section, I outline my method and reflect on the substantive role emotional engagement played in how I designed and carried out the data collection phase of my research.

#### Procedure, Practice, and Emotionally Engaging

The implications of Cavell's (1976) notion of acknowledgment, and Hollway and Jefferson's (2000a) ideas about how interviews produce data that indexes not only the phenomenon of interest but also the intersubjective relationship of the research pair suggests that one's data collection protocol or method cannot account for substantive aspects of what occurs during interviews. Interviews, while having specific procedural qualities that are replicable, also consist of unique qualities of relationality / emotional engagement that are not established through a protocol. Some aspects of the interview situation cannot be stated in

advance; for example, the affective qualities of interviewees' narratives and the manner in which the interviewee engages with the interviewer are unpredictable. Without knowing in advance how interviewees will talk about their experiences of pain also means that the emotional qualities of the researcher's responses cannot be established in advance.<sup>29</sup>

While psychoanalysts have long known the value and vicissitudes of emotional engagement, in therapeutic settings, it is only more recently that qualitative researchers have begun to think about how emotional engagement might be valuable in research. The affective experiences of the researcher and their participants, evoked during the research, might be interpreted as data that offers valuable insights into the social situation of the interview as well as the phenomenon of interest (Campbell 2002; Clarke 2002; Hollway and Jefferson 2000b). In preparing and conducting the data collection phase of my research I noticed how qualities of relationality might facilitate procedural aspects of method but at other times be in tension with them. To account for how qualities of emotional engagement informed and affected my interview design and practice I present a double(d) version of my method (Lather 2007). The purpose of this split is not to suggest that qualities of emotional engagement are separable from the more formal aspects of my method, but the purpose is to tease out each and give a place to them. Therefore, in this section I present the formal and rational aspects of my procedure within text boxes and follow these with discussion that addresses the emotional / relational subtext of what is conventionally called method.

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<sup>29</sup> This is not to suggest that training could not be developed for qualitative researchers concerning emotional engagement, but rather that at present it is not generally done to the best of my knowledge.

### *Subjects*

My interest in the diversity of how people subjectively experience pain led me to select interviewees who were quite different from one another in terms of their bodily and athletic experiences. The different sports / athletic activities that my subjects participated in included: rugby, bobsledding, wheelchair basketball, stand-up basketball, gymnastics, rowing, weightlifting, running, and soccer. The range of levels at which players participated varied from international to recreational. However, regardless of level they were all very committed to their particular activities. The ages of the participants ranged from 27-50 years, although, the stories they tell in some cases referred to earlier experiences (e.g. when they were teenagers). Two of the people I interviewed have chronic physical conditions: one has diabetes, the other a degenerative neuromuscular disease, and three of the participants had experienced their pain for long periods of time (several months to several years). I interviewed relatively few athletes, six in total, because my focus was on eliciting data characterized by depth and richness rather than producing data that supports generalizing claims.<sup>30</sup> All the interviewees were Caucasian and female, not because I was focused on gendered or racialized experience per se, but because of how I selected them.

The interviewees were selected opportunistically. My personal involvement in athletic communities and my background in the Faculty of Physical Education and Recreation at the University of Alberta gave me familiarity with athletes and with people who knew athletes. Therefore, I either knew the participants

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<sup>30</sup> However, to maximize the units of analysis from this relatively small group of interviewees, I asked them to tell me about three different experiences of pain.

personally or personally knew someone who knew them. I approached potential interviewees on the basis of their athletic experiential diversity relative to one another and on how inclined I anticipated they would be to talk in some detail about their experiences. Another demographic similarity this produced was that all of my interviewees were middle class. I interviewed the people I knew personally, before those I did not know so well. My reasoning was that whilst I was still relatively new to my unstructured interview method, interviewees I knew would be less affected by my limitations (e.g. if I were not yet highly adept at prompting or asking for clarification).

When I think back to the decision about those I interviewed first (those I knew personally) it makes practical sense; however, it also reveals something about my understanding of the significance of affect and the personal as shaping forces for the research. Underpinning this decision was the idea that the historical personal relationship would mitigate errors in method on my part as an interviewer. I was assuming the interviewees would be less likely to equate inhibited responsiveness with a lack of interest.<sup>31</sup> I also assumed that people I knew personally would be less likely to be influenced by any meaning frames I might unwittingly impart, because differences in perspective were something that was comfortably possible in these relationships already. Furthermore, I presumed that I would be more

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<sup>31</sup> The first interview I conducted was technically a pilot interview. I felt that it was a practical necessity to do a practice interview. However, I chose to interview a friend who is an athlete. At the time it seemed a convenient choice, however, it strikes me now that this decision was likely informed by the notion that our prior relationship would enhance the interview in multiple ways. As it happened, this interview yielded such good material that I requested her permission to use it in the project.

confident talking with someone I was sure would be a good interviewee. I would therefore be less likely to make errors or be thrown off by errors I might make.

Anticipating that people I know would be likely to talk about their experiences in detail also indexes the effect of the personal relationship on the quality of the interview. On the one hand, I already knew these people to be reflective and articulate in how they express themselves. However, I also expected the history of my relationship with them to enhance their openness and willingness to share the details of their experiences of pain. Having a prior personal relationship, with already established emotional connection, created a context (I anticipated) in which it would be possible for my participants to speak from a place of vulnerability. A parallel example is perhaps the kind of conversation that may happen in a hallway. With an acquaintance, a conversation asking after each other might only involve an exchange of pleasantries, whereas passing someone with whom one has a personal relationship is likely to involve the person revealing more about how it is with her. These starting suppositions about how prior emotional connection might facilitate the openness of my interviewees' expressions were confirmed in my research. I found the most vulnerable, emotionally rich and openly conflicted accounts came from the people to whom I was close. Consequently, the intersubjective dynamic between interviewee and interviewer became a substantive part of the analysis in the analytical chapters of this thesis (although I had not theorized this in advance).

### *Procedure*

I individually approached athletes who were suitable candidates for this study. Those who expressed an interest in participating were given an information letter about the study and a consent form, and contact information was exchanged. I contacted each participant to arrange the time and location of the first interview. The location of the interviews was decided upon between the interviewer and interviewee. I suggested that a quiet room where we would not be interrupted would be preferable. I offered the option of booking a room on campus (with participants who were local), but also offered to meet them at an alternative location of their choosing if preferable or more convenient. Typically, the second interview was scheduled either at the first interview, or, if that was not possible, it was organized later via phone or email. The interviews were typically between three weeks and five weeks apart.<sup>32</sup> I conducted both interviews with each participant before interviewing the next participant. The first interviews were typically between an hour and an hour and a half in length. The second interviews ranged from about 40 minutes to an hour each. My rationale was to facilitate giving my full attention to each set of narratives rather than trying to attend to too many narratives in the same time period. All interviews were digitally recorded and transcribed verbatim.

Although my information letter specified that the interviews would involve me asking participants to talk about three different experiences of pain they

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<sup>32</sup> One pair of interviews was much further apart because the first interview was a pilot and initially I had not planned a second interview.

experienced in athletic contexts, several interviewees either wanted to clarify or establish what kinds of experiences I was interested in hearing about (sometimes during the interview, sometimes before it). For example, one interviewee listed a number of injuries she had had and asked if any of those were the kinds of experiences I was interested in, another gave me a brief summary of the experiences she was thinking of talking about at the beginning of the interview, as if to check with me that her experiences were suitable for my project. One interpretation of these responses was that the openness of my question left some interviewees feeling unsure of what I was asking after. In these cases I clarified that the question did not specify particular kinds of pain because I wanted to know what they personally think of as pain. Upon reflection, it seems to me that making this point explicit in the information letter would have been useful. Nevertheless, discussing this ambiguity was one of the ways in which rapport between the interviewee and myself was sometimes established, these conversations allowed me to express my interest in and validate in advance their meanings and their understandings of pain.

These conversations also gave me another impression. My participants were not nonchalant in their decision to tell me about their experiences of pain. One sense was that some were concerned to make sure they would tell me about experiences that would be of value to me. Another sense was that before talking about vulnerable experiences they wanted to check that these experiences were in fact ones that I would value, that is ones in which I was genuinely interested. Perhaps it was anticipated that I might find it hard to say that a vulnerable story



was not really what I wanted. It struck me that even in deciding on an experience to tell, how I received their experiences mattered to them. Knowing with confidence that I valued the experience in some cases needed to be established before a participant substantively told me about it.

### *Interview One*

The first interview with each participant entailed a relatively unstructured format in which she was asked at the beginning of the interview to spend a few moments bringing to mind three different experiences of pain that occurred in athletic contexts. I explained the term athletic context as including occasions when one was doing a sport, training, or an otherwise athletic activity. During the interview, they were asked to tell the story of each of their three experiences of pain, in the order of their choosing. I took my role of interviewer to be mainly an attentive and acknowledging listener; that is, showing engagement through responses such as asking probing questions, asking for further clarification, or repeating key phrases as a way of prompting further elaboration. A key practice was to phrase responses with the meanings / language the interviewees expressed, both validating the interviewee's own meaning frames and avoiding bringing in new meaning frames. The purpose was to facilitate the interviewees' own expressions and to focus on those meanings. When each story appeared to have been told in its entirety, I asked if she had anything more she wanted to say about that particular experience.

Prior to doing the interviews it seemed to me that my methodological approach, drawing on phenomenological and narrative interviewing approaches in conjunction with a manner of listening informed by Cavell's (1976) notion of acknowledging would provide a balanced approach to interviewing. In theory, it comprehensively addresses listening as embodied and inevitably involving emotional responses to the narrator and the story, responding in a facilitative and sympathetic manner that values how subjects frame their experiences, and focusing on the subject's experiences / expressions, whilst acknowledging my own role in the production of the narrative. However, whilst I was oriented by a mode of balance it was not without tensions and conflicts. For example, there were two occasions when I was called upon as a listener in ways that appeared to ask something of me that put into conflict a focus on participants' meanings and an acknowledging mode of listening.

Within one interview (which I discuss in chapter five) the interviewee addressed me as a friend: "that's not really – that's more telling you as a friend than you as research[er]". The notion of being a friend within the interview struck me as in conflict with my role as interviewer, to respond as a friend seemed to me too much of a mutual conversation. Speaking as a friend I would not avoid sharing my own views and meanings. At the time, I did not directly engage being addressed as a friend. Instead I responded to something else this interviewee said shortly before this address. In doing so the manner in which I responded to her address revealed my priority of responding to my own anxiety, an anxiety that consciously manifested as a pre-occupation with the research needing to focus on

the subject's meanings.<sup>33</sup> This is not to say that acknowledging necessarily calls for a listening that is more like that of a friend. In this case I think I was perhaps better at acknowledging when I was listening as a friend, that is when I was not also checking my responses for how they adhered to the rule in my method about not bringing in new meaning frames. However, I understood engaging as a friend, at the time, as allowing for and sometimes calling for me to share my perspective or ideas about what is being said to me, which may also interfere with acknowledging. Nevertheless, even with the question of interpretation aside what was significant was that, as I endeavored to not interfere with meaning, I actually failed to listen in a way that acknowledged in that moment. Caught up in my own concerns, I missed understanding what it meant to my interviewee to tell me about some aspects of her experience as a friend rather than a researcher.

Another occasion where I experienced a conflict with introducing meaning frames and acknowledging was when another interviewee (whose narratives I discuss in chapter three) directly asked for my interpretation of how “we” relate to pain:

G: I wonder what makes us like that? To know that there's gonna be pain associated with the action that we're doing but we just do it?

R: Yeah...what do you think makes you like that?

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<sup>33</sup> Interestingly, we might interpret my orientation to attend to a different statement than the one about speaking to me as a friend as arguably consistent with both phenomenological and narrative analysis approaches, because my response was to focus on the meaning of the subject's experience of pain which she was narrating. Moreover, because these approaches do not specify what it means to listen, it seems they offer the researcher a bit of a loophole. What I am suggesting here is that within these approaches one could justify failures to acknowledge through attending to the meaning that is supposed to be the focus of the interview. However, the psychoanalytic approach I subsequently turned to suggests differently.

This particular interviewee often addressed me by my name and so when she said “us” I assumed she was referring to her and me, or including her and me in a category of athletes that had something in common in terms of their relationship to pain. I experienced this moment as being called to give an explanation at a point in her narrative when she was unsure of her own explanations. It felt to me like she was reaching out and asking me to join her in thinking through the unsettling idea that sometimes “we” as athletes do things that we know will hurt us. I experienced (my interpretation) of being called upon in this way as too likely to lead to me bringing in a meaning frame, i.e. my own speculations on why athletes (“us”) do things that we know will be painful. I felt at the time that I was being called upon because my interviewee wanted to feel some mutuality in this vulnerable moment as she considered a difficult question about her relationship to pain. And, after the interview, I recall feeling quite conflicted about this moment. On the one hand, I avoided bringing in my own meaning frame by returning the question to her. On the other hand it was arguably at the expense of turning away from the claim she made upon me, to support her in some way, to not leave her vulnerable and alone. In repeating her question perhaps this did offer some mutuality, taking the question seriously showed an interest in how she thinks about it, but if this was the case it was ambivalently so because my feeling of conflict also indexed my guilt over attending to my rule of not bringing in new meaning frames.<sup>34</sup>

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<sup>34</sup> One evaluation of this moment might be to conclude that my relative in-experience in my interview method was actually the issue. That is, with more experience I might have developed a greater competence in responding in ways that are acknowledging without bringing in new meanings. For example, one way of responding to the claim made upon me, without bringing in a

My point with these two examples is to illustrate how the emotional engagement that an acknowledging listening calls for may be ambivalently related to the procedural rules of a method. At times listening (as a researcher) and not bringing in any meanings or interpretations of my own may facilitate attending to and not foreclosing the meanings of the participant. On the other hand, interviewees are not following rules of conduct specific to an interview and may call for feedback or a connection that conflicts with the interviewer's method, or the interview method may focus on a meaning rather than on a claim that calls for acknowledging. Indeed, the idea of facilitating the depth of expressions through phenomenological and narrative approaches is arguably implicated in producing emotionally rich accounts, leading the interviewee to emotionally challenging memories, thoughts, and expressions. Thus, procedure has a complicated relation to the emotional aspects of interviews, which might best be described as ambivalent. Moreover, this ambivalence leaves me ethically concerned with how adhering to some aspects of my interview protocol was implicated in my failings to acknowledge my interviewees. Therefore, I am cautious about considering all aspects of interviewing only in terms of following procedure, for when conflict arises it may not offer answers that recognize the conflict itself. The issue of acknowledging perhaps can only be incorporated into method if we are willing to re-think method in less procedural terms, because what is at stake in emotional

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new meaning frame might have been: "I don't know for sure, I've often thought about it, in part I think that is why I am doing this research." And perhaps with more experience I would have responded along these lines. On the other hand, it is not the greater experience of procedural method that simply enables an acknowledging response that does not bring in new meaning frames. What is also being practiced through my interview method is emotionally engaging within the confines of an interview.

engagement are unexpected moments of emotional encounter that call for the listener to do what they can, which may be beyond the conventional persona of the researcher.

### *Interview Two*

Prior to the second interview, participants were given a copy of their first interview transcript (either a hard copy or as an attachment via email). They were asked to read through the transcript, make notes on it if they wanted to, and bring it with them to the second interview. I explained that these notes might include thoughts about what they had said, other things they had remembered since the first interview, inaccuracies or things about which they now had different or further ideas, or otherwise anything more they would like to say about what was said in the first interview. Thus, during this second interview, interviewees were invited to discuss anything relating to the first interview. My task was to also have looked at the first transcript and take the second interview as an opportunity to ask probing questions or for further elaboration or about anything that was of interest to me that had not been attended to during the first interview. In essence, the purpose of this interview was to give both the interviewee and the interviewer an opportunity to cover anything that seemed worthy of further articulation. Thus, while the logic of working from the interviewees' meanings was continued between the first and second interviews, the latter was semi-structured. Nevertheless the style of this second interview was to proceed like an organic conversation as much as possible. If the interviewee raised something related to

the interviewer's questions, the interviewer would ask the question when the interviewee's mind was already focused on that point in the transcript. If there was no obvious segue from the interviewee's to the interviewer's interests, the interviewer would then raise questions once the interviewee had said all she wanted to say.

The logic of the second interview was to make sure everything was discussed in sufficient detail for both the interviewee and the interviewer. A common difference I noticed between several first and second interviews was a quality of awkwardness in the second interviews. Some interviewees did not have much more to say, and upon later reflection I wondered if the purpose of the second interview (to say more, to bring up new thoughts etc.) made the interviewees feel obliged to come up with something to discuss even if they did not feel particularly inclined to do so. I wondered if this might have felt like me suggesting the first interview was not good enough in some way. Another reason more clearly visible to me that accounts for some awkwardness during these second interviews, was the difficulty some interviewees had getting back into the narratives themselves. The difficulty in returning to particular parts of the narrative was that we had not followed the narrative's path from the beginning, and thus we were out of touch with the factors that led to us arriving at that place in the first interview: the meanings, the accompanying affective qualities, and the intersubjective dynamic. In the absence of those contextual qualities, the narratives seemed hard to connect to. Thus, these second interviews incidentally alerted me to how the interviewees'

degree of emotional engagement with the narratives affected how they spoke of their experiences. Having done second interviews I am left with some questions about the utility of this design. In terms of generating further data for analysis it was partially successful. In the cases of long-term experiences of pain, where the participants were continuing to experience pain across the two interviews, they did have more to say. It appeared that the first interview provoked a different reflection on their pain as it unfolded (perhaps in relation to what they had said in the first interview or perhaps in thinking about what they might talk about in the second interview). However, when it came to experiences of pain that were experienced as firmly located in the past it was often the case that interviewees were less inclined to talk about those experiences any further. While the second interview may not have been an effective way of generating more data for experiences of past pain, it may have been a valuable way of ensuring participants' authorial control over their transcripts.

My purpose in this section has been to think through the role and qualities of emotional engagement that implicitly informed the design of my interviews and was present during the interviews. Conducting research in a way that brings into play emotional engagement has had the effect of producing very rich and complicated accounts of pain. My reflection on the process and dynamics that constituted these accounts also came to inform the structure and mode of analysis I bring to the transcripts. Thus I finish this chapter by turning to some key conceptualizations that inform how I go on to analyze my interviewees' accounts of pain.



### From Method to Analysis

As a result of my analysis of Young, White, and McTeer's (1994) study of male athletes' experiences of pain as well as the socio-subjective theory of pain literature, I anticipated that some interviewees might share some emotionally trying experiences of pain, and that these emotional qualities might manifest during the interview. I also thought it possible that my invitation to interviewees to speak about any experiences that they consider as experiences of pain would elicit some narratives that were outside of sport sociology's conventional frame of risk, pain, and injury. Both of these possibilities manifested, and in ways that surprised me. Re-encountering their experiences of pain was tantamount to encountering and narrating what Pitt and Britzman (2003) call *difficult knowledge*. Thus, in this final section I explain the concept of difficult knowledge and propose the broad trajectory of how to go about analyzing these accounts of pain.

### *Working with Difficult Knowledge*

While the term difficult knowledge emerges in psychoanalytic inquiries of teaching and learning (Britzman 1998, 2000, 2003), it is also a highly apt concept for thinking through research encounters. Difficult knowledge refers to "both representations of social traumas in curriculum and the individual's encounter with them in pedagogy" (Pitt and Britzman 2003, 755); for example, representations of the Nazi holocaust and how a student engages those representations. The difficulty of difficult knowledge has an inside and an outside: in the nature of the external event that is referenced and within the individual, that

is, the psychic difficulty of encountering (representations of) genocide. The psychological difficulties characteristic of encounters with difficult knowledge might include losing a sense of cohesiveness, losing one's ideals, frustration, and anxiety. Moreover, difficult knowledge may set in motion defenses to counter or circumvent these effects. Pitt and Britzman's qualitative study on students' encounters with and narrations of difficult knowledge moves to thinking of difficult knowledge not in relation to specific historical social breakdowns, but in terms of experiences of knowledge or encounters with knowledge that entailed difficult affective qualities. They interviewed students and teachers about negative experiences of knowledge (e.g. knowledge as implicated in experiences of confusion, influence, aloneness, insufficiency, anxiety, and hostility). They argue, "what makes recollections of our educational history a form of difficult knowledge is that obstacles to learning become entangled with obstacles to representing learning" (759). It is in this slightly different orientation of difficult knowledge – not about social breakdowns but one's own struggle with knowledge and representing that experience – that I find a resonance with many of my interviewees' narratives of pain.

The difficulty with pain for my interviewees was not just that it happened or happens but that re-encountering pain through the narrative was difficult, and these difficulties are arguably grounded in the difficulty of constructing one's relationship to pain during pain, and re-constructing one's relationship to pain in the present of the narration. Pain is perhaps aptly experienced as difficult knowledge because of a paradoxical quality characteristic of pain. Pain has a

reputation for being an experience to which the person in pain is unavoidably present. We often call a sensation or emotion “pain” when it has a poignant force. Pain impresses upon us, pain wrenches our attention to it, fracturing and disrupting our experience of what was before pain (Leder 1990). Pain seems to take hold of us, as Scarry (1985) puts it, “for the person whose pain it is, it is ‘effortlessly’ grasped (that is, even with the most heroic effort it cannot *not* be grasped)” (4). Yet despite how pain has an overwhelming quality of presence, it does not come to us with meaning of its own; rather interpreting, the work of knowing our pain is the work we do. Moreover, the work of making sense of pain does not involve knowing it in any simple sense. We may not be certain of the cause of pain, how long it will last, the implications it has for our lives or sense of identity. Pain may provoke significations and affective qualities that we do not expect or want, and pain may interfere with, disrupt, and otherwise trouble our relations with others. To narrate pain is not just a re-encountering of such difficulties, but these difficulties, I argue, set in motion psychic defenses and resistances that try to manage or eradicate the difficulties themselves, at two different times, both the time of experience and the time of telling, times that merge in the narrative. Thus, to paraphrase Pitt and Britzman (2003), obstacles to what pain means for us become entangled with the obstacles to representing the meaning of our experiences of pain.

To regard my interviewees’ narratives of pain as examples of difficult knowledge manifests in two ways. First, I am suggesting that both the pain and the narratives of pain constitute difficult knowledge for my interviewees. And, if

this is the case, following Pitt and Britzman (2003, 757), there will be traces of psychological dynamics that index difficult knowledge within the transcripts. Accordingly, one of the ways I interpret interviewees' narratives is reading for how psychological dynamics contour their relationship to pain at the time of experiencing the pain and at the time of narrating. Second, both at the time of conducting the interviews and at the time of analytically working with them, I noticed viscerally at first and more reflectively later, that these narratives of pain were difficult knowledge for me. These narratives variously provoked in me affective responses such as guilt, struggles with my ethical implication in their narratives, hostility and frustration when not feeling able to make some coherence from the narratives, and ambivalent (anxious, aggressive, reparative) feelings about bringing a psychoanalytic lens to bear on the transcripts, transcripts that I often experienced as internal objects. And so the work of interpretation includes my psychological symptoms and the working through of some of them in the process and in the writing of the analysis.

To address my own learning moves as I encountered and re-encountered the difficult knowledge of the interviews and transcripts, I use the terms listener and reader-listener to refer to myself in the analysis. The listener refers to me at the time of the interviews during the first listenings. When writing about myself as a listener I reflect on my responses at the time of listening and my affective experiences during listening. The second term, reader-listener, refers to me as I worked with the transcripts. I use the term reader-listener because the reading of the transcripts evokes my memories and affect grounded in the event of listening.

Nevertheless, in the mode of reader-listener, which also includes the time of writing my analysis, is the time I developed my interpretations of the transcripts, which reflects quite a different encounter with the narratives compared to the time of interviewing. As reader-listener I shift into listening for what relationships unfolded in the accounts of pain and the relationships that unfolded during the interview across the accounts of pain. And as reader-listener I am also reading, that is, doing the work of interpretation through particular theoretical lenses as a means of bringing new coherencies to what was said in the interviews. These two positions (listener and reader-listener) are an abstraction, because I cannot actually pin down where one ends and the other begins. Nevertheless, this distinction addresses an important difference between engaging interviewees in the moment and engaging their transcripts through theories I immersed myself in after interviewing. In writing, I write myself into the analysis through these positions so that I can account for both my role in the interview and my role in my interpretive readings of my own and others' experiences.

The following chapter offers my first analytical interpretations of excerpts from one of my interviewees' transcripts. In this chapter I begin the work of exploring the complexities of what pain means to the subject: what is at stake in and what it is to *know* one's own pain as well as the complexities of how others relate to the subject's pain.

## Chapter Three

### Acknowledging Pain: The Difficulties of Expressing and Listening to Pain

In what way(s) can we know our own and others' experiences of pain? Do those who engage in research on risk, pain, and injury in sport answer that question too quickly, too easily, or too simply? What are the effects of claims to knowing another's experience of and relationship to pain; what are the effects of our rational explanations as to why "they" participate in painful practices? In this chapter I develop an argument that the claim that we can know our own or others' relationships to pain relies too simply on explanatory discourses. Working with Cavell's (1976) and Laub's (1992a) ideas, I suggest that, rather than knowing being secured through cognitive discourses, we regard our understanding of experiences of pain, and indeed the limits of our understanding, to emerge through different modes of acknowledgment. Regarding our encounters with pain in terms of acknowledgment enhances our understanding of the *significance* of the meanings through which we interpret pain. Metaphorically this revision is akin to moving from a one-dimensional view to a two-dimensional view.

To articulate the shift from cognitive explanations of how others experience pain to how knowing one's own or another's experience pain is a matter of acknowledgment, I contemplate excerpts from Ginger, one of my interviewees. I interpret Ginger's third narrative of pain to draw attention to the ways that prevailing discourses falter. Ginger speaks about her experiences of pain both within the terms of rational prevailing discourses and from the place where these discourses reach their explanatory limit. Both of us find ourselves not

knowing why she tolerates pain. It is from this “state” of not knowing that Ginger begins to express some of what her pain means to her by articulating how she engages her pain, and I begin to interpret her pain as something she does not simply know but with which she has an ambivalent relationship. Moreover, I argue that Ginger comes to acknowledge her relationship to pain by bringing into question her own use of pain-justifying discourses.

Building on this understanding of self-acknowledging, I then turn to Ginger’s second narrative to contemplate the effects of others’ different modes of acknowledgement on the experience of pain she articulates. Drawing upon Laub’s (1992) psychoanalytically informed ideas on listening, I read this narrative as illustrating a social dimension to pain. I suggest that different modes of acknowledgement (e.g. acknowledging and failing to acknowledge) differentially contour Ginger’s continuing experience of pain. While I do consider moments when Ginger’s experiences were acknowledged, this analysis is mostly concerned with the implications of her teammates’ adherence to a prevailing social discourse that does not recognize Ginger’s experience of pain.

In light of these readings of Ginger’s narratives, I come to appreciate the importance and value of acknowledging pain because our own and others’ modes of acknowledgement are implicated in relieving, exacerbating, or preventing further pain. However, this understanding does not move me to conclude that we simply need to resolve to acknowledge pain more often. Such a conclusion neglects how struggles to acknowledge and failures to acknowledge may be indicative of the workings of the unconscious. Cavell’s (1976) and Laub’s (1992)

ideas lead me to the notion that understanding how people make sense of their pain (and indeed the limits of how they make sense of their pain) entails not only the need to acknowledge their pain. In order to acknowledge their pain we need to acknowledge the struggles to acknowledge and the failures to acknowledge what being in pain means for the subject and the listener. That is, we also need to acknowledge how we relate to the pain in question.

### Narratives

Ginger is a competitive soccer player in a classics league (over thirty-five's). To give the reader a sense of Ginger as a subject I briefly summarize her first narrative (which I do not work with in this chapter) and then I introduce her latter two narratives, before offering any interpretations of her narratives. Her first narrative tells of an occasion early in her playing career when she was in her twenties. The experience involved another player kicking her ankle as she kicked the ball. She continued to play the entire second half of the game even though she was in quite a lot of pain. She said she continued to play because someone she was romantically interested in was watching, and, as one of the team's stronger players, she felt she had a responsibility to the team to continue playing. While driving home, however, she came to the conclusion that there was something quite wrong with her ankle. She went to the hospital and discovered she had fractured her leg. She recalled this memory with fondness, not because of the pain or injury but because it reminded her of a time in her life and an era in soccer that she really enjoyed, a time when women's soccer was booming in its development



in her home city. Ginger's second narrative is grounded in an event 18 months prior to the interviews and her third narrative refers to a pain she was currently commonly experiencing at the time of the interviews. The two analyses in this chapter draw on these latter two narratives. I have edited together extensive excerpts from each of them to offer the reader a sense of how Ginger expressed her experiences.

#### Narrative 2

I have always thought of pain in soccer uhhh as being like physical pain – right [R: right]...getting hit...but this was the first time that I've actually ever experienced uhh a pain that kinda just – it was physical it was emotional uhhh yeah pain so ummmm so uhh Jenny<sup>35</sup>...ran into a player on the pitch and uhhh came off...and said she didn't feel very well...so we just thought its 'cause she had collided with this player...didn't fall down they collided just staying together...within seconds umm she just said 'I don't feel very well' and – and just passed out...I was on the bench and so I grabbed her because she's a defenceman with me...I instantly thought of uhh I didn't know...I thought she was having a seizure...myself and another girl were trying to get them to call 911, and so they finally called 911 and stopped the game and then at that point in time it was apparent that she – I mean she was

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<sup>35</sup>All names used in this thesis are pseudonyms, except my own. However, I commonly use R to indicate my speech in the transcript.

turning blue like this shirt I am wearing...so it was apparent that – and she wasn't breathing – so umm one of the girls on the other team was a nurse...so we just instantly put her on the floor, myself and this other girl, and we started doing CPR. And we did it for – it just seemed like forever Rebecca...umm 'til the ambulance got there and she never regained consciousness and I remember umm looking in her eyes and just knowing that she was dead. It was the w-weirdest experience I have ever had. [S]o the pain that I experienced was – I mean people were in shock, I was in shock and so when the ambulance got there they got us out of ummm I felt, I felt (clears throat) sorry. I felt her...pain almost in some ways although she was not conscious in that I was doing CPR and umm I've always done CPR at the hospital on those dummies...thinking that you would never do it on a person and ummmm the experience of pushing on a human's ribcage like the pain I was inflicting on her I mean she couldn't feel it, right? I mean maybe she could I – no I mean there was no pulse but it was uhh it was really bizarre.

[T]hey called in the middle of the night to say that...[the collision] had uhh severed her carotid arter – uh – artery...they kept her on life [support] – so they mended that, but because she had gone so long without oxygen...her husband took her off life support about a week later...so she had died.

[Ginger then goes on to explain some of her experiences since Jenny's death.] [I]t's impacted my ability, not so much now, but for the past year, my ability to actually be an active athlete again because I would fear that the same thing would happen to me...because I'm a very physical player I experience pain every game...at some level because I often run into people but uhh now it was kinda like oh I shouldn't play as aggressively, you know, I might hurt somebody. Ummm uh they said this was a one in like ten-thousand chances...that this kind of thing would occur...I would uhhh my heart would obviously beat fast 'cause I was running [R: right] right and I would come off and I would be like... am I going to have a fucking heart attack, I mean, Rebecca, I'm in good shape. Like I would – like there was no reason right and so all of a sudden...how I was experiencing that emotional pain was really interrupting my ability to play.

[T]he other pain that also seeded, I think, with that was umm the – the pain of what it did to a group...I didn't realize that my team was really religious but when this occurred it's like...ev- every piece of religion within a player rose to the forefront...I chose not to go see Jenny at the hospital...like all the team would go and have these little prayer sessions and that's just not me and umm the team critiqued me uh for not going to see her before she died and I chose not to because I mean to me, Rebecca, she died on

the bench...like...like I...I felt like I saw it, I – do you know what I mean? [R: yeah] Like it's so ummm, so I think that uhh, yeah, so it's – it's hard to explain because it's a pain but I – it's not like a normal physical pain that you experience.

[The difficulties of what this pain did to the group also arose for Ginger in relation to team organized memorializing practices. The following example comes from our second interview]: [D]id I tell you that they were asking for money? [R: No]...we decided to get a bench and plant a tree in her memory and so the team was asking for money and umm umm it was so weird Rebecca because I just instantly thought to myself umm I mean umm there's no way I can give you money for this, and it was so weird because I am such a giving person but I just felt so in some ways pissed off that here they were asking me for money and they had no idea how much this has disrupted my life...So I just thought umm money isn't going to make this better, and I think this is because I was the one that had done the CPR, like – like, I feel like umm I feel like in some ways, and yet I don't know this because we don't talk about it, that umm that I – I – I did feel different pain than I think the way the team felt the pain.

[During the second interview Ginger recalled two occasions when there was some conversation about the emotional significance of Ginger's experience of doing CPR on Jenny]: I was

standing behind a woman, Rebecca, at this soccer tournament, we were all in the bar upstairs, and umm I was standing behind this woman who didn't know I was on the team that Jenny had died [on] or [that] I was the one that had given her CPR, so we were up in the pub and this woman is telling this other woman about Jenny and how this woman had died on the soccer team and she had heard that one of the team players had done CPR that she couldn't umm, you know, resuscitate her. And, you know, 'Oh that must have really fucked her up,' right, those were her exact words. And it was so interesting because I wanted to stick my head into the conversation and just go, 'uh it did,' and then just walk out. Like it was, it was weird having someone talk about it...in a situation and me being right there like it's the first time that I kinda – it was weird, it was a bit odd for me so – so I thought about that when I was reading through this [indicates the first interview transcript]...that in some ways I actually felt like that outside person...reading it kinda going, you know, wow. And that's when I said, 'wow that really sucked,' 'cause I needed to just – not a nice thing to happen, right.

[In the second conversation about CPR]: [W]e're in the change room and I – someone I think might have asked me how umm... I know, one of the women's kids that were there that night decided on his own...came to his mom and said that he really feels

he needed to take CPR because he was concerned and – that it would happen, and he wanted to learn CPR. So umm Sarah came up to me and said, you know, ‘Paul’s decided he wants to do CPR umm because you know he saw what you did.’ And I – I – I felt in some way she was acknowledging, you know, what I had done...and uh and I said, ‘you know, that’s – that’s great’ and then...I think she asked me how I was doing and I said ‘well I have to seek – well I am seeking help to kind of deal with it,’ and I just said...‘Is anybody else, you know, dealing with it.’ So I in some ways was kind of reaching out, right to see if anybody else – and it was so interesting – that it was like – I mean it just didn’t – no-one wanted to talk about it...And so – so I think that umm this idea of...critique umm I think it is communication, I think around the team, I think that there’s lots of pain, that these people, these women are experiencing around it but umm I don’t know about so much now.

[The teams’ resistance to talking about Jenny’s death was very much on Ginger mind]: [O]ne of the things I – I think about is err...how as a team uh I mean we’ve never really talked about it, like we’ve talked about it, but like uhhh like I just think that when you hurt yourself on the pitch and uhhh like you collide with the wall or someone runs into you pretty hard...you come off the bench and everybody’s – or onto the bench and everybody’s like

'Are you okay?' You know, 'Holy shit, I heard that!' You know...and there's often, I find, lots of descriptors around the actual pain or the actual incident that occurred...but with this it's like this uhh code of silence...like this level of uncomfortableness uhmmm that has been created...I just find that really interesting like...like I think lots of people are uncomfortable with death and it was, it's apparent.

### Narrative 3

I play major league which is very competitive so there's eight women's teams erm and we're about middle of the road so we're in about 4<sup>th</sup> place....when you play, you know, the lower three teams and it's not as hard soccer. [R: right] Right, but then you play those top uhhh four teams.... and it's really uhhh it's really physical ...so we play soccer Friday nights...so Friday nights I can only sleep for maybe five hours and then my ahh right hip the pain that I experience...well it wakes me up out of a dead sleep and I just can't sleep any longer so I have to get up and uuh and uhh stretch it, but then if I come back to bed and try to sleep more, like even on my back, I can't. So I experience that usually uh off and on all day Saturday and it's usually gone by Sunday but then I have practice Sunday night... sometimes Sunday night I can't sleep great because depending on what the practice is. [R: right]

And then I usually go where Monday, Tuesday, Wednesday, Thursday I am good, and then I play again on Friday...So then I just noticed this cycle umm that occurred...I haven't done anything about it, ummm and I keep playing ...because by the Friday I feel great...So it's a very interesting cycle where people will be like, you know, 'stop playing for a couple of weeks and it might get better'. [R: Right] and then I'll be like, 'Well why? It's fine by the Friday.' Right? Like, so for me uhhh if I don't, I think, have the memory of that or know – if it doesn't hurt when I'm in the change room getting ready then I don't even almost think about what's going to happen after...I go the three weeks when it's not as bad but on those really, really tough games it's very, very sore...it's a very sharp pain it's very numbing it's uhh yeah it hurts like hell. So uhmmm so it doesn't happen at the game...it doesn't stop me from playing.

So I decided to do yoga...'cause I thought okay maybe it's just a matter of stretching it better and strengthening it so I've been going to the Y[MCA]...so I think it concerns me a bit uhmm I don't really often think about my age when I play, but I do on those mornings...like I do go 'am I getting too old? Should I – should I not play as competitive? And, you know, umm 'is this pain not worth it?' And then uhh, like I said, by Sunday I feel pretty ready for practice and then I feel good for the rest of the



week and then I go for it again. So I think that uh on those Saturday mornings I think oohh you know maybe I shouldn't go so hard...you know, because I want to keep playing...but I can't control that Rebecca, I get on that field [we both laugh] and it's just no! I don't think about it right...if there's a ball and I have to actually slide, so they don't score, without any hesitation I just slide and then I think after 'Oh...this might hurt'...in the morning right, but uh...uh I wonder what makes us like that? To know that there's gonna be pain associated with the action that we're doing but we just do it?.....[R: Yeah...what do you think makes you like that?].I think just being so into the ga..it's almost like the uh the means to the end so it's this uhhh it's.....I don't know it's almost like I have a job to do...right, so it's like you're the defencemen and you have a job to do and that's – you do whatever you can to stop that ball from going in the net...But everybody had their different levels 'cause no-one else on the team slides but me....uh I don't know?.....huh I don't know?...do you know?...I think that it's uh it's also this uhh...you know in the first story I talked about the sense of responsibility...I think it's the same thing. I think that uhh..... I think I've just been taught by coaches...umm...very early on that uhh you go out and you play hard and so...I think that for me it's uhh...I think a sense of responsibility to the team and to myself that uuhhh I just don't want to go out and play just half-

assed right...so uhh I wanna play, I wanna play hard and uh.....I think I'm just driven by the...I don't know. It's so funny 'cause I know it hurts when I slide like I know it'll hurt my hip...like I think that's part of it but I don't think of that pain...at that time.

### Reading 1: Beyond the Justifications of Pain

My analysis in this first reading draws upon two excerpts from Ginger's third narrative to ask after the ways in which she relates to her pain. We can see from the third narrative that, while Ginger justifies her pain through prevailing discourses on athletic pain, she also exhausts their explanatory capacity. In the opening that the faltering of these discourses produces, Ginger begins to question her relationship to these discourses and her relationship to pain. From this opening she begins to express how the manner in which she knows her pain is not simply transparent. Rather, she thinks about how she performs an action (slide tackling) that she knows will cause her pain, and notices that even though she *knows* this when playing soccer she turns away from this knowledge prior to performing this action. Thus, I suggest that Ginger comes to a non-cognitive way of encountering her relationship to pain, which involves acknowledging that she turns away from her experiential knowledge of pain (to come) when playing.

The pain in question occurs in her hip after slide tackling in very physical soccer games. The pain starts when it wakes her at about 5am the next day. There is a pattern to this pain; she plays on Friday, the pain begins on Saturday. It has eased a bit by Sunday evening when she practices, but practicing often inflames

the pain and it troubles her sleeping again that night. Monday to Friday is normally pain free. This pain occurs regularly because half the teams in the league are tough competition, which results in very physical games. The situation, then, is one where she understands from experience a particular action will bring about this pain. To recall, Ginger explains:

[I]f there's a ball and I have to actually slide, so they don't score, without any hesitation I just slide and then I think after 'Oh...this might hurt [we both laugh] in the morning' right, but uh...uh I wonder what makes us like that? To know that there's gonna be pain associated with the action that we're doing but we just do it?

R: Yeah...what do you think makes you like that?

G: Uhhhh...I think just being so into the ga..it's almost like the uh the means to the end so it's this uhhh it's.....I don't know. It's almost like I have a job to do...right, so it's like, you're the defenseman and you have a job to do and that's – you do whatever you can to stop that ball from going in the net. But everybody had their different levels 'cause no-one else on the team slides but me...so.....uh I don't know.....huh? I don't know...do you know?

At the beginning of this excerpt, Ginger initially explains that not letting the other team score justifies her response of slide tackling, but this justification does not fully convince Ginger. She is left with what we might call a 'meta' question: "what makes us like that?" She is asking about her own (and my) relationship to pain – what compels us to just go ahead and do something even

though we know it will bring about pain? I return that question to her and she again orients to justifying why she slide tackles; she turns to the discourse of having a strong work ethic – having “a job to do” as a defenseman. It is notable that her explanations that justify the pain also trivialize it; pain incidentally occurs as she works on a more important goal. However, the work ethic discourse also falls short of satisfying her, as it occurs to her that nobody else on the team slides, and so she self-reflectively wonders: what makes *her* different? Why does *she* have a willingness to bear that pain? Again she is left unsure about her relationship to pain, and her attachment to this discourse. Why is she, apparently unlike other players, invested in a (pain tolerating) work ethic? Her relationship to pain and to these discourses on pain is arguably complicated because they seem to be at the limit of her conscious knowing. The answers are not available to her in any simple (cognitive) sense.

It is notable that each time Ginger contemplates the notion that her own actions repeatedly bring her pain into being, her narrative course is to explain her pain as necessary. To recall again, she continues:

[I]t's also this uhh...you know in the first story I talked about the sense of responsibility [R: Yeah] I think it's the same thing. I think that uhh...I think I've just been taught by coaches...umm...very early on that uhh you go out and you play hard and so...I think that for me it's uhh...I think a sense of responsibility to the team and to myself that uhhhh I just don't want to go out and play just half-assed right. [R: Right] So uhh I wanna play, I wanna play hard and

uh...I think I'm just driven by the...I don't know, it's so funny  
'cause I know it hurts when I slide, like I know it'll hurt my  
hip...like I think that's part of it but I don't think of that pain...at  
that time.

There is clearly something compelling, for Ginger, about the prevailing discourses that claim athletes must tolerate pain for their sport. In this excerpt, she speaks of a variation of the work ethic discourse – through the notion of having a responsibility – and asserts that coaches have taught her to play hard, a teaching that she indicates she has personally come to value. Though again, these explanations seem to run out of steam, as they meet the conflicting (free) associated thought that she is doing something she knows is painful. She seems mystified by her relationship to pain and her 'acceptance' of pain-justifying discourses. Arguably, she is mystified because she faces the limits of these discourses in accounting for her experiences of pain. In the wake of these limits she begins to express something else about her relationship to pain. She remarks, "I don't think of that pain...at that time," which echoes a statement from the first excerpt: "I just slide and then I think after." These self-observations, the first so instantaneously said, the second so thoughtfully uttered, offer insight into her relationship to both her pain and her discourses on pain.

At the time of playing, Ginger's relationship to pain might be interpreted as being characterized by negation. When she is playing, she refuses what she knows from experience – the connection between sliding and pain. Perhaps this psychic disavowal of pain compels Ginger's turn (in her narration) to pain

justifying discourses. These discourses explicitly trivialize pain, it is suffered for a greater purpose (e.g. winning, doing one's job, being responsible, following the wisdom of the coach), they take the emphasis off pain, turn away from it or gloss over it, and direct attention to the greater purpose. We might say, then, that one of the ways in which these discourses function is in support of the psychic negation of pain.

Ginger's narrative moves between justifying her 'acceptance' of pain, when playing, and reflecting on those explanations. Between them lies the remainder these discourses leave, which is the question of her investment in these discourses. On the one hand, Ginger's comments suggest a curiosity about her relationship to pain: "I wonder what makes us like that?" and, "I don't know...huh? I don't know...do you know?" Yet her final comment, "I know it'll hurt my hip...like I think that's part of it but I don't think of that pain...at that time," suggests that her relationship to pain is not only characterized by curiosity, but also an interest in not knowing. Thus, we might conclude that there is an ambivalent dynamic animating how she knows her pain: in some moments prevailing discourses serve her interest in not knowing and in others they dissatisfy her curiosity for self-understanding. However, from the point of view of prevailing discourses explaining athletes' relationships to pain, I am left curious about what they do not address. Namely, Ginger's ambivalent affective relationship to pain (negation and curiosity) arguably mediates her relationship to prevailing discourses. When she negates her pain she expresses investment in prevailing discourses, but when she is curious about her relationship to pain (why

she repeatedly does something that is painful) she is unconvinced by these discourses, questions them, and asks after something these discourses do not quite get to – her relationship to pain.

I regard these two excerpts from Ginger's narrative as posing some difficult questions for researchers' claims to know how athletes' experience and relate to pain. Ginger calls into question the claim that athletes simply come to experience and understand their pain through pain-justifying discourses because the connection to discourse may be animated by something more complicated than acceptance even though empirically it is intelligible, on the surface, as acceptance. Moreover, I have suggested that prevailing discourses on pain may be *used* (albeit unconsciously) to help Ginger trivialize her pain and thus also negate her relationship to pain (when she plays). In light of how pain-justifying discourses fail to fully account for experiences of and relationships to pain, and how they may even facilitate turning away from knowing pain, how might we re-think the possibilities for knowing athletes' pain? To consider this issue further I now turn to Cavell's (1976) concept of acknowledgment.

### The (Re)Turn to Acknowledgment

In this rendering of acknowledgment I emphasize how acknowledgment refers to the modes in which we know pain. While Cavell's (1976) concept of acknowledgment, as introduced in the previous chapter, is arguably grounded in the everyday use of this term, his meaning goes beyond this everyday use as he is concerned with what is at stake in different modes of acknowledgment. Cavell's

notion of acknowledgement emerges from his interpretation of Wittgenstein's ideas on knowledge. It offers a concept of knowing that takes seriously the issue of how we respond to the other's pain or our own pain. To elaborate, I borrow from Mulhall's (1992) introduction to Cavell's essay, as it lucidly summarizes why the manner in which we know both our own and the other's pain is most appropriately described as acknowledgment:

[A]cknowledgment is not something other than knowledge but an inflection of it – a way of emphasizing the fact that another's pain makes a claim upon me. I need not respond to that claim with sympathy; but if I do not, then what happens is not a cognitive failure (a piece of ignorance, an absence) but a refusal to act which itself reveals something (indifference or exhaustion, a spiritual emptiness). (46-7)

Acknowledgment, then, is not a cognitive mode of knowing. And acknowledging is not limited by insufficient or inaccurate discourse, nor would a new or improved discourse resolve what is at issue. Knowing as acknowledgment is a matter of relationality. To recall, acknowledgment refers to a category of evaluation for the various ways in which we might respond to the claim the other's suffering makes upon us. Thus, as Mulhall explains, the refusal to act reveals something, not a lack but the presence of something – such as callousness, confusion, or malicious pleasure – that is constitutive of the particular instance of engagement, albeit a mode of engagement that does not establish mutuality (Cavell, 264). Even though Cavell's sentiment (through Mulhall) seems to urge us



to acknowledge the other's pain, Cavell does not argue that we should always respond with sympathy, for we may have different reactions to the claim the other's suffering makes upon us, we may feel emotional distance or as Hammer (2002, 64) adds we may need to free ourselves from the other. These failures to acknowledge do not mean that we do not *know* the other is suffering – in fact they imply that we do. Thus, the concept of acknowledgement is substantiated as much by failures to sympathize as it is by acknowledging. However, the assertion that a failure to acknowledge reveals something raises a question that is also of interest to psychoanalysis: What compels a person to turn away from her own or the other's pain?

Claiming acknowledgment characterizes the ways in which we know both our *own* and the *other's* pain asserts a similarity that deserves further explanation. Through an extensive discussion of a skeptical view of pain,<sup>36</sup> Cavell (1976) holds that we cannot know the other's pain in so far as we cannot feel it the way the other feels it (which is consistent with the skeptical view). However, he disputes the skeptic's assumption that we transparently (cognitively) know our own pain. Rather, Cavell insists that knowing the other's pain and knowing one's own pain both rely upon expressions of it: “[My references to another's pain] are responses to another's expressions of (or inability to express) his or her pain” (Cavell cited in Hammer 2002, 64). And:

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<sup>36</sup> A skeptical view of pain is the philosophical argument that we do not have access to another's inner life or mind; in the case of pain, a skeptic would hold that we could not verify whether (what we might call) pain-behavior is actually accompanied by pain. Typically a skeptic contrasts knowing our own pain and knowing another's on the basis that we have access to our own mind and inner life but not the other's.

Just as knowledge of the other's pain finds expression in our behavior, so the recognition of our own pain finds behavioral expression. A refusal to give expression to one's own pain would therefore be tantamount to not knowing it, and, as psychoanalysis amply illustrates, a failure of self-understanding typically presupposes repression. (Hammer 2002, 65)

In appreciating that we cannot transparently know our own pain or the other's pain, Cavell explains that our mode of knowing pain is more appropriately regarded as acknowledgement. Thus, the potential to acknowledge our own pain lies in expressing it, and our potential to know what being in pain means for the other lies in a listening that is sympathetic to the pain of the other and an empathic imagining that aims to have a handle on what is difficult about the other's pain. With this in mind I now return to Ginger's third narrative.

My discussion of Ginger's narration of why she tolerates pain may be understood as an example of how one uses discourse(s) to refrain from acknowledging a relationship to pain and then coming to acknowledge that relationship. To clarify, there are two pains that we might say are fused together for the latter emerges from the former. First, there is Ginger's hip pain and there is Ginger's relationship to her hip pain, a relationship that is arguably psychically painful to acknowledge. In using prevailing discourses to try to express her relationship to pain she exhausts them, and finds herself left with the question of why she invests in these justifications. Following Cavell (1976), we might interpret such moments as failures to acknowledge her relationship to pain, a

failure that is also marked by the presence of confusion. However, in the wake of the limits of these discourses and her confusion, Ginger begins to express the vicissitudes of her relationship to pain – how and when it varies. She acknowledges that when playing she does not want to think about that pain. Thus, in now thinking about her relationship to pain, without justifying her pain, she expresses *something* more – both something about her ambivalent relationship to her pain, and something about the difficulty of acknowledging that she repeatedly does something that she is aware hurts her.

Ginger’s third narrative, amongst other things, speaks to how acknowledging is difficult even painful because unconscious dynamics that protect the ego from painful knowing may be driving the failure to acknowledge. However, there is another set of difficulties, if you will, that may emerge from the failure to acknowledge pain, particularly when we fail to acknowledge the pain of the other. To explore these difficulties, I examine excerpts from Ginger’s second narrative, but I first turn to Laub (1992a), for in a different set of terms, he illuminates the effects of listening, including both listenings that acknowledge or fail to acknowledge the pain of the other.

#### A Note on Listening

Dori Laub is both a practicing psychoanalyst and a co-founder of the “Fortunoff Video Archive for Holocaust Testimonies”. Both his experience as an analyst and as an interviewer of Holocaust survivors ground his views on listening. To consider the import of acknowledging the pain of the other, I summarize some of

Laub's (1992a) ideas about listening as witnessing, and then use them to think through parts of Ginger's second narrative. Similar to Cavell's (1976) notion that a receptivity to the claim the other's pain makes upon me is necessary for acknowledging, Laub holds that attending first and foremost to the unfolding narrative of the other, rather than one's own preconceived knowledge, is vital for a listening that witnesses. Thus it is my contention that Laub's notion of witnessing describes a mode of listening that is itself a mode of acknowledging.

Laub's (1992a) ideas about bearing witness are discussed in relation to the massive psychic trauma experienced by Holocaust victims. Laub explains that such trauma produces a kind of absence because the mind malfunctions in these conditions (57). The event of the trauma remains, in a sense, 'unknown' to the subject because the effects of the trauma have prevented cognizance of it. However, narrating trauma facilitates the knowing of the event, and through narration the trauma may become something other than an overwhelming shock (57).

According to Laub (1992a), narrating and having that narration witnessed are both key to trauma becoming a known event. Laub states: "The emergence of the narrative which is being listened to – and heard – is, therefore, the process and the place wherein the cognizance, the 'knowing' of the event is given birth to" (57). We might say to paraphrase Laub (1992b, 85), in Cavell's (1976) terms, that such acknowledging from the listener facilitates self-acknowledging. Knowledge, in Laub's (1992a) terms, is produced through the narration, and listening is necessary for the production of that new knowledge. Laub (1992a) describes the

listener as the co-owner of the traumatic event. He asserts that we can understand the listener to partly experience the trauma because the relation between the victim and the event affects the relation between the listener and victim of trauma, such that the listener comes to feel some of the difficulties the victim feels (58). Laub (1992a) claims that the listener's knowing from within, that is, feeling the struggles of the victim, is necessary for the constitution of narrative as testimony. Laub is not collapsing the difference between the position of victim and listener, but describing a type of emotionally engaged listening that bears witness to the (emerging) trauma witness. Moreover, the listener must also witness herself – her own struggles while listening to the trauma. Laub (1992a) is describing a psychoanalytic mode of listening, where the listener attends to her own psychic struggles in a way that averts interference with the testimony of another.

Laub (1992a) acknowledges such listening to be a struggle and regards emotional engagement with the trauma victim as necessary for witnessing. Moreover, Laub suggests witnessing requires the listener to not assimilate the testimony into one's previous knowledge: “[K]nowledge should not hinder or obstruct the listening with foregone conclusions and preconceived dismissals, should not be an obstacle or a foreclosure to new, diverging and unexpected information” (61). Laub's concern, however, is not just for the new knowledge that this listening may garner. He is also attentive to how the relationality of listening or failing to listen in a way that acknowledges may become implicated in the victim's future relationship to the trauma.

In my understanding, the import of the kind of listening Laub (1992a) describes lies in the impact different modes of listening may have on the trauma victim and her relation to the trauma. A listener who turns away or questions the veracity of the testimony exerts a devastating impact: “The absence of an empathic listener, or more radically, the absence of an addressable other, an other who can hear the anguish of one’s memories and thus affirm and recognize their realness, annihilates the story” (68). The significance of not having one’s story heard are most forcefully articulated by two responses Laub describes. It may be felt as a re-experiencing of the traumatic event, or in the case of the film he cites, “The Eighty-first Blow”, the listener’s denial of the protagonist’s story strikes a fateful blow. On the other hand, the significance of the story being *listened to* has the potential to undo the entrapment of the trauma. Trauma, in being an absence rather than a known event defies the normal ordering of experience; it does not have a beginning or an ending. With no closure, the trauma continues into the present in the form of re-enactments and repetitions (69). Laub asserts that the way out of such an entrapment is to construct a narrative. This practice re-externalizes the event putting it outside oneself in a way that enables the trauma to be re-constituted as a known event, which the victim might then take back *in* differently.

While Laub writes about witnessing the “extreme human pain” (57) inflicted through the Holocaust, I think we can also take his insights to illuminate the pain that emanates from Ginger’s teammate’s death. It was actually from Ginger that I experientially learned of the importance of a listening that

acknowledges, but Laub offers me a theory and vocabulary for articulating that lesson.

### Reading 2: Unacknowledged Pain

Bringing Laub's (1992a) ideas about the importance of listening to Ginger's second narrative, I interpret Ginger's transcript as conveying her teammates' failure to acknowledge her painful experience of Jenny's death. Moreover, following Laub, I argue that these failures exert an impact on Ginger, demonstrating a social dimension to pain.<sup>37</sup>

The epicenter<sup>38</sup> from which Ginger's pain initially emerges is Jenny's sudden death. Ginger's experience of this event was more intimate than her teammates'. To recall:

We did [CPR] for – it just seemed like forever, Rebecca...umm 'til the ambulance got there and she never regained consciousness and I remember umm looking in her eyes and just knowing that she was dead, it was the w-weirdest experience I have ever had.

Ginger's perception of Jenny's death on the bench, only a few moments after her collision with another player, is pivotal in Ginger's different response during the week Jenny was on a life support machine:

I chose not to go see Jenny at the hospital...all the team would go and have these little prayer sessions and that's just not me and

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<sup>37</sup> For the sake of continuity and clarity I will mostly use the word acknowledge rather than witness, as it seems to me that these terms are conceptually compatible, and because Ginger herself uses the term acknowledge.

<sup>38</sup> I use the word epicenter to convey the idea that Ginger's unfolding pain reverberates out from the event of Jenny's death but emerges in new and unanticipated ways.

umm the team critiqued me uh for not going to see her before she died and I chose not to because I mean to me, Rebecca, she died on the bench [R: Right] like...like I...I felt like I saw it, I – do you know what I mean? [R: Yeah] Like it's so ummm, so I think that uhh, yeah, so it's – it's hard to explain because it's a pain but I – it's not like a normal physical pain that you experience.

The criticism from the team is the first indication that there is a failure to acknowledge Ginger's experience of Jenny's death. The event of Jenny's death on the bench is actually foreclosed as an event by their criticism, as their criticism rests upon the assumption that Jenny is alive in the hospital.

In recalling the criticism that negates her experience, Ginger is immediately returned to that traumatic event (“to me, Rebecca, she died on the bench...like...like I...I felt like I saw it, I...”). Thinking about it now, this expression resonates with Laub's (1992a) point that refusing the victim's story may produce a re-experiencing of the trauma. We might also interpret that this negation invokes Ginger's need to have her experience acknowledged, for Ginger then turns to me as she struggles to express her experience of seeing Jenny die and asks if I know what she means. I regard this now (as a reader-listener) as a request for me to acknowledge her experience because Ginger was aware that I had not seen someone die. Thus, rather than a literal question about whether I have experienced someone die right in front of me, we might interpret Ginger as expressing in a literal way the claim she makes upon me: will I acknowledge her experience? I do not recall what the sentiment of my affirmative response was at



the time, but now I appreciate that Ginger experienced Jenny dying in front of her and that experience of pain is one that neither of us have the words for, can define, or verify.

Moreover, the significance of allowing this to be so becomes an ethical issue and our opportunity to establish a relation of mutuality across her experience of pain. Ethically, if I respond by refusing or questioning her pain (because it does not fit my previous understanding of pain); if I refuse to respect how she frames her experience, perhaps I would also exacerbate her pain (Laub 1992a, 68). With regard to mutuality, arguably by affirming how she describes responding to Jenny's death and by accepting that this was pain to her, I may learn not just of how she interprets her pain, but how she relates to her pain; the nature of her acknowledgement of her experiences.<sup>39</sup> Thinking about Ginger's pain on these terms reveals something about the social workings of pain. The ongoing constitution of Ginger's pain is mediated by whether others refuse or acknowledge her pain. Her teammates' investment in a discourse that negates Ginger's experience of Jenny's death is arguably implicated in Ginger's ongoing pain in relation to this experience. This failure, not caused by the prevailing discourse itself, alerts us to how a prevailing explanation or storyline in which one has faith may be instrumental in resisting the claim the other's pain makes upon us.<sup>40</sup>

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<sup>39</sup> Affirming and imaginatively being open to how Ginger expresses her experiences is to credit her expressions rather than call upon her to defend or justify them. The difference between affirming and challenging her expressions is likely to be significant in the unfolding narrative. Challenging and not valuing Ginger's expressions of a difficult experience may make her feel less inclined to share vulnerable or tentative thoughts about what things mean to her.

<sup>40</sup> Cavell (1976) tells us that failures to acknowledge indicate the presence of something, so I want to empathically imagine, albeit briefly, what could be at stake, for Ginger's teammates, in the

In my reading thus far, I have interpreted that a listener who acknowledges her experience is important to Ginger. This impression also emerges from two anecdotes she recounted in our second interview. Ginger describes what I have come to think of as fleeting moments of her experience being acknowledged. These moments point to the effects of both having and not having an acknowledging listener. The first anecdote concerns a conversation Ginger overheard. The woman talking was not aware of Ginger's proximity or identity. Again, I recall:

[T]his woman is telling this other woman...that one of the team players had done CPR, that she couldn't umm, you know, resuscitate her. And, you know, 'Oh that must have really fucked her up,' right, those were her exact words. And it was so interesting because I wanted to stick my head into the conversation and just go, 'uh it did'...It was weird having someone talk about it [R: Right] in a situation and me being right there like it's the first time that I kinda – it was weird, it was a bit odd for me so – so I thought about that when I was reading through this [indicates the first interview transcript]...that in some ways I actually felt like that outside person...[R: Right] reading it kinda going, you know,

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storyline that Jenny died in hospital. I can imagine that comprehending Jenny dying suddenly in the middle of a soccer game would be incredibly hard; to acknowledge that she died so randomly and instantly there amongst them, perhaps death would feel very unpredictable and close (indeed, Ginger's narrative is testimony to this). The idea of visiting Jenny and thinking of her as dead when likely she looked alive might be an unbearable blurring of life and death. I imagine she looked alive, her heart was beating, she had color, was warm. What would it mean to acknowledge an unconscious person whose body looks alive as in fact dead? Thus, Ginger's teammates' failure to acknowledge her experience might be grounded in defenses against some profoundly anxiety provoking ideas.

wow. And that's when I said, 'wow, that really sucked', 'cause I needed to just – not a nice thing to happen, right.

A striking quality of this excerpt, in my view, is that it reads very differently to the tone on the audio recording. When I listened to the recording Ginger does not seem to portray hurt, anger, or offense that someone else was saying these things about her. And so when she mentions this was the “first time,” and trails off, I wonder if Ginger is referring to the first time someone in the soccer community not only appreciated how traumatic this experience was for her, but also situated Jenny's death as happening during CPR. Moreover, the comment, “that must have really fucked her up,” characterizes Ginger as a victim in this event. It grasps that giving CPR to someone who died and / or having your teammate die in those circumstances would be an emotionally difficult experience. Perhaps the ambivalence between how this excerpt reads and how it sounds is because whatever else hearing this conversation might have felt like (e.g. inappropriate gossiping), at another level it may have also felt like her painful experience of Jenny's death was being acknowledged.

The memory of overhearing this conversation occurred to Ginger when she read through the transcript of our first interview. Reading the transcript had the quality of putting her outside the experience: “I actually felt like that outside person; that is, like the woman who was talking about Ginger. Might this way of re-encountering the event, through externalized versions, have the effect of what Laub (1992) terms the “re-externalizing of the event”? The experience of looking from the outside-in seems to bring Ginger to a different kind of relationality with

the event and with herself. In this moment she looks upon it as the past and looks upon herself (rather than narrating a repetition of the experience) and acknowledges the weight of what happened: “And that’s when I said, ‘wow, that really sucked’.” It seems that these external versions facilitated her own moment of acknowledging her experience as these final words arguably express sadness and sympathy for her self.

The second moment of being acknowledged was also quite brief. It was in the change room a couple of months after Jenny’s death:

Sarah came up to me and said... ‘Paul’s decided he wants to do CPR umm because, you know, he saw what you did.’ And I – I – I felt in some way she was acknowledging, you know, what I had done... and then... I think she asked me how I was doing and I said, ‘well I have to seek – well I am seeking help to kind of deal with it’, and I just said... ‘Is anybody else, you know, dealing with it?’ So I in some ways was kind of reaching out, right, to see if anybody else – and it was so interesting...no one wanted to talk about it.

Ginger’s effort to speak with her team about Jenny’s death and her appreciation of Sarah’s acknowledging expressions<sup>41</sup> indicates something about the substance of what is at stake for Ginger in communicating with her team about her

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<sup>41</sup> Ginger’s use of the term “acknowledging” strikes me as compatible with Cavell’s although it is not the same. There seems to be a sense of recognition; for Sarah asks how she is doing, arguably connecting to Ginger across this experience and understanding that this is an experience that would affect how one was “doing”. I think the difference lies in how Ginger’s expression of “acknowledging” comes from the phenomenological pang of experiencing Sarah’s sentiment, rather than using the word the way Cavell does.

experience.<sup>42</sup> Following Laub (1992a) we might speculate that at stake in the failure to acknowledge is the annihilation of Ginger's story: "The absence of an empathic listener...an other who can hear the anguish of one's memories and thus affirm and recognize their realness, annihilates the story" (68). In not listening to Ginger's experience, and in expressing a discourse that negates her experience of Jenny's death, Ginger's anguish and memories are not affirmed, their realness is not recognized, and as Laub rather aptly phrases it, her story is annihilated. Perhaps it is because of their negation of her experience that this fleeting moment of acknowledgement from one person is not enough and Ginger is compelled to more directly call for them to acknowledge her suffering (and offer to acknowledge theirs). Perhaps Ginger takes this moment as a potential opening for a more substantial conversation because only if they acknowledge can they make reparation for the annihilation of her story, thus far.

It is arguably around practices of memorialization that Ginger most acutely feels the pain, of what Laub (1992a) calls the annihilation of the story. In the following excerpt she describes her reaction to being asked to contribute to a collection to have a bench made and a tree planted in Jenny's name. She says:

I just instantly thought to myself...there's no way I can give you money for this, and it was so weird because I am such a giving person, but I just felt so – in some way pissed off, that here they were asking me for money and they had no idea how much this has

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<sup>42</sup> The sense of Ginger's effort to speak to her team is also indexed in the transcript when Ginger says, "I suggested we get a sports psychologist, a team psychologist to just talk as a group umm, I said [this] one time up at the bar and no-one would have anything to do with it...no-one really acknowledged it."

disrupted my life...So I just thought money isn't going to make this better. And I think this is because I was the one that had done the CPR, like – like I feel...like in some ways, and yet I don't know this because we don't talk about it, that umm that I...did feel different pain than, I think, the way the team felt the pain.

Ginger emotively indexes a connection between the team's failure to acknowledge her pain and her resistance to memorializing Jenny with them. Perhaps her participation in the team's unfolding discourse on Jenny's death would feel like participation in the annihilation of her own story. Moreover, memorializing may have come too soon for Ginger; she is still working on knowing the event – acknowledging how she and others experienced it.

Throughout these excerpts there is a thread that indexes how Ginger's pain has a profound social dimension. To borrow from Ginger, she called it, "the pain of what it did to a group," but she speaks of this pain from her own point of view. Others' failure to acknowledge her experience of pain is itself painful. Thus, one interpretation of why the need to be acknowledged manifests for Ginger is that the team members are thoroughly implicated in Ginger's ongoing pain. Their critiques, silence, and memorial practices add further layers of pain to this event for Ginger. However, this social dimension to pain is not just an issue in the past or with her team, it also extends into our interview. It is striking that during the interview she names me as the person she is speaking *to* and seeking a listening *from*. To recall, when describing doing CPR: "it just seemed like forever, Rebecca"; when speaking of not going to the hospital: "I mean to me, Rebecca,

she died on the bench”; also articulating that experience, “I felt like I saw it, I – do *you* know what I mean?” (emphasis added); and, when describing anxieties when playing soccer after Jenny’s death: “am I going to have a fucking heart attack, I mean, Rebecca, I’m in good shape.”<sup>43</sup> Ginger invites me to know what her being in pain means, through her address as well as through what she says about her experience of others. To answer the claim, “I must do or reveal something (whatever can be done)” (Cavell 1976, 263) in this case is to respond to a doubled claim: to acknowledge both the pain of the original event, as well as acknowledge the pain of the failures to listen that followed. Only through the act of listening might I express my sympathy and might I establish attunement, by grasping how acknowledgment is intimately bound up with how Ginger’s ongoing experience of pain unfolded.

The significance of connecting across experiences of pain is indexed by Ginger’s desire to talk to her teammates about how they experienced Jenny’s death. Moreover, I interpret this significance as referencing how sociality, in the form of an acknowledging listening, might also facilitate relief or prevention of (future) pain. Ginger does not seem to be calling for a new or re-worked prevailing discourse on Jenny’s death, but for different expressions of pain from different experiential points of view to co-exist. When Ginger describes what a conversation about experiences of pain might look like, she contrasts typical talk of ‘physical’ pain with the silence around the pain of Jenny’s death:

[A]s a team uh I mean we’ve never really talked about it...when  
you hurt yourself on the pitch and uhhh like you collide with the

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<sup>43</sup> Ginger did address me specifically during her other narratives, but more so in the second one.

wall or someone runs into you pretty hard...you come...[onto] the bench and everybody's like, 'Are you okay?' You know, 'Holy shit I heard that!' ...and there's often, I find, lots of descriptors around the actual pain or the actual incident that occurred...but with this it's like this uhh code of silence...like this level of uncomfortableness...that has been created.

Uncannily, Ginger describes a situation and conversation that might have been had with Jenny had she not immediately collapsed. Ginger describes a dialogue among players expressing their experience of the other's pain: "holy shit I heard that", which arguably acknowledges the other person's pain (what I heard makes me think you might be in pain). Asking about that player's wellbeing may again be acknowledging because it expresses sympathy and concern ("are you okay?"), and may express the offer to listen to the other's expressions of pain.

The conversation Ginger envisions is a mutual one, where both players on the bench and the person in pain are understood as having an experience of the event. And so we might say an acknowledging conversation is what she is used to when it comes to the more common 'physical' pain in soccer. The implication is that this everyday conversation about pain in sport might be a model for dialoguing and establishing mutuality across the pain they experienced from Jenny's death. While the magnitude of the suffering in everyday pain in soccer is quite different from the pain of their teammate dying, Ginger's analogy nevertheless makes an important point; pain inevitably has a social life through modes of acknowledgment. Thus, such a conversation might constitute a sociality



around pain that is not only an alternative to an uncomfortable “code of silence”, but might also have averted the further pain that emanated from the experience of Jenny’s death.

Listening to Ginger’s account of how her pain unfolded, contoured by the absence of empathic listeners and the negation of her story, and thinking about the possibility of how this might have been otherwise, raises some interesting questions about how researchers listen to and how athletes talk of pain (and risk and injury for that matter). What function does such talk have for athletes? Besides illustrating how pain, risk, and injury might be regarded as a normal part of athletic experience, might such talk, depending on the sentiments of the expressions, demonstrate a social practice of acknowledging one another’s pain?

### Concluding Ideas

While I begin this conclusion by referring to the virtues and significance of acknowledging, which my reading of Ginger’s second narrative exemplifies, it also seems to me that the difficulties, struggles, and failures to acknowledge pain are qualities bound up with or perhaps integral to some experiences of pain. Thus, in thinking about pain in terms of acknowledgment, I do not only draw upon this concept to argue that we need to acknowledge pain, especially as researchers. I also regard our engagements with pain in terms of acknowledgment as revealing some of the psychosocial complexities at work in the experiencing of our own and others pain.

Even though expressions and listenings that acknowledge pain may be difficult or even impossible and when possible they may still involve “moments of failure” because the unconscious interferes with the work of acknowledging, acknowledging may be of primary import, as acknowledging pain is arguably key to knowing what being in pain means. To listen in a way that acknowledges is to be open first and foremost to the narrative of the other. Such a listening is both sympathetic and empathic and it entails the listener coming to feel some of the difficulties the subject feels – what Laub (1992a) calls the listener’s knowing from within. Establishing this connection is not to say that the listener experiences the pain the way the subject does, but it describes an emotional engagement whereby the meaning and significance of the pain is grasped by the listener, and that listening may mobilize the subject’s own potential to express (acknowledge) aspects of her experience of pain. Conversely, failing to acknowledge one’s own experience is indicative of the workings of what psychoanalysis calls defense mechanisms. Similarly, failing to acknowledge another’s pain may be indicative of a defense against or a disconnect with the region of one’s mind that is expressed through one’s responses to another (Hammer 2002, 64-65). Thus, failures to acknowledge are failures to connect with and understand ourselves or others. Within the social context, failing to acknowledge, perhaps through an adherence to preconceived discourses or dismissals about the event, the pain, or the subject forecloses the listener’s grasping of the experience as well as potentially foreclosing the subject’s expressions. Whatever relation is established between the subject and the listener, acknowledging or failing to acknowledge,

this relation will have some bearing on expression and on listening. In this respect we can say that there is a social aspect to pain, pain may be worked though, prevented or exacerbated depending on the mode of acknowledgement.

The social workings of pain present an ethical issue to researchers who work with research subjects. Particularly when the researcher asks after difficult experiences, experiences that evoke painful or otherwise distressing affect. What kind of responsibility emerges or perhaps is called for from the researcher when the aim of the research is to ask about difficult experiences? I do not think a protocol of some kind or the inclusion of a counselor is the answer here, rather what I suggest is that the researcher is walking into an existential challenge that will test her potential to *learn from* and find affinity with the research subject. In this process, even as an intention to be open to the subjects meanings arguably should be an ethical aim, the researcher faces her own limits to acknowledging, some of which may only come to be known by being stumbled upon in the interview.

In witnessing Ginger's engagements with pain in the interview, "learning from" pain is perhaps the unfolding aspiration of this thesis. In exploring Ginger's account of hip pain through Cavell's (1976) concept of acknowledgment, how she engages her pain arguably illustrates the complex dynamics at play in the work of coming to acknowledge experiences that are affectively difficult to engage. Ginger highlights how an engagement with a pain that is difficult to acknowledge may be a process that includes both moments of acknowledging and moments of turning away from one's pain. And this relationship to pain may itself be difficult

to acknowledge. The difficulty of coming to acknowledge a relation to pain that is painful to acknowledge might be described, following Britzman (1998), as “learning from”. “Learning from demands both a patience with the incommensurability of understanding and an interest in tolerating the ways meaning becomes, for the learner, fractured, broken, and lost, exceeding the affirmations of rationality, consciousness and consolation” (Britzman, 119).

Ginger’s turn to look at her relationship to pain including her investment in discourses on pain is a mode of such learning. In so doing Ginger questions the adequacy of these discourses and arguably exercises the patience needed to bear the consciousness of her loss of understanding. Her curiosity facilitates her tolerance with, and brings her to an opening beyond the fracturing of her preferred rationalizations (discourses). Ginger learns and acknowledges that she does not think (on the field) about pain prior to doing what she knows will bring about her pain. In coming to articulate this she demonstrates an interest in being aware of her own attachment to and implication in discursive knowledge. Moreover, she comes to think more deeply about the question that these discourses superficially respond to – “Why do I do something that repeatedly hurts me?” Through the new question her “learning from” then raises: “Why do I invest in discourses that justify doing something that repeatedly hurts me?” This is a difficult and vulnerable question to arrive at. What if there is no rational justification?

“Learning from”, as Britzman conveys it, is not about arriving at a comfortable place of ‘knowing,’ but, in this case, arriving at a sense of the vicissitudes of our relationships to pain and discourses on pain.

The quality of emotional difficulty in Ginger's narratives, and in the narratives I analyze in chapters five and six were pivotal in changing the course of this research project. In this chapter Ginger's narratives illustrate how acknowledging requires something of us, whether expressing one's own pain or listening to another's. The claim made upon us is an affective demand because it involves engaging the meanings bound to that pain and feeling the difficulty that entails. Thus, sometimes when acknowledging is a struggle or when we fail to acknowledge it is because acknowledging involves an affective demand that sets in motion psychic difficulties that may be too painful and anxiety provoking to encounter or encounter without support. If we grant that the very process of acknowledging the meaning of one's pain may itself be painful, what is needed to explore how athletes make sense of their pain is not only a listening that aims to acknowledge. What is needed is a mode of attending to the struggle to acknowledge including the failures to acknowledge that is itself acknowledging of how people enact their relationships to pain, both subjects in pain as well as researchers. The second half of this thesis, then, can be summarized as being devoted to the following line of inquiry: interpreting the affective demand and the psychic difficulties of struggling to acknowledge and failing to acknowledge experiences of pain. To situate how I undertake this inquiry the next chapter turns to the work of Melanie Klein and other Kleinian informed thinkers. As such, the second half of this thesis begins with an explanation of why I turn to Klein's particular brand of psychoanalysis as well as introducing the reader to her theories and concepts that are central to my analyses in chapter five and six.

## Chapter Four

### A Kleinian Approach to Narratives of Pain

That life is complicated may seem a banal expression of the obvious, but it is nonetheless a profound theoretical statement – perhaps the most important theoretical statement of our time. Yet despite the best intentions of sociologists and other social analysts, this theoretical statement has not been grasped in its widest significance (Gordon 1997, 3).

#### Introduction

Avery Gordon's text, *Ghostly Matters*, is, amongst other things, a re-thinking of the structure-agency nexus, in terms that pay attention to how complicated life is. As my first three chapters consider, experiencing pain and expressing and listening to pain are enormously complicated. In chapter two I argued that the research interview itself plays a complicating role. Re-visiting an experience of pain and narrating it to an interviewer for the purposes of research constitutes a particular context that informs how pain is returned to and expressed. My emphasis on these matters is in some sense a re-consideration of the structure-agency nexus with regard to pain, calling attention to the nature of agency, and how it is at play during the research as well as at the time of the experience in question. At the time of the pain experience, aside from the well-researched issue of the social pressures and values of athletic subcultures, what else are athletes working with or negotiating as they make sense of their pain? To attend to how

complicated pain is, particularly when it becomes the focus of a narrative, I examine the subject's narratives as indexing two experiences: the experience of pain in question and the experience of the telling. In the former, I am interested in reading the unique ways subjects interpret their pain (perhaps drawing upon a personal history of pain, one's relations with others, and / or negotiating particular discourses). In the latter, I read moments or qualities of relationality between interviewee and interviewer to think through how the telling of a past experience is shaped by the unfolding intersubjective dynamic. Thus, it is my contention that there are multiple layers of complexity arising in a study that attends to how athletes make sense of their pain.

Complexity also arises in accounts of experience because as Hollway and Jefferson (2000a) assert people cannot simply *tell it like it is*. Hollway and Jefferson are referring to how the psyche is at play in peoples' interpreting of their experiences. They are suggesting that there is no neutral story to tell, because one's stories are charged with affect and personal significance. Moreover, the phenomenon they are drawing attention to does not just play out in narrating an experience. Experience re-forms through each repetition or layer of its encountering, for each encountering will involve further dynamics of the psyche, including for example, the listening by the researcher and the interpretation made by the researcher. Paying attention to how the psyche is at work in encounters of experience can be articulated through the following questions: In what ways does a person having an experience actively form that experience? What happens to experience in the narrating of it? What happens to experience when it is spoken of

in the context of an interview to an interviewer? What happens to experience when the interviewer does not conduct an interview objectively? What happens to experience when an interviewer does not objectively read an interview transcript? What happens to experience when an interviewer then analyses the experience through a framework, and likely a deeply cherished framework? To take these psychoanalytically informed post-foundational questions about research seriously, is to not assume that a better approach can resolve these issues, nor is it to see complexity as interfering with objectivity. Instead, it is to see these issues as conditions that themselves contour the production of textual indexes of experience. Rather than confounding factors in the study of experiences, these are worthy objects of analysis. They are aspects of experience. To think about experience and narratives of experience in this manner is one way of taking seriously Gordon's statement: "life is complicated".

To attend to how pain is complicated, in its experience and narration, I work with psychoanalytic theory to both read the narratives and to work through how the production of the narratives themselves warrant being taken up as complicated. I turn to psychoanalysis because it provides a language to articulate the intricate workings of what I called in the previous chapter "acknowledgment", the different modes in which we encounter pain, our own or another's. Acknowledging, for example, may take a various paths. The affective demand of acknowledging may invoke moments of failures to acknowledge as the subject or the listener moves toward acknowledging. We might also expect that some moments of acknowledging may start to emerge and then may be interfered with



by the listener or by the ongoing processing of the subject's psyche.

Psychoanalytic language provides terms and concepts through which the different modes and dynamics of acknowledgment might be expressed.

I largely draw upon Klein's psychoanalytic theorizing as well as Kleinian informed thinkers to explore how the subject and the researcher *relate* to pain, enacting relationships to pain rather than transparently knowing pain. I turn to Kleinian theory for three reasons. First, Klein's brand of psychoanalysis is an "object relations theory", and so it provides me with a framework to think through the workings of relationality, how subjects relate to their pain as well as how the researcher and research subject relate to each other across the experience of pain being narrated. Second, Kleinian theory is a particularly apt framework for interpreting the transcripts because several of the themes that Klein takes up were evident in the interviews I conducted, including death, mourning, and anxiety about mortality. Not surprisingly, these issues resonate with the two kinds of anxieties Klein posits – loss and annihilation. And third, Kleinian theory, as a perspective can be thought of as allowing for a different mode of listening to the transcripts (as reader-listener) that orients me to listening for the subjective difficulties of the experience of pain, including the difficulties of telling, and my own difficulties in listening and analyzing. Thus, a Kleinian re-listening works in the spirit of acknowledging what it means to experience, narrate, and listen to pain.

### Turning To Klein<sup>44</sup>

My interest in Klein started with a Freudian influenced socio-subjective theory of pain text, David Bakan's (1968) *Disease, Pain and Suffering*. Although a much admired book (Scarry 1985) its thesis has received relatively little attention in the socio-subjective theory of pain literature, and none from sport sociologists (at least those writing in or translated into English). Bakan's text takes seriously Freud's theory of the death drive, the death drive eventually led me to the work of Melanie Klein, who arguably provides this theory's boldest expression (Kristeva 2000, 61). While the death drive was the aspect of Klein's work that first resonated with my transcripts, Klein theorizing of object relations is also well suited to my project because it entails a robust vision of subjectivity. In my view, Klein enables me to bring a more substantial sense of the subject to the conversation sociologists of sport are having about how athletes make sense of their pain. Britzman (2006) articulates the contribution Kleinian theory offers to our understanding of the relationship between the subject and social structures particularly well:

[C]ritical theories of the subject emphasize the ways we are affected through external conditions and so present our susceptibility to discursive design as an effect of discourse.

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<sup>44</sup> While I have rational justification for drawing upon Kleinian theory, I do not want to suggest that my own relationship to Kleinian theory is only rational. Using the Kleinian idiom represents some of my own desires, wishes, and aggression. For example, the notion of the death drive resonates with my own desire to look at the sinister side of human behavior, perhaps my own need to understand and master pain and loss. Klein, while having plenty to offer scholarly work on pain, nevertheless also offers me a certain personal exploration and intellectual satisfaction, by allowing me to push ideas of pain into a territory that is affectively vertiginous for me as well as aligned with certain intellectual values and norms.

Interiority is thus viewed as an after-thought; psychological significance becomes a ruse of social structure. Klein's theories challenge this docility, even suggesting that if inhibition can be the royal road to normalization, it is also a lively, aggressive, and powerful dynamic and paradoxically, a nascent challenge to docility (Britzman 2006, 85).

To appreciate what produces social normativity we need to consider how subjectivities uniquely track into normative painful practices. If we are to talk about athletes' tolerance of pain as a kind of normalization because it is a widespread and enduring social and discursive practice, this does not mean that engaging in painful practices is necessarily motivated by the same things or has the same significance for everyone. Put another way, normativity offers people something; it offers socially sanctioned practices that inevitably provide a form of psychological shelter. By asking after the interiority that connects to normativity we are asking after the subjective aspects of social norms, which may offer a deeper understanding of how practices that are hegemonic win over the hearts and minds of people. For instance: what do socially sanctioned practices that commonly bring about experiences of pain do for different people? Would sports be as enticing for those who do them, and for those who watch them, for that matter, if they did not involve pain?

My questioning of normativity not only asks after the nature of a more complex subjectivity, but also asks after the workings of pain as a subjective experience. Like sport sociologists who consider pain, I am interested in how

athletes make sense of their pain, and what compels them to play when in pain. However, I think sport sociologists ask this question with the underlying assumption that people try to avoid pain. The research question they contend with is: *What happens to athletes, such that they are compelled to tolerate pain when pain is normally something they would avoid?* Thus, accounting for pain (and injury in their case) is a problem of explaining why people do something that they fundamentally do not want to do. Not surprisingly, this leads them to posit various external influences as compelling athletes to accept pain and injury in sport. On this reading the internal workings of the subject is docile because what their theorizing has to account for is how the ‘outside’ (external pressures e.g. the discourse of masculinity, the value of winning, the normality and trivializing of pain) gets ‘inside’ to be something in which the athlete is invested. In my first chapter I argued how pain is not a simple phenomenon. The subjectivity of athletes does seem more complicated and conflicted than sport sociologists assume, so the idea of athletes being persuaded to tolerate pain seems too simple an answer. I make a different assumption about the subject. By entertaining the Kleinian notion of the death drive, I suggest that people both want to avoid pain, but are also drawn towards it, implying a subjectivity underpinned by an enduring conflict that is felt within the self.

### The Death Drive

The notion of the death drive, as Freud and Klein were both quite aware, is unpopular, even within psychoanalysis (Caper 2000, 65-69; Rose 1993, 143). As

Riviere (1952) acknowledges during the Controversial Discussions, “The concept of a destructive force within every individual, tending towards the annihilation of life, is naturally one which arouses extreme emotional resistance” (2-3).<sup>45</sup> The death drive, if we accept the idea, is a terrifying one. While recognizing only outside influences as compulsions to tolerate pain has insights to offer us about what is happening out there in the world, it offers another performative insight. The popularity of the argument (about external forces compelling people to tolerate pain) may in part result from the psychic comfort it provides. It enables the cause of the acceptance of pain to be located in a psychologically safe place, the external world. This is safe because it projects the threat into institutional practices or values. The benefit of this particular locating of the threat is that we can choose to not be a part of them and we might even lobby to change them. If participating in painful practices is a result of external factors the possibility of pain being eradicated can, in principle, remain. Moreover, if we are not drawn to destruction (our own and others), perhaps humans are essentially good and rational beings. Therefore, when people are destructive, they can be categorized as abnormal and pathological. While some of the implications of the death drive are deeply unsettling, and psychological safety is very important (which psychoanalysis in many respects is a testament to), avoiding a serious consideration of the death drive, in order to maintain safety and fend off threatening ideas, is obviously not good theoretical grounds for rejecting the

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<sup>45</sup> The ‘Controversial Discussions’ refer to a period of debate and a series of papers, engaged by the British Psychoanalytic Society in the first half of the 1940s. On the table was the validity of the Klein’s approach and Anna Freud’s approach, these thinkers headed two camps, and there was a third camp of so-called ‘independents’. These debates and presentations called upon these thinkers, and their adherents, in many respects to clarify their theorizing.

notion of the death drive. This kind of rejection of theory, following Britzman (2003, 128), might be understood as the *discarded content* of sport sociologists' theorizing of pain – the possibilities that sport sociologists have not wanted to look at. It was the discarded content of her young patients that Klein pursued in her psychoanalytic practice and theorizing – that which causes anxiety. Following Klein, then, I am interested in pursuing that which limits and contours the thinking of the researcher of pain and the subject in pain.

It is not surprising to find the death drive a disavowed aspect of sport sociologists' understanding of athletes' subjectivities. As Rose (1993) puts it, in describing Klein's psychic negativity (which emanates from the death drive), it is "the limit of what a society, of what a subject, can recognize of itself" (143). While the disavowal of the theory of the death drive hints that its neglect is in part about the anxieties of theorists, this alone is not sufficient reason to return to it. Nevertheless, what this theory has to offer is *due* to its disconcerting perspective on the subject. By virtue of theorizing the subject to have a more sinister side, it has the capacity to push our theorizing of subjects to possibilities that more palatable theories of subjectivity cannot tolerate. To substantiate this assertion I briefly follow some of Freud's thinking that had him arrive at the death drive in the first place, which also offers compelling reasons for taking this theory of the subject seriously. Significantly, if Freud is right, and some negativity emanates from the subject, this calls for a rethinking of the negativity of the external world, as theorized by sport sociologists, in particular how the negativity of the external world connects with the negativity of the subject.

Freud arrived at the notion of a death drive through a reconsideration of anxiety. His clinical observations had led him to think that anxiety and neurotic symptoms resulted from repression. However, further theory building and clinical material led him to question this and eventually conclude that anxiety led to repression (Caper 2000, 63). Horney's (1937, 42) distinction between fear and anxiety might be useful here. Horney refers to anxiety as a threat that is animated by the psyche, whereas a fear is a threat animated by something *actual* and in the external world. The Oedipal threat of castration is an anxiety rather than a fear because young boys do not think that castration might actually happen. As an anxiety, this threat felt in relation to the father is actually animated by the psyche, yet *felt* to be very real in one's internal world.<sup>46</sup> Freud's reconsideration of anxiety led him to understand neurotic symptoms as indicative of defenses (such as repression) against a terrifying *internal* anxiety. The question then becomes, how did the anxiety get established in the internal world as a threat of castration, if there is not an actual threat of castration? The issue Freud faces is why the psyche conjures such terrifying anxieties. What is the source of this profound negativity, if you will, that has no external correlate? Without an external reason for such anxiety, Freud begins to question the inside – the ontology of the psyche – and infers that it is not just driven by libido.

A second reason Freud has for proposing the death drive was the discovery of what he called moral masochists – those who display negative

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<sup>46</sup> The internal world refers to the unconscious, and as Caper (2000) explains both the internal world and the external world are blended to form an alloy known as experience, and this suggests that experience is constituted by both the conscious and unconscious concerns (as discussed earlier in the chapter).

therapeutic reactions. In these cases, the analysand responds badly to what, at the time, is thought by Freud to be a timely, well expressed, and accurate interpretation (Caper 2000, 68). The bad reactions compelled Freud to question his interpretations and consider them wrong. However, these analysands would later look back at the interpretation and see it as all the things Freud first thought it was. The point here is that the analysands were responding badly as a result of the interpretation being insightful and pointing in the direction of potentially relieving anxiety. Negative therapeutic reaction indicates an orientation toward maintaining suffering rather than relieving it. Supporting this, Freud (1924) noted that with analysands who defied therapeutic intervention in this way, their neuroses would vanish if a significant misfortune befell them (such as an unhappy marriage or the development of a disease). Freud concludes that the key factor is a need for there to be a certain amount of suffering, which good analysis could undermine, but misfortune in these instances provided.

The existence of an internal parent figure that is fantasized as threatening castration, which produces terrifying anxiety when there is no actual threat, and the negative therapeutic reaction described above, led to Freud hypothesizing an opposing force to the libido, self-preservation, and pleasure. An aggression and destructiveness also seems to be at work. What are we to make of people who conjure anxieties that are not in the external world and people who do not want to be relieved of their anxieties? (Caper 2000, 69). If people are simply driven by pleasure and self-preservation, how can we account for such occurrences? The



notion of the death drive provides traction when trying to think through why people do things that are not in the interests of their own survival and wellbeing.<sup>47</sup>

### Klein's Unpopularity

Klein is perhaps the psychoanalyst who most worked with the death drive, and accordingly, along with her colleagues and interlocutors, she has been accused of overemphasizing the negative (Bott-Spillius 1994, 14; Likierman 2001, 5; Rose 1993, 139). For Klein death has a foundational role in psychic life. Klein (1952a) states: "anxiety has its origin in the fear of death" (275). She holds the view that death is the primary anxiety, a view she comes to as a result of having seen in her analytic observations an unconscious fear of the annihilation of life. Klein explains that such a fear would point us towards the presence of the death drive: if we assume that in the deepest layers of the mind there is a death drive at work, this would produce a fear of the annihilation of life (276). The death instinct is not only the first anxiety it is also caught up in a constant struggle with the life drive, throughout life. Given that the anxiety associated with the death drive never

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<sup>47</sup> Significantly, Freud was not the only theorist to be speculating / theorizing in this direction. Seyle (1950, cited in Bakan 1968) who was studying the physiology of disease was making parallel observations to Freud, about the tissues of the body. What Seyle found was that the body's response to disease was not always survival-positive for the individual. Seyle observed that several diseases have specific causes, but many diseases do not, and sometimes the body's response to a microbe or poison can be so out of proportion to the damage it causes, that the body's response hurts more than it helps. For example, excessive inflammation can be extremely painful and it is overly defensive. Such defensive reactions are individual survival negative. If we assume the popular following of Darwinian thought, that people are naturally (physiologically) and only adaptive to survival, why is it that at even the physiological level we see the body respond to damage in such a way that the reaction of the body is individual survival negative? Following Freud, Seyle, and Bakan, it seems important to question rather than assume the idea that humans respond to things, first and foremost, in survival positive ways. My point in referring to this more physiological example of the death drive is not to suggest there is a natural basis to the death drive, but that to show humans in their psychology and sociality are not subverting a physiological (read natural) survival positive orientation. Even at the physiological level humans are divided in their aims.

ceases, it “enters as a perpetual factor in all anxiety situations” (276). For Klein, at the heart of life is the conflict between life and death. Whatever anxiety-provoking situation we are in, whatever part of life we are in, the condition of life is this ongoing struggle. Accordingly, Kristeva (2000) describes Klein’s theorizing of the subject as offering an intensified notion of Freud’s death drive.

Although Klein departs from Freud with her spirited version of the death drive, Klein in some ways is continuous with him in her emphasis on the significance of the internal world (although she has also been critiqued for this).<sup>48</sup> Like Klein, my position in the conversation I want to have with sport sociologists, is to emphasize the internal. For, as noted above, the external has been considered so much that the internal is rendered as merely that which has been absorbed from the external. Reading the internal as its own complicated terrain suggests a radical re-thinking of how the external / internal is thought.

Marked for both her emphasis on the negative and the internal, Klein also created controversy with her view of continuity between psychosis and normality. As Riviere (1952, 3) notes, another aspect of Klein’s work that was met with emotional resistance was her assertion that the defense mechanisms of early life are characteristic of psychosis. No doubt the implication of this assertion for adults was also not favorable. If in circumstances of anxiety normal people revert to the defensive mechanism learnt in early life (Klein 1946, 1), the normal human adult is also inseparable from “psychosis”. The connection between psychosis and

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<sup>48</sup> This was one of the points of dispute between Klein and Anna Freud in the ‘Controversial Discussions’. Anna Freud’s work was with children who had suffered through terrible external conditions; Klein’s work was not. Not surprisingly, these different circumstances led to them examining the significance of the internal and the significance of the external differently.

normality is disconcerting. Not only is psychosis not contained categorically as a mental disorder in this framing, it also contaminates the idea of childhood innocence, as well as asserting a labile conception of the normal human adult. While this continuity between psychosis and normality makes Klein's theorizing frightening, it is also a theory that can acknowledge the emotional force and richness in so called 'normal' subjects' experiences.

[Klein] was ultimately able to offer a vision of human experience which accounted for a range of mental states, from normality and health all the way to severe mental illnesses of schizophrenia and manic-depressive psychosis. As part of this process Klein addressed the common human miseries of depression, envy, jealousy, obsessional behaviour, anxiety, suspiciousness, loneliness and other emotions which crucially affect the fluctuations of our everyday existence. Thus as well as articulating the power of human emotionality, Klein's theory has illuminated in a unique way the many poignant personal scenarios hidden in our daily moods. (Likierman 2001, 2-3)

The death drive generally, and Klein in turn, offers, as Likierman elucidates, a certain vision of human experience that involves a psychologically conflicted and lively subjectivity. This vision resonates with the idea that people do things that are painful for them, but it does so at the cost of bringing psychosis disturbingly close to both normality and childhood innocence. However, in so doing, it offers an acceptance or even expectation of difficult emotions in everyday life. Rather

than seeing this as overly negative, this is perhaps a compassionate theory through which to attend to and read narratives of pain that are neither (clinically) psychotic nor traumatic, but involve the difficult and fluctuating emotions of everyday life.

### Kleinian Subjectivity

In the remainder of this chapter I introduce and explain the Kleinian theories and concepts that I substantively draw upon in later chapters. While Klein's clinical practice and theorizing spans some 40 years, my synopsis of her understanding of the subject is necessarily a cursory outline.

Klein's view of subjectivity is grounded in a developmental theory with two positions: the paranoid-schizoid (P-S) and the depressive positions. She used the term "positions" because she did not want to imply that they were developmental stages that the subject developed beyond. "Position", as Hinshelwood (1989) explains it describes "the characteristic posture that the ego takes up with respect to its objects" (382). In the analyses I conduct in chapter five and six I draw upon Klein positions, thus I now turn to elaborate on the predicament and character of each of them.

#### *The Paranoid-Schizoid Position: The Death Drive and its Defenses*<sup>49</sup>

Developmentally the P-S position begins at birth and dominates in the first few months of life. This position is a state of mind characterized by anxieties and ego

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<sup>49</sup> This position has this name because it is characterized by persecutory fear and schizoid mechanisms (Klein 1946, 7)

(defense) mechanisms that contend with the threat of the annihilation of the ego.<sup>50</sup>

The ego will return to this state of mind throughout life in response to events that psychically evoke the threat of annihilation. The P-S position comes into being in a context of limited mental and emotional capacity, and it is therefore characterized by rough and ready defense mechanisms. Accordingly, in this section, I describe the predicament of the P-S position and its attendant anxieties, including how and why they manifest. Then, I move on to explicating the defense mechanisms that the ego employs to fend off the threat of annihilation.

To borrow from Kristeva (2001), the P-S position describes an infant who is “consumed with anxiety and racked by destructive drives that put him in danger of being disintegrated” (61). This negativity is not the result of the infant experiencing distinctly threatening external conditions rather it is inevitable given the predicament we enter when we are born. In Klein’s view, birth engenders the beginning of experiences of deprivation. Up until birth, while in the womb, all needs have been met (such as nourishment and warmth). Once born, even with very attentive caregivers the infant will experience moments of deprivation. These moments of deprivation are anxiety producing for the infant because they stir up the death drive, evoking aggressive and destructive impulses. Klein (1946) contends that the anxiety stimulated by deprivation manifests experientially in the object relation: “The fear of the destructive impulse seems to attach itself at once to an object – or rather it is experienced as the fear of an uncontrollable overpowering object” (4). The first object with which the baby establishes a

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<sup>50</sup> Ego mechanisms and defense mechanism (or ego defense mechanisms) may refer to the same psychic processes, for example, introjection and projection. However they are named specifically as defensive when they are mobilized to protect the ego.

relation is archetypally the breast. Thus, in the P-S position, experiences of deprivation that elicit anxiety, while arising from the death instinct, are identified as being caused by the breast.<sup>51</sup>

The P-S position is fundamentally the subject's struggle with her own death drive, for the death drive is the source of the threat of annihilation. The part-object (the breast) is encountered through the death drive during experiences of deprivation. The anxiety stimulated by deprivation requires the ego to deflect the death drive in phantasy, utilizing the defense mechanisms the young ego has available. The deflecting of the death drive occurs in two ways: first, it emerges as aggression, and second, as Segal (1973) elaborates: "The ego splits itself and projects that part of itself which contains the death instinct outward into the original external object – the breast" (25). The breast, imbued with the tiny baby's death drive, is now felt to be bad and persecuting. The fear of the death drive is thus transformed by the melding of phantasy with external reality into a fear of the persecuting object – a bad breast – while the part of the death drive remaining within the self and manifesting through aggression is now oriented toward the persecuting object (Segal, 25).

Operating in parallel and in relation to the death drive and its product, the bad breast, is the life drive and, subsequently, the good breast. To fend off the anxiety of the bad breast, the life drive is partly projected to produce the good or

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<sup>51</sup> For the purposes of this discussion one may think of objects as people. However, as I go onto explain there are objects that are not people and prior to the infant recognizing the primary care-giver as a whole person (due to perceptual and psychic development), the care-giver is experienced as a part-object, for example as a breast. Obviously some babies are not breast fed, in which case the bottle and other body part of the main care giver(s) may assume the same significance as the archetypal breast.

ideal breast, which is phantasied to be wholly satisfying, that is, idealized. The remainder of the life drive “is used to establish a libidinal relationship to this ideal object” (Segal 1973, 26). Here we see that the breast is split into two objects – good and bad, persecutory and ideal – and we also see how object relations emerge wherein the death drive manifests in relationship to the breast, and is managed on those terms. For Klein, then, there is an external world (of actual events and objects) and an internal world (our phantasies of objects and events). The infant’s experiences are constituted through the interplay between external and internal worlds. The infant’s early work, of managing both the death drive and deprivation and the subsequent role of the life drive and the experience of gratification, illustrates how phantasy becomes bound up with external events in the P-S position:

The phantasy of the ideal object merge with, and is confirmed by, gratifying experiences of love and feeding by the real external mother, while the phantasy of persecution similarly merges with real experiences of deprivation and pain, which are attributed by the infant to the persecutory object (Segal 1973, 26).

From this early story of the experience of the P-S position we can see how the presence of persecutory anxiety impacts the infant. The anxieties stemming from the death drive are fended off with various defensive mechanisms.

The ego mechanisms of projection and introjection build up one’s internal world and one’s ego, but under the circumstances of deprivation (internally experienced as annihilation anxiety) these ego mechanisms operate with a

defensive agenda. In addition to the defensive use of introjection and projection in the first few months of life, “[s]plitting, omnipotence, idealization, denial and control of internal and external objects are dominant at [this] stage. These first methods of defense are extreme in nature, in keeping with the intensity of early emotions and the limited capacity of the ego to bear acute anxiety” (Klein 1952b, 209). I now turn to considering each of these defenses, particularly their logic and the implication of their deployment.

Splitting has particularly significant implications for the subject. The inaugural splitting of the breast into good (gratifying) and bad (frustrating) represents the severance of love and hate (Klein 1946, 2). Under the threat of annihilation this defensive but disintegrating move affords some safety by literally dispersing the destructive impulse (Klein 1946, 5). Yet that safety involves two risks: first, in splitting the part-object, Klein asserts that this produces a parallel splitting of the ego (6); second, when safety is established by virtue of the separation of good and bad this means that any proximity of good and bad is felt as dangerous and has to be prevented. To help maintain the distinction and separation between good and bad, the ego employs other defense mechanisms.

As mentioned above, introjection and projection are both responsible for building up and organizing the internal and external worlds for the subject. However, when introjection and projection occur in response to acute anxiety these mechanisms partake in enhancing the distance between good and bad. Introjection often functions to consume and control the good object, literally possessing it in the internal world. Projection is used to propel away the bad,



phantasizing the bad to be located somewhere in the external world (for example, in an institution or another person).<sup>52</sup>

Another way the ego attempts to eradicate the bad is through the defense mechanism of denial. Klein (1946) asserts that denial involves phantasies of destruction because denial omnipotently obliterates with no regard for external reality. Denial is closely connected to idealization because when the bad part of the object is discarded it enables the fabrication of an untarnished good breast (Hinshelwood 1989, 266). Here, idealization operates to boost the goodness of the good object. Idealization is also predicated on splitting, for phantasies of idealization give the ego an escape from the persecuting bad object.<sup>53</sup>

While omnipotence is not a defense mechanism per se, it describes the manner in which the ego sometimes employs defense mechanisms. For example, strong feelings of omnipotence enable the ego to deny psychic reality. Accordingly, Klein (1946) considers such omnipotence to be the unconscious equal of annihilation by the destructive impulse. The danger with omnipotent denial is that it is “not only a situation and an object that are denied and annihilated – it is an *object-relation* which suffers from this fate; and therefore a part of the ego, from which the feelings toward the object emanate, is denied and annihilated as well” (Klein, 7).<sup>54</sup> Omnipotence as a forceful mental attitude, like

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<sup>52</sup> While introjection and projection are both active in the P-S position, the depressive position is associated with a decrease in projection and an increase in introjection.

<sup>53</sup> While persecutory fear stimulates idealization, idealization is sometimes bound up with desire for unlimited gratification (Klein 1946, 7).

<sup>54</sup> If omnipotence is at work in the denial of the bad object, omnipotence is also likely to characterize the creation of the ideal object (Klein 1946, 7).

defense mechanisms in the P-S position, is necessary in moments of threat but risks psychic disintegration.

The single concept for which Klein is most famed is projective identification. Projective identification is a particular phantasy grounded in projection. As previously mentioned, in the process of splitting objects the ego is also split and the loving and aggressive feelings that emanate from the ego are associated with the good and bad split parts of the object respectively. In projective identification the split off bad parts of the self are projected into the object (for example, the breast) and then become the basis for identification. Here, phantasied attacks and “bad parts of the self are meant not only to injure but also to control and to take possession of the object” (Klein 1946, 8). Once the breast contains the bad aspects of the self unconsciously the breast is not felt to be a separate being and instead is experienced as the bad self. The breast now receives the hatred that was felt towards the self. Klein considers this the prototype of the aggressive object-relation (8).<sup>55</sup>

Klein’s P-S position involves phantasy operating from birth, albeit in basic forms, indicating a relatively integrated idea of the ego. Klein believes that the ego has an orientation towards integration from the beginning, which speaks to the force of the life drive. However, under the sway of the death drive, and its accompanying unbearable anxiety, this orientation can be overruled by defensive disintegration (Segal 1973, 25). So while the ego is oriented toward integration it

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<sup>55</sup> Projective identification also works with libidinal phantasies and good parts of the self, and in these instances it can facilitate good object relations and ego integration. Though if used too much, the mother can be constituted as the ego-ideal, and the positive part of the self are felt to be lost, which depletes and deteriorates the ego (1946, 9).

fluctuates considerably between loving and hating experiences in this position. However, when this position is worked through, the good object with which the ego identifies is felt to dominate. Consequently, the ego is not compelled to disintegrate through attempts to eradicate the bad and so the ego becomes stronger, allowing projection and paranoid fears to lessen. The calming of defensive reactions decreases the active separating of good and bad. This paves the way for the depressive position – where good and bad are encountered not as different part objects, but as being located in the same (whole) object, (archetypally) the mother.

Although Kleinian theory typically privileges the first object (the breast), in descriptions of the P-S position, given that this position is returned to throughout life, the breast is not the only object that is related to this way. In the present project I go on to claim that one of the athletes I interviewed articulates her relationship to pain in terms that are reminiscent of P-S anxieties and defenses. While the P-S position provides a framework for understanding how we relate to some experiences of pain, Klein theorized a second position that faces a different predicament and thus provokes another constellation of anxieties. The depressive position, rather than concerned with the safety of the ego is focused on the well being of its objects. Developmentally, the depressive position typically emerges at around 4-6 months, and it describes the first experience of loss.

*The Depressive Position: Reckoning with Loss*

At the core of the depressive position are two developments: the perception of whole objects, which enables the second, emotional, development – coming to terms with the loss of the loved object (Klein 1935, 267). Moving into the depressive position requires the development of memory and perception, which enables the infant to amalgamate the part-objects (aspects of the mother) into a whole object (Kristeva 2000, 75). The perception of the whole object is also an emotional accomplishment because part-objects were defined in terms of their perceived good and bad intentions (Hinshelwood 1989, 141). It is the coming together of the good and bad in the whole object that creates a new emotional difficulty and set of anxieties for the infant.

The experience of the whole object entails the realization that the loved part-object, the good breast, is in fact part of the mother. However, the mother is no longer the perfection that idealization cast the good breast as, because the infant comes to realize that the bad breast is also part of the mother. This loss of the ideal object is known as ‘the loss of the loved object’, a phrase Klein (1935, 263) borrows from Freud, and this first loss occurs as a result of moving into whole object relations. The loss of the loved (ideal) object involves the good object becoming more realistic, because its goodness is no longer exaggerated by idealization. The good object having merged with the bad object is no longer unequivocally good, thus it is viewed with some suspicion (Hinshelwood 1989, 141). As a result, the infant’s feelings toward the complete object are marked by ambivalence (Klein 1952b, 212).

The major anxiety of the depressive position is articulated in painful phantasies. Now that the infant knows the good mother is the recipient of the infant's hating impulses as well as the loving one's, the infant worries / phantasizes that her destructive impulses, which are tantamount to death wishes, have or will harm or annihilate the mother (Klein 1937, 308). The feelings of ambivalence produce intermittent experiences; sometimes feelings of love dominate and at other times feelings of hate dominate. When hate dominates the infant will sadistically attack the mother in phantasy, but in moments where love dominates, "[she] remembers [her] recent attacks and is devastated by a sense of the 'loss of the loved object', hence becoming depressive" (Likierman 2001, 106). Notably, rather than the paranoid-schizoid fear of the annihilation of the ego being replaced, a new anxiety sits alongside it; the ego, identifying with the good object regards the survival of the ego as synonymous with the survival of the good object (Klein 1935, 264). And so the new fear that the ego itself has damaged the mother initiates intense feelings of responsibility, loss, pining, and guilt, not only because the mother is deeply depended upon, but because she is deeply loved.

During the depressive position, the defensive use of introjection intensifies. Part of recognizing the mother as a whole object involves understanding the mother to be an independent being that has a different character (to the good and bad breasts); she has the capacity to go away.<sup>56</sup> The infant, newly aware that she is dependent on the independent mother, feels the need to

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<sup>56</sup> In the P-S position Klein does not view the infant as understanding the good or bad breast to go away and come back, even though in a sense obviously this is what is happening. For Klein, the very young infant does not conceptualize experience in this way because memory is not yet developed enough.

possess the mother, to hold the mother inside and also to protect the mother from her own destructive impulses, hence introjection comes to the fore in the depressive position (Segal 1973, 69).

The aforementioned emotions arising in the depressive position represent a new capacity for love. The sorrow the infant feels for the whole object is a sincere concern for the object itself. There is a qualitative shift from the love felt in the P-S position, which is based upon experiences of gratification, to a love felt in the depressive position that is more selfless (Hinshelwood, 1989, 142). Love becomes more stable as this position is worked through. For the mother is loved even as she is known to also be the mother that frustrates, whereas in the P-S position, the breast that frustrated was only hated (Hinshelwood, 141).

The anxieties that accompany recognizing the mother as a whole object and understanding the mother as independent can evoke several different responses: paranoid defenses, manic defenses, reparation and mourning. Each of these responses is a different strategy for encountering the ambivalence that emerges in the depressive position. The first two are ways of refusing the terms of the depressive position and the latter two are responses that help one through the depressive position.

Paranoid defenses protect the ego via a retreat back into paranoid ways of relating, preventing one from experiencing the depressive position and its anxieties. When working with patients suffering from depression, Klein (1935) frequently observed paranoid anxieties, but once the paranoid anxieties diminished, depression came out in full force. In such cases, paranoid anxieties

operate to hold back or bury depressive anxieties. Thus, Klein deduced:  
*“paranoid fears and suspicions were reinforced as a defence against the depressive position”* (274 emphasis in original). The painful anxieties of the depressive position, which result from the contamination of good with bad, are refused by virtue of the return to part objects and defenses that separate good from bad.

In manic states the infant defends against depressive anxiety with the omnipotent insistence that the loved object is not important. Segal (1973) describes manic object relations to involve a triad of feelings: control, contempt, and triumph. Control refers to how the infant denies its dependence on the object; contempt enables the infant to experience the loss as insignificant and see the object as not worthy of guilt, and triumph is felt as a result of resolving the situation, ultimately ridding the ego of depressive anxieties. Rather than involving different defense mechanisms than the P-S position, the manic defenses are distinguished by how they are better organized than earlier defenses. Rather than addressing the bad object, they address depressive anxiety and guilt (Kristeva 2000,78). Manic defenses are not only normal but also important, because they protect the infant in moments of despair – when depressive anxieties are too intense to bear. Manic defenses gradually subside if decreases in grief and guilt occur. This normally happens as confidence in one’s reparative capacities grow, and through seeing the external mother repeatedly survive phantasied attacks.

When being worked through, the depressive position is the struggle between the destructive impulses that harm the loved object and the loving

impulses that repair it. If the infant is able to experience depressive anxieties, and feel the loss of a loved object, sorrow mobilizes in phantasy as a desire to repair the injured (or revive the annihilated) good object. Reparative phantasies and activities help resolve depressive anxieties (Segal 1973, 92). If reparation fails, depressive despair ensues, but if successful it gives hope. Successful reparation lessens depressive anxieties and the good object is regained (Segal, 73). Furthermore, it is through reparation that the infant learns that she cannot omnipotently control the good object, and therefore the infant comes to know and accept the loved object in more realistic terms (Segal, 93).

Mourning describes the overall process of working through the depressive position (Klein, 1940). If feelings of hate dominate in the depressive position, one's state can be described as melancholic (also known as depression), whereas if feelings of love dominate, one is in a state of mourning. Mourning is to work over in the mind the loss represented by the realization that the mother is not perfect. This emotional accomplishment is what Klein meant by overcoming the depressive position (Likierman 2001, 107). The work of mourning still involves fluctuations and feelings of hate; hence mourning is a matter of work. Thus moments of mania or paranoia are normal parts of mourning, but ultimately in mourning they are overcome.

The connection between the depressive position and the experience of mourning is that mourning revives these early anxieties. Thus experiences of loss are loaded with earlier losses. In chapter five I interpret a narrative about a



physically painful experience (a hard tackle) as situated in and evoked by the suffering and struggle that is the work of mourning.

### Psychoanalytic Concepts of Relationality

While I use the two positions described above to re-narrate my interviewees' narrations of their experiences of pain, interpreting the posture of the subjects' psyches that their narrations index, I substantially draw upon two further psychoanalytic concepts: transference and phantasy. Broadly speaking transference and phantasy might be regarded as theories of relationality. Read this way, transference (of which there are several kinds) is about how we make sense of our present experience in light of another (typically earlier) experience. And phantasy is about how we encounter the external world through the inner world of phantasy, which is underpinned by the unconscious workings of the psyche. The positions, which refer to the posture of the psyche, are deeply implicated in the affective qualities emergent in the unfolding phantasies and transferences. Thus both transference and phantasy are concepts that theorize how we interpret and relate to our experiences. I theorize how transference and phantasy are at play for the subjects in their interpretations of pain, and how transference and phantasy are at play across the interview relationship for both the subjects and myself as researcher. In chapter five I articulate my interpretations through three conceptualizations of transference, and in chapter six I frame my interpretations through Klein's notion of phantasy, thus in this final part of the chapter I introduce the reader to both transference and phantasy.

## *Transference*

In a general sense transference refers to “the unconscious ways we use our history to encounter what is not yet history” (Britzman 2003, 4). In principle, then, transference addresses how the present moment is never just about the present, other things are going on that shape the encountering of the present. To consider this notion in more depth I borrow from Green (2005) who summarizes Freud’s definition of transference as follows:

Transference, whatever the form – positive or negative – stems from a compulsive factor which tends to repeat a constellation going back to childhood and which, unless it is analysed, will always tend to reproduce itself spontaneously. But what is important in this mutation is the idea that the repetition no longer occurs only in the name of the pleasure principle but also, where certain matrix forms are concerned, to repeat an unpleasure (Green 2005, 46).

There are two significant points that I want to draw from this definition. First, early experiences are formative of the subject, therefore when we encounter new experiences and new relationships, it is in light of old ones. Notably, the past’s shaping of the present encounter is spontaneous.<sup>57</sup> This spontaneity points to the immediacy of transference; that is, it is not something we are conscious of doing. Moreover, the repeated constellation feels elicited and warranted by the current

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<sup>57</sup> If not taken too crudely and literally, this idea can be seen to resonate with Merleau-Ponty’s (1946) work on perception, and with Derrida’s (1967) deconstructive notion of the trace. Both argue that what we experience / perceive never just comes from what we are encountering, but draws upon past experience.

situation, rather than feeling like a repetition of something older. Second, Freud's notion of transference includes the negative form because in the text "Beyond the pleasure principle" (1920) he begins to theorize how the ego is both governed by the pleasure principle as well as by a more destructive drive. Accordingly, the idea of a subject that is sometimes driven to reduce pain but at other times is driven to repeat pain emerges in his concept of transference. This understanding of transference points to the possibility of an unconscious and fraught relationship to pain, that may inform present relations to pain and narrative endeavors (as I will go on to discuss in later chapters).

Central to Freud's conception of transference was how one's experiences as a child might be invoked in one's experiences as an adult. However, not all transference is thought to draw upon one's distant past. Klein, known for clinically working with very young patients, used free play as the child's equivalent to adults' free association. In free play, Klein observed that, "play was a way of putting a certain aspect of the mind into the external world. The technical term for this is *projection*" (Caper 2000, 85). Caper continues: "She saw the purpose of these projections was to relieve the pressure of a conflict in the child's internal world. By means of projection, an intrapsychic conflict is spread to the external world, and thereby becomes less intense, violent, and painful" (85). This transference is not so much the revival of an historical relationship "but a projection of part of the child's *current* unconscious inner world" (Caper 2000, 85). In this case, Klein is not refuting the idea that transference is a repetition of a way of relating in early life (she still holds that), but transference rather than

always being an unconscious spontaneous repetition might be, in other instances, an ongoing unconscious relationship that may be projected in a parallel context in order to gain some relief.

This notion of transference could occur in an athletic context. Sport is arguably a form of play, albeit a highly structured one, yet within that structure there is unpredictability, props, and various socially sanctioned forms of aggression available. Thus, I would argue, that like play in the clinical context, sport could also function as a realm in which the pressure of intrapsychic conflict might be relieved through projection.

While an athletic experience may involve dynamics of transference, another place transference may occur is in the constructing of a narrative about an experience. An experience of pain can be told in many ways. And if the meaning of that pain is bound to painful affect or anxiety, how does one reckon with that experience in the present? For Pitt and Britzman (2003) unresolved psychological conflicts can contribute to a narrative's construction:

While a narrative is made from a specific context, the affective force of what precisely is represented in narrative may derive from other scenes and from unresolved psychological conflicts. This is the dynamic of transference where one makes sense of new situations through the imperatives of older conflicts (Pitt and Britzman 2003, 759).

Social theorist Walter Benjamin articulates a similar notion when he writes:

“traces of the storyteller cling to the story the way the handprints of the potter

cling to the clay vessel” (cited in Brooks 1994, 82). The subjectivity of the storyteller includes her unresolved psychological conflicts, which uniquely style the story, literally leaving their mark on the story.

Peter Brooks (1994), a psychoanalytic and literary theorist, extends the idea of transference operating in narratives by drawing attention to the intersubjective dynamic of narrating.

[T]he relation of teller to listener is as important as the content and structure of the tale itself. Or rather: that the relation of the teller to listener inherently is part of the structure and the meaning of any narrative (Brooks 1994, 50).

Here, Brooks suggests that there will be signs of the context of the telling within the story. The narrative in being styled by the intersubjective context involves the narratee as a co-ordinate in the narrative path (Brooks, 85). Drawing upon Lacan, Brooks suggests the transference situation is set in motion by the potential of the narratee’s interpretation (89). That is the teller in knowing that the story will be interpreted will speak to that potential, for example, by trying to subtly steer or omnipotently control the interpretation. This is particularly significant for interview research because it entails a narrator-narratee relationship, and this is increasingly the case as one moves more toward an unstructured interview style.

One way in which the transference of intersubjectivity manifests in my interviews is in terms of how my subjectivity comes to have a bearing on how the interviewees articulate their experiences. As mentioned in chapter two, some of my interviewees were people I was close to prior to the research. In my analyses

of the two interviewees whose narratives are discussed in chapters five and six, I argue that aspects of their narratives are constituted by how my interviewees speak in ways that anticipate certain interpretations or responses that I am inclined to have. The other side of this dynamic, the role I assume in response to my interviewees, is what psychoanalysis calls the countertransference.

Countertransference in the clinical setting is the analyst's transference emerging and informing how she relates to the analysand. Winnicott (1947) suggests that there are three kinds of countertransference phenomena. The first of these is what Green (2005) calls, "the analyst's pathology [...] the effects of what has remained unanalysed in [her] and is likely to disturb [her] in [her] analytic work" (51). The second is qualities and tendencies of the analyst that enhance analytic work and make her different from another analyst. This refers to valuable aspects of the analyst's subjectivity or personality. The third kind of countertransference is what Winnicott terms "truly objective countertransference" (195), which is the legitimate emotional responses of the analyst, to the behavior of the analysand.<sup>58</sup> Winnicott's distinction between countertransferences indicates that countertransferences cannot simply be eradicated. In some cases it describes an appropriate response; in others it is detrimental to the analysis, and in others still it benefits the analysis. In all cases though, Winnicott suggests that all countertransference needs to be made conscious, for two purposes: first, so that the analyst might understand the role that countertransference is playing and not

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<sup>58</sup> An example of objective countertransference might be an emotional response of hate by the analyst if the analysand physically attacked the analyst. The emotional response of hate is legitimate if it is about the present situation and not emotionally loaded with affect from a prior situation.

mistake it for something else; and second, so that the countertransference may play a helpful rather than interfering role in the analysand's analysis.

Countertransference, then, is about how the analyst's own unconscious is involved in the unfolding analysis.<sup>59</sup>

The notion of countertransference is highly insightful for grasping how our responses to others are always about ourselves. In Winnicott's (1947) discussion of countertransference, countertransference is a problem when it causes the therapy to be adapted to the needs of the analyst. Similarly, a researcher is not immune to the issues of countertransference: when might research be regulated by the unconscious needs of the researcher? While not discussing countertransference per se, Britzman's (2003) thoughts about how academics engage with theory points to how the unconscious needs of the researcher may become entangled in the research, and is worth quoting at length:

In our academia, can we ready ourselves to observe how the urge to expel ignorance produces rigid knowledge and more of an unthought known. Shall we admit our adeptness at dismissing theories that run contrary not just to prevailing conventions but, more significantly, to who we think and wish we and others might be in and for our theory? Certainly affect threatens the omnipotence to which theory in silence aspires, and the affective tensions can exaggerate the space between what we know and what we want, between what we find and what we create, and between

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<sup>59</sup> Countertransference is sometimes used as a tool in analysis. Projective identification by an analysand has the unconscious intention of stimulating affect within the analyst. An analyst might feel this and speak this in order to return it to the analysand.

what we hold and what we destroy. Another sort of unthought known can also be observed here: our internal conflicts structure what can be noticed in the world and, then, held in theory. Moreover, theory nests itself in the terrible difference between inner worlds and external reality (Britzman 2003, 132).<sup>60</sup>

In the context of interview research there are two sites where the countertransference may manifest. First, as Britzman illustrates, the use of theory may reveal as much or more about the investments, wishes, and anxieties of the researcher than it reveals about the researched. The second place the countertransference may play out is during the interview itself, whereby the interviewer's unconscious desires, wishes, and anxieties may become tangled up in how she engages the interviewees. Interviewing people about difficult experiences is likely to provoke affective responses in the interviewer. When affective responses are evoked in me as an interviewer to what extent are my responses within the interview constituted by my unconscious concerns in that moment? Exploring these questions in my analysis is to inquire about the workings of countertransference as it relates to how my interviewees express their experiences of pain and how I as a researcher interpret them.

In conventional qualitative research, some of the phenomena I am referring to with the terms transference and countertransference would be viewed

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<sup>60</sup> Britzman (2003) takes the term unthought known from Christopher Bollas (1987), which refers to the unconscious knowledge, that is, the unthought known refers to something we know but do not consciously know that we know.



as obstacles to understanding experience.<sup>61</sup> The way in which a person might speak of an event they experienced, in a way that leaves their narrative “handprints” on it, might be regarded as biased. The way a narrator tells the story – uniquely tailored to the listener – might be viewed as prone to inaccuracies because the telling may be guided, for example, by the desire to please the interviewer (Foote Whyte 1989, 176). And, finally, the way in which the researcher’s unconscious may affect engagement with the interviewee and theory would also be considered a problematic function of subjectivity within the research.<sup>62</sup> However, in clinical psychoanalysis transference is sought and mined, in order to understand how the individual is relating psychically. The purpose is to find through the, “transference relationship the character of the unique psychological fingerprint” pertaining to the individual (Caper 2000, 85). In so doing, the analyst seeks to assume a role in the patient’s psychic reality. The analyst is not attempting to remain objective in the normative sense. That is, she is engaging in a countertransferential relationship; the subjectivity of the analyst cannot *not be* in the relationship, because the unconscious cannot be separated from the person. The point, then, is to harness and make conscious the countertransference, so that the analyst may understand the part it plays, and thus recognize the interactions of the transference with the countertransference. In qualitative research if we take a psychoanalytic turn in our view of transferences,

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<sup>61</sup> If one is relaying an experience in a way that relieves anxiety, or speaking to the interviewer in a manner that repeats aspects of an earlier relationship, these would be considered things that get in the way of truly conveying the experience in question.

<sup>62</sup> In spite of how conventional approaches to qualitative research may try to limit what I am calling countertransference as expressions of subjectivity by adhering to research practices grounded in objectivism, from a psychoanalytic perspective this is unlikely to eradicate countertransference. For example, a researcher’s investment in objectivism may be primarily motivated by an unconscious wish to produce knowledge that others regard as legitimate.

we might read them for what they index about the subjectivities of the interviewees and interviewers. And we might interpret how the workings of subjectivity and intersubjectivity inform how people make sense of their experiences as well as how the intersubjective dynamics of relating across experiences informs how experiences are articulated.

*Phantasy: The Psychic Rendering of Experience*

While I am suggesting that transference (including countertransference) and phantasy are both conceptualizations of relationality, transference in its various forms involves transferring affect from one context or person (including oneself) to another context or person, whereas with the Kleinian concept of phantasy the relationality concerns how phantasy is an interface – one’s interpretations of the external world and objects are mediated and dominated by phantasy (Caper 2000, 93). The notion of phantasy, then, orients us to the significance of the dynamics and climate of the subject’s interiority. Through this concept, Klein is opposing the overstatement of the influence of external conditions (Caper 2000, 93).

Concomitantly, her vision of mental life is a lively one that emphasizes how the subject is interpretive, a maker of meaning rather than a consumer of meaning.

For Klein, phantasy is the unconscious element in how people construe both internal and external experiences (a distinction Klein complicates, as I will discuss momentarily). As Isaacs (1952) describes it, phantasy is the, “psychic

representative of instinct” (83).<sup>63</sup> That is, the life and death drives manifest to and within the subject as phantasies. Furthermore, “All impulses, all feelings, all modes of defence are experienced in phantasies which give them mental life and show their direction and purpose” (Isaacs, 83). It would seem that emotions in general, the ways in which we respond to and deal with both instinctual drives (such as the fear of annihilation), and external happenings (such as the absence of the breast) all find expression in phantasy.

In terms of the defensive role some phantasies play, phantasies are formed as the ego defends against both distressing external and internal realities. For example, a hungry baby may be having wish fulfilling phantasies to deal with the unpleasant external reality of not having the breast, and at the same time, also be defending against the internal reality of anger, hunger, and persecution. Here we can see how the unpleasant external reality is responded to with interpretations – a wishful phantasy, and a construal of the breast as persecuting. The defensive function of phantasy means that phantasies will emerge in response to phantasies that represent the death instinct (Segal 1973, 16). For example, the phantasy of a persecuting breast may be defended against through an aggressive oral phantasy of wanting to bite and tear the persecuting breast to bits. A further function of phantasy that is also connected to its defensive function is the use of phantasy to control and inhibit instinctual urges. And finally, phantasy is the means by which reparative urges are also experienced (Isaacs 1952, 83).

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<sup>63</sup> I draw on Isaacs (1952) articulation of phantasy because during the Controversial Discussions Isaacs, one of Klein’s loyal supporters, was commissioned to articulate the concept of phantasy as understood by Klein and her supporters.

The defensive function of phantasy reveals how phantasies are closely allied with anxieties and defense mechanisms. To recall, there are two kinds of anxiety for Klein: those which concern threats to the ego, fears of annihilation, which are paranoid-schizoid anxieties and anxieties that are about threats to one's loved objects, fears that one's own destructive impulses have or will destroy one's loved objects, known as depressive anxieties (Klein 1935, 271). Experiences of these anxieties occur, in a felt sense, as unconscious phantasies, and they are defended against with other phantasies. According to Isaacs (1952), "phantasy is the operative link between instinct and ego mechanism" (99). She goes on to elaborate that the impulse is transmuted by means of phantasy into an ego mechanism (104).<sup>64</sup> Segal's (1973) understanding of the distinction between phantasy and defense mechanism offers a little more clarity: the defense mechanism is the actual process, whereas the phantasy is the particular mental representation (16), or in other words, the particular narrative each phantasy assumes.

It is also perhaps necessary and helpful to discuss phantasy in terms of internal objects, for here we can also come to understand further the ways in which, for Klein, external reality is mediated by internal reality and vice versa. From the beginning of life the Kleinian subject builds up an internal world of objects. Early on, these objects are rudimentary, in fact, part-objects, but later, as one's perceptual and mental faculties develop part-objects, such as the breast, become whole persons. Internal objects are a representation of externally existing

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<sup>64</sup> Thus, it is appropriate to refer to the defensive use of projection, denial, splitting etc. either as phantasies or as defense mechanisms.

objects, and external objects are meaningful to the ego, not only because of “how they are”, but also because of the phantasies through which the internal objects are experienced, informing one’s perspective on and expectations of external objects.

The development and climate of the internal world and one’s own constantly changing sense of the external world largely develops through phantasies of introjection. The dynamics of introjection are aptly illustrated by one of Klein’s young patients: he pretended to eat a paper snowflake and suddenly asked with some concern whether or not people who ate snowflakes melt (Caper 2000, 97). Here we can see how the nature of the object is understood to change as it is ingested (i.e. the snowflake melts because of the warmth of the person), but, additionally, the object taken in influences the person (maybe the melting snowflake will melt the person). Once introjected, then, an object is felt to dwell within the self as an internal object, where it can affect the ego, and where the ego can also affect the object. Introjection is the phantasy representative of the oral impulse. It shows us how, in part, phantasy is involved in creating the internal world, a world of objects that then become the players in more elaborate phantasies.

While the phantasy of introjection gives us insight into how the external world and external objects are involved in constituting and altering internal objects and the internal world, the phantasy of projection sheds light on how this internal reality affects one’s encountering of external reality. Representing the anal impulse, projection involves expelling things from within us and then,

“experienc[ing] some quality of ourselves as residing outside in an external object” (Caper 2000, 97). Projection thus shapes and influences how we understand the outer world – projecting good qualities makes the world seem good, while projecting bad qualities makes the world seem bad or frightening. Caper’s imagery for introjection and projection evocatively summarizes them:

One might say that on its most primitive level, the mind acts like an alimentary tract, ingesting and excreting various objects as though they were psychic substances. Klein believed that it is the balanced interplay of projection and introjection that produces from the beginning of life, the dreamlike melding of internal and external reality that Freud discovered over and over to be the modus operandi of the unconscious (Caper 2000, 98-99).<sup>65</sup>

Unconscious phantasies are about object relations, and relations to objects are made meaningful through phantasy. The meaning phantasy imparts is underpinned by impulses. However, the internal world, the realm of unconscious phantasies, does not simply sway how we perceive external reality. While phantasy is a key element of how experience is constituted, Segal (1973) urges us to appreciate how unconscious phantasy, rather than determining the perception of the external world, has a reciprocal relationship with it:

If unconscious phantasy is constantly influencing and altering the perception or interpretation of reality, the converse holds true:

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<sup>65</sup> The idea of a balanced interplay of introjection and projection is not meant to suggest mental life is normally or inevitably emotionally well balanced. Rather, the idea of balance refers to how the work of the unconscious in internalizing the external and externalizing the internal is overall a constant reciprocal process.

reality impinges on unconscious phantasy. It is experienced, incorporated and exerts a very strong influence on unconscious phantasy itself (Segal 1973, 15).

The Kleinian notion of phantasy has a sense of continuity to it. It is at work to some extent all the time in all experiences. As Segal elaborates, there is more to this notion of phantasy than an escape from reality: phantasies are, “a constant and unavoidable accompaniment to real experiences, constantly interacting with them” (14). This enduring quality of phantasy is why phantasy should be recognized as a crucial part of the structure of the mind itself. Therefore, we should regard phantasies as informing the infant’s (and the adult’s) perceptions and sensations. Drawing on what Klein writes in the paper “Envy and Gratitude”, Caper (2000) understands Klein to be claiming that it is an error to assume that the baby experiences the breast simply as a physical object. Klein claims that all of the baby’s, “instinctual desires and his unconscious phantasies imbue the breast with qualities going far beyond the actual nourishment it affords” (Klein 1957, cited in Caper 2000, 96). In this sense, phantasy endows the external world with meaning and affect. Given that phantasy is operating from the beginning of life, it is a meaning system that operates pre-verbally. It begins before the development of language and occurs separately but adjacent to words (Isaacs 1952, 89).

Phantasy is crucial to Kleinian theory because, through the transference relationships she established with her young patients, Klein was able to infer from the child’s play symbolic representations of unconscious phantasies and object relations (Segal 1973, 2). These interpretations by Klein are very much on the

side of inferred knowledge. Instead of simply seeing the phantasy laid bare, she observed the alloy of phantasy and reality in children's play. Her objective was to attend to the phantasy, trying to pursue and articulate the narrative of the phantasy through her analytic interpretations. In turn the analysand's response to the interpretations gives feedback on their efficacy. What might qualitative research draw from Klein's notion of phantasy? How might interviewees' narratives index their phantasies? And how might the researchers phantasies also be entangled in the research process since interviewing and interpreting are veritable experiences for the researcher?

Within the present project the interviewees recall experiences of pain and the interview situation is itself an experience. Given that phantasies constantly accompany experience and interact with them informing how we make sense of those experiences, expressions of experiences will in part be constituted by phantasy. As I have explained phantasies express impulses and responses to impulses including emotions and defensive mechanisms. Thus, I might read the narratives for expressions of love and hate – corresponding to the two instincts in which impulses are grounded. In what ways are objects and events positively or negatively construed? Given that my interviewees, particularly the two I write about in chapters five and six speak of experiences of pain that are imbued with difficult emotions, how do they contend with their difficult feelings? Do their expressions resonate with the dynamics of the different defense mechanisms? What kinds of affect do their expressions index; is ambivalence expressed, or are the positive and negative (objects, affects, selves) articulated as separate? To read



the transcripts for the element of phantasy I draw heavily on Klein's notions of drives and defense mechanisms in order to tell different but complementary and coherent stories about how pain is actively understood and constituted by both the interviewee and the researcher.

### Concluding Thoughts

Using the notions of phantasy and transference to read transcripts is far more speculative than actual therapeutic analysis. Working with transcripts involves a much-reduced opportunity to get feedback on interpretations from one's subjects, and there is also no professional research practice that enables a researcher to develop insight into their own transference and countertransference.<sup>66</sup>

Nevertheless, if phantasy plays as substantial a part in experience as Klein and her followers' claim, it deserves as much attention as the external conditions.

Qualitative research does not often attend to how the unconscious might be at work in experience. Moreover, given how highly speculative this kind of inferred knowledge is, it is also the discarded content of qualitative research as an institutional practice. Inferred knowledge drifts dangerously far from the standards of legitimate knowledge such as the generalizable, reliable, and verifiable. The lack of these qualities results in readings that are, for some, unthinkable as knowledge. However, it is my contention that a psychoanalytic mode of interpreting will have significant insights to offer us about how athletes experience pain. Pain that is difficult for the subject to acknowledge, may also

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<sup>66</sup> Britzman's (2006) chapter on the teacher's illness discusses this issue in relation to the teaching profession.

enter the subject into a relation to pain that is also difficult to acknowledge. In order to study how athletes make sense of their experiences of pain what is needed is not knowledge that is certain but a mode of interpreting that can attend to and reckon with the variability, precariousness, and complexity of the subject's and researcher's interpretations.

## Chapter Five

### The Psyche Plays Sport: Reading Mourning and Unsettling Guilt

[H]ow are we to understand [behaviour]? Before we answer that question, there is one crucial caveat: our aim is not to get to the truth of what was really going on...Rather, it is to get to the truth of what might have been going on...As a philosophical introduction, our aim is to work out the possibilities of human mentality, the possibilities of interpretation. For what we are concerned with here is the scope of human meaning...For the philosopher's aim is to open up interpretive possibilities...What really matters here is possibility. (Lear 2005, 28)

### Introduction

One of the central claims of this thesis is that athletic pain is insufficiently explained through discourses that constitute athletes as tolerating pain because pain is what athletes must suffer for their sport. I am arguing that this logic is insufficient because it does not grasp the social life of pain nor its psychic dimension. The notion of the social life of pain refers to how a pain changes (subtly or substantially) each time pain is encountered. Relationality, then, is central to the experience of pain. That pain changes meaning means that pain's meaning is not singular or stable. If pain is, as I assert, not uniform in its meanings for athletes, this has significant implications for how we (as researchers) understand pain and for how we politically and ethically regard and

respond to pain. If pain is not singular, a singular understanding of and response to pain is politically and ethically problematic, no matter how compassionate it might appear to be.

It is therefore important to explore the social life of pain and to attend to its complexity and ambiguity. Like chapter three, this chapter continues to dwell on the social life of pain. Here there is a dual dimension to this: first, I ask after the meaning of pain for the subject, and second, I ask after the workings of analysis of the subject's account of pain – i.e. how we undertake that analysis as researchers. The dual constitution of this investigation then intends to indicate how a psychoanalytic approach directs us to pay attention to both the content of what we hear and our interpretations of what we hear. The social life of pain, then, emerges through reading three forms of relationality: the subject's relationship to herself, the subject's relationship to another, and that other's relationship to the subject.

This chapter focuses on one of Kessa's narratives. Kessa is a rugby player and shares a story about playing rugby three days after her father died. This story includes an event where she runs into another player and is tackled. Consequently she ends up lying on the ground, prevented from moving and waiting for an ambulance. Sport sociologists who study risk, pain, and injury would foreground the physical pain of this event and understand it in relation to the physical experience of being tackled. Their analysis of the transcript would tend to highlight moments where Kessa's articulations suggest the normalization of risk, pain, and injury in sport. In contrast, I undertake a Kleinian reading of Kessa's

story to consider this event in relation to emotional and psychic pain. In doing so I develop the argument I open with: that pain has a complex social life because we encounter it in and through our relations to others.

### Reading Transference

The three forms of relationality I read can be described in psychoanalytic terms as readings of transference. The first reading I make concerns how an athletic context can function as a realm for psychic transference, where conflict from one part of life is brought to bear upon another situation (in this sense the relation is the subject's relation to herself). My logic for this reading takes its inspiration from what Klein observed through children's play. To recall from the previous chapter, Klein suggested that transference in free play could be the projected expression of a current relationship. The play context provides a stage on which the forces that are animating the intrapsychic conflict may find expression. It is my contention that in some instances sport can be read as providing a 'play' context, where conflicts in the inner world find externalizing expression in athletic practices, giving the athlete psychic relief. In so far as an athlete may act in a way that brings about physical pain in the process of projecting a psychic pain, this kind of transference may not simply be a case of seeking relief, for in achieving psychic relief a different pain is produced.

The second reading I make concerns transference between the interviewee (Kessa) and interviewer (myself), emphasizing how the interviewee introduces aspects of our prior relationship into the interview. I argue that Kessa's narrative

shows some explicit and distinctive shaping, because I operate as a “co-ordinate” in the narrative. As Brooks (1994, 87) explains, the notion of the co-ordinate refers to how the narratee (interviewer) affects the narrative path that the narrator (interviewee) takes, such that the intersubjective context in part constitutes how the story is told. Given the intersubjectivity of narrating, Brooks, drawing upon Walter Benjamin, explains the kind of attention that this understanding of narrative calls for. He argues:

[A] certain attitude of reading that would more closely resemble listening [is necessary], which would elicit the suspension of mediation rather than the suspense of consumption, and which would foreground the exchange, the transaction, even the transference – in a fully psychoanalytic sense – that can take place in the offer and the reception of a narrative (Brooks 1994, 87).

The idea of an attitude of reading that resembles listening evokes for me an attitude of reading the transcripts that continues the work of acknowledging pain and the difficulties of narrating pain. According to Brooks, Benjamin is calling for us to read in a way that does not disregard the sociality of exchange in favor of the privacy of solitary consumption. In foregrounding the exchange, I take Brooks as orienting us to how the engagement between the narrator and narratee is of significance in both telling and listening. The suspension of mediation – what holds up the mediation qua negotiation between interviewee and interviewer – is constitutive of how that social transaction is unfolding. Reading the transcripts on

these terms is a way in which I might elucidate how the audience is a co-ordinate in the narrator's telling, even when the telling is about a past experience.

The third reading I make is of countertransference. Brooks (1994) alludes to the countertransference when he declares the narration to involve an *exchange* and a *reception* of the narrative. To recall, the countertransference in the clinical setting refers to how the analyst relates to the analysand through her own transference; that is, the workings of her own unconscious (Winnicott 1947, 200). The parallel I am making is that the countertransference, in this research, refers to how the interviewer also plays a part in constituting the narrative. It is in moments of exchange and reception that the subjectivity of the interviewer is manifest. In particular I take up Winnicott's articulation of countertransference and Bion's (1962, 1967) development of Klein's (1946) concept of projective identification (which is a form countertransference may take). I use these conceptualizations to think through how the first two readings of transference are informed by how Kessa and I are negotiating the pain we each have about her story. This reading of countertransference, then, is a speculative piecing together of what was evoked from my past that came to have a presence in the unfolding interview.

Making these three readings of transference suspends other aspects of the crisis of representation for the purpose of forefronting these interpretations. These interpretations are a compromise; an excluding of some aspects of the narrative that unfolded during the interview and a bringing together of other aspects to create certain coherencies. This reading is by no means offered nor intended as an excavation of Kessa's unconscious, not least for the fact that this was one

interview, in which the extent of the transferences operating are undeterminable. This chapter is thus a speculation on what the undercurrents of the workings of pain in and through relationality might look like and how we might learn to listen for them in our encounters and in our analysis.

### Narratives

#### *Kessa's Narrative (Excerpts)*

Each of the three experience of pain Kessa told me about related to rugby; the first story was explicitly about emotional pain. She discussed two occasions in which she had had the experience of coaches undermining her sense of confidence as an athlete because of their position of power and capacity to make decisions that affect players. These experiences were painful because they involved violations of trust and feelings of confusion that affected Kessa's sense of self. The second story was about an occasion where she had a certain level of fitness in interval training and then had neglected to keep up this training. When she returned to training she was frustrated with herself for taking a break and in response to that frustration she decided to run the intervals at the rate she had established before her break. The consequence of doing this – when her body was no longer at that fitness level – was very severe stomach cramps. She talks about running these intervals in relation to how she identifies as an athlete and in relation to failure. Throughout the interview Kessa spoke of a range of different painful experiences and notably reflected on them in terms of the emotional significance they had for her. It is her third experience, which occurred when she



was in her early twenties, that is the focus of this chapter. To give a more detailed sense of this narrative I have edited a series of excerpts together below.

### Narrative Three

“[M]y dad passed away on a Thursday, I believe, and we had a rugby game on... Saturday. And there was a way that I...I...g.. I guess I wasn't dealing with his death very well and I just – I just wanted to kind of go about my life and just do normal things and not just whatever – just sit there and think about it. So I went and played this rugby game. This was also at a point where I was playing...like I had just started – it was sort – rugby was my life it was consuming me...I was really into it.” [Before playing though she talked to her coach and her mom about this decision.] “[W]e talked on the phone and stuff like that and [I] told her [the coach] that I wanted to come and play and she said it was my decision and my mom also said it was my decision...and she thought it might be good even, for me just to go and – you know – be with friends...so I played.

It was a pretty frustrating game...from what I remember we didn't get the ball a lot on offense...it was in the second half or very late in the first half and I hadn't touched the ball and I was just getting really frustrated...I was back there just being really angry about not getting the ball...When we got the ball the

forwards were fucking around with it, and I was like ‘give me the effing ball. I want to play rugby. I just want to play!’ I want to – whatever – run, that kind of stuff...I even remember what...I was thinking before I got this ball. It was like, I was just very frustrated with the way the game had turned out – ‘I’m gonna get this and I’m just gonna run through whoever gets in my path’. I wasn’t playing rugby, I was obviously frustrated with other things, and just, you know, I don’t usually take the ball into contact...I just ran into someone and apparently from what I was told I got hit [by] their big fly half...My feet actually went higher than my head and I came down fairly hard on my side...it hurt like I kinda screamed...and they were worried ’cause of the way I was laying, that it was my back...so they didn’t move me and the physio came out.” [The physio and coach were concerned that Kessa had injured her back so they called an ambulance. She goes on to elaborate on what this experience was like for her]: “I was sort of facing up, I was looking at the sky and the whole time I had this like...it was maybe an excuse to start being really emotional about my dad...but I started thinking about him and his death and all this, partly because I was looking up at the sky” [While lying there Kessa cried in way that she described as an “emotional breakdown”]: “[T]here was nothing I could do, I just had to lay there and just sort of feel that – feel that response, it wasn’t like I

could just keep playing or forget about it, it was like I had to deal with it at that moment...it was like okay here deal with it...and I was looking up at the sky which seemed like a really significant thing because I couldn't get away from it...if they would've let me turn over I probably would've, but it was just like okay here deal with it, it was like all at once it just started coming out of me...being literally taken off my feet in terms in the game, but also being hit by this big sort of the news of my dad...being physically laid out on the ground, but what, what I was laid out by like I don't – I mean partly it was the hit but I was also being laid out by...the news of my dad or dealing with that...there was something about the sky in terms of it being...like broad scene...like the idea of my dad still being able to see me would be from the sky, like if you see an image of someone dying they are always being lifted up...so there was something about being lifted up and something about the sky as something that looks over me, and in a sense maybe me being able to see my dad or my dad being able to see me..."

Although Kessa made the decision to play rugby and others were supportive of this decision, she also described some of her later reflections on her decision: "Looking back, I felt insensitive going to play a rugby game when my dad had just died. I was like – that was – aaah – that was a really kind of shitty thing to do. Like, I should've – I should've dealt with it. I should've grieved. I

should've, you know, done what people do when someone dies.”

However, this self criticism was not the only view she had: “I also found [out] a while later, when someone close to my dad died he went to work the next day – did something similar – so I thought that was kind of neat, like a kind of parallel between me and him, so it didn't actually make me feel all that bad, because I think he would've understood.” [I asked Kessa if she struggled with this idea of feeling insensitive during the rugby game to which she responded with another perspective on her actions]: “There was a bit of five year old stubbornness. Like I'm gonna do this and you can't tell me I can't do it going on and I think there was this like – people are looking at me weird and like – should I be here kind of thing? And what are people saying? Do they think it's weird, like I think there was a bit of that going on.”

### *Klein's Narrative of Mourning*

One of the ways I interpret Kessa's narrative is as an index of how she negotiates the psychic conflict of mourning. I primarily read this in terms of how she dealt with mourning at the time of experience. However, as a painful experience that is reiterated through its telling, I do not simply contend that these feelings and negotiations are from the past, they are also in some way very present. In order to make this argument, I draw on several of Melanie Klein's concepts, in particular her notion of mourning and its relation to internalized objects. Before laying out

my interpretation of Kessa's story I will outline the aspects of Kleinian theory upon which I draw.

Mourning in Klein's (1940) view involves the playing out of an inner drama where the ego contends with the anxiety of losing a loved object and the longing to regain it. To deal with this anxiety the ego employs defensive strategies, which are "directed against the 'pining' for the lost loved (good) object" (Klein 1940, 348). Klein states:

In normal mourning early psychotic anxieties are re-activated... To put my conclusions more precisely: I should say that in mourning the subject goes through a modified transitory manic-depressive state and overcomes it, thus repeating, though in different circumstances and with different manifestations, the [developmental] process which the child normally goes through (354).

For Klein, then, mourning is emotionally loaded with earlier losses and anxieties. Thus, the pain of mourning involves a return to early (infantile) and conflicted emotions, as well as sadness about the present loss. Accordingly, mourning inevitably invokes moments of manic, paranoid as well as depressive responses to loss that each arose in the depressive position.<sup>67</sup> One of the reasons mourning revitalizes the depressive position is because this was where phantasied fears

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<sup>67</sup> To recall from chapter four, paranoid responses involve different strategies for separating the good from the bad. Depressive responses to loss involve anxieties about the realization that good and bad objects are actually not different objects, but the same object at different times, which in turn makes one feel very anxious about the damage one may have done to the good object when one was attacking the bad object. This causes anxieties that one is responsible for and feels guilt and despair about the loss of loved objects. A manic response to depressive anxieties refers to defenses that ultimately handle loss by diminishing the significance of the loss.

about the loss of the internal loved object first arose. Klein explains that the difficulty of mourning is not just about losing a present external object, but also about losing an internal object. The internal object is in a sense the double of the external object (because the internal representation informs one's perception of the external object and vice versa). Thus, losing an external object causes one to feel that the internal object has died too. Given that an actual death brings up these inaugural experiences of loss, what I henceforth say about the depressive position is also to be understood as triggered in the process of mourning.

The loss reckoned with in the depressive position is the loss of an ideal (loved) object, which is a phantasied object. In this position, the infant is coming to terms with internalized good and bad objects being recognized as one and the same. Before this ambivalence the internal objects were divided into good and bad, and at different times the good objects may dominate the internal world, or the bad may dominate it. In the depressive position, therefore, the ideal object is 'lost', as the infant learns that the bad object is not actually a different being. Mourning is therefore fundamentally a problem of internal suffering with regards to this ambivalence. As Klein (1940) explicates, "the poignancy of the actual loss of a loved person is...greatly increased by the mourner's unconscious phantasies of having lost [her] internal 'good' objects as well" (353). When a person dies, one feels the good internal object is lost too and this loss begets inaugural loss of the ideal object thus reviving the depressive position. As a result, feelings of persecution arise, because the loss of a good object means that bad objects are felt

to dominate the inner world. In mourning, then, the loss of a loved object provokes a distressing internal climate.

As a result of the distress brought on by an internal world dominated by bad objects a person may try to escape the suffering of mourning. In these moments a mourner feels “incapable of saving and securely reinstating their loved objects inside themselves, they must turn away from them more, and hitherto and therefore deny their love to them” (Klein 1940, 368). In addition to this form of suffering, pining – the longing for the lost loved object – is itself painful (Klein, 348). In mourning, when the anxiety of the depressive position is too great, when the internal objects are felt to be dead or destroyed, the ego may resort to manic and / or paranoid methods of defense, which are directed against pining for the lost loved object and avoiding the anxiety of the depressive position, respectively.

Reading Kessa’s transcript through Klein’s view of mourning turns our attention to the pain she recounts on quite different terms than are typical in sport sociology. A Kleinian approach allows us to attend to the significance of psychic and emotional pain and not only the fact of physical suffering. Kleinian theory also enables us to see how dynamic and negotiated the experience of pain is for the subject, because pain is a social phenomenon at the same time as being an unsharable singular one.<sup>68</sup> Following Lear (2005), then, my hope with this reading “is not to get to the truth of what was really going on [...] Rather, it is to get to the truth of what might have been going on” and to “work out the possibilities of human mentality, the possibilities of interpretation. For what [I am] concerned

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<sup>68</sup> I mean ‘un-sharable’ in Scarry’s (1985) sense.

with here is the scope of human meaning” (28). In this case I am concerned with the scope of what an incident of physical pain might mean for Kessa.

To draw Klein’s analysis into the interpretive work of reading Kessa’s transcript, let us recall that her story begins with her decision to play in a rugby match two days after her father died. She describes herself as wanting to get back to her normal life. Following Klein, it can be argued that Kessa is emotionally struggling with the work of mourning, a process that involves denying and sublimating love for a lost object. According to Klein (1940), sublimation involves giving the love to another activity, but as a result this activity will show some manic and paranoid qualities (368). Further, sublimation as a defense mechanism also functions to provide some reassurance and relief from guilt (369). Guilt in this interpretation would arise for at least two reasons: first, because the fear of having destroyed the lost loved object oneself (a revitalized anxiety of the depressive position); second, because denial of love and subsequent sublimation of the lost object’s love is a further rejection, which is another act of destruction toward the loved object.<sup>69</sup> Thus, in order to advance this Kleinian reading of Kessa’s narrative I will argue how the following three points can be interpreted in the excerpts of the transcript above: first, that she is denying love to her lost object (her father) and sublimating that love into another activity (rugby); second, that there is evidence of guilt that both stimulates this denial and sublimation; lastly, that Kessa demonstrates the manic and paranoid qualities that Klein

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<sup>69</sup> Notably though, sublimation is not an equivocally aggressive defense, because even though it is a way of rejecting the loved object again, it does more than this. It moves the lost object from consciousness and “is restored and retained in the unconscious mind” (Klein 1940, 369). Thus, Klein asserts that sublimation offers some relief and reassurance from guilt.



associates with this kind of sublimation. I go on now to forward each of these arguments

### Transference One: Reading Mourning

Bringing Klein's understanding of turning away from mourning to Kessa's transcript, it can be suggested that playing rugby is part of how Kessa tries to evade and manage the emotional pain of mourning. Let me recall her words again in this context:

[M]y dad passed away on a Thursday, I believe, and we had a rugby game on...Saturday. And there was a way that I...I...g.. I guess I wasn't dealing with his death very well and I just – I just wanted to kind of go about my life and just do normal things and not just whatever – just sit there and think about it.

This short passage speaks to several of the reactions that Klein (1940) discusses in relation to mourning. For example, guilt seems to be indexed by the idea that playing rugby shows that she was not dealing with his death "very well". This part of the transcript also gives us a sense of how Kessa thinks that playing rugby might not be the right thing for her to do. Yet she is resistant to the alternative, mourning, for she characterizes it in frustrating terms: "just whatever – just sit there and think about it." This phrasing de-values and caricatures mourning, resisting its importance and necessity, which a Kleinian reading would interpret as a manic defense against mourning (which I discuss in more detail later). Kleinian thought would see Kessa's resistance to mourning to be demonstrated by her

turning away from her loved object and toward an activity that perhaps feels far removed from the situation; note again: “I just wanted to kind of go about my life and just do normal things [rugby].”

In reading Kessa’s transcript as showing a resistance to mourning, the Kleinian perspective would then attend to expressions that index fluctuations between the depressive position and manic defenses. The anxieties of the depressive position cause omnipotent and violent phantasies. One of the painful phantasies connecting mourning to the depressive position is a fear that death wishes (experienced in moments where the bad object is persecuting and attacking the infant) have finally been answered, and have killed the loved object (who in the depressive position is realized to be the same being as the bad object). This phantasy invokes further painful conflict. As Klein notes: “[H]is death, however shattering for other reasons, is to some extent also felt as a victory, and gives rise to triumph, and therefore all the more to guilt” (Klein 1940, 354). Feelings of triumph and victory arise in the apparent fulfillment of infantile death wishes as the ego feels that it is indeed omnipotent and powerful. Thus, the death of the object is psychically gratifying because it relieves the fear that one is helpless and unable to control and destroy bad objects.<sup>70</sup> Of course, there is a price paid, that sense of triumph is also terrible, because the ego fears it is responsible for having destroyed its loved object.<sup>71</sup> Furthermore, as Klein (1940) explains, we will see indications of “omnipotent phantasies, both the destructive

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<sup>70</sup> The need to exert omnipotent control over its objects references moments when the infant felt very unsafe, helpless and persecuted by bad objects.

<sup>71</sup> Perhaps this is why feelings of guilt seem to so often have a purchase on the emotions of those who have recently lost a loved one.

and the reparative ones, [as they] stimulate and enter into all the activities, interests and sublimations” (349).

Thus Kessa’s decision to play rugby can be understood from a Kleinian perspective to be evading the work of mourning. The deeper speculative interpretation here is that painful unconscious phantasies would have arisen, compelling Kessa to turn away from her lost loved object, employing the defense of denial, and sublimating the love she denies her lost object into rugby. From a Kleinian point of view this interpretation will find support if the transcript also shows traces of manic and paranoid phantasies that inform her perceptions of the external world. I turn to this reading at a later point, but first I address the issue of guilt, for according to Klein these painful phantasies described above and turning away from one’s loved object would also cause feelings of guilt to arise.

If the transcript indicates denial and subsequent sublimation, this is of significance because the former is concerned to escape the pain of guilt and the latter gives relief from guilt (Klein 1940, 368-9). In Kessa’s narrative, feelings of guilt come across as something she struggles with now. She therefore continues to have to do the work of reducing her guilt in her retelling of this story. She explains that she talked to both her coach and her mom before deciding to play rugby, saying:

[W]e talked on the phone and stuff like that and [I] told her [the coach] that I wanted to come and play and she said it was my decision and my mom also said it was my decision...and she thought it might be good even, for me.

Discussing her decision to play rugby suggests a questioning of the appropriateness of wanting to play rugby. Rather than simply going and playing, she was compelled to discuss the decision with others, perhaps needing affirmation before she went ahead. Later in her narrative, Kessa comments:

Looking back, I felt insensitive going to play a rugby game when my dad had just died. I was like – that was – aaah – that was a really kind of shitty thing to do. Like, I should've – I should've dealt with it. I should've grieved. I should've, you know, done what people do when someone dies.

Upon reflection, Kessa expresses an awareness of her resistance to mourning and describes feeling guilty about it. She feels that there is something insensitive about playing rugby instead of more directly grieving. She continues to reference feelings of guilt:

I also found [out] a while later, when someone close to my dad died he went to work the next day – did something similar – so I thought that was kind of neat, like a kind of parallel between me and him, so it didn't actually make me feel all that bad, because I think he would've understood.

Knowing her father to have behaved similarly to her, in response to someone else's death, appears to help mitigate the guilt that seems to have stayed with her; she deduces that her response to his own death would not be one he would consider disrespectful. In this sense guilt comes across not just as something felt

back then, it also seems invigorated now, compelling her to describe all the people and reasons that affirmed her actions, and thus helping to reduce the guilt.

Reading Kessa's story as involving the sublimation of her lost object's love into the activity of rugby, a Kleinian would expect the characterization of the sublimated activity to demonstrate manic and paranoid defenses. This is evident when Kessa talks about her decision to play rugby as well as how she goes on to describe how she played the game. I asked her if she was affected, during the game, by this feeling that it was insensitive of her to have played rugby when her dad had just died. Interestingly, she responds with a totally different logic than the expression of guilt that she had just reflected upon. She says, "There was a bit of five year old stubbornness. Like I'm gonna do this and you can't tell me I can't do it." This shift to a different logic references another strategy of managing and relating to the pain of loss: she omnipotently (as Klein would put it) insists that no-one can make her consider the feelings of her lost object. There is also a sense of her riling against what Klein would describe as phantasied persecutors because no-one actually did say to her that she should *not* play rugby. Her response to the internal phantasized others that object to her decision is to stubbornly resist their demands. For Kleinians this can be read as a manic way of relating because it defensively denies the subject's own psychic reality through a triad of feelings: control, contempt, and triumph (Segal 1970, 83).

Applying this understanding to Kessa's transcript, one can interpret her denial of dependence on the lost object to demonstrate feelings of control through her insistence of independence – she will do what she wants and no-one can tell

her otherwise. Contempt is indexed by the disregard for her loved object. In denying the value of her lost object guilt is logically eradicated: “An object of contempt is not an object worthy of guilt” (Segal 1970, 84). And triumph is consistent with the idea of having resolved the situation by doing what she wants and by not being persuaded otherwise. This resolves the anxiety of mourning by casting the object and object relation as an insignificant loss. This is a denial of psychic reality because it strategically tries to get rid of painful emotions rather than work through them. However, these manic defenses, while seeming callous, are actually very important for defending against moments of unbridled despair because they defensively reconstruct relations of love and feelings of loss in moments when they are too intense to bear.

An alternative defensive strategy to manic defenses is to return to Paranoid–Schizoid (P-S) modes of relating. This is literally a retreat into modes of relating that prevents one from experiencing the anxieties of the depressive position (Klein 1935, 274). On the one hand, Kessa’s narrative indicates a P-S sense of persecution to which Kessa responds with manic defenses. However, immediately following her remark “...and you can’t tell me I can’t do it,” she says, “and I think there was this like – people are looking at me weird and like – should I be here kind of thing? And what are people saying?” Her concern about how others are regarding her can be read through the P-S defense of projective identification. At different moments Kessa’s narrative suggests that it is very painful for her to see herself as disrespectful to her loved object (recall how it relieved her to think her father behaved similarly to her and this enabled her to

think he would have understood). In response to this idea of herself, a Kleinian reading would see Kessa as splitting off this understanding of herself as disrespectful and projecting it into others. Consequently, we can regard Kessa as encountering this difficult view of her self in a removed way, as an idea that others may have of her. This form of projection would give Kessa some distance from this painful idea, but also return it to her in the form of an external persecutory judgment from others.

To turn now to how Kessa describes playing rugby, there is a continuing sense of P-S feelings of persecution. From the Kleinian perspective, unfavorable events in the external world may stimulate anxieties that originate in the death drive (and this more readily occurs when bad objects dominate in the internal world). In Klein's view, as articulated by Segal (1970), the ego manages the death instinct by projecting part of it, and converting the remainder into aggression. The part of the death instinct that is projected is projected into an object, which is why the death instinct manifests as the fear of a persecutor. And the part of the death instinct that is transformed into aggression is directed against the persecutor (25). This paranoid way of relating can be read in Kessa's transcript when she describes her experience of the game. She reports:

It was a pretty frustrating game...I was back there just being really angry about not getting the ball...When we got the ball the forwards were fucking around with it, and I was like give me the effing ball. I want to play rugby. I just want to play! I want to – whatever – run, that kind of stuff.

Finding herself inadequately engaged in the game, she feels angry and frustrated. In Kleinian terms this is a P-S mode of relating. Klein's theory suggests that bad objects already dominate the internal world that Kessa describes in the interview; thus she is oriented to a negative experience of the external world. Accordingly, she perceives the game (in general) and the forwards in particular as frustrating; hence she describes other players' actions as causing her feelings of deprivation. In Klein's idiom we would understand Kessa to be projecting her death instinct onto the players and casting them as persecutors. Kessa continues:

...I even remember what...I was thinking before I got this ball. It was like, I was just very frustrated with the way the game had turned out – "I'm gonna get this and I'm just gonna run through whoever gets in my path". I wasn't playing rugby, I was obviously frustrated with other things, and just, you know, I don't usually take the ball into contact.

The Kleinian perspective would see Kessa's actions, when she finally gets the ball, as the manifestation of the remainder of the death instinct residing within Kessa, which takes the form of aggression, which she directs against the player who crosses her path. While Kessa sees the game as frustrating on its own terms, she also has a sense of the intensity of her reaction being about other things. Her reaction, to run into whoever gets in her path, while quite normal and acceptable in rugby, was actually unusual for Kessa: "I don't usually take the ball into contact." She ran into the opposition's "big fly-half" and got hit in a way that resulted in her landing heavily and awkwardly on her back. Read as Kessa's



return to P-S ways of relating, these actions are a defense against the following depressive anxieties: her loss of her loved object and her longing to regain him, and her fear of feeling responsible in some way for her loved object's death. This second anxiety in particular would arise because the good and bad objects are known to be the same being. Thus, one way of defending against these anxieties is to employ mechanisms of splitting and projecting so as to distance the good from the bad. A Kleinian understanding of Kessa's pain and injury shows that in the process of trying to manage the emotional pain of mourning, Kessa somewhat recklessly, yet quite normatively, brings about her own physical pain.

Kessa's understanding of being hit in the game becomes intertwined with the emotional "hit" she had been given. Perhaps, like Klein's young patients, Kessa externalizes and repeats the emotional "hit" in physical play:

...being literally taken off my feet in terms in the game, but also being hit by this big sort of the news of my dad...being physically laid out on the ground, but what, what I was laid out by like I don't – I mean partly it was the hit but I was also being laid out by...the news of my dad or dealing with that...

Interestingly, Kessa arguably expresses in a tone of discomfort how the physical hit perhaps functions as a kind of catalyst. The external events that unfold as a result of being hurt in the game change her psychic dynamics and therefore how she negotiates the pain of mourning; arguably, the hit is crucial to her overcoming her resistance to mourning, at that time.<sup>72</sup> Kessa recalls:

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<sup>72</sup> I am not assuming that this one incident fully ended Kessa's resistance to mourning, but rather in this one episode there was a break in her resistance.

my feet actually went higher than my head and I came down fairly hard on my side...it hurt like I kinda screamed...and they were worried 'cause of the way I was laying, that it was my back...so they didn't move me and the physio came out.

Kessa protested, explaining that she felt able to sit up and get up, but she was prevented from doing so, because the physiotherapist insisted they take precautions. Even though Kessa is prevented from getting up, significantly she does not portray this as a persecutory experience. Instead, the attitude and intentions of others can be deduced to be felt in loving terms: she is the recipient of caring and nurturing attention. In Klein's (1940) view, this explicit shift in the external world could stimulate a parallel change in Kessa's inner world: "help received from the external world, contribute[s] to a relaxing of the manic control over her inner world" (359). The decrease in manic defenses enables emotional venting and reckoning with loss to occur:

If [manic defenses] diminish through the strengthening of the subject's belief in goodness – [her] own and other's – and fears decrease, the mourner is able to surrender fully to [her] feelings, and to cry out [her] sorrow about the actual loss (Klein 1940, 359).

Bringing Klein's theory to Kessa's narrative, it is through being hurt and consequently receiving care that finally returns Kessa to a sense of "goodness" that enables her "manic control" to reduce. For the Kleinian this is important because manic control impedes grieving. Thus when Kessa begins to cry in a way

that she describes as an “emotional breakdown” this indicates to the Kleinian that Kessa ceases to resist grieving:

...there was nothing I could do, I just had to lay there and just sort of feel that – feel that response, it wasn't like I could just keep playing or forget about it, it was like I had to deal with it at that moment...it was like okay here deal with it...and I was looking up at the sky which seemed like a really significant thing because I couldn't get away from it ...if they would've let me turn over I probably would've, but it was just like okay here deal with it, it was like all at once it just started coming out of me...

What comes across in this excerpt is that the external circumstances and how Kessa now relates to them (no longer through what Klein calls defensive strategies) create the conditions for Kessa to face some of her loss. For Klein (1940) crying is a means of venting feelings rather than a defensive strategy. Thus, when crying purges bad objects and bad feelings from the inner world, this is not a denial of psychic reality but a letting go of bad feelings and bad objects that were holding up mourning. Through this purging, tension eases and it is possible for the good internal objects to be experienced again (359). In this passage there is also an interesting physical aspect to Kessa's imagined (phantasied) relation to her father. Not being able to turn away from the sky which, as Kessa goes on to explain, signifies her father's absent presence. Describing lying on the ground and being prevented from turning over, Kessa says:

...there was something about the sky in terms of it being...like [a] broad scene...like the idea of my dad still being able to see me would be from the sky, like if you see an image of someone dying they are always being lifted up...so there was something about being lifted up and something about the sky as something that looks over me, and in a sense maybe me being able to see my dad or my dad being able to see me...

The narrative suggests that Kessa's feelings about her father seem to have shifted. Her sense of how he sees her is no longer pre-occupied with reference to guilt. In the Kleinian idiom this is because there has been a shift to good objects dominating in the inner world, which would produce a climate of security and trust in the inner world, where the internal loved object sympathetically relates to mourning. As Klein (1940) explains, "In the mourner's state of mind, the feelings of [her] internal objects are sorrowful. In [her] mind, they share [her] grief, in the same way as actual kind parents would" (359). Now that the internal harshness recedes, mutual sorrow, comfort and love predominate in the internal world, and pining for the lost loved object can now be experienced (359).

While this reading of mourning is plausible, I do not assume that either Kessa's narrative or my reading of it fully captures her experience. Both of our renderings are views on her experience at certain points in time. My purpose is to consider what the Kleinian reading exemplifies about Kessa's relationship to pain, what it puts into relief, which has not previously attended to by scholars who study athletes' experiences of pain; namely that we might understand athletes to

participate in the normalization of pain by virtue of their unique and complex subjectivities. I now turn to another psychoanalytically informed reading of an aspect of Kessa's narrative, something that affects both her rendering and mine.

### Transference Two: Transference in Intersubjectivity

In this second reading of transference, I read parts of Kessa's interview as demonstrating how a social relationship (between Kessa and I), as mediated by the kind of object I am for her (to put it in Kleinian terms), informs how she relates to her pain. This second reading of transference complicates the idea of the interview as neutral medium through which Kessa conveys her experience.

Instead, I assert that her position in fact moves between speaking *from* her experience and speaking *to* me as a listener. As Brooks (1994) tells us, a narrator is never just speaking from an experience but always speaking to a narratee (88). As noted above, in this framing, the narratee (interviewer) provides a co-ordinate that in part informs the path that the narration takes. While there are likely many factors and moments where the narratee in some way orients the narration, in this reading I attend to how the kind of object I am for Kessa might be operating to inform the narrative path Kessa takes.<sup>73</sup> Arguably, people's significance for one another affects the ways in which they talk about things. An interesting aspect of this interview is how it shows a shift in the character of my significance for

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<sup>73</sup> My point in discussing the factor of our friendship is not in any way a cautionary tale, but rather, the continuity of us being friends makes visible ways of responding that are recognizable. On the other hand, when interviewing strangers it may be more difficult to see how their narrations are uniquely contoured by how they relate to the narratee. For example, does something about a narratee's manner make the narrator feel relaxed and willing to share, or does it make her feel uncomfortable sharing vulnerable aspects of her experience? While these influencing factors may not be easily discerned in interviews with those unknown to the interviewer, I would argue that they are still operating.

Kessa. It is my contention that my relationship with Kessa had a lot to do with what she told me, how she talked to me, and how she engaged in the interview. To continue with the Kleinian mode of reading, coming into the interview, I suggest that I can be described as a good object for Kessa, an object associated with security and trust, which provided an emotional context that facilitated the telling of this vulnerable story. However, during the interview, when I respond to her in a way that split the role of friend from the role of interviewer, holding the position of interviewer, I can be understood as becoming a bad object for Kessa. Given that the context through which we were relating was an interview, in Klein's terms she defended against me as a persecutory bad object through her narrative. Therefore, I argue that our relationship and my subject position impacted how Kessa related to the pain of guilt. Let me now detail this argument.

Within the interview our friendship manifested as an absent presence or an implicit relation. Through a Kleinian framework we might read friend as a good object. Like the people in the external world who attended to Kessa when she was lying on the floor after the tackle, and like her kind internal father who shares in her sorrow, good objects are supportive and are associated with feelings of trust and security; one can be vulnerable in their presence (Klein 1940, 359). I was arguably such an object for Kessa. At the beginning of this narrative, which was the last of three I said: "So now I want you to tell me about your third pain experience," to which she responded:

Third one, yeah, which I kind of left for the end because I wasn't sure if you were going to ask me all of them. And I think I had a

more of a willingness to talk about the first two, because this was kind of – I mean it was a while ago, but it was a fairly emotional – traumatic maybe (laughs) experience.

There is a sense in which this story is harder for Kessa to tell because of its emotional qualities. Despite her feelings of vulnerability she tells me this story. Although I did not know this story prior to the interview, Kessa and I had talked previously about what it was like and what it meant for each of us to have a parent die. The context of these earlier conversations was as friends. It is not surprising, then, that in this more formal interview conversation our friendship is returned to.

At one point during the telling of this narrative, Kessa makes specific reference to speaking to me as a friend. This reference occurred after I had the impression that she had fully told me about her experience and I asked, “Is there anything else you want to tell me about this experience?”<sup>74</sup> When I posed this question to Kessa, she responded:

Looking back, I felt insensitive going to play a rugby game when my dad had just died. I was like – that was – aaah – that was a really kind of shitty thing to do. Like, I should’ve – I should’ve dealt with it. I should’ve grieved. I should’ve, you know, done what people do when someone dies. Erm interestingly I also found [out] a while later when someone close to my dad died he went to work the next day, did something very similar. So I thought that was neat, like kind of a parallel between me and him. So it didn’t

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<sup>74</sup> I used this practice in all of my interviews; doing so signaled to the narrator that I thought they had told me everything they wanted to say, but also invited the narrator to address whatever else might be important to her.

actually make me feel all that bad erm in terms of my respect for him – or like my – because I think he would have understood, erm...that’s not really – that’s more telling you as a friend than you as research[er]...

It seems that while this further comment on feeling her actions were insensitive relates to her father, this notion of telling me “as a friend” is also significant. What does it mean to address me as a friend rather than a researcher? In some way, these are different subject positions, but arguably I was implicitly and simultaneously occupying both of them. We did not stop being friends during the interview, but interviewing Kessa about her experiences of pain involved her experiences being the sole subject of conversation. The distinction between speaking to me as a friend more than as a researcher inaugurated a splitting of interviewer and friend, and with the friend as the good object, this created the possibility for the interviewer in contrast to become a bad object.

The explicit reference of friendship emphasized how friendship had been an unarticulated presence in the interview. As an absent presence, that friendship was under the surface of the conversation, contouring it in some way, providing a point of reference to our conversation, but it did not become more explicitly present in how *I* then responded to this part of Kessa’s narrative. Instead, solidifying the subject position of interviewer, I was more attentive to asking after Kessa’s initial remarks about insensitivity. I asked: “Did that affect you in the game – feeling that ‘Maybe it’s insensitive for me to have played?’” As an interviewer, I consciously felt curious about the idea that her actions were



insensitive, and given how the events unfolded in the game, I wondered if she had had this feeling at the time of playing.

My responses to Kessa in the interview are events in Kessa's external world, but arguably, my response here re-iterates and further emphasizes the distinction she (verbally) made between friend and researcher, which in Kleinian theory has a corresponding distinction in her internal world. If, in her internal world as a friend I am a good object, now emphasized as different, I would now be split, and become viewed as a researcher without the qualities of a friend, hence I become a bad object. Where calling upon me as a friend may have anticipated from me a more caring and sympathetic response, my question (as researcher) may have meant that Kessa experienced a sense of accusation and persecution: I ask because I think she would have or should have felt insensitive in the game. Such intentions of a bad object asking an accusatory question may have resonated with the notion of Kessa's phantasied persecutors that I described in my first reading of her narrative. In this reading, friend now split from researcher, and friend now silent, the persecuting researcher comes to dominate her internal world informing her perception of me in the external world. Now appearing to affirm Kessa's distinction between friend and researcher, and manifesting distinctly as a bad object, my question takes Kessa off guard. Following its articulation, she says: "Sorry what?" and so I repeat myself. It was at this point that she started to tell me how "...there was a bit of five year old stubbornness. Like I'm gonna do this. And you can't tell me I can't do it." Perhaps Kessa's immediate invocation of resisting persecutors is not just

describing the persecutors of the past, but also the current phantasied persecuting researcher. Given that the medium of expression is the interview, the transference is a response to the persecuting researcher in the interview itself. This is one way in which the content of the interview, while being within the framework of Kessa's story of a past event (or series of events) can also reference present feelings and relations, thus contouring how that past is now articulated. This suggests that Kessa's narrative (like any) is not determined by or situated in the past, but is produced through the past and the present.

While our friendship might have initially enabled the telling of this vulnerable story, this history of friendship and being a friend, which had been associated with very different kinds of prior conversations about her father's death, played another complicated role. Kessa brought that relationship, which was currently functioning under the surface, to the surface, and I was resistant to occupying that subject position explicitly. Instead, I returned her painful feelings of guilt to her and, I am arguing, became a bad persecuting object. The object I became for her, began to inform how she related to and narrated her pain. In this case, I am suggesting that the move from friend-researcher to persecuting researcher indexes a difference in relationality that leaves its trace in how Kessa talked about her experiences. Her narration can be thought of as produced in a context of negotiation and exchange, and within that I was not a passive listener. In fact the kind of listener I was, was negotiated through the narrative, as Kessa called upon me as a particular kind of listener and in my response to that calling. In my final reading I turn to consider my own subjectivity in relation to the

exchange and negotiation of the narrative and my position as friend-researcher / persecuting researcher.

Transference Three: Countertransference in Intersubjectivity<sup>75</sup>

There are those who justly argue that pain is remarkable for how it is private (Scarry 1985). Fully sharing or conveying one's pain is not possible because words cannot capture it. In fact, as Scarry (1985) so meticulously details, in several ways pain breaks down language.<sup>76</sup> Nevertheless, pain, through its narration can also invigorate another's pain. In this reading of countertransference, I argue that Kessa's discussion of guilt touches upon my own painful experiences of guilt. Furthermore, she brings me into relation with my own pain on different and difficult terms. Responding to this difficulty and within the confines of the interview, I am only able to relate to my pain *through* her / her narrative. This reading of countertransference then, adds another layer to the social life of pain, and offers us a view on how one pain might affect the rendering of another's pain, in a social context, when it is too painful or (for other reasons) refused a more direct encountering. Consequently, this reading is belated. None of the ideas for it came from my initial thoughts about the interview

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<sup>75</sup> As a reading of counter-transference this references my own un-worked through issues, which were not (and still are not fully) consciously available to me. It was only through talking to my academic supervisor and another graduate student who works with psychoanalytic theory that it became possible for me to construct this partial reading. I arrived at this reading through these two people giving back to me in different ways bits of anxieties that I was complaining about.

<sup>76</sup> Scarry (1985) discusses physical pain, and in writing about guilt, I am writing about a more obviously emotional pain, nevertheless, I think many aspects of Scarry's argument also hold with emotional pain and pain that has both physical and emotional aspects. I also suggest that how one's pain can invigorate another is relevant for both the physical and emotional. For example listening to how another articulates their experience of physical pain can change how one relates to their physical pain.

or early analysis of the transcript. Fragments of this third reading emerged from the first reading, but this third reading only became intelligible through and after the writing of the second reading.

To read how I (unconsciously) related to Kessa's comments on friendship and my own guilt related to mourning as examples of countertransference, I draw upon several post-Kleinian thinkers, including Winnicott (1947), Bion (1967) and Young (2006). In *Hate and the Countertransference*, Winnicott understands hate as inevitable in therapeutic relationships as well as in being with others in general.<sup>77</sup> Thus at various points in therapy the patient inevitably stirs up feelings of hate in the analyst. Only if the analyst has worked through past hate and is able to tolerate his or her own hate, can hate "belonging to past and inner conflicts" (200) not be transferred to the patient when "new" feelings of hate are stirred up. Hate is not the only feeling that is hard to tolerate. As Klein (1935, 1940) explains in her theorizing of the depressive position, guilt also plays a lively role in the unconscious, precisely because it is painful to reckon with. I bring Winnicott's ideas about hate and countertransference to think through how both a past conflict with guilt and a present inner conflict with guilt might have played out in how I conducted the interview with Kessa. That is, I am suggesting that Kessa, through her narrative, may have stirred up painful feelings of guilt in a "new" way for me,

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<sup>77</sup> For Kleinian informed psychoanalysts, hate refers to emotions and reactions that emanate from the death drive. This includes, for example persecution, frustration, anger, aggression, and fantasies of attacking and destroying objects. Winnicott (1947) distinguishes between what he calls subjective and objective hate. Objective hate refers to hate that is appropriate to the situation, for example, if someone were to treat you very badly the hate you might have towards that person will (at least in part) be objective. Subjective hate refers to when feelings and reactions of hate emerge as out of proportion or inappropriate to the present situation; this happens as a result of transference, when past un-worked through hate is invigorated by the present situation.

which I then unconsciously express through how I responded to Kessa's narrative and consciously now endeavor to explicate.

Young (2006) describes countertransference as a species of projective identification, so I now turn to several Kleinian theorists to elaborate on Klein's (1946) concept of projective identification. Explaining the facility of projective identification, Bion (1967) states, "Projective identification makes it possible for [me] to investigate [my] own feelings in a personality powerful enough to contain them" (106). Projective identification is therefore a strategy for dealing with feelings that are in some way too much for the ego. According to Hinshelwood (1989), Bion further distinguishes between projective identification that is defensive and that which is communicative. In the former, the ego is violent in its attempt to evacuate a painful state of mind, but in the latter, projective identification is a means to communicate a state of mind to another. Notably, in any one instance of projective identification both motivations may be at work (Hinshelwood 1989, 184). Klein's (1946) original formulation of this concept speaks to the defensive aspect of projective identification, in which she describes how the bad part of the self is put *into* the other: "bad parts of the self are meant not only to injure but also to control and take possession of the object" (8). With a more communicative motivation, feelings are projected into a person who is entrusted with them, someone who is believed to be capable of bearing them (Young 2006, 63). When either motivation is active that which we cannot contain is at play: "[w]e unconsciously project into that person's unconscious and call up what we want to evoke from their range of potential responses" (Young 2006, 63-

4). This last point is significant; we project into others when we have a good idea that they will accept the projection and give the response we seek. Two obvious factors here include drawing upon socially sanctioned discourses, and, if we are projecting into people we know, we may draw upon our knowledge of how they emotionally respond and the kind of emotions they can tolerate and express.

Winnicott's (1947) discussion of countertransference and the Kleinian concept of projective identification provide a useful set of terms for thinking through how my social interaction with Kessa produced and re-oriented my relationship with painful guilt. Kessa's narrative indexes feelings of guilt in relation to her father, but I am suggesting it might also be read as indexing my own stirred up feelings of guilt. Following Winnicott, there are perhaps un-worked through feelings of guilt "belonging to past and inner conflicts" (Winnicott 1947, 200) that compel my use of projective identification in the interview: first, my past relation to guilt and mourning, and second, resisting Kessa's calling upon me as a friend during the interview. It might be helpful to provide a little context to both of these suggestions, as they do not have explicit reference in the interview, but are likely to have been unconsciously at work at the time. As mentioned earlier, Kessa and I share the experience of losing a parent as young adults, but what is not mentioned is my experience of mourning. On the evening of the day my mother died, I played pool at a bar with my friends; it had never consciously occurred to me to feel guilty about this, but that does not mean I do not have feelings of guilt about this issue.<sup>78</sup> Given that Kessa brought this

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<sup>78</sup> That day my mother sent me home from the hospital. She was having trouble breathing. I was worried that she might die, but I also could not really believe that either. I was very unhappy that

idea up in relation to several people she discussed it with, she might have touched upon unconscious feelings of guilt about my own desire to escape mourning. With regard to being spoken to as a friend, following the interview I felt very conflicted about not having responded differently. It is a feeling of having let my friend down, and I still feel that when I think about the interview.

The first conflict references a past issue of guilt, the second a current inner conflict (during the interview). If such feelings of guilt were too much for my personality to contain, I might split them off and project them elsewhere, in order to be able to encounter them. Following this logic, I would have projected them *into* Kessa, because I already know Kessa can contain feelings of guilt; in the interview she has already indicated that this is an emotional response within her repertoire of responses concerning her actions following her father's death.

To pursue the idea of my guilt referencing my own past guilt relating to mourning, my motivations could be either defensive or communicative, or both. If the un-worked through guilt Kessa (and her narrative) touches upon is unbearably painful, I may violently evacuate my state of mind and seek to control and injure Kessa, psychically speaking, as a means of keeping my painful guilt at bay.

However, it is also likely that this is a communicative strategy; in not feeling that this interview is the place for me to speak about my experiences of guilt about not mourning, perhaps I use projective identification to communicate to her that

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she sent me home, I felt like she did not want me there. I did not like how she seemed more comfortable being with the nurses when she was very sick than she was with me and the rest of my family. It felt to me like a rejection. I was twenty-four years old when this happened, and mum had mostly been staying in the hospital for the last six months. I was in the US when she first went into hospital and my parents decided not to tell me she was ill until I arrived back home. My memory of how I felt and the worries I had the day she died were a consistent memory that was revived for me as I worked through my second and third reading of Kessa's narrative.

which I cannot explicitly say. I stay with the subject of guilt and ask after how it might be at work for her during the game itself, in order to (not) say something about how it was at work in me at times that I cannot mention, at times that I have not until now thought about guilt being at work in me. In the now of this writing I ask: when else was guilt at work? This is my question for myself, but I did not pose it in the interview. Instead, in some way I entrust it to Kessa because I believe she can contain it in her personality and / or in her narrative, and I cannot contain it in my personality and / or in a self-narrative.

The second conflict scenario is the inner conflict that occurs when Kessa addresses me as a friend and I respond as an interviewer. After Kessa has said to me that she is speaking to me as a friend not just a researcher, it is notable that my immediate response was: “Did that affect you in the game – feeling that ‘Maybe it’s insensitive for me to have played?’” If Kessa’s addressing me as a friend stimulated feelings of guilt, perhaps this part of her narrative most resonates with the emotions stimulated in me. I ask this question by re-formulating part of her remark (which she made early on in this excerpt from her narrative) because it allows me to express my guilty feelings about being insensitive to her. Kessa my friend (and good object for me) who calls upon me as a good object for her, whom I fail to respond to on those terms, is now my good object to which I am being insensitive. The speech within the narrative uncannily shows traces of this identification. My question to Kessa blurs the boundary in my identification with her subject position, as I use her word with the pro-noun “me”: “Did that affect you in the game – feeling that ‘Maybe it’s insensitive for me to have played?’”



Now I ask who is the “me” that I am referring to? Within the question, I shift subject positions, from asking her as interviewer, to speaking her words in the first person. In the more defensive use of projective identification, Rosenfeld (1964, cited in Hinshelwood 1989) writes of how there may be a fusion of self with object, and that in part this concerns a defense against separateness (184). The interview and the painful guilt that it brings up for me may well cause feelings of separation anxiety: being separated from my parent, being sent home alone and / or as interviewer not able to connect with Kessa through a more mutual engagement. Such experiences of a separation cause a projective identification that tries to bridge my subject positions as friend and researcher, positions that seem to lose proximity as the pain of guilt goes about its unanticipated social life. Projective identification is a particularly interesting notion for thinking through pain when, for various reasons, conscious expression of that pain is not possible. It suggests that our conscious relationship to pain is not the entirety of our relationship to pain. This raises a number of fascinating questions: how are we to think about unconscious pain? What is the status of pain we may not *know* we have? How might we ethically respond to unconscious pain? If unconscious pain or unconscious aspects of conscious pain emerge (and is perhaps managed) through projective identification – that is, it manifests distinctly in and through relationality – this re-directs us to relationality as being in some sense the location of pain.

### Concluding Ideas

There are two lines along which I wish to make some concluding remarks. First, I highlight what my first reading of Kessa's mourning has to offer the conversation sociologists of sport are having about pain. The second set of ideas I discuss runs across the three readings, and it alludes to the different kind of social understanding I am building about pain (which will continue in the following chapter).

Through a reading of Kessa's experience of pain that listens for the moments in her transcript that index the unconscious workings of pain, I demonstrate how the physical and mental aspects of pain are more complex, intricate and conflicted than sport sociologists tend to suggest. Perhaps one of the most insightful notions that a Kleinian reading of pain offers us is a sense of how pain in sports is not singular, and not simply reducible to physiology. Sometimes athletes, like Kessa, take action on a sports field that appears to demonstrate an adherence to a cultural acceptance of pain and a trivializing of it. However, I argue that such a reading needs to be read alongside others, rather than constitute a hegemonic discourse on pain in sport, precisely because it does not attend to the psychic significance(s) of athletes' agency. In negotiating mourning and its attendant painful anxieties, Kessa acted in way that led to physical pain; the norm in sports enabled this action rather than compelled it. It was the physically painful hit that changed the external conditions, allowing the psychic pain expression, at least temporarily. In some sense, one could say an exchange of psychic pain for physical pain occurred. While it is too simplistic to say one is better, if these

might be the terms on which athletes are sometimes engaging in painful practises this gives pause for thought as to whether scholars should be so quick to conclude that physical pain is a priori “bad”. To suggest that pain is not necessarily a priori bad, is not to jump to the conclusion that it is good; rather it is to suggest that pain and its significance to athletes is not uniform, and a single ethical and political stance on pain in sport does not adequately listen to the complicated meanings of pain.

Second: across the three readings, I present pain as having a complex social life, affecting our perceptions of others, who may in turn affect the intensity or the quality of the pain experienced. I have considered how we might bring pain into social relationships with others, and how, in those relations, people might negotiate, intensify, moderate, or otherwise engage with pain in ways that alter it. This highlights how the emotional dimensions of pain are not fixed. In fact, one might say that the emotional realm is the unfixing dimension of pain, which works on both so called physical and emotional kinds of pain. Pain is not fixed for it can be returned to differently. Others as I have shown can play a profound role in this. We may more or less consciously encounter our pain differently as a result of another’s potential to shift the terms of our relation to pain.

## Chapter Six

### Un/containable Pain: Paranoid-Schizoid Interpretations of Pain

Now the present itself is shown to be the place of struggle and dialogue in the construction of a narrative that gives meaning to the past by writing its retrospective interpretation through the creation of its form. What we thought at first to be a relatively straightforward – albeit mentally and emotionally taxing – recapture of the past turns out to be something quite different: the effort, variously collaborative and agonistic, to construct, interpret, and control the past in the present (Brooks 1994, 64).

### Introduction

How do socially circulating discourses find traction with individual subjectivities? Why do people sometimes wholeheartedly articulate their experiences through a particular discourse and passionately refuse other discourses? What animates athletes' relationships to prevailing sports discourses, particularly when those discourses suggest athletes should tolerate and play through pain? In this chapter, I illustrate how an investment in a prevailing discourse is psychically and socially complex, arguing that we should not assume athletes' practice of playing with and through pain is necessarily or simply indicative of athletes' acceptance of discourses that normalize pain nor of an uncomplicated subjectivity. For, as the epigraph from Brooks (1994) suggests, what is at stake in a narrative about past

experiences (of pain) are not *only* matters of the past; recollections are also present constructions that interpret the past in relation to the present.

Consequently, this chapter follows two lines of argument, both concerned with how the psyche plays a substantive role in how experiences of pain are narrated. First, I develop an argument that emerged as an idea in chapter three: I contend that prevailing discourses function as the terms through which athletes negotiate their psychic relationship to pain.<sup>79</sup> Second, I argue that narratives about the past are nuanced in ways that support a particular interpretation of the present. These lines of argument run through the two readings I offer; however, the second reading builds upon the first. The first reading theorizes the subject's relation to pain and the second explores how the listener is implicated in the construction of these narratives.

This chapter examines the transcript of a wheelchair basketball player, named Chelsea. Chelsea discusses her participation in and views on two different socially sanctioned discourses on how athletes respond to pain as she narrates three experiences of pain. In my first reading I listen for how she expresses the nature of her relationship to pain within her narrations. Her narratives indicate an "acceptance" of pain and injury in sport, and insofar as she explicitly desires to be able to tolerate pain in order to continue playing, she appears to be a good example of an athlete who has "normalized" pain and injury in sport. However, through a Kleinian reading of how her expressions resonate with the dynamics of paranoid-schizoid phantasies, I argue that her articulations of pain and discourses

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<sup>79</sup> The position of discourse I am referring to is how many sport sociologists implicitly view discourses (or ideologies) on pain, risk, and injury as something athletes have accepted and thus understand their experiences through them.

on pain reference her current psychic need to manage and defend against what Klein terms “annihilation anxiety.” Pain, at the same time as being accepted and normalized, is engaged with in complex ways, for it is also divided, idealized and feared.

The second reading adds a further dimension to what might be at work when Chelsea speaks through certain discourses. The vectors informing Chelsea’s narrative path are not only the past and the present; she is speaking to a particular listener. Thus, if we regard Chelsea’s expressions of pain as operating to establish a manageable (psychic) relationship to her pain in the present, what bearing might we imagine a listener has on this relationship? This reading, therefore, interprets how Chelsea narrates her experiences in a way that appeals to me, in both senses of the word. Given that I have argued annihilation to be at stake, I argue that Chelsea narrates in a way that calls upon me as a listener to be complicit with how she constructs pain within her narrative. I use the Kleinian concept of projective identification to interpret how this intersubjective dynamic might be operating.

### Reading Phantasy

Both readings in this chapter are readings of phantasy. The first reading is about a particular style of phantasizing, which Klein calls the paranoid schizoid (P-S) position. The second reading is grounded in a specific phantasy (that pertains to the P-S position), which Klein calls projective identification. Emphasizing these interpretations as readings of phantasy allows for an attentiveness to the constitutive melding of the internal and external, conscious and unconscious, and

perception and action in how subjects make sense of their experiences.<sup>80</sup>

Moreover, the Kleinian notion of phantasy offers terms on which to re-think what might be at stake in (conscious) narratives. In order to further elaborate on this assertion I will briefly explain Klein's concept of phantasy.

The Kleinian understanding of phantasy arguably troubles the dualism of fantasy (as unreal and perhaps trivial) and reality. Moreover, in using the "ph" Klein is marking phantasy as different from our everyday use of the word fantasy, which denotes conscious fanciful ideas. Notably, Klein's phantasy regards the unconscious as always complicating the conscious. Thus, a conventional fantasy / reality distinction cannot be upheld, and without this distinction "reality" cannot be prioritized over or regarded as distinct from fantasy. Kleinian thought suggests that we never experience external (or internal) events without phantasy, because phantasy accompanies all mental activity and underlies all mental processes (Hinshelwood 1989, 32). Phantasy manifests at various levels of consciousness. For example, some awareness of phantasy is evident when we know we are reacting forcefully, and we have a sense that something else is charging our responses. At other times though we are not aware of our reactions being unconsciously informed, instead we are very much caught up in our conscious story of why we react the way we do. A reading of phantasy, then, attends to the conscious story in a way that looks for the phantasies that inform the narrative. As such, reading for phantasy involves bringing a Kleinian lens on unconscious dynamics into conversation with the manifest details in the narrative. An

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<sup>80</sup> The two readings in this chapter could be described as readings of transference, as they are also readings of relationality that inevitably involve bringing the past to bear on the present. For a further discussion of transference see chapter five.

interpretation of phantasy is thus used to elaborate on a subtext that the transcript can be read as gesturing toward.

As mentioned in chapter four, Kleinian phantasy includes both a person's perception and her response to that perception; it is the unconscious storyline that both informs and troubles the conscious story. Phantasy shapes the story but because phantasies are largely unconscious we cannot *tell it like it is*. Within the P-S position, phantasies contend with the threat of annihilation and are therefore defensive in orientation. As I read Chelsea's narrative I at times use the term "defense mechanism," which, to recall Segal (1973), is the actual mental process, whereas the phantasy is the specific mental representation. I consider parts of Chelsea's narrative and implications in the narrative to offer insight into her (possible) phantasies about pain.

Significantly, pursuing the traces of phantasy in this way is itself a phantasized reading of the narratives. My experience of listening during the interviews and being the reader-listener of the narrative in the analysis are not free of my own phantasies, given that these research practices involve my own perceptions and reactions to those perceptions. Thus, in my second reading, which draws on the phantasy and concept of projective identification, I interpret how my own phantasies might be at play during the interview. These readings of phantasy are speculative interpretations about what the workings of pain might mean for the subject and how they are negotiated in the narrator /narratee relationship.



## Narratives

Below are extensive excerpts of Chelsea's narratives, edited to summarize Chelsea's stories and to draw attention to the changing way Chelsea relates to her pain. These stories collectively span ten years of Chelsea's life and range from when she was a stand-up basketball player, to her early experience of being a wheelchair basketball player, to being a very experienced wheelchair player. In the transcript, the first two narratives combined are as long as the third, these proportions are reflected in my presentation of the excerpts.

### *Narrative One*

[In the first narrative Chelsea tells of a stand-up basketball game in which she falls after colliding with another player and hurts her hand]: “[A]utomatically I had a lot of pain...then it sort of ended up very quickly sort of seeming like it wasn't there. Like I could feel that something was wrong with my hand and I could feel that it didn't feel good, but it didn't really distract me very much.” [She played the rest of the game and then in the team huddle about a minute after the game ended, she recalls]: “I just fall to the floor and my – I am just holding my hand, my hand is so painful you know...yeah it was one of the worst...one of the things...you're just cradling your hand 'cause you know every time you even walk it hurts too much. And it turns out like I had just torn three of the ligaments in my hand, you know, and this was twenty minutes

ago”. [This experience really stood out for Chelsea]: “I felt the neurons firing, but it didn’t register as pain...It was totally different than sort of anything I’d sort of remembered feeling before...I absolutely felt like it was firing as if it were pain...but I wasn’t consumed with my hand I wasn’t having a negative reaction to it you know it wasn’t even hurting so much as just you know obviously it was moving differently because the ligaments weren’t there [Rebecca: Right]...but it did feel like it was throbbing or numb or like a lot of things you’d think of pain being painful [Rebecca: right] tingling throbbing whatever it is but without the sense of pain attached to it...Yeah I remember it really struck me”. [She then explained this disengaged way of relating to her pain as follows]: “your pain is not necessarily going hey this is something you need to focus on, it’s like well I am focusing on something else...I believe that sometimes pain is – the pain the way we feel it – goes through a lot of layers of what we think it means before we feel it...so I think when you’re playing something really important that you are focusing on...I believe that you feel pain less strongly.”

#### *Narrative Two*

“The ball comes the wrong way and I break my finger, so I am doing what I’ve always learned to do in sport...you stop wheeling,

you're, you know, er holding your hand...doing all the grimacing and everything else and this was all sort of to me culturally how you reacted to hurting yourself...you know, the coaches come on...And then no-one came out to see if I was okay." [Initially Chelsea is a bit confused by this]: "[a player] came by and hit me on the back...[and I said:] 'I think I broke my finger' – and the girl looks at me and says 'at least it wasn't your back,' and keeps wheeling...and this appeared to be generally the common feeling...so culturally the idea of injuring yourself was completely different". [Chelsea contrasts the response to pain between the stand-up basketball community and the wheelchair basketball community as follows]: "[S]omeone goes down and they stay on the ground and people crowd around...make sure they're okay...and then they get up and all the crowd starts cheering...and all the teammates are 'hey are you okay?' ...and there is this sense of this being a very important thing and...the injury's very serious...and if you decided to come back on then it was because you were really tough...you have to have it taped up so people really know that you – you're really tough." [Then moving onto wheelchair basketball she says]: "So there's this completely opposite culture...pretend it doesn't hurt...go on like nothing happened, you know, and then any sort of showing...going down or grimacing or shaking it or anything like that was really looked

down upon in that community. Kinda like ‘oh give me a break’.

It’s sort of Prima Donna you know – ‘yeah, yeah I know you hurt your finger, you know, we all know...if you don’t want to play, don’t play – sit on the sidelines, we’ll put someone else on’...It was a totally different way of dealing...with injury, but I was actually quite hurt [laughs] I was like what do you mean no-one’s going to make a big deal of me, I mean I just sacrificed my finger for the team [we both laugh] and no-one cares!...but markedly from that point, to when I realized when I had to keep playing and no-one was going to make a big deal of it, it is actually amazing how less consuming the pain actually seemed than when it was...supposed to be consuming, you know when everyone else is sort of making a big deal of it...I think a lot of injury in sport tends to be show... this sort of like I hurt myself, this sort of this big [show] around it and with that show not being there I felt almost embarrassed making any show whatsoever.” [Returning to the pain in her finger, Chelsea explains how her perception of her pain changed after people weren’t very responsive to her], “now it seemed like...it still hurt but I was wheeling down the court and shooting and [doing] all these things I would’ve said earlier I couldn’t do...And I wouldn’t necessarily say it was less painful but...I seemed less mindful of it – or less – it seemed less overwhelming...it’s hard to describe right, because it’s a

feeling...my finger didn't feel any different, but my head felt very differently about my finger.”

*Narrative Three*

[In this narrative, she talks about the pain that results from the physical weakness caused by her neuro-muscular condition]:

“What’s been really interesting about this pain is – I find it really, really, really difficult to block out...[Y]ou have my hip coming out of the socket, continually throughout the game, and the nerve pain associated with that...the muscles bruising because they’re being stretched...the muscles I am using, because they are weak...actually start to sort of rip and destroy because they are not strong enough, so it’s really sort of constant. And I think what’s, what’s interesting for me about this is I’ve nev – I’ve never really had a pain that I haven’t been able to...put to the side...its just always present at a level that’s...very mindful and very emotional, and that’s probably the biggest word I can say...every time I feel this pain I know I am getting weaker, and it’s a sort of weakness – a strength that I can’t get back.....this is a degenerative disease...and part of me knows, okay, if it hurts like this it means...the next day’s gonna hurt more and the next day’s gonna hurt more...So there’s certainly a lot of fear around that...so I get out of the game and I can’t walk properly...I’m now using a

wheelchair part-time, you know, probably two years earlier than I probably would've been without the sport...it may well affect my upper body and then finally my heart and lungs...ummm it..it can kill me...it it can kill me through my heart and lungs, but also I have a really huge, I mean if it hits my upper body that's a huge hit on my independence...there's already a lot of things that I love that I can't do anymore because I can't use my legs properly. So as far as just affecting my life it's a pretty huge...bite out of the thing – out of the way I used to live...I'm afraid I won't be able to play anymore and sports have always been part of my life...and what my life is going to be like when I lose that. If I'm going to be in a life where I am dealing with pain 24/7...so I think I'm afraid of just being in pain all the time". [Later she goes on to explain how this pain seems to affect her tolerance of frustrations in the game]: "I start to feel [frustration] come on if people hit my chair in a way that's totally normal...and I get angry at them...I don't actually say anything to them because I'm totally aware that this is just in my own head umm but I feel myself getting angry at them hitting my chair, I feel frustrated at my teammates if they miss a pass. I feel just like my – my thresholds for everything...is so much lower." [She elaborated on why she thinks her thresholds are lower by using the analogy of having four burners available for her attention, saying]: "I feel like three of those burners are taken up

by dealing with the pain and my mind's thinking...okay this hurts first of all and doesn't seem to be able to stop doing that, it's then thinking about...is there any possible way I can do this in ways that hurt least...less. Can I go about this and not hit someone's chair umm you know, and sort of think of actually changing the way I play around that pain, which is again something that I don't usually do." [Later she describes the pain she experiences after playing]: "You know, at least I know when I'm in that pain now...if I am careful for a couple of weeks I can...certainly diminish that pain significantly...you know, uh seeing that light at the end of the tunnel is, I think, a really important thing...right now when I'm in pain or hurting afterwards there is at least this light saying I know that...this pain – I know my muscles will heal if I don't do something...at the same time, there's also this – in the small tunnels there's light at the end, but in the big, big tunnel it looks very dark.....I can recover from, from these instances but I can't recover from this as a life and there's gonna be some day when I won't see light at the end and, you know, I think that's my fear."

*Klein's Narrative: The Paranoid-Schizoid Position*

The theoretical framework through which I read Chelsea's three narratives is Klein's (1946) paranoid-schizoid (P-S) position, which to recall from chapter

four, refers to a constellation of anxieties and defenses that contend with perceived threats to survival. I argue that the pain in Chelsea's third narrative can be understood as signifying a threat to survival, and the pain in her first two narratives represents ideal pain and her ideal relation to pain. I read Chelsea's three narratives as expressing defensive and idealizing phantasies about pain that are a way of managing her pain by managing her relation to it. Moreover, I suggest that these psychic dynamics mediate Chelsea's relationship to the prevailing discourses of pain she discusses.

The P-S position is a management style of the psyche, and in the remainder of this section I explain its logic and sentiment. The major struggle for the subject in the P-S position is the management of the death drive, which manifests in objects. Klein (1946) writes:

I hold that anxiety arises from the operation of the death instinct within the organism, is felt as a fear of annihilation (death) and takes the form of persecution. The fear of the destructive impulse seems to attach itself at once to an object – or rather it is experienced as the fear of an uncontrollable overpowering object (4).

The predicament of the P-S position is the subject struggling with her own destructiveness, even though it is experienced as a struggle with an object separate or separable from the self.<sup>81</sup> In Klein's formulation, the object to which the death drive is first attached is the breast. Experiences of deprivation are

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<sup>81</sup> The bad object will be cast as separate or separable because projection is a paranoid-schizoid defense mechanism that is used to get the bad object away from the ideal object and the ego. Therefore, the bad object is necessarily experienced as a separable entity.



associated with the “bad breast” and good experiences (i.e. when the infant’s needs are met) are associated with “the good breast.” The formation of the categories of good and bad and the maintenance of the distinction between the two are achieved through phantasies and the dynamics of defense mechanisms.

For the purposes of this reading, I focus on four phantasies / defense mechanisms pertaining to the P-S position: splitting, idealization, projection and introjection, as well as how they can be used in concert with one another. Eigen (2006) aptly describes the orientation of the P-S subject’s unconscious use of defensive phantasy when he writes: “If only one can concentrate disturbance, packet it, export it, place it elsewhere” (48). However these defenses and phantasies do not just get rid of a disturbance / threat, they also produce the ideal (good) object. In the face of the death drive it is not sufficient to rid oneself of the threat. Rather, to remove the threat effectively there must be an alternative to the bad; there must be something good. Consequently, Kleinians are very interested in how the subject psychically works on goodness. What’s more, Eigen (2006) considers goodness a quintessential Kleinian theme: “use of goodness to deny, even obliterate, psychic reality. Exaggerated goodness, idealized goodness or an idealizing function of goodness perhaps. Or more profoundly hallucinated goodness, partly built from good memories, perceptions, fantasies” (52).<sup>82</sup> Eigen’s characterization of goodness touches upon the enthusiasm and sense of desperation that underpins the P-S use of goodness. From an analytic point of view, this directs us to attend to representations of goodness for what they might

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<sup>82</sup> Some of Klein’s interlocutors, such as Eigen (2006) do not spell “phantasy” with “ph” and do not provide an explanation in the text as to why they write “fantasy” instead.

be *doing* for the subject. Segal (1973) explains what goodness (in term of the ideal object) *does* for the infant and in turn what the infant *does* for goodness:

The infant's aim is to try to acquire, to keep inside and to identify with the ideal object, seen as life-giving and protective, and to keep out the bad object and those parts of the self which contain the death instinct. The leading anxiety in the paranoid-schizoid position is that the persecutory object or objects will get inside the ego and overwhelm or annihilate both the ideal object and the self (26).

The P-S ego is thus in a precarious and conflicted position. The P-S ego wants the good inside, it wants the protection the ideal object provides, but the ego must also protect the ideal object. The ego must fragment; it must reject parts of itself that threaten the ideal object and the ego. Thus, both defensive disintegration (fragmenting the ego) and enhancing goodness become comprehensible responses to threats.

In characterizing the subject as managing conflict, I emphasize the creativity necessary for dealing with perceived threats to survival. A P-S reading of Chelsea's pain explicitly orients us to how Chelsea encounters her pain in the narrative in active and creative terms, where pain is worked with, construed and made into a certain kind of "reality," and the means for this are both psychic and discursive. That is, her evaluation of and relationship to two different prevailing discourses on pain in sport are bound up with her own psychic need to establish and protect ideal pain and the possibility of an idealized relationship to pain.

### Reading One: Paranoid-Schizoid Phantasies of Pain

My first interpretation of Chelsea's narratives reads how she characterizes her experiences and views of pain. Through a Kleinian lens I re-narrate her experiences of pain for how they resonate with the notion of "bad" and "good" (ideal) objects. I suggest she manages pain as an object in ways that try to eradicate the bad and enhance the good. On these terms, I encounter her narrative as a re-presentation of her past experiences of pain, in ways that facilitate how she copes with her current experiences of pain.

Reading Chelsea's narratives through the lens of Klein's (1946) P-S position suggests the pain in Chelsea's third narrative is the object to which the destructive impulse has become attached. She struggles with this pain because it absorbs her attention, and stirs-up difficult associations and emotions:

[E]very time I feel this pain I know I am getting weaker and it's a sort of weakness – a strength that I can't get back...this is a degenerative disease...and part of me knows, okay, if it hurts like this it means...the next day's gonna hurt more and the next day's gonna hurt more...So there's certainly a lot of fear around that.

Some of Chelsea's fears about her pain concern how it signifies increasing weakness, pain and physical degeneration. In the short term she goes on to explain that she can get some respite from her pain, but in the long-term this pain and the degeneration it indicates signifies her mortality:

[A]t least I know when I'm in that pain now...if I am careful for a couple of weeks I can...certainly diminish that pain

significantly...seeing that light at the end of the tunnel is, I think, a really important thing...I know my muscles will heal if I don't do something...at the same time, there's also this – in the small tunnels there's light at the end – but in the big, big tunnel it looks very dark.....I can recover from, from these instances but I can't recover from this as a life and there's gonna be some day when I won't see light at the end and, you know, I think that's my fear.

This predicament, of being able to reduce her pain in any instance, but not being able to recover from this as a life, echoes Eigen's (2006) characterization of the death drive:

It is as if the death drive is more basic and powerful and the life drive tones it down for a time. Life as a defense against death, a postponement. One reason we feel the press of time is that life is hard pressed to keep up with death (48).

Chelsea's pain can be diminished and her degeneration postponed by being careful and limiting her physical activity. This control of pain makes her feel that in the, "small tunnels there's light at the end." In Eigen's language though, the light in the small tunnels only amounts to toning down the death drive for a time. However, knowing she is weakening and not able to "recover from this as a life," we might read her expressing how she is, "hard pressed to keep up with death" (Eigen 2006, 48).

If read as an object, this pain is reminiscent of Klein's notion of a persecutor, a bad object, which is felt to cause frustration and attack the ego. This

particular kind of pain is different from other pains for Chelsea, because it overcomes her capacity to control it: “I find it really, really, really difficult to block out...I’ve never really had a pain that I haven’t been able to...put to the side”, and to recall again, “every time I feel this pain I know I am getting weaker, and it’s a sort of weakness – a strength that I can’t get back”. This pain frustrates Chelsea because unlike previous experiences of pain, she cannot block it out. This pain can also be understood as attacking because it literally weakens her, hurts her, and she regards its effects with fear. The pain appears to have a potency that is felt to be more prevailing than Chelsea’s resistance to it. The difficulty of the P-S position, indeed of the reading I have offered so far, is how very hopeless and fatalistic it seems. Importantly though, the ego does not respond with despair in this mode of relating, but rather is moved to action. While Chelsea’s pain seems to signify the operation of a destructive force that she cannot fully diminish, handling the anxiety entails multiple psychic strategies that partake in this very task.

I suggest that Chelsea’s key defensive strategies for managing her anxiety about her current pain are indexed in her first two narratives. I argue, through Kleinian logic, that Chelsea does her psychic work with goodness in the first two narratives. Pain in these narratives is not associated with annihilation, instead pain is characterized in a markedly positive way. Her pain is characteristically something she can overcome, she controls her response to it, and it is void of emotions and associations.

The implicit but key distinction that Chelsea makes between the pain of her first two narratives and the pain of her third narrative is whether or not the pain disturbs her and takes up her attention. In her first two narratives, Chelsea describes two remarkably similar experiences of pain. In the first narrative she says:

[A]utomatically I had a lot of pain...then it sort of ended up very quickly sort of seeming like it wasn't there – like I could feel that something was wrong with my hand and I could feel that it didn't feel good, but it didn't really distract me very much.

In the second:

I wouldn't necessarily say it was less painful but...I seemed less mindful of it – or less – it seemed less overwhelming...it's hard to describe right, because it's a feeling...my finger didn't feel any different, but my head felt very differently about my finger.

A crucial quality of this pain is the absence of affect; she feels it, but the pain is not weighed down with all sorts of meanings and implications that make it difficult to block out. We might say the pain in these renderings is *pure sensation*. These experiences of pain are the polarity of her present pain. To further consider the significance of the oppositional character of Chelsea's narrations of pain, I turn to the Kleinian mechanism of splitting.

Splitting is a psychic way of preserving the good by separating it and distancing it from the bad. Across these three narratives, pain, as a phenomenon, can be read by the Kleinian as split into good and bad objects. In narratives one

and two there is good pain; this pain can be blocked out and it is void of emotional potency, and in narrative three there is bad pain that demands her attention and it is heavily laden with difficult associations and emotions that lead to annihilation anxieties. However, there is also a deeper level of splitting that can be interpreted in Chelsea's good pain. The constitution of good pain itself entails the separation of physical sensation from meaning and affect. Moreover, this deeper splitting is necessary for the constitution of good pain itself.

While both kinds of splitting (good from bad and meaning / affect from physical sensation) work to achieve the necessary distinction between good pain and bad pain, the defense of idealization also operates to increase the protective power of the good object. In reference to the breast as an object, Klein (1946) explains: "Idealization is bound up with the splitting of the object, for the good aspects of the breast are exaggerated as a safeguard against the fear of the persecuting breast" (7). If we consider Chelsea's descriptions of pain from her first two narratives in a little more detail it is arguable that they present a thoroughly idealized image of pain.

We might regard the good pains of Chelsea's first two narratives as ideal because they describe a counter-intuitive experience of pain and relationship to pain. They sound like painless pains, remarkably similar to morphine treated pain, where the person is consciously aware of the pain, but it does not seem to bother her (Barber 1959, 452; Bakan 1968, 86). There are also resonances with cultural representations of how heroes apparently experience pain. Heroes may momentarily respond to pain as painful, but it does not distract them from the task

at hand; they appear to carry on with no fear, nausea, emotion or agony.<sup>83</sup>

Likewise Chelsea's ideal pain does not stop her from what she is doing; she can withdraw her attention from this pain. Thus, ideal pain is emptied of many of the qualities that make pain noxious – its force, meanings and affects.

Following Klein's ideas about idealization, we may theorize Chelsea's decision to talk about these two experiences of pain as psychically significant, and even psychically necessary, given that her third narrative describes a pain that causes her fear about her own mortality. Moreover, Eigen's (2006) tracing of Kleinian thought suggests: "idealization, idealized good feeling – binds or counteracts persecutory anxieties. Idealization and persecution act as two sides of a split coin: exaggerated good breast or object protects against annihilating bad breast or object" (51). Attending to these two ideal pain experiences provides Chelsea with an understanding of pain and a relationship to pain that involve significant feelings of safety. Eigen (2006) evocatively phrases the function of ideal objects as, "islands of goodness in a sea of destruction" (49). One way we can understand the ordering of Chelsea's narratives is that she needs to psychically establish these islands of goodness, before venturing into the sea of destruction – her third narrative.

In addition to Eigen's (2006) image of the necessity of ideal objects, Klein (1946) illustrates another way in which a necessary proximity to the idealized object is sought, which is also arguably evident in Chelsea's narration. Klein

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<sup>83</sup> By heroic pain, I am thinking of cultural representations of pain in which the heroic characters may experience something that we would expect to be painful, such as being in a fight or being shot, but they continue with their tasks as if not suffering any pain or as if able to put it out of their minds. Jack Bauer from the television show 24 and James Bond exemplify this image of and relation to pain.



states: “in states of frustration or increased anxiety, the infant is driven to take flight to his internalized ideal object as a means of escaping from persecutors” (9). The idealized object, in this case ideal pain, is kept close by being internalized. This brings us to the mechanisms of introjection and projection – which in this case refers to the taking in of the good and the expelling of the bad.<sup>84</sup> This enhances the distancing work of splitting by adding a spatial dimension to it.

Starting with projection, I read this defense into Chelsea’s first two narratives through her positioning of the difficult qualities of pain as having particular direction / location – they are “blocked out.” A second place where we can interpret the transcript as indexing the mechanism of projection is when Chelsea speaks of getting angry with other players:

[I]f people hit my chair in a way that’s totally normal...I get angry at them...I don’t actually say anything to them because I’m totally aware that this is just in my own head umm but I feel myself getting angry at them hitting my chair, I feel frustrated at my teammates if they miss a pass.

Here, then, we might regard the transcript as referencing projection. Chelsea is actually frustrated with the pain she experiences (and all that it means to her). However, it is anxiety provoking to have the badness within her, and so she exports the badness outside and consciously perceives the frustration from a more distant and an external location – the actions of other players. Interestingly though, Chelsea recognizes she is projecting (“this is just in my own head”), and

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<sup>84</sup> Sometimes the bad is taken in and the good is expelled. In such instances the bad might be taken in order to control and contain it, and the good may be expelled so that one feels that there are good things out there in the world.

that other players are not actually the source of her frustration and anger; the acknowledgement of how this frustration comes from herself is psychoanalytically referred to as taking the projection back. The limitation with projecting the bad outside, especially when it is found in the normal behavior of others, is that it disperses the badness all around Chelsea. Perhaps the consequence of experiencing external frustrations that she has no control over is related to why she takes this projection back.

While some of the defense mechanisms of the P-S position re-route threats in simple ways, several defenses may operate together. Indeed, I argue that we can interpret this kind of defensive complexity in Chelsea's talk of the prevailing discourses on pain in the wheelchair and stand-up basketball communities. But first, to elaborate on this kind of defensive organization, let me recall Segal's (1973) articulation of the infant's orientation to the ideal object. She states:

The Infant's aim is to acquire, to keep inside, and to identify with the ideal object, seen as life giving and protective, and to keep out the bad object and those parts of the self which contain the death instinct (26).

Here, introjection, idealization, projection, identification, and splitting all work in concert. Implicit in Segal's comments is Klein's (1946) view, that splitting is never singular: "I believe that the ego is incapable of splitting the object – internal and external – without a corresponding splitting taking place within the ego" (6). Following Klein, then, if we read Chelsea's transcript as indexing splitting pain into good (ideal) and bad objects, we would also expect to see indications of an

analogous split in Chelsea's ego. Moreover, following Segal (1973) we would expect to see the good parts of the self identify with ideal pain, and the bad parts of the self projected because they threaten ideal pain.

We can read the defensive phantasy work that Segal (1973) describes as animating Chelsea's views on responses to pain, in her first two narratives. Bad pain that is consuming and absorbs one's attention is associated with bad parts of the self and Chelsea ridicules and trivializes them when she says:

[S]omeone goes down and they stay on the ground and people crowd around...make sure they're okay...and then they get up and all the crowd starts cheering...and all the teammates are 'hey are you okay?'...and there is this sense of this being a very important thing and...the injury's very serious...and if you decided to come back on then it was because you were really tough...you have to have it taped up so people really know that you – you're really tough.

These parts of the self are caricatured in an impersonal way as "someone," this externalizing casting is consistent with Segal's (1973) claim that the protection of the ideal object requires the bad parts of the self to also be kept "out." In Chelsea's rendering, these bad parts of the self embellish pain and seem childishly wanting of attention.

Chelsea refers to herself as relating to pain in a "bad" way when she played stand-up basketball, as well as when she was new to wheelchair basketball.

She describes the sentiment of disapproval she received when relating this way to pain in wheelchair basketball:

[A]ny sort of showing...going down or grimacing or shaking it or anything like that was really looked down upon in that community. Kinda like ‘oh give me a break.’ It’s sort of Prima Donna you know – ‘Yeah, yeah I know you hurt your finger, you know, we all know...if you don’t want to play, don’t play – sit on the sidelines, we’ll put someone else on’.

Notably, physical expressions that call attention to one’s pain are assumed to be unnecessary and overly dramatic. Commenting on her own such expression, in response to breaking her finger, she says, “with that show [i.e. the response of others] not being there, I felt almost embarrassed making any show whatsoever.” Chelsea’s embarrassment indicates her own shift to disapproving of those bad parts of the self that call for attention.

A further difficulty with this bad self and its way of relating to pain, and perhaps why Chelsea must reject it, is that Chelsea regards it as facilitating an experience of pain that is consuming:

I realized when I had to keep playing and no one was going to make a big deal of it, it is actually amazing how less consuming the pain actually seemed than when it was, when it was supposed to be consuming, you know when everyone else is sort of making a big deal of it.

In being critical of the stand-up basketball community for how it fosters bad pain and bad parts of the self, it seems that a compassionate regard for her own or other's pain is inevitably foreclosed. However, this binary casting (of good and bad pain) opens a prized opportunity: her agency in the capacity to relate to pain differently. Put in Kleinian terms the ideal self (or ego ideal) is regarded as being able to keep good pain in, and block bad pain out.

I believe that sometimes pain is – the pain the way we feel it – goes through a lot of layers of what we think it means before we feel it...so I think when you're playing something really important that you are focusing on...I believe that you feel pain less strongly.

Significantly, in addition to casting ideal pain and an ideal relationship to pain as possible, she associates it with parts of self that are positioned as more mature, rational, emotionally balanced, experientially reflective, psychologically capable, and focused. Accordingly, this self is capable of determining her relationship to pain, rather than dramatically reacting to pain. Admirably, this self is beyond needing attention, sympathy or praise for suffering. The positive characterization of the self that blocks out pain marks it as the self with whom Chelsea currently identifies. Moreover, we can surmise that she identifies with this aspect of self, because logically speaking it is the self that could potentially "block out" her annihilation anxiety.

Notably, while Chelsea is not able to relate to her current experience of pain (described in her third narrative) with her ideal self, she does position this self as the one with who she identifies. She understands herself as normally being

able to have ideal pain, thus she temporally splits the good self from the bad self along historical lines. The bad self who invited the consuming experience of pain belongs to the time in her life when she played stand-up basketball. Thus, we might also surmise that in the present time Chelsea also projects the bad parts of her self onto the stand-up basketball community, as they are regarded as teaching her this way of relating to athletic pain.

Reading Chelsea's three narratives with an attentiveness to the resonances her expressions have with P-S phantasies inserts an interpretation of how the workings of the psyche are at work in the traction, or lack thereof, with prevailing discourses. I have suggested her purpose is not so much about being able to tolerate pain because that is what she must do for her sport. Rather, I argue that what is more deeply at stake is her own psychic need to defend against the annihilating meanings and associations her pain provokes. Moreover, the phantasy reading I present here offers a sense of the tremendous psychic effort her "acceptance" of pain entails.

In Kleinian theory there are also significant psychic risks in the use of P-S defensive strategies. As Likierman (2001) elaborates, "[Klein] had already thought of splitting mechanisms as severing mental faculties, such as feelings and ideation, from one another. However, if this process worked without hindrance in the mind it would gradually obliterate all awareness" (159-160). In light of this assertion, we might consider my reading of Chelsea's splitting of affect and meaning from physical sensation to describe a psychically risky practice. However, the key process that Klein identified as preventing the psychological

deterioration of “obliterating all awareness” is projective identification. Crucially, projective identification prevents that which is severed from being lost, because what is split off is projected into another object (internal or external) where it is re-discovered. This phantasy, then, might be considered as crucial to the wellbeing of the self when splitting is used to manage annihilation anxiety. Projective identification suggests that the things we find psychically painful to recognize are implicated in our connections with others. We find through “the other” safer ways of encountering pain. To illustrate this assertion, I now turn to my second reading where I interpret Chelsea’s transcripts through the mechanism of projective identification.

#### Reading Two: The Intersubjectivity of Projective Identification

This section theorizes the intersubjective dynamic between Chelsea and me in the interview. I begin by explaining what happens in projective identification and the factors that indicate when this dynamic might be at play between two people. I interpret two instances of projective identification. Each draws upon excerpts from Chelsea’s transcript and my emotional reaction to them. Projective identification, in the sense I use it, describes an active way of communicating that involves the projector unconsciously conveying something in a way that is particularly poignant for the listener.

While there are different understandings of projective identification, the view I draw from here might be best described as evocative (Spillius 1988). Following from the work of Klein and Bion, Spillius (1988) refers to projective

identification as evocative when it operates as an interpersonal process where the recipient of the projection finds herself compelled by it.<sup>85</sup> Spillius (1988)

elaborates:

Bion shows...that in many cases the person doing the projecting acts in such a way as to get the analyst (or other recipient of the projection) to have the feelings appropriate to the projector's phantasy, and sometimes the recipient finds himself feeling pressure to act on the feelings (83).

A key element of this kind of projective identification is that the recipient experiences an affective response that conforms to the projector's phantasy. Bion (1955) offers a clinical example of evocative projective identification. He describes an analytic session where he experienced a growing fear that his analysand was going to attack him. Once this tension had eased Bion observed that the analysand was clenching his fists. Bion interprets that the analysand had taken the projection back and was now feeling afraid that he would attack his analyst. What Bion suggests here is that in cases of projective identification the recipient's emotional experience offers insight into the projector's phantasy.

Learning of the projector's phantasy through the recipient makes sense in an intersubjective context because the basic premise is that we have the capacity to emotionally affect one another. Nevertheless, this raises the question of how we

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<sup>85</sup> One could obviously also call this interpersonal projective identification, but terming it 'evocative' alerts us to the distinction between how the response moves beyond the phantasy aspect of projective identification. The person doing the projecting may have the unconscious phantasy that they are putting something into someone, but in a social interaction if the intended response is achieved it is not because it has actually been put *into* the recipient. It is because it has been *evoked* in the person.



distinguish between emotional experiences that are our “own” from those that are projected “into” us. On this matter Young (2006) is instructive; he writes:

The process is one of the projection finding a home and of unconscious collusion on the part of the person receiving the projection...What is strange in the case of evoked and exaggerated feelings is the intensity. The recipient reprojects a degree of strength of feeling that is surprising, but, though an exaggeration or enhancement, it is still his or hers (Young 2006, 70).

Here, Young explains that the emotional experience in projective identification is not a case of the recipient experiencing emotions that actually come from outside – from the projector.<sup>86</sup> Rather, the emotional experience will be familiar and will always already be a potential within the recipient. But what is distinct about the experience of receiving a projection is the intensity with which the emotions are felt. We might infer that this intensity occurs because the projection touches upon something meaningful in the unconscious. Indeed this is why the recipient is compelled to have the emotional experience the projector intends.

Brenman Pick (1988) further explains the notion of projections meaningfully connecting with the recipient’s unconscious in her comments on the experience of evocative projective identification in the clinical context:

[T]he patient does not just project into the analyst, but instead patients are quite skilled at projecting into particular aspects of the analyst...the patient projects into the analyst’s wish to be a mother,

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<sup>86</sup> The phantasy element is that it is only in unconscious phantasy that the projector feels she has projected certain emotions into the other. In actuality though, the recipient is available to have the anticipated emotional response.

the wish to be all-knowing, the wish to deny unpleasant knowledge... Thus, patients touch off in the analyst deep issues and anxieties related to the need to be loved and the fear of catastrophic consequence in the face of defects (41).

Following Brenman Pick, I take evocative projective identification to be a communication skill that involves the perceptual competence of grasping what is deeply meaningful to the other person – her unconscious anxieties and wishes. Thus, projective identification may find expression in the subtle workings of sociality. If a projection is successfully evocative it can be expected to leave its traces in speech and in the listener's emotional responses. Thus in order to read the dynamic between Chelsea and myself through the logic of this concept, I interpret parts of Chelsea's transcript in conjunction with my own affective responses during the interview.<sup>87</sup>

Turning now to my first reading of projective identification. This interpretation first occurred to me because one of the unique features of Chelsea's interview is that she told me about her pain in terms that resonated with the theoretical framework I was invested in as a researcher when I began this project. Moreover, I recall feeling enamored with Chelsea's characterization of her experiences.<sup>88</sup> While I assume that Chelsea is sincerely invested in a similar

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<sup>87</sup> These initial affective responses are memorable because they are often revived when I read the transcript.

<sup>88</sup> My approach of reading the psychic workings of pain developed after conducting the interviews. And this leaves me wondering two things. How might Chelsea's narrative have been different if I she knew of my turn to psychoanalytic thought at the time of the interview? Second, might my turn to psychoanalytic thought have something to do with Chelsea articulating her experiences in a mode that I felt was too close to my own theoretical perspective? That is, did I as a researcher feel required but unable to say anything new about Chelsea's narratives if read them through a more post-structural perspective?

perspective to my own, I also think there are many ways she could have framed her experiences. So rather than taking this similarity between Chelsea and me at face value, I think it is both important and productive to ask after what might be at stake in her use of this particular discourse, and what psychic value this commonality might have for Chelsea and me.<sup>89</sup>

There are three passages in the transcript that particularly evoked my feeling of being enamored with how Chelsea reflected on her pain. In the first of these excerpts, Chelsea says: “I believe that sometimes pain is – the pain the way we feel it – goes through a lot of layers of what we think it means before we feel it.” Unlike my other interviewees and more like the cultural theorists of pain that I am most inspired by (see Chapter one), Chelsea talks about how pain is experienced through discourse, and suggests that experience itself is inherently a matter of interpretation. In the second of the three excerpts, she further elaborates on her claim by explaining how the social context is implicated in the “layers” of meaning pain “goes through”:

I am doing what I’ve always learned to do in sport...you’re, you know, er holding your hand...doing all the grimacing and everything else and this was all sort of to me culturally how you reacted to hurting yourself.

Her description refers to the expressive or demonstrative response to pain that she “learned” within the able-bodied basketball community. This socially sanctioned response is situated as key to the meaning pain has. Moreover, she considers this expressive response a “culturally” established way of reacting to pain. In contrast,

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Chelsea then describes the wheelchair basketball communities' normative response to pain:

So there's this completely opposite culture...pretend it doesn't hurt...go on like nothing happened, you know, and then any sort of showing...going down or grimacing or shaking it or anything like that was really looked down upon in that community...

And once she had taken on these new layers of meaning, she explains:

...markedly from that point, to when I realized when I had to keep playing and no-one was going to make a big deal of it, it is actually amazing how less consuming the pain actually seemed than when it was, when it was supposed to be consuming, you know when everyone else is sort of making a big deal of it.

In these three excerpts, Chelsea illustrates the significance of cultural norms and meanings in an athlete's experience of pain, asserting that participating in these norms actually makes pain more or less consuming. The social norms and values are articulated as the key set of meanings through which the experience of pain itself is constituted. Moreover, even though she is clearly talking about experiences of "physical" pain, her comments prioritize interpretation and social context over the physiological factors that constitute experiences of pain. At the time of the interview Chelsea seemed to me a perfect interview subject, one whose transcript already said what I wanted to argue.

We might situate Chelsea's analysis of her experiences of pain as addressing both my interests as a researcher as well as reflecting her own

background. Chelsea holds an undergraduate degree in sociology. Having known me for several years, Chelsea also came to the interview with a good sense of how I might be studying pain. She knew that I was in a sociology department and that I was invested in post-structural thought. Specifically, she knew I was researching the meanings pain has for people. Thus, Chelsea is in a position where she may not only reflect on how discourse is implicated in experience, but she has the vocabulary and knowledge to connect with my own cherished discourses on pain.

From the perspective of projective identification, rather than take the commonality in perspective between Chelsea and me as pre-existing this moment, we would ask what establishing this commonality through her narration might *do* for Chelsea and me. Following Young (2006) and Brenman Pick (1988) we might wonder: How do Chelsea's articulations collude with my unconscious? What wishes and anxieties of mine do Chelsea's analyses of pain touch upon? And, why might she do this? Now, as a reader-listener, I offer some tentative answers to these questions.<sup>90</sup>

Turning first to the wishes and anxieties I have about my research. We might speculate that Chelsea touches upon a wish for my theoretical perspective on pain to be affirmed. Her articulations iterate a social perspective on pain; pain experiences manifest in and through how pain is interpreted and social context is key to those interpretations. Chelsea's assertions also relieve the anxiety that my theorizing has nothing valid to say about experiences of pain.<sup>91</sup> Another anxiety

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<sup>90</sup> These tentative answers are in part available to me because at this point in the research I am not as afflicted with the anxiety side of these investments as much as I was at the time of interview.

<sup>91</sup> Recalling from chapter one, Morris (1990) explains that socio-cultural analyses of pain are marginalized relative to medical discourses on pain.

that Chelsea addresses, specific to interview research, perhaps more so in open-ended interviews, is the worry that my interviewees could speak about pain in a way that undermines or is incommensurate with the work I have done thus far. Chelsea reduces these anxieties, for she arguably goes beyond providing a transcript that can be interpreted through a post-structural approach to actually thinking and demonstrating this approach through her first two narratives. Moreover, if Chelsea does show pain to be social, not only does this indicate pain is worth studying from that vantage point, but it gives me hope that something worthwhile might really come from my research; that is, social analysis can offer some kind of positive possibilities for peoples' suffering. Another deep wish that could be at work here (perhaps for Chelsea too) is that the validity of theorizing phenomena as socially constructed touches upon another kind of hope; if phenomena are unstable rather than determined, if things are social and thus changeable, there is the hope that things can be different, that pain can be different.<sup>92</sup>

Attending to what might be at stake for me when Chelsea affirms my views on pain speaks to why I have the emotional reaction of feeling so enamored with what she says in the interview. That affect arguably indexes a gratifying shift for me in the balance of the wishes and anxieties that I have about the value of my research. Thus I found myself "loving" how she characterized her experiences of pain. Yet, following Brenman Pick (1988) we might interpret my intense positive affect to occur because Chelsea is projecting into the wishes and anxieties I have

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<sup>92</sup> Following this logic, it occurs to me that being invested in post-structural theorizing may be about a deep hope for the possibility of a change in norms or a change in how people relate to norms.

about my research. Reading Chelsea's expressions on these terms brings us to the question of why Chelsea would be inclined to speak about her pain in a way that harmonizes with my views.

Thus, I now turn to thinking about what might be at stake for Chelsea in establishing this commonality. The emotional responses I read Chelsea to have successfully elicited in me are enamored and affirmative feelings about how she characterizes her pain. I suggest that luring these feeling to the surface positions me, through my own wish to see pain as socially constructed, to affirm her casting of idealized pain as a possible reality. The P-S orientation suggests that under the threat of annihilation whatever psychically helps to eradicate the bad and enhance the good/ideal will be done. Therefore, from a P-S perspective we might interpret that Chelsea interpellates me for how I might help with that task. At the time of the interview Chelsea was in the midst of the constant work of fending off the death drive (in the form of bad pain) and this task is like bailing water out of a sinking boat. Thus, I assume that in telling me about these experiences, Chelsea not only looks to me to help bail, but is also compelled to express herself in a way that incites my own need to do so.<sup>93</sup>

Recalling that a socially constructed view of pain enables Chelsea's ideal pain to exist, a Kleinian might interpret that the substance of what is projected by Chelsea are ideal parts of her self. Following Segal's (1973, 43) logic here, discussed in the first reading, the ideal parts of the self are identified with the ideal object and the bad part of the self with the bad object. Thus we might read

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<sup>93</sup> My reading assumes that what I think of Chelsea's ideal relationship to pain is of some importance to her. This assumption is grounded within the P-S logic I am reading through.

Chelsea's ideal aspects as identified with what she sees as the ideal aspects of my self, the part of my self that is a researcher. This aspect of my self is ideal because it affirms the logic and possibility of Chelsea's ideal pain.

The focus on the ideal arguably points us toward understanding this interaction as an example of a positive projective identification (Hamilton, 1986), though, to be cautious, such an assertion depends on the extent to which idealizing is driven by libidinal impulses and the extent to which it is driven by anxiety, and of course both could be happening simultaneously. However, we might interpret this projection as more libidinally motivated because my emotional experience (the countertransference) was substantially positive, which is coherent with me being treated as a good object (Hamilton 1986, 490).

While the logic and possibility of ideal pain are affirmed through this first projective identification, it does not eradicate bad pain. If anything, this positions ideal pain and bad pain as similar potentialities, because social construction indicates that pain is open to being interpreted and constructed in various ways. Necessarily, then, Chelsea needs to work on bad pain to reduce its threat and to secure ideal pain, and following the P-S logic I am suggesting that Chelsea's investment in how pain might be socially constructed would be for how it could facilitate eradicating bad pain and constructing an ideal relation to pain and therefore good pain itself. Moreover, as Joseph (1987, 140) explains, we might understand any instance of projective identification to be one part of an omnipotent psychic balancing act. Thus, a single use of projective identification



would be seen as part of a broader strategy to emphasize and protect the ideal. This brings me to a second reading of projective identification.

This second interpretation of projective identification occurred to me because during Chelsea's second narrative I felt acute embarrassment as she talked about how athletes embellish pain. At the time, this struck me as a peculiarly sensitive response, given that we were speaking of Chelsea's experiences. To recall, Chelsea was critical of the able-bodied basketball communities' normative response to pain, and the transcript indicates that she considers this way of relating to pain to bring about bad pain. Moreover, I argued that she distances herself from this pain and this relation to pain by identifying it with a past self and with an able-bodied community, with which she is no longer involved. Her tone is humorously sarcastic as she describes this past self / able-bodied response to pain:

[S]omeone goes down and they stay on the ground and people crowd around...make sure they're okay...and then they get up and all the crowd starts cheering...and all the teammates are 'hey are you okay?'...and there is this sense of this being a very important thing and this – this the injury's very serious...and if you decided to come back on then it was because you were really tough...you have to have it taped up so people really know that you – you're really tough.

As Chelsea told this story it was funny and insightful and familiar to me, even though I had never played basketball. As an able-bodied rugby player I knew this

response to pain and have responded this way myself. My reaction to this commentary was a strong feeling of embarrassment. I recall feeling exposed and wondering if Chelsea had ever been to a rugby game in which I had played. I also felt uncomfortable because of how my able-bodied privilege was being drawn to my attention: the embellishing of relatively insignificant pain as if it is a big deal perhaps only appeared appropriate at the time because I had the privilege of not having had pain associated with debilitating consequences.

Following the logic of projective identification, this discomfort about my able-bodied privilege also likely arose as an identification for me (i.e. I have the emotions Chelsea intended to elicit from me) when Chelsea described a particular moment early on in her wheelchair basketball career where another player responds to her visibly pained expression after hurting her finger. She says (to the other player): “‘I think I broke my finger’ – and the girl looks at me and says, ‘at least it wasn’t your back’ and keeps wheeling.” Here Chelsea is interpreted as having the privilege of an able-bodied relationship to pain and making a big show of her pain. She then mentions: “with that show [i.e. the dramatic response of others] not being there, I felt almost embarrassed making any show whatsoever.” Interestingly, her commentary remains firmly in the perspective of critically laughing about this past self: “but I was actually quite hurt [laughs] I was like what do you mean no-one’s going to make a big deal of me, I mean I just sacrificed my finger for the team [we both laugh] and no-one cares!” Arguably, maintaining this sarcastic and humorous view is symptomatic of a refusal to

identify with this past self in the present.<sup>94</sup> It is the response of embarrassment that Chelsea emotionally evades, and I experience, as I identify with Chelsea's past self.

One way we might interpret Chelsea's narration, then, is as wanting to evade embarrassment and doing so through the active, albeit, unconscious projection of that affect into me. Following Bion's (1955) understanding of projective identification, my emotional response can be regarded as indexing feelings with which Chelsea does not want to identify. The emotional response of embarrassment, in Chelsea's view, emerges from a bad self that brings on the consuming experience of pain, and, historically, this self is understood as an able-bodied self. Now cast as "bad," Chelsea has little respect or sympathy for this self or the community that cultivated it. In this sense, Chelsea refuses being in touch emotionally with this self and its feelings, thus she splits them off and projects them *into* me (in phantasy). As an able-bodied athlete, I am emotionally available to identify with this disavowed self. Thus during the narration (and re-readings) of this experience, I feel, perhaps, like Chelsea's past self, that I have just been made aware of my privileged relationship to pain, and like Chelsea's past self, I feel embarrassed. This evoked response can be regarded as exaggerated because I felt embarrassment with the intensity I would expect if I were telling my own humbling story.

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<sup>94</sup> Along these lines we might speculate that this is the reason she never actually legitimates a visibly expressive response to pain. She might have told a story that was of pain that deserved such a response but she steers clear of this thinking. Even in her first narrative where she has damaged her hand and does collapse in pain, this is not the point of her narrative and not logically legitimated in the plot of her narrative.

While it may seem obvious that people would rather not return to and identify with bad parts of themselves, the question remains: why might the bad be projected into someone else, rather than denied or repressed? Joseph (1987) suggests that the utility of projective identification is in two of its effects, which we might imagine are key in a subject being compelled to phantasize in this way. First, it prevents the subject from connecting to a part of her own mind (e.g. to bad parts of the self), and second, whether it is the driving intention or not, projective identification by its very nature intends to communicate (140). Thus, we might read Chelsea's transcript as indicating a particular refusal to connect with part of her mind and as implicitly communicating something about the experience to which she refuses to connect.

Chelsea carefully encounters bad aspects of herself in ways that prevent identification. Instead of understanding herself as consisting of both good and bad aspects, she situates the bad aspect of self as an historical self. We can interpret these disavowed parts of Chelsea's self to be threatening because she regards them as relating to pain in a way that invites pain to be a consuming experience. Given that her current pain is emotionally loaded with annihilation anxiety, being connected with this aspect of self would not just mean inviting consciousness of her mortality, but it would mean *knowing* that there is destructiveness within her self.<sup>95</sup> However, Kleinian thought would suggest that Chelsea at some level

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<sup>95</sup> First, her degenerative disease might at some level be experienced as destructiveness *within* that she cannot get rid of. Second, her formulation of good and bad pain as something she has the agency to "choose" by how she responds to her pain may logically position her as responsible for her bad pain. Thus the question becomes, if she generally has the agency to choose what does it mean that she is unable to make that choice now? Where this leads is perhaps to an unbearable dilemma for her psyche: either, she is unable to make that choice because her bad pain is too

*knows* there is a destructive element within herself because this *knowledge* is animating her defensive strategies. Nevertheless, consciously engaging the disavowed would inevitably be deeply anxiety provoking. Projective identification offers a way to communicate about that which is unconscious and too anxiety provoking to connect to.<sup>96</sup>

Projective identification, therefore, may be a way of evoking emotions and / or ideas in the other that convey at an affective level a sense of what is being experienced. Recalling Spillius' (1988) commentary on the experience of being projected into, she states: "sometimes the recipient finds himself feeling pressure to act on the feelings" (83). One way we might interpret this claim is that perhaps the projector's purpose is to evoke the pressure to act on the feelings that arise. Following this interpretation, we might speculate that Chelsea did not just project her disavowed feelings and aspects of self into me, she also projected the feeling of needing to get away from a bad relationship to pain and not being able to do so. The intention of such a projection might be that I am also moved to experience the struggle of wanting to reject this "bad" relationship to pain. This would serve the purpose of me participating in Chelsea's need to keep hold of the ideal and eradicate the bad.

To push this interpretation further, it is arguable that the situation of the interview also had some bearing on the workings of this projective identification. My feeling of being exposed and embarrassed was not fleeting. I felt trapped in

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powerful and overwhelming, or she can make this choice but is not, because she is not only a libidinally driven subject, but is also a death driven one.

<sup>96</sup> While Chelsea is conscious of these disavowed feelings and self it is in a limited way, it is not an engagement in the present. It is not "this is part of who I am" but more "this is part of who I was".

these feelings and aware of a growing compulsion to get away from them. Conceivably, this compulsion transpired because, while conducting the interview, I could not get away from these feelings of embarrassment and exposure. The interview was designed to focus on Chelsea's experiences, meaning that within these confines I could not take the discursive space within the interview to do the work of dealing with the discomfort evoked in me, such as historicizing it or projecting it onto other rugby players. I was stuck tolerating an affect, which if attended to and dealt with in the manner described above, would interrupt and interfere with doing the interview. Thus I did not have a way of getting rid of it, and this made me increasingly uncomfortable with this bad relationship to pain and bad self with which I was identifying.

Finally, let me consider these two readings of projective identification together, as two elements of a strategy in an omnipotent psychic balancing act (Joseph 1987). The first works to produce a positive projective identification that involves Chelsea's and my own unconscious colluding because we share an investment in experiences of pain being socially constructed. I speculate that both Chelsea and I each get something affirmative out of this commonality; she supports my research and I support the possibility of her ideal relationship to pain. However, given her recent circumstances – struggling with a pain that is so far resistant to the ideal relationship she wants to have with it – I theorize that affirming the possibility of her ideal pain is not enough. Thus, the second projective identification, while negative, nevertheless complements the first. Chelsea communicates with me in a way that evokes emotions that also compel

me to want to reject a bad relationship to pain, but more than that, she communicates the discomfort and pressure of feeling like I / she cannot get away from a bad relationship to pain.

### Concluding Thoughts

Reading and listening to a narrative for what Kleinian psychoanalysis calls phantasy is a way of attending to what is expressed in a narrative, but not simply explicitly said. This attending is therefore interpretive and speculative and necessarily so given that the subject cannot tell it like it is (Hollway and Jefferson, 2000a). My point has not so much been to explain how Chelsea's pain really is (indeed I've been arguing throughout that this is not possible to do from a transcript), but it has been to offer an argument about what the workings of her pain might be like subjectively and intersubjectively. That is, I have endeavored to illustrate a sense of how experiences and articulations of pain, which are not separable, are psychically and socially complex.

A factor that connects the complexity of the psyche and the social is discourse. When a subject expresses her investment in a prevailing discourse there is always something unique about this, and a reading of the subject's phantasies highlights this. While Chelsea in a sense expresses her endorsement of the prevailing discourse on pain in the wheelchair basketball community, it is by taking into account her subjectivity, that is the phantasies she has about pain, that we get a sense of *why* she finds traction with this discourse. If this traction between the subject and discourse is what some refer to as normalization, my

example of Chelsea suggests that the term normalization needs to signify more than unwitting acceptance, or power dynamics that leave little opportunity for a subject to refuse a discourse. Normalization needs to also signify that some investments in socially dominant norms and discourses are unique and complicated connections that may tell us more about the interests of the subject than the influence of the discourse.

It is my contention, then, that we need to re-think the role of discourse in experiences of pain. As I have argued, one's psychic relationship to pain has a bearing on how one relates to discourses on pain, which we invest in and which we reject, and how we might fashion our own interpretations and justifications of them. However, if research tries to ascertain a subject's relation to discourse by asking the subject about their experiences of pain, I also argue that the researcher needs to be cognizant of how any narrative of experience both falls short of conveying the experience in question and does much more than this. Similar to the claim I made in the previous chapter, that we bring our past to bear on the present when speaking of our past, we also bring our present to our encounter of the past. In this sense, as I suggested throughout my first reading in this chapter, what is presently at stake for Chelsea informs her articulations of the past. It is in the context of experiencing a pain that evokes her physical degeneration and mortality she cannot control that she is inclined to recall experiences where she could control her pain to the point of evacuating meaning and emotion from it. Thus, it is not only that the psyche mediates our engagement with prevailing discourses, but also our expressions of discourse move between the past and



present, never just referring to the time about which we are we are consciously speaking.

In reflecting on how discourse is at work in experiences and expressions of pain I am considering one way in which pain is social. However, a further layer of sociality is at work when we consider how pain enters into the psychic and social dynamic of evocative projective identification. The idea that people may express themselves to the other in ways that the other is positively receptive to is obvious in one sense. If we want people to be convinced by what we say, we will speak in ways that facilitate that. One way of thinking about this is as an astute and artful way of communicating, but another way of thinking about it, perhaps at the same time, is as normalizing because we are speaking in a way that tailors our expressions to the other's interests. This again orients us to noticing how much creativity and agency, if you will, goes into producing what we might call the effect of normalization, and how little or subtle the effort might be from the other that is, in the first place, allied with the normalized perspective. Projective identification, then, can be used to read the subtlest and most evasive power dynamics at work in social relations.

## Chapter Seven

### Conclusion: The Social Workings of Pain

This project kept exceeding what I thought were my objects and lines of inquiry. The study of meaning became the study of meaning and affect. The study of experiences became the study of narratives and negotiations of experience. The study of research subjects' pain became the study of the subjects' and the researcher's encounterings and negotiations of pain. Consequently, this thesis on pain also became a methodology thesis that grapples with how the research process is implicated in how the object of study emerges as an object *for* study. In closing this thesis, then, I turn to think on what it contributes to the conversation sports sociologists are having about athletic pain as well as some of the questions and issues that arise out of the shift to a methodologically inflected thesis that exemplifies as well as analyzes the social workings of pain.

In many respects thinking about how athletes make sense of their experiences of pain and thinking about methodology became inseparable. What is at stake in both of these, what binds them, is what I call the social life of pain. Sport sociologists discuss pain as social because particular interpretations of pain that entail an attitude of accepting pain are personally and socially re-iterated and hegemonic. However, the argument I develop about the sociality of pain takes quite a different direction. First, I argue that pain is social because it is meaningful, because we do not solipsistically experience or create the meanings pain has for us. The meanings a subject interpretively works with as she encounters her pain are socially circulating meanings. However, I do not argue

that a person necessarily takes these socially circulating meanings as is. I assert, in my three analytic chapters, that the subject negotiates these meanings because subjects relate to different meanings differently; for example, there are ways of interpreting pain that cohere with the subject's identity, meanings that make pain less distressing, and interpretations of pain that may arise and provoke anxiety - interpretations from which the individual may want to turn. This brings me to my second argument about the sociality of pain: those whom we express our pain to affect our interpretations of pain. In the content and the enactment of the interviews, it struck me that listeners are called upon to participate in the subject's psychic negotiations of pain. This quality of sociality that enters pain into particular kinds of social processes and endows pain with a social life may subtly or substantially change the subject's encountering of pain itself. Thus, thinking about pain socially has moved me to think of pain as living a social life.

One way we may interpret the social workings of pain to be at play in relations between people is through projective identification. For example, the third reading of pain in chapter five asserts how peculiarly social the workings of pain can be. The back and forth of conversation may take the pain in question (and other past experiences of pain touched upon) to new interpretations or new expressions of defensiveness. This transformative social quality to pain rather than refusing Elaine's Scarry's (1985) often quoted claim that pain is the "most radically private of experiences", affirms the privacy of pain as its bedfellow. Pain lives this complicated social life precisely because it not easy to convey. While pain may destroy language, the affective effects of pain also propel pain into

language. The workings of pain entangle pain in social life, in both subtle and not so subtle ways, sometimes parading as something else (an interview question, a contact sport) because the workings of pain often work pain to the surface. The conscious ways in which we experience pain creates further possibilities for our pain, it can bring about new pain, help us work through pain, and otherwise return pain to us for “new” encounters.

The social dimensions of pain that play a constitutive role in the experiencing and narrating of pain brought me to methodological questions about how the researcher and research process are implicated in the interpretation of the “data”. Aside from the complexities of how subjects interpret their pain at the time of the experience there is also the question of what else might affect their interpretation in the present of the interview. How the researcher engages the subject, what the researcher attends to and asks about, and how the subject interprets the researcher’s line of inquiry all have a bearing on how the subject expresses her pain in the present. Also relevant are the following questions: what is informing the researcher’s line of inquiry in an unstructured mode of interviewing? And, what informs the kinds of interpretations that the researcher is inclined to form? Accordingly, this thesis moves between reading the subject’s pain as an object of negotiation for the subject at the identified time of experience, as a current object of negotiation for the subject in the social situation of the interview, and as an object for the researcher in the social situation of the interview. To get at what might be at stake in these connected but varied relations

to pain I turned to Cavell and Klein as well as other psychoanalytically oriented thinkers.

The orientation to issues of how pain is social and questions of how we might study pain are very much connected to why this thesis did not take the direction of a more conventional sociological analysis of how discourses of gender, race, and class are at play in how athletes make sense of their pain (which I speculatively discussed in chapter one). Klein's and Cavell's theorizing is not particularly oriented to such analyses. Cavell, Klein, and the other psychoanalytic thinkers I draw upon are more curious about the dynamics within the interiority of the subject and the connection between the interiority of the subject and the exteriority of the world in terms of how subjects interpret and relate to themselves and other subjects. Following this mode of thought, for me to turn to a gendered analysis, for example, the subjects' themselves would need to express gender as something they negotiate in some way. One aspect of identity that arose in this way that hence became a matter of analysis was dis/ability (to recall, the different discourses on pain within the stand-up and wheelchair basketball communities were pertinent to how Chelsea interpreted her pain). However, class, race, and gender were not raised as issues by any of the interviewees. This is not to say that analyses of the transcripts for how they bear the traces of distinctly middle class, white, and gendered ideas of pain could not be done. Given the dominance of white and middle class participants in sport and that my interview subjects comfortably fit these social groupings it is not at all surprising that these are not explicitly expressed as issues they negotiate. However, given that women

continue to be a minority in sports, one might expect a gendered interpretation of pain. In particular, a negotiation of the masculine coded notion of tolerating pain in sport (as previous research has suggested, see chapters one and two).

Interestingly, this was not the case in this research. I suspect the negotiation of gender was not an issue because we are in a social era where it is common for middle class females to participate in a wide range of traditionally masculine sports. Both Chelsea and Ginger at different moments and in different ways expressed a value of tolerating pain, as a way of being a good athlete. Perhaps gender is invisible in these expressions because these female athletes identify with qualities that are broadly considered masculine but as middle class subjects perhaps they feel as entitled as males in taking these values as their own and thus do not see tolerating pain in sport as inherently masculine. Rather than this conventional analysis, the path this thesis took explored qualities that previous sociological research on athletic pain has not considered. The pain my interviewees' spoke of had qualities that resonate with difficult knowledge (Britzman, 1998, 2000, 2003). Even when talking about injuries, the pain referenced and provoked by the narratives was challenging to acknowledge, sometimes for the athlete and sometimes for the listeners. And so these narratives kept raising the question what moves us (subjects and listeners) to narrate and interpret pain in the ways that we do? This question oriented me to more of a case study approach to analysis, so that I might examine the intricacies of the unique ways pain is interpreted.

Although my research departs from the conventional sociological studies of risk, pain, and injury, the way in which I have come to think of pain as having a social life has something to offer the conversation sport sociologists are having about pain. Furthermore, my use of Cavell and Klein in my approach to interviewing and analysis develops a qualitative method that enacts as well as examines the social workings of pain. My hope is that this thesis has insights to offer those who studying experiences of pain as well as qualitative researchers who are interested in study what might be termed ‘everyday’ difficult experiences.

My research might be understood as an intervention into the conversation sociologists of sport are having about the normalization of pain as an ethical and political issue. There are two related issues that shift this conversation about the ethics and politics of athletes tolerating pain into more conflicted terrain: first, if the notion of normalization is understood as entailing a complex (athlete) subject, how might this lead us to re-think the political concern about athlete’s playing with and through pain? Second, if the athlete’s relationship to pain is not collapsed into the external other’s moral disregard for the athletes suffering or collapsed into our own relationship to pain, might we be moved to ethically respond to the athlete’s pain otherwise?

Addressing the political issue first, it appears that sociologists’ objection to athletes tolerating pain is in part an objection to the power relations that may be at play. Coaches, managers, or discourses may pressure or entice athletes to sacrifice their bodies, risking pain and injury in the short term as well as chronic

pain and physical disability in the long term. Granting that the majority of athletes are in asymmetrical power relations with coaches and managers, this concern is understandable. Furthermore, the notion of pain, risk, and injury as normalized refers to how un-thought or mundane these aspects of athletic experience have become. This suggests the following relationship: the more unremarkable pain, risk, and injury are the more athletes succumb to the interests and logics of coaches, managers, and discourses, yet the athletes themselves will bear the negative consequences, in the form of damage accruing to their bodies. Within the concern about normalization is the idea that athletes are being directed away from fully realizing the implications for their own future wellbeing. This is certainly reason to object to this effect of discourses and this aspect of how coaches and managers may disregard athletes suffering and seek to take advantage of the athletes' practice of tolerating risk, pain, and injury.<sup>97</sup> However, this objection, in the first instance, entirely locates the force that compels the athlete to tolerate and play through pain in a "bad" external other. I have argued that situating the force of normalization wholly in the external other requires an impoverished view of

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<sup>97</sup> I argue in chapter one for a more flexible view of the relationship between pain and injury. It seems to me that sociologists of sport overstate the relationship between pain and injury. This overstating is consistent with their erasure of athletes' complex subjectivities as well as coherent with the view that athletes are victims of external others. There is a significant amount of clinical evidence to suggest there is not simple relationship between pain and injury. A key factor here is that one's subjectivity profoundly effects how one experiences pain. The emphasis on pain as a consequence of injury obscures the role of subjectivity. If subjectivity plays a constitutive role in experiences of pain, and if not all pain is injurious might this complicate how we politically and ethically think about pain? Does the reiteration of risk, pain, and injury as if they always exist together in sport as a phenomenon actually paper over the diversity of how athletes experience their pain? And if athletes make sense of their pain in dynamic ways during their experience of pain, including making judgments about what pain is injurious and what is not, and thus they do not play through all kinds of pain (Malcolm and Sheard, 2002) does this indicate that athletes are not (or not always or not only) dupes to the pressure and encouragement to tolerate pain? Might we on these grounds envisage athletes as processing subjects rather than unwitting victims that are situated within asymmetrical power relations but not mechanistically reactive to them?



the subjectivity of the athlete that if not viewed as problematic (because cashes in on the trope of the “dumb jock”) must at least be considered an overgeneralization.

Each of the three athlete’s transcripts, which are analyzed in this thesis, complicates sport sociologists’ theorizing of normalization. Ginger tries to explain a repeated hip pain by turning to discourses and external others that justify the athlete’s suffering and exhausts them. For her these justifications for pain act as a placeholder, enabling her to turn away from facing her own relationship to pain. If she maintains that it is the other who makes her suffer she does not have to ask why she accepts the pain, which is the uncomfortable question she arrives at, why does she play soccer with an intensity that repeatedly hurts her? What Ginger arrives at is her *own* relation to pain; she is not just acting out a social script.

Kessa’s pain challenges the logic of normalization because why she comes to experience physical pain is fundamentally driven by the painful conflict inherent in mourning her late father. The external other is not the force that compels Kessa to play rugby in a way that brings about her physical pain. Kessa’s narrative of a painful rugby tackle illustrates the way in which a sport may operate as a stage upon which athletes may attempt to work out unconscious feelings, through the psychic dynamics of transference. In this case, I suggest the grieving for her father was the primary pain and the tackle (which was consciously posited as the central pain in the narrative) became a way she created access to the pain of mourning that she was struggling to face. The normality of pain in sport enabled the opportunity for her to play out her psychic struggle with mourning itself.

Sports in which experiences of pain and aggression are normal allow athletes physical-affective expressions that are deviant in other areas of life. Following this logic one might hypothesize that sports offer unique opportunities to work through or give some relief to difficult emotional experiences. What is central in this particular psychically driven engagement in sport is not how external others compel Kessa to tolerate pain, but how her own relation to the pain of grieving moved her to do something “physically” painful in her sport.

My final point that complicates sports sociologists’ view that the athlete subject passively and unwittingly accepts pain as a normal part of sport is whether we might re-think what “normalization” signifies if we appreciate the range and sophistication with which athletes find traction with the normalized practices. That is, we need not only theorize normalization at the expense of theorizing a full and complex subject. Instead, I want to suggest that normalization may involve intricate processes such as projective identification and the athlete knowing in a deeper sense the interests of the external other as well as the implications of their own pain. We might read my interview with Chelsea as involving her articulating her pain in a way that concurs with my views on pain. However, I argue that Chelsea does this because she is seeking to establish a common ground between us so that I might in turn support and affirm her idealized way of relating to her pain. I argue that she acquiesces to my discourse so that she might get me to agree with her preferred (psychic) reality. It strikes me that there is something quite normalizing about this process, and that it may also occur in the asymmetrical power relations between players and coaches, as a kind

of exchange. For example, perhaps a player wants to be on the starting line-up and so she articulates and expresses her pain in a way that colludes with the coach's unconscious wishes, not only of what the coach wants in a player but how the coach wishes and anxiously hopes to be regarded by the players. The difference in this idea of normalization is that the athlete is not naively receptive to the coach's discourse, but the athlete is reading the coach and strategically projecting into the coach's wishes and anxieties. If we grant that this may be one of the ways in which normalization works, might we regard this kind of normalization as having a more complicated or perhaps even ambivalent political content? That is, it is easier to object to normalization when it appears more clear-cut, when the athlete seems an unwitting victim, who is clearly in need of a benevolent paternalistic intervention? However, I want to hold the idea that we may still object to sports administrations, social discourses, managers and coaches, who do not care about athletes suffering. While we may understand external other's expectation or demand for athletes to tolerate pain, it does not follow that we should view athletes pain in the spirit of the less pain there is the better. Such a view turns away from an interest in what pain means to the athlete, because it moves too quickly ahead of acknowledging what pain might mean to the athlete. It forecloses the question of why the athlete might seek or otherwise be compelled to play with and through pain.

I think there are two conflation at play when we regard athletes' tolerance of pain as wholly bad and athletes as victims of oppressive external others. First, the casting of athletes' pain as unequivocally bad might occur because when

athletes are not seen as having complex subjectivities their relationship to pain is but an expression or enactment of the external other's disregard for the athlete suffering and / or their desire for the athlete to tolerate pain. However, if pain is not something athletes are simply or only pressured into by others, but part of the motivation comes from the self (though I am not suggesting the self is not socially formed), what does this mean for the moral impetus in the critique of the widespread practice of athletes tolerating pain? What if we do not accept that tolerance of pain is a simple social dynamic where the athlete is the victim of a persuasive discourse or authority figure? What if, as I have claimed, pain is engaged with in certain ways as part of a process of working through something else or working through what pain means to the subject? Is this – the athlete's relationship to pain – something we are as ethically concerned about as we are ethically concerned about the external other demand that the athlete suffer pain? Is the athlete's relationship to pain, in so far as it is something more or other than an internalization of the external demand to tolerate pain something that we should politically and morally protest? Or rather, what else are we inadvertently being critical of or neglecting to consider when we are critical of the social pattern of athletes tolerating pain? And might this conflation amount to a failure to ethically respond to the athlete's pain?

The furor with which athletes playing through pain is critiqued is arguably about more than a compassionate concern for athletes suffering. Part of the motivation to object to athletes' tolerance of pain, by simplifying pain, simplifying athletes subjectivities, and casting the external other as the force that

moves athletes to tolerate pain, may be symptomatic of our own difficulty in tolerating the idea that the athlete may be willing or interested in bearing pain. We might once again turn to Bakan (1968) for insight here. We may have difficulty holding a sanguine relationship to pain when we regard athletes' pain precisely because pain harks back to death, provoking our own defensive and anxiety ridden responses to death. Might we see, then, the common-sense response to pain (to just get rid of pain as much as possible) when brought to bear on athletes as indicative of the transference of our own psychic struggle with pain?<sup>98</sup> If the desire to eradicate pain is provoked by death's close relationship to pain for the psyche, it is remarkable that the three athletes who bear experiences of pain have pain that is explicitly related to death. If pain's relationship to death provokes psychic anxiety why do they partake in painful activities rather than try to reduce pain as much as possible? This is not so much a contradiction of Bakan's assertion that pain provokes anxiety about mortality, but refers to the point of commonality between those who wish to get rid of pain and those who tolerate it. Pain is a difficult situation (even though pain is not necessarily only that) and pain may be dealt with, especially if it is someone else's, rather quickly through denial, negation, or projection. However, if it is one's own and the pain is resistant to such quick eradications it may be dealt with in more complex ways. Addressing the anxieties emergent with one's own pain, while perhaps still involving the aforementioned psychic strategies, may also involve engaging the pain in an effort

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<sup>98</sup> There might be other transferences at play here too. For example, if someone we have loved has suffered pain that perhaps we felt helpless in the face of, we may also find other peoples' tolerance of pain intolerable. In fact, the idea that people may choose to tolerate pain may be all the more difficult when the loved person had no choice.

to master it, work through it, or establish a less anxious relationship to it – if the pain cannot be eradicated without something else important being lost. Thus, when we want to simply get rid of the athletes’ pain, to what extent are we seeing their pain in ways that try to avoid confronting the struggles and conflicts pain provokes for ourselves?

In acknowledging how the confluences mentioned above may inform the seemingly appropriate ethical response of protesting the normalization of risk, pain, and injury in sport, I find myself thinking that the protest against discourses and figures of authority who do not care for the suffering of the athlete needs to be separated from how we might ethically respond to the athletes who participate in sports in ways that produce the “normalized” practice of playing with and through pain. An ethical response to athletes’ pain might be acknowledging athletes’ pain rather trying to prevent athletes from suffering pain in the first place. Considering Kessa’s story of her rugby tackle it seems to me that this is not a pain it would be better for Kessa to have not gone through. This experience of pain did something important for her, it facilitated a shift in the qualities of her relations in her external and internal worlds, it enabled part of her process of mourning, a painful psychic process that cannot be avoided. The same can be said of Ginger’s experience of Jenny dying, this is not a pain that could have been avoided. How might we ethically respond to unavoidable pain, or pain that helps with another kind of suffering that may not be transparent to the casual observer? And then there is pain that could be avoided. We might say Chelsea’s current pain and Ginger’s hip pain could be avoided, perhaps they should not play sports or

they should play in less vigorous ways and at less competitive levels, so that they might suffer pain less. But such a response strikes me as addressing the symptom rather than the issue. What was difficult for both Chelsea and Ginger was not so much the aspect of pain that is the physical feeling. For Chelsea her suffering was fundamentally what the pain signified: her mortality. For Ginger the hip pain “itself” was something she lived with, but what she struggled to face was what it meant for her to tolerate pain. The questions this brings me to is how might we ethically respond to pain when what might be most difficult about pain is what it means to us, and the difficulty of acknowledging how we relate to pain? Moreover, the question of how we might respond to athletes’ pain is particularly significant given that it may help or intensify these most poignant but typically unrecognized aspects of suffering. In this respect how we ethically respond to others’ pain is a question of relationality, but it is also an ethical question for researchers that study other people’s experiences of pain. Given the social workings of pain, researchers who study experiences that involve psychic pain enter into relationality with that pain, because pain reverberates beyond the event with which it started, and may arise again in the conversations we have about it.

An ethical response to athletes’ pain might be expressed in a response to pain that attempts to know pain in a mode that acknowledges what is difficult in the experience of pain. What is most difficult about pain might be the physical dimension of pain, might be what the pain signifies, might be one’s relationship to pain, or perhaps how others go on to respond to one’s pain. It is precisely because what is difficult about pain is not known in advance that listening in a way that

acknowledges might be the beginning of an ethical response to pain. To suggest that acknowledging pain and acknowledging the subject's own difficulty in acknowledging her pain might be an ethical response to pain is to be inclusive of how efforts to reduce pain might be called for, but to not limit or assume this will always be an ethical response. Arguably, from the point of view of Cavell's (1976) notion of acknowledging, assuming all pain should be reduced might be an example of moral failure. Acknowledging entails being open to what pain might mean to the other, including the subject's struggle to acknowledge her relation to pain. Furthermore, these meanings and relations might not yet be imaginable for the listener.

Given how a listener enters into relation with the subject's pain, approaches to listening and interpreting that do the work of acknowledging has much to offer qualitative researchers. Acknowledging, in the broadest sense orients us to an ethics of relationality, which also facilitates the researchers' openness to the unexpected. It is a means by which the researcher as listener may come to reflectively account for their role in the research products – the data and the analysis. It is an approach that allows us to appreciate the workings of the unconscious in both the subject and the researcher, and the bearing the unconscious has on the research process and its products. Discussing and enacting the difficult work of acknowledging pain (and relations to pain) illustrates how qualitative researchers might relate to subjects across 'everyday' difficult experiences in ways that gain new insights into the complexity of how people



experience and the relationship between experiencing and narrations of experience.

Part of the complexity of researching difficult experiences such as athletic pain is that these are experiences that call for listenings that acknowledge. Each of the athletes I interviewed in a sense actively engaged in experiences of pain, acting in ways that can be understood as bringing about pain. By listening in a mode that acknowledges we might learn about why athletes (or other kind of subjects) may be moved to engage in painful experiences, without making moralizing assessments in advance such as assuming an external other is wholly responsible or the person is destructive or masochistic because they engage in painful practices. There is presently little safe discursive or psychic room to discuss the possibility that people might need to engage in painful practices in sport for various reasons. Ginger's struggle to acknowledge that she knows she performs an action in her sport that repeatedly hurts her is testament to this. The athletes I have discussed in my thesis might be read as destructive or masochistic, but such terms may be an obstacle to thinking about their engagements with pain because for many these terms situate the subject as pathological and abnormal. Moreover, as mentioned above our own relationships to pain may get in the way of understanding what pain might uniquely mean to different athletes. Might the move to first and foremost acknowledge what pain means to the other, including the very struggle to acknowledge our own relations to pain (the subject with the pain and the listener), move us toward being curious about how oneself or others relate to pain including the need to experience pain?

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