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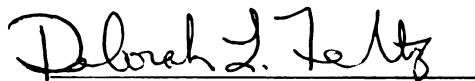
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INFORMATION AND INJURY:
THE EXPERIENCE OF STUDENT ATHLETIC TRAINERS

presented by

Stephan R. Walk

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Doctor of Philosophy degree in Department of Physical
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**INFORMATION AND INJURY: THE EXPERIENCES OF STUDENT ATHLETIC
TRAINERS**

By

Stephan R. Walk

A DISSERTATION

**Sumbitted to
Michigan State University
in partial fulfillment of the requirements
for the degree of**

DOCTOR OF PHILOSOPHY

**Department of Physical Education and Exercise Science
Department of Sociology**

1994

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ABSTRACT

INFORMATION AND INJURY: THE EXPERIENCES OF STUDENT ATHLETIC TRAINERS

By

Stephan R. Walk

Sociologists of sport have begun to focus on the way in which pain and injury are seen as accepted parts of athletic participation. Nixon (1992) proposed a social network analysis of sports organizations or "sportsnets," suggesting that members of sportsnets and related subcultures conspire to foster the acceptance of injury by athletes and to compromise medical services athletes receive. While the concept of a sportsnet is a useful starting point, a conspiratorial conception does not consider the fact that institutions are negotiated orders which are more or less able to achieve a totalizing (Goffman, 1961) effect over the lives of their members. The purpose of this study was to begin to understand the medical services athletes receive and the degree of totalizing a sportsnet is able to accomplish. Group and individual interviews with 22 undergraduate and graduate student athletic trainers involved in an internship program at a large Division I institution were conducted. These student trainers worked from 40 to 70 hours per week in their internships, spent more time with college athletes than other members of the sportsnet, and undertook comprehensive health care and other responsibilities for athletes for little or no pay. Women student trainers were excluded from key sports assignments and were subject to sexual harassment by athletes. Student athletic trainers socialized with and became friends of athletes, placing them in the "middle" of a number of decisions regarding the health and team status of athletes. Such information also provided a broad context for student trainers to assess injuries and other problems of athletes. In some cases, student trainers counseled athletes on these problems. Serious injuries were witnessed by all of the student trainers in the study and were viewed as risks that college athletes understand as implied aspects of sports participation. Many of the student trainers were aware of athletes who continued sports participation despite

knowledge of permanent disability risks and limited benefits of participation. The study concluded that, as a result of multiple and competing beliefs and the dual identities of student athletic trainers as both students and apprentices, it is implausible to conclude that sportsnets are either conspiratorial or totalizing.

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These words will be read by few and understood by even fewer. A couple of things, I think, are true. The first is that the submission of this document closes the most incredible year of my life. The second is that this time period began on August 7, 1993 when I met Amber Louise Story. Not only are both of these things true, they are true together, the second making the first possible. This dissertation is dedicated to Amber and our continuing to make incredible years possible for each other. We are true together. I also dedicate this dissertation to my friends Jeffrey and Kimberly Klocke and Richard and Marilyn Peterson, whose adoption of me as a surrogate son went silently unacknowledged. The silence is now broken. May the bombers pour. To my mother Sandra Johnson, my stepfather Stanley Johnson, my father William Walk and my brothers David, Michael, Brian and Matthew, I wonder if you know how much of all of us is in the words to follow. I will let you decide.

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ACKNOWLEDGMENTS

It is typical to thank the participants in one's research but that task is made difficult by the requirements of confidentiality. To those student trainers who interrupted their incredibly busy lives to tell me what they do and how they feel about it, I can only repeat my tremendous appreciation. I must also thank the head trainers at Great State University (whose names will not appear for confidentiality purposes) for their tremendous help, insights, information and toleration of my many fits and starts at this research.

I have been extremely fortunate in the fact that those who bravely chose to participate on my committee were genuinely interested in my research and in helping me produce a reasonably coherent manuscript. Dr. Deborah Feltz has been tremendously supportive of me not only in the completion of this dissertation, but as a student and graduate assistant. I thank Deb for her patience and understanding of me during my career and for looking out for my interests when I myself was not. I also thank her for her confidence--a word I use carefully--in my ability to take on responsibilities not often given to graduate students.

Dr. Bo Anderson has also been a great mentor and friend whose extraordinary knowledge of sociological scholarship and willingness to discuss at length its usefulness in my endeavors has been invaluable. The ideas that my work will explore for years to come will be unavoidably rooted in my coursework and conversations with him. I will never forget the lengths to which he went to ensure that I produced a defensible dissertation during extremely trying circumstances. I will also never forget his implicit reminders that, while being productive, the job of a scholar is also to think and thinking requires both time and patience.

Dr. Folke Lindahl has similarly been a sounding board and friend whose subtle manipulation of my intellectual development has formed the basis of my own political, theoretical and personal orientations to scholarship. Most of the books that rest on my shelves and those to which I turn when attempting to broadly conceive a theoretical

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question are those he suggested I read. I have kept up with the most recent developments in both political theory and extra-scholarly activities as a result of my association with Folke. I will continue to count on him to manipulate me in these ways.

I must also thank Dr. Doug Campbell for sharing his expertise on the complex methodological issues of qualitative research and for sharing his invaluable insights on the substantive aspects of this dissertation. Moreover, it is all too often forgotten that those who volunteer as subjects in a study not only donate their time to the researcher's work, but also often risk their own status by simply being honest. Doug's concern and suggestions for protecting the participants in the study led me to substantively rethink not only the way I asked questions, but also the way I presented results.

Though not an official member of my committee, I must also thank Dr. Jayne Schuiteman for her enthusiastic and insightful observations on work I have done at Michigan State, including this dissertation. Given the somewhat unique circumstances of my graduate education, it has been vitally important to me to have someone who acted not only as a mentor but as a friend. I always felt that I could count on Jayne to be both an advocate and a critical thinker who could help me steer clear of my ever-present tendency to play with theoretical abstractions. I thank Jayne for reminding me that the most important thing that emerges from scholarship is what happens on the ground.

Finally, though not a member of my dissertation committee, I must finally thank Dr. Vern Seefeldt for his unwavering support of me during my seven years at Michigan State University. Through his support of me as a graduate assistant with the Youth Sports Institute, his mentorship of me both directly and by example, and his relating to me as both a colleague and student, I have benefited in innumerable ways. Knowing that Dr. Seefeldt was my advocate eased countless anxieties and permitted me opportunities few graduate students enjoy. I will always consider it my goal to emulate his dedication to scholarship, professional activities and public service.

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CHAPTER I

Introduction and Review of the Literature

The growth of institutionally sponsored and publicly viewed sport in the twentieth century has brought with it the emergence of large organizations devoted solely to the fielding of skilled athletic teams. On the intercollegiate level, these organizations, their athletes and their interested publics have come to compose virtual societies in miniature. As in other segments of society, the emergence of increasingly specialized occupations has occurred within and around sport. Among the many individuals and occupations associated with sport, athletic training in the United States grew out of a recognition of the regularity of injury in sport and the need for the delivery of on-site skilled medical services to participating athletes. As with other emerging occupations, athletic training moved in the middle part of this century to establish itself as a professional field founded upon the application of medical knowledge to the treatment of sports injury. It therefore established a unique set of skilled practices and a specific sequence of preparatory experiences for its students.

The development of athletic training as a relatively recent addition to a burgeoning number of other health-related professions came during a period of increasing scholarly interest in the way individuals, groups and institutions conceptualize and treat the body in modern society. By the early 1980's, a number of scholars in mainstream sociology began to call for a renewed and reconceptualized theoretical understanding of the body, particularly in light of "postmodern" developments in the social sciences and elsewhere (Turner, 1984). The sociology of sport, although perhaps predating this turn in mainstream sociology (Maguire, 1993), also displayed an increasing number of scholars interested in the body and its obviously central place in sports participation. Among these developments in the sociology of sport were several largely independent works focusing on various bodily dimensions of sport. Despite their independence, all shared the theme of a

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critical look at the corporeal aspects and consequences of sports participation in the form of violence in and around sport (e.g. Dunning, 1990), drug use and scientific experimentation on athletes (Hoberman, 1990), and risk, pain and injury among athletes (Curry, 1991, Frey, 1991, Nixon, 1992a, 1992b, 1993, Young, 1993).

While sociology has an extensive history of scholarship on the development of the medical profession and its allied professions (e.g. Merton, Reader & Kendall, 1957, Hughes, 1958, Freidson, 1970, Starr, 1982), the apparently peculiar place of athletic training as a dimension of "sports medicine," most frequently housed in intercollegiate athletics departments, has meant that it has escaped all but brief mention in critiques by sport sociologists. This is true of those authors cited above who have recently undertaken the study of risk, pain and injury among athletes. Hence, while athletic training has not been studied, it is a profession which emerged as a result of, and was made possible by, the recurring fact of regular and severe injury in sport. Athletic trainers, and the students professionally preparing to become trainers, are regularly in a position to witness, diagnose, treat, rehabilitate, return, or refuse to return, athletes to the activities which injure them. The fact that they are in this position, and perhaps *uniquely* so, also suggests that they have a unique perspective not only on the injuries and pain of athletes, but on the whole corpus, as it were, of intercollegiate athletic participation.

Hence, while there is a theoretical intersection conceivable among the sociological trends toward the reconceptualized study of the body in society, the study of emerging allied health professions, and the critique of pain and injury in sport, the empirical fact of athletic training within the organizational structure of collegiate athletics has apparently not yet inspired its sociological investigation. What is significant about this intersection is that much of the study of corporeality in modern life, both by sociologists and, more recently, sport sociologists, has principally followed and been inspired by work which is highly critical of modern institutions. For example, Foucault's (1986) work on prisons and Goffman's (1961) study of a mental hospital essentially argued that, while these

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institutions were premised upon measures to ameliorate human problems, their principal accomplishments have been largely self-serving and only marginally ameliorative. Indeed, Foucault (1977) argued that, at most, modern institutions have served as new, scientific manifestations of older forms of power and domination in society. In the case of medicine and its descendants, Foucault (1973) argued that the power to treat certain human conditions has simply been centralized and monopolized by small elite groups of self-proclaimed professionals. Hence, following on the intersections described above, and of relevance to the critique of pain and injury in sport, is the emergence of an allied health profession, athletic training, whose principal purpose is the claimed amelioration of sports injury and pain, under the umbrella of medicine.

Clearly, the inference which is possible here is that the profession of athletic training is simply another development in the continuing and presumably power-driven encroachment of medicine over yet another aspect of modern life. While work in the sociology of sport is consistent with this conclusion, it is only superficially so, and in ways which do not utilize the fruits of related work in sociology. My purposes in this study are both to begin to investigate such intersections and take advantage of my experiences with, and herein study of, students involved in professional preparation as athletic trainers. Specifically, I believe the critiques by sport sociologists of the bodily dimensions of modern sport need to be transformed into investigable hypotheses about actual people working with actual bodies of athletes in competitive sports settings. I am not concerned about the strict scientific form of these hypotheses and am indeed encouraged by the recent forays into these areas. I am troubled, however, by what have become all too common leaps from theoretically-based critiques in sport sociology, devoid of empirical support--in this case, the critique of pain and injury in sport--to recommendations for institutional and structural changes in sport practices. More specifically, I believe that the empirical work in this area is grossly underdeveloped, such that practical recommendations are at the very least suspect.

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I have in mind, in particular, the work of Nixon (1992a), who outlined a "social network analysis" for the study of sports organizations and their apparent fostering and naturalizing of the pain and injury of athletes. While I find this framework to be fundamentally useful for the study of student athletic trainers, I believe it can be strengthened by building on related though unexplored concepts by figures in sociology and the sociology of sport. My purposes in this Introduction and Review of Literature, then, are to review and critique Nixon's framework and to build on its apparent intersections with work in sociology, and in particular the study of institutionalized medicine, and other work within the sociology of sport. Hence, I begin with a summary of Nixon's (1992a) work which criticized practices in sport that he argued lead athletes to accept pain and injury as a natural part of sports participation. I will then move on to highlight what I take to be four useful ideas of Nixon's framework, suggesting ways other work in sociology and sports sociology can enhance these ideas. Along the way, I will also suggest ways that the study of student athletic trainers may represent a fruitful avenue for more fully understanding the contexts in which pain and injury, and a number of other processes, occur in what Nixon called the "sportsnet." Finally, I will show how this review leads to the basic questions in the present study of student athletic trainers.

Sportsnets: Nixon's "Social Network Analysis"

As stated earlier, the most developed work attempting a sociological understanding of the intersections of the body, professional medicine and sports are those interested in the acceptance by athletes of pain and injury. Sports sociologists working in this area have attempted to explain the acceptance of what is often extreme pain and debilitating injury in sport by identifying the social conditions which make this acceptance possible. Perhaps the most formal framework for the study of pain and injury in sports was offered by Nixon (1992a). He outlined a "social network analysis" for the study of what he termed a "conspiratorial" alliance of coaches, athletic administrators and sports medicine personnel, and others whose activities perpetuate the acceptance by athletes of risk, pain and injury in

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sport. He termed these agglomerations of individuals in sports organizations "sportsnets" (i.e. sports networks), the characteristics of which "make athletes vulnerable to cultural and interpersonal messages exhorting and encouraging them to play with pain or injuries" (p. 127).

Nixon's (1992a) social network analysis is intended to map out "relations among persons, positions, roles or social units" (p. 128) and show how their interactions produce a standardized ideology which encourages athletes to play with pain and take unreasonable health risks. A sportsnet, then, may also be seen as the functional map of "athletic subcultures," groups sharing a common cultural identity, a set of reinforcing practices and a common language for describing their activities. Nixon strongly suggests the compatibility and complementarity of a social network analysis with studies of these subcultures. A study of subcultures would focus on "special meanings, symbols, clothing, values, beliefs, norms, attitudes, identities, language, rituals and ways of acting" (p. 128). A social network analysis, on the other hand, would focus on such things as interactions among individuals and organizational subunits. For the purposes of the study of risk, pain and injury in sport, then, a study of the athletic subculture would "[emphasize] the significance of sharing the culture of risk in sportsnets" (p. 129).

Hence, using social network analysis, Nixon suspects that what occurs in sportsnets is "rationalization"--a feature of organizations meant to minimize uncertainty of outcomes in the pursuits of organizational elites--resulting in the heaping of risks onto athletes. As he states, "What happens is risk transfer" (p.129). By this, he means that sportsnets tend to avoid unnecessary uncertainties about outcomes that might stem from the otherwise routinely cautious application of sound medical judgment to the cases of injury found in sport. In other words, a standard reaction to injury is too destabilizing to the sportsnet's goals of winning and other forms of success and requires a functional and cultural isolation from that judgment. The assumption is that medicine is practiced differently in non-sports contexts, and that exposure to the latter would lead athletes to at

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least question their acceptance of risk, pain and injury, if not reject these as premises for their continued participation. Instead, the sportsnet's rationalization tendencies foster the development of a culture which transfers these concerns about pain and injury from elites to athletes themselves. Moreover, this comes in the form of ideologies meant to suppress competent medical judgment and its possibly uncertain consequences for the organization. This rationalizing culture fosters the belief among all sportsnet members—including medical staffs—that injury and pain are natural, expected and even essential parts of continued membership in the group. The repetition of phrases related to injury and pain, such as "it's part of the game," and "it's all in your head," among others, Nixon sees as the discursive component of these sub-cultural practices.

What assists this subculture in developing and resisting presumably normalizing and healthy influences from outside is the insulation of the organization and its members from the rest of society. These insular characteristics of the sportsnet translate into "communication networks in which information and meanings are interpreted, filtered, and modified to rationalize risks for athletes and reinforce the culture of risk in sport" (p. 129). That is, the discourses produced within sportsnets effectively distort the athlete's own views of his or her physical condition or potential risk in ways that will insure his or her continued commitment to participation. Indeed, the will to live by these principles becomes the distinguishing feature of elite membership within, as opposed to outside, the sportsnet. Moreover, Nixon argues, these ideologies about risk, pain and injury are essentially softened in impact (i.e. they are made to seem less threatening than they really are) by virtue of their attachment to a "support" system for the athlete. Such a support system clearly includes the medical staff, which functions to help retain the athlete's identity as an athlete while they are injured. Moreover, when risk-taking messages also come from those in the sportsnet who are in a position to make decisions about the athlete's status on the team (i.e. coaches), they are especially effective. This is particularly true, Nixon argues, when there are large pools of players from which coaches may draw for competition.

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Again, the result of this "collusive, closed system" (p. 12), for Nixon, is to generate beliefs which will foster acceptance of risk, pain and injury by athletes. As a result of their realization of the impact of injury within this subculture, and the attendant costs within economies of playing time, team status, and athletic identity, athletes are encouraged to hide injuries from influential and connected members of the sportsnet, who might transfer this information to decision-makers. In this context, Nixon noted Kotarba's (1983) discussion of the role of athletic trainers as "bridges" among athletes, coaches, physicians, administrators and others within the sportsnet. Kotarba noted that athletic trainers in his study seemed committed to resisting the interests of coaches by not allowing athletes to play with what they believed were medically prohibitive injuries. For this very reason, however, he also found that athletes, where possible, tended to hide what they took to be such injuries from athletic trainers. In addition, athletic trainers tended to like to work with athletes who did not frequently complain about pain and injury, thereby "unnecessarily" complicating their already busy schedule. Instead, Kotarba found these trainers to prefer athletes who were tolerant of injury and who seldom complained about pain, who rarely paid them a visit and who evidenced a strong commitment to their achievement within the sport. While Nixon cites his own study (Nixon, 1992b), which suggests that athletic trainers, coaches and others in the sportsnet rarely exploit athletes and condone risks and sacrifices in a *conscious* manner, he states that the effect of their activities are nevertheless exploitative. What may or may not be a conscious process, wherein coaches "exhort, cajole, encourage, or push," is nevertheless an "insidious" one, and "easily seen by coaches as the natural or appropriate way to relate to athletes" (p. 131).

Nixon theorizes that injury acceptance processes are especially effective in sportsnets which feature seven characteristics. Specifically, these are networks that include large numbers of (replaceable) athletes; are "dense" in terms of stronger intra- versus inter-network contacts; are centralized in terms of information and resource control; include coaches and other authorities who can easily have contact with athletes; close off athletes

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from non-network individuals and groups; have "homogeneous transactional content" (p. 132) among members; and are "stable in their social relational patterns" (p. 132).

According to Nixon's framework, athletes within a sportsnet possessing these seven characteristics will essentially have no choice but to accept the limited range of possible meanings for pain and injury they engender, as each subunit within the narrow and homogeneous network will essentially mirror the other. That is, "the people with whom the athletes have close ties, such as teammates, trainers, and coaches, have close ties to each other and share the same beliefs" (p. 132). Moreover, the sportsnet is, in Nixon's words, "structured to limit, block, deflect, or discredit contacts with people who might challenge the nature of risk in sport" (p. 133).

Nixon concluded his piece on sportsnets with several suggestions for mitigating the force of sportsnets in the perpetuation of athletic risk-taking and injury. Based on the assumption that athletes do *not* venture outside the sportsnet for medical information, and that they are unlikely to be encouraged to do so by sportsnet members themselves, he states:

Even if athletes do not voluntarily take responsibility for their own health and safety in sport, those who manage sportsnets have a responsibility to assure that health and safety measures will be employed for the benefit of athletes. Such assurances cannot depend on the goodwill of coaches, doctors, trainers, or sports administrators. Sportsnets are structured to rationalize risk and minimize consideration of pain and injuries. High-level network members may disregard or exploit athletes in pursuit of their self-interest and 'for the good of the sport,' even though it is not their intention to do so (p. 133).

Hence, Nixon calls for the establishment of independent networks of medical personnel in place of existing medical staffs that are intimately related to sportsnets. He also suggests that athletes be required to seek second opinions outside these networks in cases of persistent disabling or nondisabling injury. Finally, he supports the abolition of athletic dormitories and recommends other ways of breaking the insulated nature of sportsnets for athletes. He closes by reiterating the call for the conduct of more specific

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analyses of sportsnet structures, their properties and relations among their members which are more or less fertile for the acceptance of risk, pain and injury by athletes.

Summary of the Sportsnet Model

I believe with the notion of a "sportsnet" that Nixon has provided a useful beginning framework for examining the actual practices of student athletic trainers and the contributions these students may or may not make to what he calls a "conspiratorial" alliance to provide legitimacy to pain and dangerous and disabling injuries in sport. Specifically, these useful ideas come from three interrelated and investigable components of the framework. First, Nixon suggests that the institutionalized delivery of medical services to athletes is part of a network of individuals whose daily practices will determine the type of medical advice and services athletes receive. Second, Nixon observes that sportsnets are unusually isolated from the rest of the world, and non-sportsnet medical services in particular, and that this condition is conducive to the acceptance and normalizing of behaviors within them. Third, Nixon suggests that members of the sportsnet may also be part of various athletic and other subcultures, and that the activities of these subcultures will to some degree shape the activities of this network.

However, as I will argue below, some of the assumptions behind the sportsnet framework need to be clarified. These relate to the relationship between knowledge and the institutional practices of medicine within the sportsnet. In this regard, I will review work arguing that medicine depends as much on local practices and "recipe knowledge" as it does on a claim to the standardized application of medical science--which Nixon argues is lacking in the sportsnet. Moreover, the notion that institutional orders are products of varying degrees of negotiation and compromise is lacking in Nixon's notion of a conspiracy. Therefore, I will briefly argue that institutions, the profession of medicine and athletic training as a medical paraprofession must be seen as negotiated orders. That is, while Nixon proposes that members of the sportsnet collude to isolate athletes from sound medical judgment, he does not consider that the activities of some members may run

counter to the wishes of sportsnet elites. This, I argue, may be particularly true in the case of student trainers, given their potentially conflicting allegiances to both the sportsnet and peer student athletes. Indeed, there is little mention by Nixon of actual discourses, daily practices, or institutional characteristics which would help explain his conclusion that athletes are immersed in an insidious set of practices which manipulate them in ways that distort their perceptions of self-interest. In other words, Nixon's model is lacking consideration of both theoretical and intuitive considerations about medical services for athletes and, obviously, empirical investigation of those providing these services. What I will present next, then, are the ways in which I believe these three areas may be both theoretically enhanced and made more prone to investigation in a study of student athletic trainers. This will be done by attempting to relate these ideas to relevant and more theoretically developed work in sociology and the sociology of sport and by considering the circumstances of the unique circumstances of the work of student athletic trainers. I will undertake these issues in the sections that follow.

Institutions, Totalization and the Study of Sportsnets

Institutions, Practices and Knowledge

Berger and Luckmann in The Social Construction of Reality (1966) provided a set of concepts for understanding how the practices of a segment of society come to be accepted by its members. They observed that social institutions are built upon habituation in human conduct. Habituation is simply the repeated performance of acts in patterned ways, recognition of the relative efficiency of those ways, and the fact that those ways can be called upon when needed to bring about the same result. Habituation that becomes regularized and mutually predictable among actors in a stable division of labor can be said to be institutionalized. Once such stability is established, moreover, actors can develop innovations on these established patterns, thereby creating new habituations.

Institutions are constructed upon a history of these mutually predictable patterns of conduct. Once they have been in place long enough for a new generation of actors to enter,

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the activities of institutions will take on what Berger and Luckmann called "objectivity" (p. 58). Objectivity refers to the point at which institutions are "experienced as possessing a reality of their own, a reality that confronts the individual as an external and coercive fact." (p. 58). That is, the practices of institutions become "crystallized" and "thickened," as "ways things are done" to the point where the individuals within them do not recognize their origins as human constructions. The practices of institutions are thereby increasingly resistant to change through time, even though they are in origin and in fact "humanly produced, constructed objectivity" (p. 60). If it can be assumed that this broad definition of institutions might then apply to sportsnets, it follows that to account for the settled practices of a sportsnet is to account for the ways in which its activities take on this air of objectivity. Nixon (1992a) did not acknowledge the apparent fact that all institutions take on coercive characteristics which are not immediately perceptible to those immersed within them.

What may further add to the settling of institutional practices are especially salient experiences of its members. In Berger and Luckmann's words, these experiences become "sedimented," that is, "they congeal in recollection as recognizable and memorable entities" (p. 67). When such experiences are common to the biographies of others and are then shared and articulated into language, they accomplish "intersubjective sedimentation" (p. 67). In institutions, such intersubjective sedimentation might be thought of as an institution's "memory." These memories, as they are constructed in language, make sedimented experiences accessible to those who did not originally share in them. Language thus becomes the most important means of organizing and articulating a number of these sedimentations.

Because institutions are inhabited by succeeding generations through time, they develop the need for "legitimations." The reason for this is that, while the originators of an institution will have within their biography both sedimented experiences and the rationales for the practices the institution has established, new generations will not share such

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memories and therefore must become convinced of these reasons through other means. Often this is achieved by presenting new members with an integrated description of the institution's crystallized practices and the institution's history of sedimented experiences. These legitimations need to both convincingly and comprehensively explain the practices of an institution. If they are not both convincing and comprehensive, institutional activities will be less amenable to understanding by new members as generations pass and some degree of control may be lost. Note that there was no mention by Nixon (1992) of the potential loss of administrative control and instability a sportsnet must constantly confront. That is, a sportsnet, like any institutional order, will be more or less prone to change, given its ability to successfully negotiate with new members and maintain stability. Hence, an account of crystallization and sedimentation in a sportsnet requires attention to the legitimations deployed to achieve predictability and control.

How predictable and controllable conduct is made to persist over time, in light of new members increasingly removed from an institution's original intent, becomes a central question in the analysis of institutions. Berger and Luckmann argue that it is language, articulated into a set of working knowledges, that is able to provide a coherency and integration to institutions in ways that accomplish this predictability and control. Hence, they conclude that "if the integration of an institutional order can be understood only in terms of the 'knowledge' that its members have of it, it follows that the analysis of such 'knowledge' will be essential for an analysis of the institutional order in question" (p. 65). Moreover, in describing this knowledge, they add:

It is the sum total of 'what everybody knows' about a social world, an assemblage of maxims, morals, proverbial nuggets of wisdom, values and beliefs, myths and so forth . . . [E]very institution has a body of transmitted recipe knowledge, that is, knowledge that supplies the institutionally appropriate rules of conduct (p. 65).

The meaning of one's conduct and the roles played within institutions are thereby generated out of this knowledge. That is, these working knowledges will provide a logical coherency and integration which will further cement the hold of the institution on its members, even

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though portions of this knowledge will in fact have been created in order to provide legitimacy to the institution's existing practices. Acquainting new members with this knowledge becomes the principal means of socialization into the institution. In these socializing experiences, this core knowledge lends meaning and value to the practices of the institution and becomes the framework for interpreting new experiences. It also presses upon members the need to be able to articulate the meaning and necessity of the institution to society.

As Nixon (1992a) suggested, the language of sportsnet members will tend to reveal the inherent beliefs that underly the practices it establishes. It must be realized, however, that such language and working knowledge will be referenced to daily practices and other behaviors in the organization. These behaviors and practices may fit more or less adequately the formalized language and logically coherent frameworks constructed to make sense of them. This suggests that members of a sportsnet may learn the practices and the rationales for them, but may see contradictions or inconsistencies between the two. For example, a pre-participation medical examination of athletes may be argued as necessary to detect underlying physiological conditions but may be seen by a sportsnet member as actually serving the management concerns of coaches. The point is that sportsnet members are conscious of these inconsistencies between stated objectives and manifest functions of the organization and may work to resolve them. Institutional orders, this example indicates, are maintained by negotiations between what it does and how successfully it explains to its members what it does.

This may particularly be true in the case of *modern* institutions which have emerged with the development and application of certain forms of rationality (e.g. science) to human problems. Medicine is among the most powerful examples of such rationality, in that it is both highly institutionalized and exists as the paradigmatic example of a profession. Freidson's (1970) Profession of Medicine studied the development of medicine utilizing a sociology of knowledge perspective that holds much in common with that of Berger &

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Luckmann (1966). Following the latter's evolution of institutions, Freidson observed how the term "medicine" has been used to describe a whole gamut of *practices*, from individual self-healing techniques to the most scientifically sophisticated forms of medical services. Hence, Freidson looked at medicine first as an occupation--that is, as a set of practices of diagnosing and treating illnesses--and only secondarily as a scientific body of knowledge. Indeed, he questioned the notion of a body of knowledge as orienting a profession, remarking that "[m]edicine...in this sociological usage, is an organized consulting occupation which may serve as the discoverer, carrier, and practitioner of certain kinds of knowledge, but which is not a body of knowledge as such." (p. 5).

Starr (1982) noted that the growth of the authority of medicine was made possible by mechanisms of both legitimation and dependency. The legitimations were the establishment by medicine of standardized education and legal licensing. The dependency was created by instituting controls over the dispensation of drugs, the formation of health insurance, and the founding of medical institutions--the hospital. The growth in the physician's knowledge that permitted these legitimations and dependencies, as Freidson noted, should not be mistaken for the growth in *scientific* knowledge. Rather, the physician gained public prestige as a result of service to the public. Hence, it is a mistake to place scientific medical knowledge as being on par with academic knowledge. Instead, as Freidson observes, "[t]he request is, 'Doctor, do something,' not, 'Doctor, tell me if this is true or not'" (p. 22). Hence, Freidson sees as radically different the activities associated with solving practical problems and those associated with the production of knowledge.

Knowledge and Practices in Athletic Training

Hence, the distinction between the scientific knowledge created for the purposes of public licensure and autonomy of a *profession* and the "recipe knowledge" and sedimented traditions of the institutionalized practice of an *occupation* must be kept in mind. This suggests that any medical or paramedical occupation should be analyzed as much for its

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actual practice of medicine as it is for its identification with a centralized professional organization and body of scientific knowledge. Indeed, in the case of athletic training its practices and techniques date back to ancient history (Fahey, 1986), and only in the 1950's were attempts made to form the occupation into an allied health profession. Only recently have scientific journals and other professional activities in athletic training emerged. Moreover, it was not until 1991 that the profession of athletic training received recognition by the American Medical Association as an allied health profession (Weithaus & Fauser, 1991). In other words, the practices of athletic training predate its establishment as a profession founded on an application of medical knowledge.

These points are also relevant to Nixon's observations about the isolation of the sportsnet. If it is the case that all medical and paramedical practices are matters of working knowledges and particular contexts, Nixon's suggestion that sportsnet medical services may be worse than those outside the sportsnet is an empirical matter to be investigated not assumed. Indeed, Nixon seems to presuppose that the ideologies created by the sportsnet are unique to it, and that other non-ideological or "objective" medical assessments, immune to sportsnet agendas, are available outside. While this is certainly the case, Nixon (1993) himself, along with Young (1993), provided evidence from popular literature and legal documents that these injury-legitimizing ideas are not *unique* to sportsnets and are indeed what function to keep sports violence and injuries acceptable within society. It is not clear what the effect of isolation is if outsiders share, or might *come* to share, the same ideologies. This is precisely what makes his suggestion that athletes pursue second opinions on their injuries and pain rather suspect. What is to insure, were athletes to flock to other health care personnel, that these persons in other organizations would not also succumb to the same injury-legitimizing ideologies of the sportsnet?

Moreover, to suggest athletes pursue "outside" opinions on their injuries implies that there actually *is* a grand, uninterrupted and unchallenged consensus *within* the sportsnet on the appropriate treatment of athletic injuries. Again, one of Nixon's own

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studies concluded that there is seldom intent on the part of coaches, trainers and others to deliberately harm and otherwise exploit athletes (Nixon, 1992b). He also cites Kotarba's (1983) study indicating that athletic trainers actually resisted some of the impulses of the sportsnet and provided sound medical advice to athletes, only to have the athletes themselves avoid revealing their injuries. Does this mean that athletic trainers are not part of the sportsnet, or that the sportsnet itself is in a continual process of negotiation and dispute about medical judgments and related participation decisions? Hence, an explanation for how sound, scientific, medical counsel (presumably available elsewhere) becomes distorted, compromised or avoided within the sportsnet is needed in order to make clear how one might distinguish collusive influences from benevolent ones.

Sportsnets: Total Institutions?

A useful component of the sportsnet framework is Nixon's observation that sportsnets are relatively closed off from the rest of the world. While some of the characteristics of the sportsnet Nixon describes are quite vague, particularly the notions of "homogeneous transactional content," and "[stability] in social relational patterns," it seems clear that "big-time" intercollegiate athletic departments which include large staffs of athletic trainers, physicians and others are a good, if not paradigmatic example of a sportsnet. Perhaps a useful adaptation of Nixon's "sportsnet" model for this study emerges from consideration of the fact that the practices of sportsnets may be ways of managing athletes that are simply convenient to the competing and sometimes contradictory needs of those running them. That is, sportsnets may become, consciously or not, means of the social control of athletes rather than a tool for addressing the needs of athletes. This opens up a wider set of questions related to the broader sociocultural contexts of institutionalized professions, and their internal practices. Indeed, Bourdieu (1987) and Gruneau (1991) have speculated on the similarity of modern athletic complexes and their internal operations to Goffman's (1961) description of "total institutions," the label he used to describe mental hospitals in *Asylums*. Gruneau (1991) suspected that athletes may be subject to similar

kinds of controls as patients in mental hospitals, given what he saw as similar institutional and physical characteristics between an asylum and the typical football practice facility.

Goffman called asylums “total institutions,” which he describes as “a place of residence and work where large numbers of like-situated individuals, cut off from the wider society for an appreciable period of time, together lead an enclosed, formally administered round of life” (p. xiii). Moreover, he states that institutions like asylums have the tendency to encompass its residents and be self-contained in operation, most obviously evident in the physical layout of the institution itself. Such institutions are often characterized by formidable barriers to the outside world, which include high walls, locked doors and other barriers to interaction of external and internal worlds. An oft-quoted segment of the preface of *Asylums* is Goffman’s observation that “any group of persons--prisoners, primitives, pilots or patients -- develop a life of their own that becomes meaningful, reasonable, and normal once you get close to it, and that a good way to learn about any of these worlds is to submit oneself in the company of the members to the daily round of petty contingencies to which they are subject” (p. ix-x). Hence, as Nixon suggests in the case of the injuries of athletes in sport, the situations to which mental patients have been subject in asylums may become normalized for those within them.

Following Gruneau's (1991) suggestion, if sportsnets are to be investigated in terms of their insulation and total immersion of athletes, it seems plausible to use a paradigmatic example of an institution that has accomplished this totalization. I believe it useful to draw on several of Goffman's observations about total institutions as potential ways of looking at the practices of student athletic trainers. In particular, I see intuitive connections between the activities of student trainers and four of the practices Goffman points out as part of total institutions. First is what Goffman called “mortification,” wherein one's identity is essentially stripped and replaced with one convenient to the administrative procedures of the institution. The process of mortification involves several steps, according to Goffman. These include role dispossession, wherein the staff attempt

to break the patient's attachment to past roles. Related to such activities are practices which essentially attack patient behaviors that in the outside world indicate that the individual has control over his or her own life, in particular, those that suggest a patient "knows" the status of their health and well-being. Significantly, a central portion of this process includes a control of the language of patients, wherein their words cease to carry the same weight as those of a staff member or otherwise "normal" human beings. In addition, one's full immersion in the purposes of the institution are measured by a kind of asceticism, where one accepts the indignities of the institution's practices in exchange for what Goffman called a "sociological comfort," in that an identity about which there are predictable social conditions is created (p. 48).

The process of mortification in the case of the provision of sports medicine services would obviously be applied to athletes, who are the "patients" in such situations. One might argue that such a process would seem to serve as a useful tool for those in the sportsnet who are interested in "encouraging" athletes to return to participation in the sport, ala Nixon's "conspiratorial alliance." Although it is unlikely that one would find student athletic trainers, in positions analogous to staff, engaging in the types of humiliation described by Goffman, such degradations might be engaged in by coaches and other athletes on the team. While one cannot help but note the use of numbers, last names, positions, and other means of identity traditionally associated with sports participation, these are conditions that an athlete will have undergone for some years prior to their participation at the collegiate level. Indeed, athletes may have undergone an entire history of degradations and other public humiliations, especially those that occur within traditionally male sports such as football. While student athletic trainers may only witness such processes, of interest here are any contributions they may make to the effect of such transformations in the identity of athletes through the perhaps complimentary practices they learn as allied health personnel or by their simple association with athletes.

Second, and as a result of mortification, Goffman argues that the patient begins a "moral career" in the eyes of those operating the total institution as a result of their knowing the life stories and comprehensive activities of the patient. Such knowledge is acquired by means of several of the processes Goffman associated with mortification. Among these are two which seem particularly relevant to the practices of student trainers. First, there is a kind of ongoing surveillance of patients conducted not only by the simple exposure of staff to the day-to-day life of the patient, but also by their knowledge of quite personal information about the circumstances which brought them to, and keeps them within, the institution. These personal biographies about patients serve as the moral backdrop for the medical evaluations of their conditions and the treatment they receive in response. Second, Goffman considered confessions of various sorts, many of them forced by virtue of the level of surveillance that such institutions also conduct, as useful tools in the monitoring of the patient's moral career. In other words, by virtue of being constantly watched by medical personnel, one will tend to submit oneself to admitting to the problems they suspect.

Several considerations, then, about the unique place of student athletic trainers within the sportsnet render them particularly interesting with respect to surveillance and confession. First, student athletic trainers may be expected to be placed in the position of regularly "lending an ear" to or actually counseling peer athletes on a range of medical, quasi-medical, team and personal matters. Indeed, skill in "education and counseling" is a required competency of the National Athletic Trainer's Association for which students are evaluated (NATA Board of Certification, Inc., 1991). The provision of counsel is particularly interesting in light of the fact that student trainers are frequently and uniquely exposed to the comprehensive activities of the team, including practices, games and travel. Hence, they may be expected to be engaged in a number conversations with athletes on topics which extend beyond athletic training matters and include such things as particular athletic performances and their evaluation; personal orientations to health and well-being;

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relationships among and between team members and/or coaches or other personnel; instances of success and praise or apparent injustice and mistreatment; and various “off-the field” matters, including relationships with roommates, professors, or others. Student trainers must therefore decide what degree of personal familiarity with athletes is acceptable within the boundaries of their developing roles, how they are to handle both medical and possibly quite personal information and when the conveyed information necessitates a referral to another party.

Moreover, modern athletic training may be seen as an ongoing health status surveillance system for athletes. Collegiate athletes, at least in the realm of *immediate* medical care, essentially have no choice but to accept the on-site facilities and health care personnel offered as part of their participation. Unlike such apparently analogous para-professions (Freidson, 1970) such as nursing, however, these student trainers often witness the activities which lead to the necessity for their services. They may not only see the mechanisms of the injuries they confront, they may also participate in lengthy rehabilitative processes and witness the daily behaviors of those in their care immediately subsequent to that care. Moreover, the recent attention paid to the issue of prohibited substance use by athletes (Anderson, Albrecht & McKeag, 1993) has resulted in the addition of other surveillance functions taken on by athletic trainers, including in some cases the obligation of student trainers to report instances of such use. This surveillance introduces issues of paternalism (Brown, 1985, Ravizza & Daruty, 1985) not only on the part of the institution, but on the part of peers. Hence, the practice of having student trainers in the position to monitor extensive periods of the lives of athletes, lend them counsel, and conduct health and potentially drug use surveillance may inform the “moral career” of athletes as recipients of athletic training services.

A third consideration which emerges out of the analogy of a total institution to the milieu of sportsnets are the generalizations of staff about human beings as a result of having chronicled a *number* of moral careers. Out of these, Goffman noted, come

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"theories of human nature" that emerge as a result of staff evaluations of the degree to which a patient submits him or herself to the wishes of the institution. These theories will serve as rationales for all manner of actions and "provides a subtle means of maintaining social distance from inmates and a stereotyped view of them, and justifies the treatment accorded them" (p. 87). The demonstration of an institution's efficacy, moreover, is its ability to somehow break the resistance of clients to its demands, evidenced in those who show immediate deference to staff. The result of such a process, in Goffman's view, is a reinforcement or apparent validation of the staff's theory of human nature and views of character where the "compliant" patients are distinguished from the "problem" ones. With respect to theories of human nature, Goffman concludes that "since mental hospitals have a legitimate claim to deal with the 'whole' person, they need officially recognize no limits to what they consider relevant, a socially interesting license" (p. 156, footnote). Hence, a machinery of organization and administration are constructed and "validated" on these operating theories of human nature.

Theories of human nature that student trainers might form as a result of their work with athletes, then, might be expected to become established as a result of their knowledge of the athlete's status on the team, the details of the athlete's personal life, and the apparent compliance of athletes with advice and other orders given them regarding their health and well being. Moreover, such theories might also be constructed out of the ideologies operative in the "athletic subculture" to which they may have some relationship. In particular, student trainers may well adopt these ideologies as convenient ways of explaining athlete behaviors which seem unusually resistant to their wishes. One might also, therefore, expect that these theories would become operative lenses through which newly entering athletes would be seen. Finally, one might expect that a standard set of procedures might be developed which are adapted to "cases" of athletes fitting the stereotypes these theories construct. Again, these are empirical matters to be investigated in a study of student trainers.

The fourth component of the sportsnet/total institutions analogy relates to the consequences of what Goffman calls a "servicing relation to the body," wherein the patient is treated not as a person, but as a body in the form of a serviceable item or "physiochemical machine." He notes several of the special considerations of fitting the body into what he calls "the tinkering service framework." Noting that the body is highly cathected, in that "persons place great value on its appearance and tend to identify themselves with it" (p. 340), Goffman observes that the body can't be dropped off to be serviced and then picked up later, except in the cases of anesthesia and "non-person treatment"--for example, when a group of physicians discuss a patient's case in the latter's presence, using technical jargon. Among the most damaging criticisms of this service orientation is the view of it as a "workshop complex" (p. 346). This is basically the disturbing public perceptions of medicine practiced using only the particular schemes, approaches and techniques in which the institution specializes. Moreover, as Freidson (1970) noted, there are often a number of different and competing "schools" within medicine, which vary along the lines of treatments and their degree of radicalism or conservatism to the existing physical state of the subject. While a patient may have a choice among these schools, there are few choices patients are deemed competent to make once in the care of a particular school. That is, once enclosed within a particular school, one enters what Friedman (quoted by Freidson, 1970) called "'the dogma of immaculate perception, the belief that the data collector is a non-person, the general avoidance of the social psychology of . . . research . . . all part and parcel of that governing ideology, that unattainable image of cleanliness'" (p. 265).

Goffman (1961) concludes that part of the "moral career" of the patient is the fact that a diversity of individuals within a school are suddenly seen as remarkably similar. In this regard, Goffman also keenly observes that a hospital is a poor place to witness a "classic repair cycle," in that, rather than ongoing evaluations of patients, only aberrations in their fit with existing medical models are recorded. He notes that the same applies to the

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administering of treatments. The latter, he notes, are often “given across the board to a whole entering class of patients, with the medical work-up being used more to learn if there are counter indications for the standard treatments than to find indications for them” (p. 360-361). Finally, Goffman observes, the patient is often sent back to the very source of the problems leading to hospitalization. He notes, that

since the interpersonal situation cannot be brought in and serviced . . . the figure and ground of usual service merge into one, the patient's interpersonal environment being inseparable from the trouble he is experiencing. Theoretically, it might of course be possible for a slight therapeutic change in the patient to have a benign circular effect on his environment when he gets sent back to it, and it might be possible to arrange to return him to a new environment, but in practice the patient is usually returned, when he is discharged, back into the system of which his psychotic response is a natural part” (p. 363).

It must be reiterated that athletic training is a profession primarily focused upon providing care to the bodies of athletes under the assumption that bodily injury is an implied aspect of participation in sport. Indeed, the very existence of the occupation depends upon the acceptance and normalization of behavior in accordance with this fact. Hence, it follows that the day-to-day preparation, ongoing care, emergency treatment and rehabilitation of athletes will tend to foster certain ideas about, and orientations to, the requirements of elite level athletic competition and the athletic body as it participates in sport. Through this process student trainers may be expected to similarly acquire practices associated with a particular "school" of athletic training and to standardize these practices. Moreover, the principal concern of Nixon is identical to that of Goffman quoted above: the return of the athlete, perhaps counter to sound medical judgment, to the activity which injures them.

Indeed, current research literature within athletic training reveals particular concern for the clinical aspect of professional preparation not principally related to the medical competencies of the individuals prepared, but rather with the social context and extra-medical demands of the occupation (Mangus & Ingersoll, 1990, Kuznets, 1991, Buxton, Lankford & Glieck, 1992, Buxton, Lankford & Noda, 1992). Ironically, while these

demands include the provision of counseling services about which at least some trainers feel under prepared (Weidner & Vincent, 1992), the National Athletic Trainer's Association's Role Delineation Study (1991) indicated that professional trainers rank "education and counseling" low relative to medical services on a prioritized list of athletic training competencies. This suggests that professional athletic trainers see themselves as primarily health care personnel who work on the bodies of athletes as extensions of the medical profession, and secondarily as educators and counselors of athletes. That is, they may see themselves as rendering strictly technical services which may or may not be impeded by the social environment of the training room, the demands of the occupation, or the personal difficulties of individual athletes. Of importance to the study of student trainers, it also suggests that becoming an athletic trainer is composed of processes by which students also come to accept all of these facts as the conditions of their work.

Summary and Rationale for the Study

Again, the intention of this review was to point up insights into institutions which may be relevant to the study of student athletic trainers immersed in what Nixon sees as a closed off and ideologically homogenous world. Goffman's idea of a "total institution" provides an example of a way such totalization is achieved. It is clearly *possible*, then, to explore athletic training as a variant of a total institution. This study, then, will begin to explore how *fruitful* such an approach may be by examining the degree of totalizing of one segment of the sportsnet. Again, of particular interest here are four processes taken up by Goffman which included "mortification," which may take place through a combination of various physical controls, discursive practices, and the regimentation of medical services for athletes. A "moral career" made possible through surveillance and counseling practices may then begin, wherein the behavior of the individual athlete is placed within a comprehensive view of their life and values. Such activities are both premised upon and help reinforce implied "theories of human nature," which may be the ultimate rationales for the treatment of athletes. Third, one might investigate the establishment of a "servicing"

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relationship between medical staff and the body of the athlete through the standardization of practices. Finally, the application of the medical model to the servicing of selves, and the ultimately *self-serving* conception of the self that emerges from it, might be pursued in a study of student trainers.

However, as noted in the review of institutions, it should also be anticipated that there will be certain sedimented practices in institutions that have more or less continuing support among its members. This will be particularly true in cases where members do not have experiences of the need for certain of these practices. Institutions may have inadequate legitimations for these practices, or other failures in their systems of control, and hence a number of sources of resistance to totalizing practices may be found. This may especially be the case in the work of student athletic trainers. As Goffman (1961) noted, even in encompassing institutions, "the system or pattern borrows only a part of the individual [and] the role others for whom [the individual] performs similarly represent only slices of these others" (p. 86-87). Hence, there may be compromises in institutional aims brought about by the encroachment of the other "slices" of individuals into the institution. There may well be mortification processes through which athletic trainers themselves must pass and in which athletes may participate, due to their status as peers and the fact that student trainers "serve" athlete needs. Additionally, while "moral careers" of athletes may be constructed through the familiarity of student trainers with athletes, this very familiarity may also eliminate the consequences of such knowledge. That is, student trainers may become the allies of athletes over against the purposes of the sportsnet. These relationships may work to undermine a number of totalizing tendencies the sportsnet may have.

Moreover, as noted earlier, the subcultural practices of athletes mentioned by Nixon may also be expected to determine the degree of totality the sportsnet is able to exercise over its members. Nixon suggested that these subcultures, composed of common beliefs, norms, values and symbols, may also encompass and legitimize playing with pain and avoiding sound medical advice. A subculture is, by definition, a group composed of

discordant values, common interests, problems and pursuits which mark it off from a more encompassing culture (Phillips & Schafer, 1976, Donnelly, 1981). While some subcultures are formed on the basis of deviance (e.g. Coakley & Hughes, 1992), other work has identified sport subcultures which feature the degradation of others (e.g. Donnelly & Young, 1985). For example, literature in the sociology of sport has examined male subcultures and their treatment of girls and women (e.g. Theberge, 1989, Curry, 1991). It is also possible, however, that various subcultures related to the sportsnet might also form around *resistance* to pain and injury, or otherwise resist the aims of the sportsnet. Overall, a study of student athletic trainers must also be conscious of the possibility that existing subcultures, of which student trainers themselves may be members, may either work for or against the wishes of a sportsnet.

While the above discussion was intended to point up investigable aspects of the work of the student trainer, it is obvious that not all of them can be examined in a single study. A study of a social institution like a sportsnet must identify the settled practices and attendant working knowledges that are inherent to it. It must also examine forms of resistance to these practices found among its members. What actually goes on among the people working in the medical units of the sportsnet, and in the present case, student trainers, will be expected to be a product of continual interaction, compromises and perhaps relative autonomy of its members from those who control it. Hence several questions for the present study arise. First, what are the characteristics of the general work context of the sportsnet on the practices of student athletic trainers? What is the result of the fact that student trainers are both students and apprentice athletic trainers? With whom do student trainers interact and what is the nature of their relationships? What impact does the knowledge they acquire as a result of these relationships have on those with whom they work? How much control does the sportsnet have over the practices of student athletic trainers? These were the principal questions addressed in this study.

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CHAPTER II

Methodology

As mentioned in the Introduction and Review of the Literature, the purpose of this study was to examine the experiences of student athletic trainers as part of a larger sportsnet within which college athletes sustain injury and receive medical treatment and advice. This study was intended to investigate a portion of this sportsnet by attempting to understand student athletic trainer's conceptions of what they do, what their relationships with athletes are, and how they think about the injuries athletes sustain. Moreover, it sought to understand the degree to which the sportsnet is a totalizing institution. In an effort to gain this understanding, I interviewed 22 undergraduate and graduate men and women students enrolled in an athletic training internship program at a large, Midwest, NCAA Division I institution (hereafter described as GSU--Great State University). There were two types of interviews involved, one a group session, the other an individual interview.

Rationale for the Interview Method

As indicated in the review of literature, the principle concern of sport sociologists in the few studies which have included athletic trainers has been to attempt to understand how groups and their ideologies may or may not contribute to the acceptance of pain and injury by athletes. The conclusion by Nixon (1992a) in this regard was that there is a need to understand the operations of "sportsnets" and related "athletic subcultures" within which athletes are immersed and encouraged to accept pain and injury. One examines the sportsnet, Nixon suggested, by studying the structure of relationships within it, that is, who interacts with whom, the nature of those interactions, the flow of information and resources, and the impact of these activities on sub-units and individuals. The "athletic subculture," on the other hand, is studied by focusing on the shared meanings and common practices distinguishing it from outside groups. In the latter case, then, one studies such things as beliefs, norms, attitudes, and language. As I concluded in the Introduction and

Review of Literature, Nixon's conception of a sportsnet and related "athletic subculture" is, when refined by related sociological work, a useful way of conceiving of the context in which athletes are immersed. There is still, however, a dearth of empirical work on, and hence understanding of, both these networks and subcultures, and, in particular, the practices and beliefs held within them.

Quantitative techniques appear to be most appropriately applied to a number of the problems and issues Nixon outlined in his description of a sportsnet. One might begin to get an understanding of these sportsnets by surveying college and university departments of intercollegiate athletics and the network of internal relationships within them. For example, one might study the associations among variables such as sportsnet size, access of other sportsnet members to athletes, athlete living arrangements, and patterns of communication. One might also attempt to determine the relationship between frequencies of contact between various sub-units within and outside sportsnets and attitudes of athletes concerning risk, pain and injury. As suggested earlier, these associative and correlative hypotheses are as yet untested in empirical work.

However, in the study of athletic subcultures, one is attempting to expose beliefs and uncover meanings inherent in practices and language. Traditional quantitative techniques, and their transformation of ideas into variables through operational definitions, may miss these important meanings and beliefs. Quantitative techniques may also lead one to ignore or otherwise "control for" the impact of personal biography, and group and institutional history, in favor of drawing generalizable conclusions. While generalizability is desirable in attempting to understand an unstudied phenomenon, the fact that people most often place the meanings of events and their own actions within personal narratives, rather than within categories of variables, suggests that such meanings may be lost when using quantitative methods. At minimum, sole reliance on a quantitative methodology would supply an incomplete picture of the experiences of student athletic trainers. While it is true that beliefs may be implicit in the practices of a group, it is more likely that they will be

apparent in the actual language used by its members. More specifically, the meanings student trainers attach to the issues of pain and injury in sport, and their own roles and relationships within the sportsnet or athletic subculture, will most likely be evident in their own descriptions and accounts.

Hence, qualitative methodologies seemed more appropriate than traditional quantitative techniques for the task of examining the student's conceptions of their work, their beliefs about injury, and the general context in which they interact with athletes. Additionally, because one may develop rapport with interviewees in ways similar to naturally occurring conversations, one may also illicit self-disclosures unattainable through other methods (Bodgan & Biklen, 1982). Moreover, the use of such techniques to study the perceptions of college athletes (Adler & Adler, 1985, 1991, Meyer, 1990, 1991) have shown that subjects explain decisions, recount experiences, and react to popular perceptions of their activities in ways not elicited with traditional survey methods. In this way, subjects have a voice in the presentation of "results" of research by having what they actually say presented, therefore making their feelings and perceptions immediately available to observers. It may also, as a result, require researchers to construct explanations that are "closer" to their data than they might be in cases where data are summarized in the form of statistical analysis. Finally, because the purpose of the study was to understand these meanings and beliefs, I decided to use a qualitative methodology, in the form of semi-structured group interviews followed up by individual interviews.

It must be noted, however, that the assumption behind the recommendation that sportsnets be quantitatively measured and athletic subcultures be qualitatively studied indicates questionable dichotomies in both the phenomena and the methodologies. It suggests first that sportsnets and athletic subcultures are distinctly different empirical realities, rather than the theoretical constructions of scholars interested in sport. Indeed, it may well be that the differences between the two are precisely those between scholars who prefer using statistical analysis and those who prefer interview methods, respectively. Of

course, either methodology may have uses in the study of either of these concepts. Moreover, to propose that by *interviewing* student athletic trainers, rather than, for example, having them complete a questionnaire, one is studying the "cultural aspects" of their lives rather than the organizational relations in which they are immersed, is equally suspect. The information obtained through an interview may well be as revealing of a sportsnet as it is of an athletic subculture. Hence, while my intention was to examine thoughts, meanings, and beliefs, it was inevitable that I would also obtain descriptions of relationships, patterns of interaction, organizational characteristics and information flows.

I decided to conduct group interviews, followed by individual interviews, for two reasons. First, I believed that, because research on student trainers of this type had never been conducted, I needed to efficiently familiarize myself with the work and the major issues concerning these student trainers. In other words, I wanted to be able to ask informed questions within the subsequent individual interviews, which I believed would go into more depth. Hence, the group interviews were conducted first and concerned the more general issues of the student trainer's actual duties, disruptions occurring in the workplace, gender issues, and things they might change about their internship. The second rationale for both group and individual interviews stemmed from my belief that the group interview might have a "priming" effect for the individual interviews. That is, having covered the basic landscape of the actual job, we could then move on to central issues of the study with each student trainer. Hence, individual interviews dealt with the student trainer's expectations upon entering the program, their perceptions of gender differences in their experiences, their feelings about injury, and their knowledge about and relationships with athletes.

Limitations of Interviews

While any research methodology has weaknesses, what is considered a weakness also depends on the intentions one has for the inquiry in which it is used. As Bogdan and Biklen (1982) have suggested, there are several matters to which one should attend when

both planning and conducting an interview. These measures should be taken in order to assure comfort on the part of interviewees which will permit self-disclosure, the sharing of honest, versus socially desirable, information, and the establishment of some degree of control over the topics discussed.

It is important, first, to present oneself to the interviewee in ways that are neither threatening nor evaluative (Bogdan & Biklen, 1982). One must take measures to establish general environmental conditions for the interview which are comfortable and non-distracting, such that interruptions are minimized or eliminated. Steps must be also taken to establish a rapport by indicating a genuine interest in what the interviewee is saying. In this regard, one must pay attention to dress, the preparation of the interview site, and the placement and use of recording or note-taking materials. One may also establish this initial comfort by doing such things as posing very general and easily answerable questions near the beginning of the interview (Bogdan & Biklen, 1982).

The interviewer must also be conscious of cues which may tip off the interviewee to any personal biases they may hold with respect to the responses or the more general research topic being discussed. Similarly, the interviewer must avoid "steering," or otherwise controlling the interview to such a degree that the natural responses of the participant are replaced with those consistent with the interviewer's implied agenda. This giving of socially desirable responses may, indeed, happen regardless of any steps the interviewer might take (Bogdan & Biklen, 1982). One may check for such phenomena, however, by altering the form in which questions are asked, thereby permitting some degree of "triangulation." However, among measures for checking validity, including using multiple observers, or multiple data sources (Hammersley & Atkinson, 1983), this must be considered a particularly weak triangulation method. One must also be concerned about over-correcting for the tendency toward social desirability, as it may lead to the loss of control over the topics being discussed, such that the interview is not consistent with the purposes of the study. Moreover, one should be conscious of the fact that consistency

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across answers is not necessarily an indication of validity. One must be wary of the tendency for interviewees, particularly those from the same organization, to propagate a particular managed impression, or professional ideology.

Another limitation of the interview method is that it relies on the interviewee to freely recall information which may not be especially salient or particularly memorable at the time of the interview. Of course, this can be expected to be the case when one is asking for information about events that may have occurred months and years earlier. Such temporal distance, however, can also allow time for the interviewee to reflect upon and place the events into a more cogent perspective. Nevertheless, the degree of temporal distance one has from the event or circumstance in question is something for which the interviewer should be prepared. It is possible that questions may need to be dropped or alternative question posed in order to account for these circumstances.

These considerations of setting, social desirability, interviewer bias and control, and the problems associated with memory were reviewed as I prepared for and conducted each interview. It was nearly impossible, however, to anticipate the range of possible turns each interview could take. Hence, while I felt these were adequate ways of preparing, there seemed to be no substitute for simply beginning to conduct these interviews and modifying them where appropriate.

Participants

The student athletic trainers who participated in this study were 22 undergraduate and graduate students, 9 women, 13 men, participating in an athletic training internship program at Great State University. While other descriptive data on the group were collected in a background questionnaire (see Appendix A), the condition established for collection of this information was that it would be used only to inform questions asked in the individual interviews and would not be presented in summary form. The reason for this was protection of the identity of the participants (see Confidentiality Procedures below).

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Student athletic trainers at Great State University were chosen for the study because they are involved in providing medical services to athletes at a large university sponsoring more than 20 athletic teams, some with widespread regional and occasionally national visibility. Because they are involved in an internship program, the majority of their activities as student trainers involve actually working with athletes, versus classroom experiences. This fact suggested that the students were in a position to witness the comprehensive scope of activities in which athletes are involved, including their receipt of medical services, but perhaps also including relations with coaches, teammates, physicians, and others within the intercollegiate athletic setting. Given the fact that many of the student trainers participating in the study had more than 2 years of experience as student trainers, I assumed that they would have a diversity of experiences and established perspectives on a range of issues relating to practices within intercollegiate athletics.

The internship program in which the students were enrolled is intended to meet the standards for certification set by the National Athletic Trainer's Association (NATA), the profession's national association. The NATA requires seven areas in which students must demonstrate competence in order to receive professional certification. These include prevention of athletic injuries and illnesses; evaluation and recognition of athletic injuries and illnesses and medical referral; first aid and emergency care; rehabilitation and conditioning; organization and administration; counseling and guidance; and education (Draper, 1987). The NATA accepts two types of preparation programs for students leading to certification: a curriculum-based program constituted primarily of formal academic course work along with 800 hours of clinical practice; and an internship program relying less on course work and requiring 1,500 hours of clinical practice (Buxton, Lankford & Noda, 1992). Again, the program at GSU was of the latter type.

Internship programs, although varying across institutions, involve assignments of students to athletic teams at their institutions, with which they work as trainers under the guidance of a professional trainer. At GSU, students progressed through three primary

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levels: learner, assistant and head of sport. Learners at GSU were reported to be most often initially assigned to the football team, working under the guidance and supervision of the head and assistant head trainers on the GSU staff. Once they satisfactorily progressed through the learner portion, usually a full season assignment to the football team, these students became assistant trainers, working under the guidance of a head trainer, or a head of sport. Assistants, again, given positive evaluation, then became heads of sport, who were reported as being more senior-level undergraduates or graduate students. Graduate students who had already received NATA certification were, although under an initial probation period, generally assigned as heads of sport. These heads of sport were responsible for the comprehensive, daily performance of athletic training duties for a team to which they were assigned by the staff coordinator of athletic training and/or staff assistant athletic trainer. Depending on the size of the team, these heads of sport may or may not have had undergraduate assistants working with them.

During their internship, these students are exposed to a number of experiences, including rotations in various area medical clinics. During the course of their internship experience, they are to practice and become competent in the comprehensive scope of athletic trainer skills. These skills include such things as pre-season and ongoing physiological assessments; emergency and other immediate care of injuries; pre-practice stretching, treatments or other preparation of athletes, including bandaging and taping; ongoing rehabilitative processes; administering of drugs and other remedies; use of rehabilitative and other equipment; and other duties. The skills developed during these periods are then evaluated in a practical portion of the NATA examination required for certification.

Selection of the Sample

After obtaining permission to conduct the study from the University Committee on Research Involving Human Subjects (Appendices B & C), I attended an in-service workshop held for student trainers in April, 1994. There, I made an announcement

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describing the study and circulated a sign-up sheet to the students which requested that they provide their names and telephone numbers if they were interested in participating. I informed them that the sign-up sheet did not obligate them to participate, but asked them to circle their names if they were certain that they would like to be involved. Thirteen student trainers from this initial list were contacted and ultimately participated in the study. These students were subsequently telephoned and group interviews involving them were arranged. Nine others who agreed to participate heard of the study through other student trainers already involved in the study. These students either telephoned me or had provided their telephone numbers to other student trainers in the study, who then passed them along to me. Again, these students were contacted and a group interview was arranged. There were two participants whose participation in the study was only in the group interview (one woman, one man), and two others whose participation was only in the individual interview (one woman, one man). In all four cases, schedule conflicts were responsible. In summary, the student trainers in the study were a convenience sample made up strictly of volunteers.

Confidentiality

Prior to starting each group and interview, the participants were given a description of the study, which also functioned as the Consent Form (Appendix D), and were asked to sign it at the bottom and return it to me as indication of their willingness to participate under the conditions described therein. As they read the Consent Form, I asked them to direct any questions about the procedures to me before signing. Prior to having them complete a background questionnaire I again asked them if they had any questions. In the two cases wherein an individual interview participant had not participated in the group interview, I went through this exact process. For those participants who participated in subsequent individual interviews, I provided them with the Consent Form they had signed and again asked if they had any questions about the procedures. As I indicated in the consent form, their participation was voluntary, could be ended at any time during the interview, and their

names would be known only to me and not connected to their responses in the study. I also informed them that the interviews would be tape recorded, and that indications of their identities that might be revealed in the study would be removed.

I asked the participants to complete a questionnaire with the intention of using it only to enable me to ask specific questions of them in the individual interviews. This did not ultimately take place because I realized that, due to the small nature of the program, even a single descriptor, such as a sport assignment, could identify them as participants in the study. Because many were to be involved in the program in subsequent semesters, I decided that I would neither summarize nor use any of the information provided in the questionnaire and that I would attempt to use as few descriptors of the students as possible in the writing of this dissertation. Further, where I felt it necessary, I have deleted portions of, or not used at all, quotes which might also have revealed the identity of a participant. The participants were made aware that the interviews would be tape recorded and that I would be the sole person to hear and transcribe these tapes. I have since also concluded that the transcriptions themselves will also not be seen by anyone but myself, except, obviously, in areas where I feel it appropriate and safe for the participants to quote them.

The Group Interview

Site

After arranging the group interview by telephone, the participants in the group interview met in a conference room located in a building on the GSU campus. The site was convenient and known to most of them, many of whom had taken courses in the building. The first group interview included five women participants, the second included three men, the third two men and two women, and the fourth included one woman and seven men student athletic trainers.

Rapport

I attempted to establish rapport with the participants by explaining the purposes of the study and thanking them for taking time out of their busy schedules to come in and

speak with me. Moreover, it appeared to me that a benefit of a group interview was that the participants knew each other, in some cases quite well, and were, with the exception of one case, therefore not hesitant to speak in the presence of each other. In one group interview, a first-year student trainer was in a group in which the rest of the participants were heads of sport. He did not speak as much as the rest of the group. Another group interview, on the other hand, went on what one might call "auto pilot," in that the students kept talking nearly uninterrupted for 90 minutes, covering every issue I had intended for them to discuss (nearly in order!). In summary, all of the group interviews were characterized by good rapport, owing, again, to what I believe was the participant's personal association with one another.

In one case, the participants in a group interview expressed concern with confidentiality, asking several questions about the use of the information, the fate of the tapes, and how the information would be published. I spent several minutes with them discussing the procedures I would use to keep their identities from being revealed in the study, although I also told them that determined investigation might result in their identity being discovered. This experience, along with my judgment of the potential volatility of some of the information contained in their statements, led me to discontinue my plans for use of the background questionnaire information. While much of this information has been omitted from the analysis and will not be presented in the study, responses I felt to be relevant to the intent of the study remained, again as devoid as possible of identifiers.

Length of Group Interviews

As mentioned above, one group interview lasted nearly 90 minutes. However, the other three group interviews were approximately 75 minutes in length. Because the intent of the group interviews was to obtain general information about the duties and general conditions under which these student trainers worked, my personal orientation to their progression was simply that every topic was generally covered. Hence, these interviews were considerably less structured than the individual interviews and were therefore slightly

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longer. This meant that some questions were asked out of order, and on a two occasions, the final question on changes the students would make within the profession were not asked at all.

Design and Instrumentation

The questions discussed in the group interview focused on five principal areas intended to reveal the work student athletic trainers do, things which hinder their work, the role of gender on their work, what they talk about when they have informal conversations, and any changes they would make within the profession given the opportunity. Below are the five areas and the approximate form of the central question asked in each.

1. If you were talking to someone who was thinking about being a student trainer, how would you describe what it is like?
2. How would you describe to that same person what you do on a daily basis? In particular, what do you spend most of your time doing? Is it the same most of the time?
3. What kinds of things happen to disrupt your day during your internship or otherwise make your job as a student trainer difficult? Can you describe an incident?
4. How would you describe the athletes who are easiest to work with? What makes them easy to work with?
5. How would you describe those who are the toughest to work with? What makes it tough to work with them?
6. Do your interactions with athletes differ when they are men versus when they are women athletes? If so, how?
7. When you talk with your fellow student trainers about work, what kinds of things do you talk about ?
8. Say you had the power to make changes to things that happen within the training room or in your clinical experiences. What would those changes be?

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Individual Interviews

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The individual interviews took place an average of eight days after the initial group interview, with the exception of two individual interview participants who could not attend a group interview. The interviews were all held in the same building as the group interviews, in most cases in the same room, although a small office was used on three occasions due to prior scheduling of the latter room for other events. In most cases, the interviews were held without interruption, although a telephone rang during one, and an officemate mistakenly walked in during another.

Rapport

Having held the prior group interview, I believe that good rapport was the case with all but one of the individual interviews. Again, it seemed as if the group interview "primed" these individuals, that is, got them to think about the issues surrounding their work. The single exception was one of the cases involving a participant who had not been involved in a group interview. Rapport seemed never to have been established in that interview, although I did not feel the responses were dishonest or evasive. It simply seemed as if the participant was uncomfortable with the questions. Little eye contact was made and the answers were cautious and quite non-descript. In all cases, participants were asked whether they had questions or would like to review the Consent Form they had signed prior to the group interview. None asked to review these procedures or had questions about the nature of their consent.

Length

I had informed each participant that I would attempt to keep the interview at or around one hour. The range was from 75 minutes to approximately 50 minutes. This estimate served to be quite accurate for the interview itself, although several participants stayed after the interview was over to talk about the study, various aspects of their work, or

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their future plans. I instructed the participants that we could take as much time as needed and that in no case would I stop an interview due to my own concern with its length.

Design and Instrumentation

Questions in the individual interviews were intended to examine the following areas: expectations versus realities of their work as a student trainer; the role of gender in the experiences of student trainers; feelings about serious injuries and the numbers of injuries in sports; relationships with athletes and their role in doing the work of an athletic trainer; and finally, overall views of the experience. Below are the five areas and the approximate form of the central question asked in each.

1. When you decided to become a student trainer, how did you imagine what you would do on a daily basis? Did it turn out that way?
2. As a (man/woman) trainer, do you think your experiences might be different than those of a (man/woman)? If so, how? How do you feel about this?
3. It is possible that you have been confronted with situations in which the injury sustained by an athlete is serious in your view. Have you had such cases? How do you feel about the fact that such injuries occur in sport?
4. How do feel about the numbers of injuries in general? Do you think that the number of injuries athletes have are reasonable, too many or surprisingly few?
- 5.. Because you are the same age as some of the athletes you work with, you tend to know a lot about them, yet there are policies against becoming close to athletes. How have you handled that?
6. What if any advice do you give to players? Do you think you are involved in conversations with athletes that others aren't because you are a student?
7. Overall, how do you feel about your experiences as a student trainer?

Analysis and Description of Computer Software

All interviews were transcribed from mini-cassette tapes directly into a computer software program called HyperQual (Padilla, 1991), a program based on the Apple Computer software HyperCard. HyperQual is designed to speed up the "mechanical" aspects of qualitative analysis by recording the data as a "stack" in the HyperCard software. HyperQual stacks are analogous to stacks of note cards, with the exception that they can contain up to 40,000 characters (i.e. the transcribed data) in a scrollable field upon which

various operations can be performed. The response to each question was entered verbatim into a single HyperQual card, hence there were a total of 32 (eight questions, four groups) group "cards," and 140 (seven questions, 20 participants) individual interview "cards."

As in all qualitative analysis, each HyperQual data card was scrolled through and read, searching for common themes and assertions. Having read through the data and established these themes, I then scrolled back through the data looking for "chunks" of data (i.e. quotations) which either supported or ran counter to this theme. HyperQual allows one to highlight such "chunks" of data, select a "Tag and Sort" function, by which the chunk is copied from the original card and stored on a new card within a new stack of cards possessing common themes. This new card receives a "Tag," which is used to provide more descriptive information about the chunk which has been pulled out and added to this new, more specifically named stack. For each question in the study, I continually pored through the data performing these tagging and sorting operations. Once a tagging and sorting operation was completed for a particular question, I then performed what is called a "filtering" operation on the newly tagged and sorted stacks. What filtering does is simply refine once more the tagged chunks placed into the new stacks by pulling together the chunks given the same tags, creating yet another stack. One may continue this operation down to finer and finer levels of analysis, although in no case did my filtering process continue past a second operation. Once filtered, the final stacks were then placed in an "Exemplars File," which simply pulls all of the chunks out of these stacks and places them into a word processing file, in this case, MicroSoft Word 5.1. I then could either "write around" these exemplars (i.e. add my summative and analytical comments to the exemplars) or copy and paste the exemplars into existing text in another MicroSoft Word file. In most cases, I did the latter.

CHAPTER III

Results

The principle criticism of the Introduction and Review of Literature was that, while athletic trainers would seem to be at the nexus of a number of current interests within the sociology of the body and the sociology of sport, scholars interested in the area of pain and injury in sport participation have been somewhat remiss in documenting their activities. Again, it would seem incumbent on a preliminary study of student athletic trainers to "map out" the territory of this apparently hidden world. Unfortunately, however, what may be the most appropriate method for doing this mapping--namely, thorough observations of the work of student trainers--was not undertaken in this study. I felt it important, for this reason, to get the students in both the individual and group interviews to provide a description of what they do. In the group interviews, I posed two questions which asked them how they would describe the activities they perform to someone interested in entering the student trainer internship program. Then, in the individual interviews, the opening question asked them to describe the duties they expected to face prior to entering the program, and to compare those with the duties they actually encountered once they began.

What I was to discover in the first group interview seemed to set the tone for all of the group interviews and a number of individual ones: These students were under a great deal of stress for reasons similar to those among professionals as reported in the literature in professional athletic training journals. Indeed, athletic trainer burnout is among the most discussed issues within the field (Campbell, Miller & Robinson, 1985). When asked about their duties and activities, the student trainer's responses, therefore, had two elements. One might be described as informational, the "just the facts" portion; the other reflective of the stress inherent in the work. These student trainers appeared to want to alert the world to the tremendous and often hidden obligations involved in their jobs. In some cases, this was to such a degree that I felt the interviews were as much therapeutic as they were a

simple sharing of information. In the case of the description of duties, then, were the attached warnings to potential enrollees about the heavy weight of the occupation's commitments, the stressful environment of the work, and the implications of these stresses for one's activities as a college student.

The issue, then, became how to present these factual and evaluative answers in a way which gave due weight to both without clouding one with the other (i.e. obscuring the duties by discussing the complaints about them, or vice versa). Given the fact that this may be the first view of student athletic trainers seen through a sociological lens, I felt it was important to first present an overview of what these trainers stated that they do. Hence, I will attempt to present duties separately from evaluations of them. Of course, one must keep in mind that both the "facts" and the "evaluations" of those facts came from the students themselves. It seemed unlikely, however, that a student trainer would claim to be performing a task they did not perform, particularly in the group interview setting, which involved others with whom they worked. Nevertheless, one must keep in mind the singular source of the data presented, and that this attempt at splitting facts and evaluations will be a recurring pattern in the analyses that follow.

My intent in this first section, therefore, is to acquaint the reader with the actual work itself ("facts"), and follow it with an exploration of the varying perspectives of the students ("evaluations") on the work. The subsequent three sections of the Results and Discussion follow what appeared to be three distinct breaks in the data. All three are foreshadowed in the "Duties, Disruptions and Anxieties" section to follow and corresponded generally to three areas of questions. These areas concern the role of gender in the experiences of student trainers; the nature of relationships between student trainers and athletes and information the former acquire as a result; and finally, the student trainer's feelings and beliefs about the injuries they confront as part of their work and education.

Duties, Disruptions and Anxieties

The SATs (student athletic trainers) described their duties in two primary ways. First, these activities were listed according to, or otherwise qualified by, one's status in the program (i.e. learner, assistant, head trainer, graduate trainer). Second, the activities were described by student trainers in terms of the particular sport and their associated facilities, equipment resources and other social environmental conditions. I believe that, for the sake of presentation, and in order for one to fully understand the tone of the warnings SATs have for potential peers, it is necessary to provide a brief summary of these duties and activities as they were described by the students themselves. Hence, in this case, I will use the categories (i.e. year in the program and sport assignment) supplied by the student trainers. I believe only then can the full nature of the warnings follow for the reader. Hence, by way and in lieu of a description based on observations, to follow are descriptions of the various duties of these trainers meant to lend color to the previous, rather sterile, description of the subjects and the internship program in the Methods chapter. To follow, then, is a summary of these descriptions and the student's feelings about them.

Duties

Water Boys/Water Girls:

Perhaps the most visible, and publicly suspect, activity of student athletic trainers is their rushing out onto fields during college football games with plastic bottles of water, squirting them through the face masks into the mouths of anonymous players. Reflecting on his first experiences as a student trainer, one graduate student stated, "I never really realized that I'd have to feed water to football players out of a bottle. I never fathomed that. I thought they could always walk to the water fountain or pipe, like we all do." This basic duty apparently leads observers to labeling these student trainers as "water boys" and "water girls." Indeed, it was much to the chagrin of these aspiring professional trainers that providing water to athletes is an enduring part of the job. As they stated, it is a part of every sport and performed by those at all but the highest levels of the profession, and for

this reason, these labels appeared to be given to SATs on a regular basis. A description of this basic activity and the other duties of beginners also provides a hint of the struggles of young student trainers, and women trainers in particular, to achieve respect among those with whom they work.

This seems to be especially the case with football, a team which includes over 120 athletes and the sport to which every student trainer is initially assigned in the student athletic training program at GSU. Hence, among the first large scale logistical tasks and, apparently, tolerance-testing activities of student athletic trainers is the preparation of large plastic coolers of water, their transport onto football fields in modified golf carts, and the delivery of their contents to players, in some cases directly into their waiting mouths. As suggested above, student trainers were all too aware and in some cases resentful of being labeled "water boys" and "water girls." Some SATs seemed to laugh the label off with the euphemisms "hydration technician," or "hydro tech." Others were not so tolerant:

I was wondering about doing water, but I didn't think I was considered a water boy. A lot of the coaches really had no respect for us. . . Once in a while the coach was like, 'Hey water boy, come here, 'and everyone just gets pissed off at that. I mean, I'd go up to my head trainer and say, 'Hey, I am not a water boy. Please let that coach know that.'

As I was to quickly learn in the interviews with women SATs, having to perform water duties with the football teams came both with the humiliation at the actual task indicated in the above quote, and operated in a larger context (which will be explored later) of general devaluing and, in some cases, overt harassment. Asked if she'd ever heard a male trainer being addressed as a "water boy," one woman stated that, "If they have, I've never heard it." Indeed, the women seemed to indicate that they were much more prone to the "water girl" label and that this served as a launch point for their general devaluation. Yet, while the following quotes reflect this devaluing, they also show how the women's views of the task are accompanied by a description of the ways in which they cope or otherwise rationalize the demeaning behavior of athletes:

I think the women, when you start out, if you're an assistant you're treated a little bit differently, but you can't really do anything, you don't know how

to do a lot of stuff. But in my case, the guy who called me water girl, it was just a case where we became friends and he always used to like to tease me. He didn't say it snotty or as a crude remark or anything. It was just joking around. With football it's a little bit different because the guys think, 'Oh it's a girl. Get out of here.' . . .

Well, it can be frustrating. When you work football, you're all gung ho to work football. Half the time you're standing there holding water. And players yell at you, 'Water !' I mean, it's not nice, some of them can be very mean. And they'll be like, 'Water !' and I'll be like, 'Say please.' (laughs). If they don't say please, they don't get water. It can be derogatory. It can be humiliating a little bit. But yet at the same time, everyone has to do it. It's just one more stepping stone. It's not like you're being persecuted. No. The highest level trainer held water and got yelled at one point in their life. It can take you a while to realize that.

Not surprisingly, however, both men and women trainers described how the duties associated with water delivery were increasingly more frustrating and difficult to reconcile with their expanding responsibilities and skills. Indeed, as one woman described it, they seemed to involve two different identities:

Half the day, you're sitting there telling everyone what to do, taking care of everybody. Then the next minute you're holding water (laughs) and you're like, 'I'm like part water girl and part this.' But that's part of the job. You're not lowering yourself by holding water. Again, you're just providing one more aspect of the athletic competition. They need water, someone's got to give it to them.

Hence, in her case, she was able to make sense of the situation by thinking in terms of the larger purposes of the athletic trainer. To one graduate student, however, the duties associated with water, regardless of their importance in athletics, are wastes of time and talent:

One of the things, as an athletic trainer . . . Being in athletic competition, one of the most important things is rehydration. A lot of times people perceive the athletic trainer as a water boy. Well no, you can get a fancy word, hydro-tech, or whatever. But the thing is, you get put on the spot where you get a level in your time, like right now, you know--we talked about this before--that at a level you start gaining more responsibilities, and then at a grad level--the level I'm at right now--I don't feel that it's my duty to stand out at a practice for five to six hours just handing out water, when I think the players can come over to a water table and have breaks and do that. I could be used somewhere else. I think my skills could be used for rehab, even administration, doing paper work or something, I am wasting my time doing this, I feel.

"Watering athletes" is somewhat unique in that it appears to be something student trainers must do, regardless of level. Next, however, is a description of duties more characteristic of the beginning level student trainers, or "learners," as they were called. Indeed, it appears that the delivery of water is only one of the ways that student trainers, and beginning ones in particular, are subject to what they described as humiliating and degrading tasks.

Learners and Grunt Work

The student trainers in the study included only two who might be considered "learners." However, nearly all the trainers spoke of their early expectations of entering the program and being directly involved with "actual" athletic training duties, only to be disappointed by the "grunt" work to which they were initially assigned. Indeed, the diminutive label of "water boy" or "water girl" simply translated into "errand boy" or "cleaning lady" by the students themselves in their descriptions of these tasks. As one student put it, "If you're a first year, you're going to be running errands. You'll feel like a taxi cab driver, you'll feel like an errand person." Specifically, new student trainers are required to do cleaning, run various errands for more senior level trainers, and transport, setup, "tear" down and return multiple items of athletic training equipment to storage areas. As with water duties, this most often was described as taking place in the context of an assignment to the football team, to which 12 or more student trainers may be assigned. Since this work was under the direct supervision of the head and assistant head trainers, who oversaw all students in the student training program, there was also an apparent need to demonstrate enthusiasm for the work, while suppressing one's actual sentiments about it.

The cleaning of training rooms during these stages of their internships seemed particularly tedious to these beginning students. Training rooms themselves generally include anywhere from a few to a dozen or more "training tables"--large wooden tables with rectangular tops upon which athletes may sit or lie while being taped, undergoing

treatments, or being examined. These tables have storage slots for athletic tape below and in many cases have pads, supports, blankets and other adjustable features for placing the athlete in various positions for treatment, examination or preparations. Often alongside these training tables are various pieces of rehabilitation and other equipment, such as ultrasound machines and electrical muscle stimulators ("stims"). Also typically found in athletic training facilities are extensive wall-mounted and "island" cupboards with large counter surfaces, sinks, and containers of supplies; attached rooms with whirlpools and other tubs for the therapeutic use of water; and, in some cases, exercise bicycles, isokinetic muscle testing machines (e.g. Cybex) and other types of weight lifting and exercise machines. Adjacent rooms may also house the water coolers described above, along with medical kits and other emergency equipment (e.g. spineboards) which must be transported to and from fields for practices and games.

While the above listing was not intended to be exhaustive and may not be fully illustrative of a typical training room, the point here is that all of these things were described as requiring regular cleaning, stocking and organizing by all of the student trainers, and in particular, the learners in the study. Many spoke of disillusionment and frustration at spending several hours of their internship scrubbing countertops, whirlpool machines and training room walls. Moreover, as one student put it, the job can be thankless:

I mean my first year I was frustrated because . . . you do all the odds and ends things but you never, no one ever, it's always like you're not doing enough. You know, 'The cupboards still look like shit,' after you scrub them for 20 minutes and it's just like, 'My god, why am I doing this?'

In the midst of all this seemingly meaningless and degrading activity, these learners were to be equipping themselves with basic athletic training skills, including perhaps most importantly, taping. One must learn to tape ankles, for example, with certain preventative outcomes in mind (e.g. taping for "inversion," or the turning in of the foot, at the ankle), and without wrinkles in the tape--wrinkles being unsightly, uncomfortable, and possibly leading to losses in circulation. These beginning students must also learn basic first aid

procedures and spoke of being allowed to treat minor injuries, such as blisters, cuts and scrapes. They also described learning how to manufacture molded supports and other pads, how to use rehabilitative and other equipment, as well as the sequence of various emergency procedures. These requirements were described as coming from limited course work, in-service workshops, and the inevitable observations and formal and informal mentorships that take place in the internship setting.

Again, while this does not cover the comprehensive scope of the skills and requirements of new student trainers, it adds some measure of perspective to the multiple and diverse activities and associated skills that must be acquired in the context of being asked to "feed water," fetch an ice bag or scour a sink basin. These are, one must be reminded, also in the context of being a full-time student at a large university. Some students spoke about how their initial disillusionment was also accompanied by a need to be aggressive in obtaining these learning experiences and instruction from more senior level trainers. Additionally, as in the case of water duties, the "grunt work" was seen by the following "learner" as somewhat peripheral to the actual work of an athletic trainer, which was to be overcome by an aggressive pursuit of knowledge and experience:

I first started out doing a lot of what would seem like a lot of little odd jobs that are pretty meaningless; just doing grunt work and kind of being there. Yeah, cleaning stuff up, running errands, whatever needed to be done. At first, I was sitting there thinking, 'What the hell am I doing here?' I wasn't learning anything. And yeah, I wasn't doing much but you have to apply yourself. You know, you can be real passive about it and not learn anything. You have to nag a little bit, you know, 'teach me this, teach me that,' then you can learn stuff. And you have to get into it yourself too. But at first I didn't do a whole lot, you know, cleaning, running errands, that kind of stuff. As time went on, I started doing more of the training part of the job. It got better.

The apparent creation of a scarcity of opportunity (i.e. the opportunity to perform "real" athletic training duties in real contexts) seemed to provide impetus for this aggressive pursuit. Accordingly, the very increase in responsibilities seems to have been the primary reward for the student's persistence and toleration of these undesirable experiences. As will be described next, the move to assistant trainer and head of sport did indeed seem to

both change and increase the duties of student trainers, as well as change the structure of their activities. It is to these that I now turn.

Heads of Sport and Assistants

As was described in the methods section, the student trainers in the program eventually received assignments to specific athletic teams with which they worked for an entire season under the guidance of a more senior level trainer (heads of sport), who were either senior undergraduates or graduate students. While learners were described as almost always being assigned to football, and therefore had a single, large and well-equipped training facility specifically for football, most of the students who described their experiences as assistant trainers worked with sports other than football. These other sports involved work at other athletic facilities, and hence other training rooms, on the GSU campus (although it must be kept in mind that football includes student trainers at all levels). In some cases, large training rooms at these other sites were shared by several sports teams (i.e. athletes and their trainers). Heads of sport and assistants spoke of being confronted with the confusion of several other trainers and their athletes pursuing common objectives in these crowded training rooms. What also seemed to be different for assistants and heads of sport, as compared to learners, was the expansion of their days and the increases in their duties and responsibilities. The following description of a typical day of practice for a head of sport is indicative of the structure and sequence of activities described by assistants and heads of sport, and is therefore useful in shedding light on these expanded duties and responsibilities:

For me, my day usually begins at about two o'clock with the training, two or three o'clock, depending on what time I get out of class. I usually work until about seven. You get to the training room right away, everybody is waiting. People you are supposed to be rehabbing are in there rehabbing. If they're not, you've got to find them. You have to prepare, get ready for practice, get the ice bags ready, coolers, water, spine boards if you're in a game or something. All the emergency equipment, set it out. Basically, practicing begins and you sit and watch and keep an eye out and look for injuries. Or, depending on what the coach allows you to do, some coaches will make you sit there and watch them. I have heard of some that let you do homework; not many of those. You watch practice, if you have an assistant, you work with them, help them out. You're trying to get them to

learn as much as they can in the time that you have. Goof around every once in a while, that's part of it too. Talk to, you know, associate with the players and stuff. After practice, you have got rehab again. Get them in, ice them down, clean up everything. Then from there you look at what you did that day, write it down, document all the, like your [assessment] notes for all the injuries. If you have new injuries, you have to document them. . So now you're doing all this paper work and stuff and then doctors come along where you have to accompany your athletes, injured athletes, get them checked or re-checked by the doctors. It's getting up to six, seven o'clock now. Sometimes you end up scribing for the doctors. Pretty much after that you go eat and go study some more. It's a cycle that keeps going.

This description is similar to others provided by students in the study, although they varied according to the specific sport assignment. The above description was of a sport for which there is a single practice each day. However, a number of sports schedule two practices per day, sometimes called "two-a-days," for which student trainers have to similarly prepare and around which they must schedule their coursework and other activities. Thus, some SATs essentially double their duties during certain sports assignments.

As referred to in the description above, what also became a regular activity at the assistant and head of sport level was the requirement to keep detailed records, both in paper files and computer form, for each athlete on the team to which they are assigned. Several student trainers said that they had not anticipated how extensive and time-consuming this record-keeping was. As they were described, these records sounded similar to those a family physician might keep, and contained detailed information about each athlete. The following illustrates the detail of this information:

Well in the beginning of the year all the new athletes you have to put in the computer. You have to put all their insurance; their school address; their home address; who to call in case of emergency; if they are allergic to anything; any previous injuries or any serious injuries that they might have to get cleared for; you have to put them on a roster with their height, weight, blood pressure; getting them in for a physical. Then when you get to injuries, you have to put each injury in, go through and, there's like a whole number scale and you have to go through and do all that. And each week you're supposed to go in and revise it, what kind of treatment you're doing, are they getting better, are they getting worse, did they re-injure it, are they staying the same. And every week you're supposed to go through and do that. You have to record every time they see a doctor, you have to put it in the computer; who they saw, what for, when, what medication they were

put on. Just everything to do with injuries has to be in that computer. Anything we're doing treatment on for a period of time has to be in there.

The monitoring of players through the daily, weekly, and seasonal schedule of preparation, practices and competitions, and post-activity therapies, then, seems to constitute the basic *formal* structure for the student trainer's activities and interactions. In terms of hours, some SATs reported that, by the time one becomes a head of sport, one is spending anywhere from 40 to 70 hours per week in the internship. However, and as will be discussed later, these formal interactions are not necessarily a complete description of student trainer interactions with athletes. Nor is the keeping of medical records only but the beginning of the information these trainers possess about the athletes with whom they work. What can be said for now is that the schedules of assistants and head trainers appeared to be fairly consistent across the SATs in the study. To summarize, they normally involved preparing athletes for activity or competition; setting up facilities for practices or games; monitoring the practices and games and assisting head trainers as assigned; "tearing down" after practice; treating athletes after practice; and recording information in the athlete's files.

Within this basic sequence were a number of activities of the assistants and heads of sport. To summarize statements from *assistant* trainers, they spoke of doing some taping, limited first aid, pre- and post-practice treatments and rehabilitation activities, scribing for doctors (i.e. taking notes during a doctor's examination of a player on the assigned team); stretching of athletes; and packing, loading and traveling with the team to off-campus competitions. It must be kept in mind that these latter activities were also described as being performed by undergraduate and graduate heads of sport, who may or may not have trainers assisting them in these duties. Hence, in some cases, the duties described as being unique to heads of sport are in addition to all those described above, including water duties, cleaning, and all of the activities of assistants. A student trainer assigned as head of sport to a team functioned as the full-time athletic trainer for that particular team. While they did have a staff level trainer to whom they reported, the SATs who were heads of sport spoke

of taking immediate responsibility for any injuries, however serious, which occurred during practices or competitions.

This immediate care, as heads of sport stated, included "evals," or immediate evaluations of the injuries they either witnessed or had reported to them by athletes, followed by various forms of immediate care. Although no one head of sport spoke of all of these, if one were to combine all of the processes the heads of sports described as part of an "eval" and immediate care, including the case of a serious injury, it would include the following: rendering first aid or emergency care, including arranging for an ambulance; determining whether the player can continue play; taping a particular body part for return to play; the cleaning of blood for return to play; palpation of the affected areas; the performance of specific diagnostic procedures; splinting or immobilizing of the affected area; transporting the player from the field or court; the making of a preliminary diagnosis and communicating it to a supervising staff trainer and/or physician; and accompanying athletes to a hospital. Some also recounted sitting through an athlete's surgery and visiting them afterwards. An illustration of an SAT's first "eval" and immediate care as a head of sport was provided by one graduate student:

At [former school], working women's soccer, the athlete just planted and turned. She said she heard a pop, and she just went down. I was on the sidelines. From the sidelines, I saw her plant her foot, she fell down, and she was just on the ground, holding her knee. That happens all the time, so you really don't know. You don't know what's going on, you just try to get out to the field. I don't know. When you see somebody go down on the field, you get in a mode; you're just like ready. You go out there and see what's wrong. Try to calm them down, try to get them relaxed. Say, 'What happened?', you know, 'I planted my knee and I heard a pop.' Your heart's beating kind of fast, and you just want to make sure they're okay, nothing is dislocated, they're breathing and the pulse rate is okay, so it's okay to get them off the field. Then once you get them off the field, you can assess what happened. So, I'm going through all my joint stability tests, and I had practiced enough. This was the first time having my own sport, and I did the Lachman's Test, which is a test for the ACL (anterior cruciate) ligament, to test the integrity of it, if it's still intact or not. So, I did a test on that and the tibia came forward a lot, and I looked kind of . . . She saw my eyes kind of . . . That was the first time. I wasn't good, you know, so she's like, 'What?' She felt it move, and was like, 'What's wrong?' You're not really supposed to tell them, 'Well, I think you have an ACL,' because you're just a student. You don't know, so you're supposed to tell the doctor what you think and he will tell the athlete that it's torn or

whatever. Trainers are not allowed to diagnose injuries. So, anyway, I went through the other tests, I tried to do it again, and it went again, and she felt it go in and out. That was my first time I really got nervous. Then we went in and told the doctor, and I told him what I thought, she was real lax on her right ACL. He came in and, yeah, it was torn. Then she just broke down and started crying. I guess that was the first instance where I had to deal with somebody with a major injury.

Heads of sport also described their activities following an "eval," initial care and referral to a physician. These included accompanying athletes to examinations by physicians, at which prognoses and rehabilitation instructions are given. Heads of sport then described their comprehensive participation in the rehabilitation process. As will be seen in the next section, a number of trainers spoke of frequently having to "track down" an athlete who had not arrived at their scheduled time for rehabilitation. Once begun, however, rehabilitation involved daily sessions with athletes using various means, including the application of various modalities, such as icing and ultra-sound and manual manipulation of injured limbs. These rehabilitation processes ranged from a week to several months in duration, obviously depending on the nature of the injury. Near the end of the process, heads of sport described the performance of evaluative tests, such as isokinetic testing, for assessing the ability of the athlete to return to play. At this point, trainers also spoke of fitting special pads, orthotics and bracing equipment for players. They also stated that they provided advice to athletes on certain stretching, weight training and other ways the athletes could care for their injuries while not in the training room.

Among other duties described by heads of sport were those attendant to the daily activities surrounding practices and competitions and the treatment of athletes. Hence, while they described rehabilitations, they also spoke of keeping an inventory of and dispensing over-the-counter medications for various athlete ailments, including muscle soreness, headaches, menstrual problems, colds and other illnesses, and in a couple of cases, the after-effects of excessive alcohol consumption. Regarding the latter, a few student trainers explained how they had been assigned to drive vans with members of their team for off-campus competitions or "road trips." Part of this duty was the obligation to

act as "staff" and monitor athlete behavior, including the content of conversations, for indications that the athletes had violated a team policy for drug or alcohol use. While this obligation will be described in more detail later, heads of sport said they were expected to report instances of rules violations to their supervising head trainers or the coaches of teams. Finally, heads of sport also gave their home telephone numbers to the athletes on their assigned team, so that they could be telephoned in case of an emergency or, as will be described later, consulted on a range of questions.

To summarize, then, the student trainers explained that, by the time they became heads of sport, they assumed far-reaching responsibilities for the comprehensive care of athletes. Additionally, based on their statements, I believe it reasonable to conclude that these trainers spent more time with athletes than any other single person within the athletic department. Although no information about others within the department was collected, student athletic trainers at GSU claimed to spend more time with athletes than coaches, supervising staff trainers, head trainers, physicians, administrators, or others. Moreover, the scope and number of their duties and related responsibilities and the sheer number hours in the work meant that, even though they were students, they had to come to share similar stresses with their professional level counterparts. I therefore felt it important to identify not only their complaints about these facts, but to get them to identify specifically the problems, accidents or other types of incidents in their duties which seemed to be the most disruptive.

Disruptions

Garfinkel (1967) suggested that a social structure can be revealed by examining cases where things go wrong or a natural flow of events is disrupted. This approach assumes that, while it is possible to specify the structure of an organization in charts and job descriptions, very often these are idealizations that do not capture actual practices and their meanings. Indeed, this may be, to some degree, true of the description of the duties just presented above. To study disruptions, on the other hand, is to attempt to get beyond

these idealizations to the realm of social expectations. In other words, it may be possible to know exactly what a group takes to be its purposes only in those cases where its members feel those purposes have been subverted, diverted, interfered with, or distorted. Such considerations were behind my asking the following question within the group interviews: What kinds of things go wrong during your work or otherwise make your job as a student trainer difficult? Additionally, student trainers essentially addressed this issue of disruptions in responses to other questions and these responses are also included in this discussion. The responses to these questions concerning disruptions generally clustered around three rather broad, and certainly not unanticipated, themes of their work context, the nature of the injuries presented to them and the behavior of the athletes with whom they work. I begin with the ways in which the students spoke of difficulties in the general work environment.

Given the fact that nearly three-fourths of the SATs in the study were heads of sport (either as undergraduates or graduate students), most of them had grown accustomed to, yet not necessarily tolerant of, the difficult schedules and demands described above. One woman who said she was head of sport, noted that, "When you're head of sport, there's no one you can push stuff off to. You can't be like, 'Can you help me out or stay later?' because you're the only one." Another trainer was able to laugh about "fighting for the cart," referring to the fact that one training facility had only one cart used for transporting water to several teams practicing simultaneously. Yet, these responsibilities and conditions seemed to be accepted as part of the job, obviously so by trainers who had come this far in the program. Indeed, the consequences of *not being able* to fulfill one's responsibilities, for one reason or another, seemed to be particularly anxiety provoking:

If you miss a day, you're screwed. You've lost time, you feel like you've lost control of . . . If you're not in that doctor's office to know exactly what's gone on and to ask questions, you don't know what's going on.

Indeed, ironically, some student trainers spoke of sacrificing their own health in order to attend to that of their athletes.

I think though too that you feel very obligated to your team. And you don't want it to be pinned on you. And a [conference tournament] came up and we were going [out of town] I had tonsillitis, a sinus infection, and a 102 fever, and I was on that plane to go with them. And they were like, 'Why are you here?' And I said, 'Well, you know you guys would not come without a trainer. You would have had no trainer.' And they went, 'Oh well, we're glad you're here. We wouldn't have wanted to go without you.' And I was like, because everybody told me, 'Don't go.' My fiancé was going, 'You're not going. This is not right for you to be going, you're on your death bed and you can't go.' And I'm like, 'I gotta go.'

While being personally absent is obviously the paragon example of a disruption to one's work, apparently more salient to the SATs was the lack of clarity in what tasks or projects were to be completed, the competing interests in what was to be given priority, and their "place" in making a decision from among these interests:

Just lack of communication. I think most of the problems . . . The boss expects you to do most things, or you understood that he expects a certain amount from you, and you don't want to go over your boundaries and if you don't do something he expects . . . You know, there's that lack of communication

Especially, I mean, that goes between the coaches, and the staff trainers, and the athletes, you've got to cover your ass with everybody. I mean you have to watch what everybody's . . . You've got to try to guess what everybody's thinking.

This particular week we have a knee rehab, but then the staff may think it's more important. But the coach might think getting this guy is more. . . Plus we deal with so many different people, and everybody wants their thing done first. That causes problems. We try to define our own priorities, what we think is important, but then our staff sets priorities; the coach does; the athletes, you know, think they should come first. So, we're the middleman; we catch a lot from everyone.

Surrounding the students, then, seemed to be multiple, and often conflicting, agendas of coaches, athletes and supervising trainers. Indeed, as the following series of examples suggest, there seemed to be as many requests as there were people with stakes in or perhaps a dependency on, the outcomes of the students' activity. Clearly among these interested individuals were coaches, about whom several students cited a "lack of communication." One spoke of "a lot of miscommunication back and forth," adding that, "It seems like there's a lot of waste; wasted time, money, man hours, that type of thing." An instance of lack of communication also was apparent in examples where a coach would

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not alert an SAT about a change in plans. One student recounted walking into a practice that had, unbeknownst to her, begun early, and in which athletes were participating in what she described as "a pretty dangerous play or throw." As she stated, "I'd walk in there and [athletes] would be bleeding. I wouldn't even be ready for it." She also described how this same coach would "punish them and make them stay late," adding, "I never felt comfortable leaving when there were kids still on the field, especially during contact-type drill. So I had to stay longer." One trainer concluded,

The biggest problem is a lot of coaches, I think, are just too demanding, especially on the trainer and the athlete. When someone does get hurt, or something, they want them back out there as soon as they can. And they're hounding you. They don't think you're doing your job if you don't get them back out there in a couple hours or something. Sometimes they just put ungodly demands on you.

While the "couple hours" is obviously an exaggeration, it is also the stereotypical image of a coach to want to return a player to participation prior to the time indicated by a sound medical evaluation. One trainer described his first experiences with such a demand:

That's one of the hardest things. I had a player who continually had stress fractures, shin splints, and the coach is like, 'I want him playing. I want him playing.' And it's hard to say, 'He can't.' I mean, that's your job, and the body can only do so much, and you can only do so much, and I mean it's not . . . It's a demanding sport and the coaches, even in any sport, you're in that situation where the coaches, I mean, they're on the line. They need to win. And if they're not winning, why not? And if their star athlete is hurt, they need to get them to play. You're in that conflict and it's . . . I mean this year was the first year I have been in that and it's not a good situation. A lot of stress.

In some cases, the result of these varying expectations, it seemed, was that the students were ill at ease about decisions they had made. As one trainer put it

There's, yeah, there's a lot of things, I mean you're really responsible for these athletes as far as the rehabilitation, as far as sending athletes back to competition when you feel that they are ready, because you are the judge to decide whether this person's going back or not. I mean other than, like testing them and that kind of stuff. But you have to make sure that when they go back that they're at 90 percent or 80 percent strength to go back and compete and I guess if you see an athlete go back out there and compete and pulls his hamstring again, I mean, you kind of feel as an athletic trainer that you didn't do your job right.

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Beyond varying expectations in duties was also an anxiety about athletic training techniques and protocols themselves. A number of student trainers pointed out that there were varying "philosophies," strategies, and specializations within athletic training. These can include a particular method of taping a certain body part, or differences in rehabilitation modalities and sequences. Such differences were most evident and disruptive to trainers who had come to GSU from other schools, as in the following instance:

Because I came from a different school, we had like protocols; this is how you do a combination with this injury. Here we have different protocols for different things. Just different combinations, I was like, 'Oh, I never had thought about it because I never came from that train of thought.' . . . Like we do PNF on every injury here at GSU. I mean every injury has PNF, so that was new to me. It's called proprioceptive neuromuscular facilitation. It's a type of stretch and [the staff] is very big on it . . . , trying to teach all of the people that come through. I had done PNF on ankles and shoulders because those are the two most common joints to do that on. Here, they do it on everything: knees, toes, everything.

While this student seemed to accept these changes in protocols and technique, another trainer found the differences disturbing and frustrating.

One thing that I don't like about it is everybody kind of has their own philosophy as far as what techniques to use. So, I guess you kind of have to go in and either accept the viewpoint you're being taught at that university or college, or you got to kind of go out and get your own experience in other places, figure out for yourself which way you want to . . . I don't really like that that there is so many . . . Like, for one simple prevention ankle tape job there might be 20, 30 different ways of doing it. Like here, if you don't do it the GSU way, you don't do it any way at all, that type attitude. I don't like that too much at all. When you're at one place you shouldn't have to do it one way. Like for incoming grads, the first thing they get taught is the GSU wrap, the prevention tape job. It's like forced upon them, that's the way they have to do it if they're going to be at [Great State]. I don't know if it's like that at all universities.

Another set of disruptions in the work of the SATs revolved around handling what, for athletes, is always a disruption--injuries. Student trainers described as disruptive what they saw as unusual, unanticipated or what they viewed as non-existent injuries. One trainer spoke of having to deal with athletes who had chronic back problems and who were constantly in the training room. Similarly, another trainer spoke about how injuries tended to accumulate over the course of the season, meaning more taping and other treatments added to his daily schedule--injuries for which he had no assistant trainer. As he stated, "I

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had like six or seven ankle injuries, and it took like 45 minutes to do everything for each person. . . There just wasn't enough time to get everyone through."

Another type of injury about which the student trainers expressed frustration were those they had never before seen and which seemed to stubbornly resist standard approaches to treatment. They also included those not apparently covered in the students' formal education:

We get weird things in there where it's just like no idea....We had a girl this season who would lose feeling in the quadrant of her forearms about halfway through practice. Then it would go away three or four hours afterwards. Eventually it became a permanent sensation loss in her arm. . I talked to her a couple of weeks after the season ended and the feeling was coming back, sent her to neurologists, ran MRI's, EMG's, CAT scans, unbelievable. Nobody knew what it was. So, those kind of weird, frustrating things, which I didn't ever imagine; I figured I'd know what everything was.

Another class of disruptive injuries were those the trainers saw as unnecessary and preventable. As in the case described earlier, in which the trainer believed the coach to be punishing the athletes, one trainer expressed frustration at cases

where the coaches have somewhat like punished the athletes for doing . . , well, you know, really performance issues; and made them run ungodly amounts of time in really bad weather, or stuff like that, when they could have gone indoors. That gets frustrating, because then you know you're going to have cases of the cold the next week. They're going to start getting stress fractures. But, that can get frustrating.

Indeed, such stress fractures, in which muscles pull on bones to the extent that the bones splinter, are injuries that are termed "overuse," in that they develop over time and are often the result of repeatedly demanding workout sessions. Recollecting his experiences with a particular coach, one trainer saw stress fractures not only as unnecessary injuries but also the result of a lack of knowledge on the part of the coach about the physiological demands of their sport:

But, then again, with [my sport], I had a lot of injuries, and you wouldn't expect it. I had a lot of problems with shins and stress fractures, and I think they did a lot of long-distance running and training--which is kind of not what they need to do. They were working aerobic and the sport is totally anaerobic. Maybe someone, maybe I should step in and say, 'Listen, you're training them wrong,' or, 'What are you doing? You're running them 3 to 5 miles, when they shouldn't be doing that.' Half the team came

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down with stress fractures, and these [athletes] have played all their lives and never had a problem until they came here.

Also suggested by the trainers as being unnecessary were those injuries that were a result of the athlete voluntarily taking unreasonable risks. One SAT described instances where "an athlete does something really stupid, like tries for something they really can't do or goes in the street and starts playing their sport and gets hurt really bad." While I did not pursue how this trainer distinguished between a "stupid" activity and a "smart" one, her characterization seemed to suggest that there are unreasonable risks both in the sport and outside of it. Note, too, that in the case of these latter "unnecessary" injuries, they are put in the context of the moral behavior of the athlete--that is, what they did in the course of sustaining the injury determined its worth. This classification of injuries in terms of the evaluation of the action with which it is associated will be seen in more detail in the section on injuries.

A final class of disruptive injuries, or what these student trainers might have called "injuries," were those which were either quite minor in severity in their view, or those they believed were concocted or exaggerated for various reasons. In the case of minor injuries, several trainers spoke of athletes in infantile terms and suggested that athletes needed to take responsibility for handling them:

A lot of it is baby-sitting sometimes, baby-sitting the athletes, because some of them will come in, and I'm not kidding, with a hang nail. And they're all upset because they have this paper cut or this hang nail on their finger and you need to fix it. And [we] discussed this a little bit this year, when we have colds and the sniffles or a paper cut, who do we go to?

[Another trainer answers] : We come to work.

There seems to be an implied obligation on the part of the athlete to recognize cases in which their injury or ailment is not the appropriate concern of these trainers. In another case, not only was lack of responsibility for oneself the issue, but also the inability to handle pain:

I have had people that are big babies that, 'Ouch, I scratched . . .', you know, he scratched himself and it's a major catastrophe. I deal with them. I don't want to say I don't think that they're real . . . I don't know, I don't

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want to say that I don't think that they are real athletes, but if they can't take just a little bit of the pain, they shouldn't be in athletics. I don't know, I have been dealing with someone now who, even other people, when he left, other athletes were in the room going, 'You got to be kidding me. He came in for that?'

Once again, these evaluations of an athlete's complaints are, in the student trainer's counter-complaint, seen in terms of the athlete's ability to fit into the standard range of pain tolerance levels of the surrounding athlete witnesses. "Coming in" to see a trainer seems to be not only an event, but a gesture of sorts, which seems to signify to the trainers the importance of their work and the value of their skills--a gesture which is apparently devaluing to the trainers if the injury does not contain some sense of urgency, require a skilled reaction or at least is done to draw attention to matters seemingly outside their range of responsibility. As shown in the following, one head trainer viewed the appropriate use of athletic training services to be a matter of an athlete's acquired wisdom:

A lot of times athletes, especially being freshman I've seen the most, a lot of these athletes come into universities in particular, and have never had an athletic trainer. And so they kind of abuse them in that context, thinking that they have to come in here everyday even if . . . , For instance, I had a kid come in because he cut his fingernails too short and thought he was going to die. I mean, some of these instances these kids come in and there's just a little hang nail or they feel like they have to come in and grab you when you have ten athletes yelling at you wanting this and that. So I think what happens, I think, is you, it's kind of maturity, as you come through the program as you get older you kind of learn from the other fellow athletes who've been experienced, who've been around, that 'Hey, don't go in there, you don't need to go in there to see the trainer, you know, it can wait,' whatever.

As mentioned above, the final type of disruptive injury--and, similar to minor ones, those which seemed to be the most upsetting to the student trainers--were those the trainers suspected were feigned by the athletes. While attention will be devoted to these later, what is important for now is their role in disrupting what the trainers took to be a normal flow of events. Moreover, as in the following quote, feigned injuries, like mysterious ones, leave the student trainer in the position of being unsure about their knowledge and skills:

But a lot of times the athletes are really, and this really is with any sport, any little ache or pain, they're going to try to use that to get out of practice or to get out of . . . they don't want to go to a certain competition. They try to use that to get out. And it puts us in a really hard spot, because then we

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have to make the call, and you never know if the athlete is telling you the truth. I mean you have certain athletes that you know you always believe, and you have other athletes that, well, you never want to believe them. But the time you don't believe them it's going to be something serious.

It may be that what scrubbing whirlpools is to a "learner," a malingerer is to a head of sport, in that the duties associated with serving such athletes place the knowledge and skills of the trainer in doubt--indeed, how can one learn the "true" nature of injuries given a sequence which may include those which are potentially false? While it might be tempting to conclude that the observations of these trainers are simply reproduced ideologies about "tough" athletes "playing through pain," their frustration may also be what they take to be a disruption in their education as trainers, in addition to a "waste" of their acquired skills.

What appeared to be the basis of both an athlete's moral career, and an economy of injuries--the moral evaluation of the injury in terms of the apparent importance to the interest of the student trainers--will be discussed later. For now, it must be noted that these complaints about the behavior of athletes were the most commonly identified source of disruption and difficulty for the trainers in the study. Because I was specifically interested in interactions with athletes, I decided to ask the trainers in the group interviews what they felt were the characteristics that distinguished the athletes who were the easiest to work with from those who were the most difficult to work with. The issue, as they were to describe it, is called "compliance," made most salient by those athletes who fail in various ways to follow the advice and appropriately utilize the services of the student trainers. Indeed, references to the non-compliance of athletes came up in the context of asking number of different questions. Hence, the final section on disruptions is a fuller discussion of what a number of trainers felt was the most frustrating aspect of their work: non-compliant athletes.

Compliance

As has started to become evident, the SATs in the study viewed disfavorably the athletes who failed to recognize and knowledgeably use their available skills. The distinctions they made between compliant and non-compliant athletes seemed to cluster

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around four sets of overlapping characteristics, although not all of the trainers agreed about them. These characteristics of athletes included dedication versus a lack of dedication to the sport; relatively high skill levels versus a lack thereof; experience versus inexperience; and education versus ignorance about injuries and the use of trainers. I felt that these were best presented and most revealing as contrasting pairs.

While one student trainer joked that the most compliant athletes are "the ones that aren't hurt," many of the trainers felt that the easiest athletes with whom they worked were those who had what they saw as a serious commitment to their sport. As one trainer put it,

I think sometimes the most dedicated ones, not always, but I think sometimes the most dedicated ones are the ones that really care about their sport, really care about getting back out there. They want to do this as quick as possible, so they're the most compliant with you.

Another SAT described the dedicated ones as "there because they love their sport, not because they have to be there." Dedicated athletes were also described as being in the pursuit of a position on the team:

The ones that really wanted to play had to prove something. They were probably the best at coming in and getting treatment. They were on the edge of playing and they wanted to be a starter. So when they got hurt, they wanted to get healed as quick as possible so that they could go out there and prove to the coach that they should be starting.

It would seem that these dedicated athletes, while making the jobs of the trainers less difficult, would also be valued members of their team, also as a result of their dedication. Some trainers were aware of the problems the absence of these athletes might pose in this regard. One trainer--the same one who joked about the uninjured athletes being the most compliant--expressed ambivalence about these two necessary facts:

It's hard though because if you do have a good athlete to work with that means they're hurt, and that's hard. So, you know, you see one who has a good attitude, that shows up, that works really hard. But if you're still working with them, that's not good. It's tough, because even the best patient can wind up being hurt. . . The best ones are perfectly healthy and doesn't need to come in, or just needs to get taped or something.

Athletes who were seen as talented, yet also *undedicated*, were viewed in far different terms. One trainer expressed the frustration at having a star athlete missing from the team, and the resultant pressure put on them by a coach:

And it's frustrating when you sit there and you see it happen and you try to work yourself through this rehab program with this person and they don't comply with you and then they don't get better, but then they complain to you. So the stress level goes up because you worry more about getting the athlete better. Then the coach starts ragging on you because the athlete is the star athlete and they're not out there . . . 'How, come? How come you can't make them better?' 'Well, because they're not coming in and doing treatment.' 'Well, then I'll talk to them.' So then the coach talks to them. They come in the next day and then you never see them again for a month. It's hard. It is really hard.

Some SATs seemed to uncover motives behind, or at least related to, the athlete's lack of compliance. In this regard, some seemed to disagree that dedicated and talented athletes were the most compliant. For example, one student thought this stemmed from what they viewed as an air of invincibility, stating, "I think certain athletes think they're--I don't know how to say it--that they're beyond, they're *above* getting hurt." It is as if the athlete had confused his or her skill in their sport with their ability to heal. According to other student trainers, athletes were simply so worried about their competitiveness that they made poor, and ultimately unhealthy decisions about healing. One SAT spoke of athletes who refused to stop participating in order to reduce inflammation, saying, "'I'll lose all the endurance I built up . . . I can't take a week off, Oh my god, I'll be the worst [athlete] in the [conference].'" Yet another example came from a case where the athlete, although dedicated, was also fearful of losing her spot on her team:

Then you'll get the other extreme, the kids that won't tell you, because they're on the borderline between starting and not starting. . . I had one girl that had just huge contusions on her thigh; got nailed like three times in the same place by a ball. And she was getting calcification. And she never told me. Her roommate told me. And the only reason why her roommate saw it was because her skirt lifted up or something. She was putting like Band-Aids over this. Finally she got hit again and it got cut open. That's when I knew she was hurt because it was bleeding. It was like, she just didn't want to . . . She was too afraid of the coach, didn't want anyone to know. She comes to me and she's like, 'You can't tell the coach.' I mean, the situations you get put in.

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Other suspected motives included an indictment of an athlete for participating under what one trainer saw as false pretenses:

One of the guys now, he doesn't really want to be out there but he's one of our best runners. But he doesn't want to, and he didn't. The only reason he even came (was) because he got a free education. And that's what he wanted. So he is milking his injuries. He is the best, but he's not the most dedicated. Even the worst are the ones who are the most dedicated.

Success also seemed to breed compliant athletes in the views of some student trainers. This phenomenon seemed to involve several issues, including dedication, but primarily included the suspicion by the trainers that athletes were using an injury to explain various failures.

What I've seen, and with the sports I've been with, it seems like the athletes that are the easiest people to work with are always either the captains or easily the best people on the team. And every now and again you'll get an underclassman, like a freshman or a sophomore, that really sticks out on the team because he's good, but it seems to me like the athletes that are winning don't always fall back on injuries as problems. Like to use that as an excuse. A lot of times you'll have these phantom injuries that show up if someone's not performing and you're trying to figure out what is wrong with them and you don't sense that there's an injury and stuff but they insist that something's wrong. But it seems like people who are in the best shape, and they condition themselves before the actual season starts, and before they're supposed to meet with the team, those will be the people we have the least problems with. Especially, that's what I saw . . . this year. People who are the best and getting the credit for it are rarely in the training room. They weren't hurt.

Perhaps similar to these dedicated/non-compliant athletes were those, as one trainer put it, who presented a "macho" attitude. One student trainer described athletes who would not report their injuries and/or refuse treatment when it was offered:

I have run into a different type of problem. . . You always had the athletes, some are tough and macho, think they're it. You'll have other ones that tell you about every type of injury and stuff. Well, [these] guys are all . . . kind of tough macho types and they would get hurt and like they felt they didn't need treatment. You know, 'Well, I'll just shake it off.' I'll actually have to beg them to, 'Just let me take a look at it. Come on.' I thought it was funny because it was the first time I actually had to do that. So a lot of members on the team, because they're so confident, just are used to shaking it off themselves.

Similarly anxiety provoking to SATs were athletes they termed "lazy," one student stating that, with his athletes, "It wasn't as much as they're tough as they just were lazy

and didn't want to come in." Indeed, several SATs spoke about what they believed to be the laziness of athletes. In one case, I pressed the student to reveal what evidence he had that an athlete was lazy. He stated that he knew the athlete didn't attend class, was always late for practice and had never shown up for rehabilitation appointments. Such personal knowledge of the lives of athletes, I was to discover, was quite common among the SATs. While this will be explored later, for now, it is sufficient to observe that knowing such details about an athlete's life seemed to create a broad context from which SATs could render judgments about athlete behavior.

Other seemingly broad vantage points by which the compliant and the non-compliant were distinguished came in the cases of the individual or team successes or in the face of particularly difficult practice sessions. Regarding the latter, one trainer stated, "They want so bad to be sick some days when they know it's going to be a hard practice that day." Several trainers spoke of how the pattern of injuries "mysteriously" varied according to individual or team competitive performances. In one case, a losing season appeared to have far-reaching consequences for the team with whom a trainer was working, and wherein non-compliance was attached to a number of season-long difficulties:

I didn't have any freshman on my team, and they were the worst nightmare I have ever seen on any sport. Zero rehab, none of them ever came and did their rehab. They all lied about having done it at home, that it wasn't working. I would say 85 percent of them would go to their home doctors and come back and claim that we were all quacks and they hated the university. And they'd send letters with them stating that . . . I was dealing with parents that had trainers previously that just didn't give a damn. And so they expected that out of me. . . . So you get the people that are looking to make trouble. I concluded that the team sucks . . . Really weak team. And the injuries got worse, the worse the season got. They were all basket cases.

This SAT also spoke about how injuries seemed to multiply after team losses, and others in the group interview seemed to agree. Another student trainer in this group added, "I remember sitting on the sidelines . . . going, 'Oh god, please make that touchdown,'

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Similarly upsetting to another SAT was the case in which an athlete, who had not been very compliant, suddenly begins attending treatment sessions as an important event nears:

You'll also get the athletes that will come up to you and tell you they've got a problem. You tell them, 'Okay, we can do this, this. Come in and take care of it.' And they won't, and you're like, 'Okay, they're not coming in.' And the only time they care, the only time they come back and start complaining and bitching is because it's not getting better or anything. . .

[Another SAT answers]: Just before the games

Yeah, just before. When they want to play. I had this guy that was coming back from a PCL injury, torn in his knee, should have been back two months before he actually was. And he had to miss one of the games. He thought he was going to be able to play but he failed his Cybex test. And we told him, 'Well, you didn't do what you were supposed to, and it's your own fault.' I mean they get all bent out of shape and everything.

To reiterate, the timing of reported injuries, along with knowledge about other contextual factors, enabled these trainers to place the reports of injuries into various categories of difficulty. However, not all of these difficulties were matters of malingering or other manipulations of the services of the student trainers.

While it is not uncommon for college level athletes to have participated at elite levels for over ten years in their sport, a number of them, according to the SATs, had little knowledge about the functioning of their bodies. One trainer considered it to be a general "ignorance" about their bodies. She stated, "If they're not very smart or wise about what they do about their bodies or what they've done to their bodies, and what they could do to their bodies if they keep going on this injury, then, they'll be the ones who'll give you the worst problems." Not only were athletes said to not understand the implications of an injury, they also were considered unaware of the benefits the services of a trainer could bring them:

I think that's the worst thing. You can't get across to athletes, 'If you come in and do treatment, even if it takes a week, you're going to be better and at a better level before this injury began. And if you keep putting it off you're just stay at that mediocre level.' So, it comes down to that knowledge level.

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One might expect that this form of non-compliance, the apparent misunderstanding of one's own body and the assistance it may receive from athletic trainers, would diminish as the athletes progressed through their careers. As suggested in the matter of disruptive minor injuries, athletes are expected to acquire a competence in the use of the medical services they are offered. To some trainers, this educational process was quite understandable. They themselves reflected on the fact that they did not have athletic trainers during their own athletic participation, and hence they reasoned that they should not expect incoming freshman athletes to have such knowledge. However, as a number of trainers pointed out, another form of difficulty are athletes who somehow never "get" what a trainer's role is. The result, one of several trainers noted, are athletes who "overwhelm you with problems they have," and develop a kind of dependency:

One big problem is ones that essentially treat you like a freshman or sophomore, since you're young. Treat you like another student or something like that, and someone that's on their support staff that's there to help them. I just think that's always one of the biggest ones, I mean it doesn't happen a lot. But the ones that it does happen to I think that's one of the situations that irks me more than anything is that's they figure that you're there just kind of to wait on them. I think it was quoted like from an old football player, who, we were talking about something like this and he said, 'Well, what do you expect when you guys go fetch us things?' That was his quote. It kind of sums up his attitude about trainers. How they are there to fetch them water and ice bags.

One trainer considered such "veterans" to be more difficult than the freshman, in that they apparently understood and were therefore able to circumvent various procedures that were under the supervision of the SATs. For example, some of these veterans were said to have seen other athletes undergo the processes used to handle the injuries they themselves acquired and either rejected the procedures or attempted to perform them on their own. As one SAT described them, veterans included, in particular, "Egos: Guys that are just, 'I'm here and I'm just the shit.' They'll let you know." Of course, these tended to be those athletes who had received large amounts of publicity, some having earned "All American" honors. Presumably, such athletes expected extra attention and services--and apparently often got it--taxing the patience of the trainers.

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Similar to these veterans were those senior level or otherwise high status athletes who were simply, in a number of different ways, intimidating (and hence, disruptive) to both younger athletes and younger trainers. One trainer, working in a training room used by multiple sports, noted that freshman athletes were hesitant to, for example, share a hydrotherapy pool with a senior athlete. As she noted, "if they feel comfortable with you, they'll just come up and tug on your shirt . . . , and then you kind of take them by the hand. After a while, you teach them to shove and push (laughs)." Similar experiences were recounted by student trainers themselves, who noted that football players were particularly intimidating, due to both to their physical size and demeanor:

I was assigned to the football team, and I just remember that sometimes those guys are tough to work with. You know, especially when they don't know you very well. A lot of the guys on the football team have huge egos. Now, whether they're good or not, and the thing is they can always take it out on a trainer, because they can go out on the football field and get their ass kicked but when they come in the training room they can, you know, they can tear you apart. They can give you mouth and it doesn't, I mean that's . . . So they can kind of exercise their power over you. I remember a couple of cases where my first day and one of the big lineman coming in and looking at me and he's like 'What are you looking at?' You know, and I just, well, my first few days in there, I'm just, I look at him, he gets an attitude with me and . . . Big guys are the toughest to work with in general.

Such behaviors also included throwing water bottles back at trainers and otherwise belittling their presence. Many reported that the solution to such problems was simply to return the behavior, including throwing water bottles back at football players and returning derogatory comments.

As is abundantly clear by now, it is nearly impossible to present a discussion of the duties of student trainers, and disruptions thereto, without revealing a considerable degree of information about their principle job-related anxieties. Nevertheless, I close this description of the duties and disruptions with a summary of the things which appeared to give them the most stress, and ways they dealt with that stress.

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Recall that the first questions asked of these trainers was intended to yield a description of what they do in terms of how they would describe the job to a prospective enrollee in the program and in terms of their initial expectations (in the group and individual interviews, respectively). Again, the immediate and consistent feature of these interviews was the fact that the students seemed to be "venting" a considerable amount of frustration about their work. To follow, briefly, then is an attempt to summarize what they said in this regard. Again, these comments should now be somewhat more understandable in the context of the above discussions on duties and their disruption. I concluded that the main sources of stress revolved around issues of the general time demands, the behavior of athletes and others, and other work context factors. I also attempted to pull together any indications of how these student trainers cope with these anxieties.

If there was any universal answer to a question in the entire study, it was the unanimous insistence that the job of student trainer demands large amounts of time. Again, it must be reiterated that these students, once they are in head of sport positions, may spend 40 to 70 hours per week in their athletic training duties alone. However, many were quick to point out that they are essentially "on call" 24 hours a day. As mentioned earlier, heads of sport, who comprised the majority of the students in the study, gave their home telephone numbers to their athletes and it was not unusual for the athletes to phone during late hours. This time, it must be repeated, is in addition to that these full-time students must spend preparing for and attending class. The need to "be a good time manager," was therefore frequently stated, one woman warning, "If you're not, you're going to get so far behind that you can't see daylight. You don't even know where to start." Another trainer added, "You're not here for academics, you're here as an athletic trainer. I mean they say you're here for academics but that's not what you're here to do. But if you don't maintain your GPA, then that's your problem and you're out." Of course, this sounds identical to

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statements made about college athletes as well. Hence, in response to the question of what they might tell a prospective intern, one SAT stated:

Yeah, they have to understand that it's going to take up a lot more time than, I don't know if I ever expected, but especially as the years go on, and your second year. Really your third and fourth year you're really putting well over 40 hours a week into working with your sport. I mean you have to be able to balance that with your academics in order to succeed in this and with school. That's why we see so many people that come into, that want to become athletic trainers, will drop out after a couple weeks or maybe even a semester or something. But I think they'd really need to know that it's time consuming.

Time demands were not only stressful in the fact that the job consumed entire days or weeks, but, in some cases, holidays and other events. One woman recounted the past year, stating that she "got only one holiday--New Year's." The fact that intercollegiate sports serve as some of the principal means of holiday entertainment were clearly behind some of these missed holidays. Other trainers spoke of missed time to spend in personal relationships and having to explain to loved ones the demands of their occupation. In the words of one graduate SAT, "There's very, very little time for yourself, whether it be from the standpoint of socializing or going home for vacations. You are 110% into athletic training, and your sport, and your kids." Much to the dismay of some student trainers, many do not seem to understand their commitment to the job:

A lot of people spend a lot of time looking at you going, 'Why do you do this?' You spend 50 hours a week or 60 and they're like, 'Why do you do this, it's so stupid.' And they don't understand when you have to miss something and you have to work, and you have this responsibility. It's just your responsibility.

Athletes, as was discussed above, were also said to not fully understand the role of the trainer. Some SATs commented that they were often mistaken for being much older than they were, given the position of authority in which they are placed. One student trainer said she liked the effect of this misperception, saying that "if they know you're a student just like them it sort of bonks you down a notch." As a result, athletes, many said, do not take into consideration the schedules of the student trainers. Moreover, the parents of athletes, with whom some student trainers said they interacted, also seemed to be unclear

on the trainer's role, one apparently mistaking a student trainer for a physician--again, a misperception the student trainer let stand.

Among other misunderstandings the student trainers observed were those related to their actual duties. This, of course, harkens back to the "water boy"/"water girl" issue, in that the most visible of their activities are the least central to their work. One student remarked, "A big misconception about the job is that it's just injuries. A lot of people think you just tape and ice and that's just not true." As he added,

Also I'd tell them that basically, it's the total health care of the athlete. They get sick, you take care of them. If they have emotional problems, you try to talk to them or find help for them. That besides all the basic injuries that you see during competition or practice. Then you have to deal with coaches. You have to deal with other support personnel in the different teams. Like with football, you have managers and everybody else and you have to deal with all the crap that comes from that.

Within this network, to use Nixon's term, this student added, "As student trainers, we're at the bottom of the totem pole, so everything runs down hill and we always get it at the end. Even if it has nothing to do with us, we get it." Many of the SATs shared this view of their status. To add to this, one other student said that athletic training as a profession is similarly at the "bottom of the totem pole," as compared to other allied health professions, including nursing and physical therapy. Ironically, as was discussed in one group interview, there are few professional jobs within the field and many applicants, and consequently a "cut-throat atmosphere" pervades the profession generally--something the members of the group felt was palpable in their own program.

Much of the reason for the perceived low status related to what the students described as low pay that is apparently standard for even professional trainers. This circumstance, not surprisingly, is also that of the student trainers, who often receive little or no pay for their work, and, apparently, little praise as well. "Long hours, low pay, very little recognition," was the way one student put it. Moreover, nearly all of the student trainers told of the fact that they are often surrounded by the various pieces of clothing,

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equipment, jewelry and other such items provided to athletes, coaches, physicians and others, very little or none of which was offered to them.

Adding insult to injury, so to speak, these trainers also described being "yelled at" by various individuals, including staff trainers, physicians, coaches, athletes and the athletes' parents. Some spoke of being held responsible or scapegoated for things they did not do. Others spoke of athletes and their parents questioning their medical expertise. Moreover, these students are often, as they described it, "in the middle" of a number of different ways, most often it seems, in the form of possessing information, sometimes volatile, told them in full confidence by an athlete--an issue that will be discussed later. In some cases however, the information given them by athletes must be shared, and as a result, they are called "the rat" for having "busted" an athlete. Finally, some expressed frustration at being "yelled at," in one student's words, as the result of one rare error:

How many times you have done everything to a 'T,' but that one time you forgot the ice bag, or you forgot the Ace wrap, and all hell breaks loose? You're not recognized for the other 99 percent of the time everything went smooth. Just one time is all it takes and then it's over.

The final "work context" factor among the principal areas of anxiety for the SATs revolved around a policy, which was said to be profession-wide, that essentially forbade student trainers to "socialize," become friends with, live with, or otherwise have close relationships with athletes. This policy apparently took various forms and was, in the view of many, not consistently enforced within the program. The stress, as might be imagined, stems from the fact that these student trainers, again who may spend more time with athletes than any other single individual within the organization, have very little time in which to develop relationships beyond those formed at work.

One might, and apparently many do, ask how or what it is that keeps these students in a program which is so time consuming, emotionally draining, low paying, competitive, cut-throat, and restrictive in terms of personal relationships. The trainers described themselves, in many cases, similar to those athletes they considered to be "dedicated." Specifically, many told of how they "love what they do." One trainer said "the only reason

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we're here is because we love what we're doing and that is the reward of healing somebody or making a friend." Another stated that

You've really got to enjoy athletics and the people you're around. And it's got to be something that you really want to do. It can't be a fleeting thought. It's got to be something that's going to carry you through your life. Otherwise you're not going to be able to hack it.

Love and dedication, however, does not mean that these trainers had not developed various ways of coping with the demands of the job. These coping strategies are those which might be expected among any similarly stressed group. Nearly all spoke about the need for a sense of humor and the unpleasantness of those who lacked it. In addition, "bitching" sessions were said to follow days at work, and occasionally were continued at a local bar. Indeed, I asked all four of the interviewed groups about the kinds of things they spoke about outside of work. All of them agreed that these complaining sessions, both in tone and content, were much like the interview itself. In other cases, the way to cope was described as simply to leave the training room behind, both physically and psychologically. In some cases, moreover, a "no shop talk" rule was put in place, as the trainers realized that their evenings were often ruined by hours of complaining. Indeed, a few of the trainers remarked that many of the groups of trainers functioned in ways similar to a family, or as others put it, "a fraternity or sorority." This did not necessarily indicate, however, that all of the trainers in the program were friends, or for that matter, even knew each other. One student spoke of having met some trainers at the year-end social event. Others spoke of cliques that had formed within the SATs.

Gender and the Experiences of Student Athletic Trainers

Recall that one of the issues which came out of the review and critique of Nixon's (1992a) "sportsnet" framework was that it did not include a focus on gender in the relations among its members. That is, the influence of powerful members of the sportsnet is important, but may not be a complete description of the ideologies at work, including those that are connected to pain and injury. Again, past scholars have noted at least a connection between violence in sport and the degradation of girls and women (e.g. Theberge, 1989,

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Curry, 1992). While this issue could not be fully addressed in this study, I felt it important to begin to look into these potential connections by asking the student trainers about their experiences of gender relations in their work.

As was evident in the discussions of the duties of these student trainers, many of the formative experiences of the internship consisted of activities the students described as degrading and humiliating, though ultimately necessary. These included handling water, being harassed by athletes, having one's competence questioned, and having to control the nature of one's relationships with athletes, including the perceptions of those relationships. On the basis of these interviews, it is my perhaps overdrawn, yet nevertheless firm conclusion that all of these problems were considerably more complicated for the women in the study than for the men. Indeed, I concluded that this is the case despite some statements to the contrary by both women and men. To follow, then, is a summary of what I believe are three areas--exclusion, roles and stereotypes, and sexualization and vulgarity--wherein the experiences of women were described as being quite different than those of the men in the study.

Exclusion

Similar to the previous section on the duties of student trainers, I will begin this section with an attempt to lay out the "factual" matters pertaining to issues of gender, followed by the perceptions and feelings of student trainers about those facts. In order to understand the historical era in which the student trainers apparently saw themselves, I think it is useful to begin with what I took to be a telling quote from a male trainer upon being asked if he felt that his experiences were different from those a woman student trainer might have in the internship:

The climate of that question has changed dramatically just in the six years that I have been associated with it. When I first started, I would say a resounding yes, I was having different experiences simply because the gender difference was there and people didn't realize . . . There was a very big difference in the number of males that were coming out of the programs and were ready to take jobs as opposed to females. Now, as we get to the middle '90's and on the 2,000's, with the gender equity question that the NCAA and the equality--they're trying to get equal number of males as

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opposed to female athletes. They're trying to make the same effort with the trainers. Even in the newest issue of the NATA News Bulletin, they discussed women trainers with professional hockey, the pros and cons. People are really becoming aware of it, and their thinking is changing, saying, 'Hey, we can put a woman with a men's sport. We've been putting men, males in female sports all along. Why can't we do it vice versa?' So, that question, the climate of that, has changed a lot.

The changing "climate" of the question of gender and the resulting changes within the work setting of the student athletic trainers in the study is the first area to be examined in this section. Of course, "change" toward "gender equity" suggests that there were, or are, unequal conditions within the work environment of student trainers. Anticipating this as an issue, I asked each student trainer the question to which this last quote is a response, and also asked them to cite any specific examples of how they felt their experiences as trainers have been different as it relates to gender.

I should preface these responses by pointing out some basic facts indicated to me about the assignments of student trainers to one of the university's teams. These assignments, again made by the head staff trainers in the program, were neither random nor without political implications within the program. That is, the student trainers almost universally considered these assignments as indications of their status. Interestingly, the hierarchy seemed to correspond both to the public visibility of the team and to the level of potential *acute* injury within the sport. While I did not ask all of the trainers specific questions about this apparent hierarchy, I was able to surmise from many of their statements that the top sports to "get" were ice hockey (men's), football, men's basketball, and gymnastics (men's and women's). Those mentioned as at the bottom of the hierarchy were fencing, swimming and diving, and tennis. Again, while a definitive hierarchy cannot be confirmed, what can be safely said is that football, ice hockey, and men's basketball are among the most desired sports to work at GSU.

The most important facts to be considered at this point is that women student trainers at GSU were never assigned to work ice hockey, were secluded to the training room (i.e. not allowed by the head coach to watch practice) during their assignments to the

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men's basketball team, and occasionally felt a considerable degree of hostility from players and coaches on the football team. That is, one's gender directly affected one's placement within the hierarchy of sports and one's experiences within the sport. With football, women stated that they were, more often than men, assigned to stay in the indoor training room, while men student trainers were allowed to watch practice. In addition, some reported being excluded from a post-practice huddle due, they were to understand, to the obscene language used, including the naming of football plays after terms of female sexual anatomy.

Other exclusions of women revolved around the issue of locker rooms and the obvious nudity associated with them. Women were not allowed into the locker room and, should the need arise to enter it, a male needed to be available. Clearly, the reverse held true for male trainers and women's locker rooms. It must be mentioned, however, that some locker rooms in which the student trainers worked were designed so that women could be allowed to enter. In other cases, male athletes were simply instructed to be minimally dressed when entering a training room in which women were working.

From what could be concluded from the interviews, while there were similar prohibitions on student trainers about locker rooms and the performance of certain therapies, there simply was not an equivalent set of exclusions for males working with women's sports in the program. There *were* implications of the exclusion of women for the men in the study. For example, exclusion from locker rooms meant that only males could enter them in order to locate a particular athlete or perform cleaning duties. However, similarly, women complained that while male trainers were attending the post-practice huddle in football, as one woman described it, "getting all gung ho," the women were beginning the lengthy process of "tearing down" equipment and supplies. Overall, a basic division in duties also revolved around the practices of the exclusion of student trainers, male and female, from certain areas and behaviors, which both men and women seemed to resent.

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Although it did not seem to be nearly as salient to the SATs in the interview, there were also suggestions that men were not assigned to women's teams. The reason, one trainer stated, was the unique health problems of women and the fact that women athletes might be less likely to confide such things as menstrual problems or a yeast infection to a male trainer. An equivalent number, however, remarked that the opposite scenario is also possible--women may not be as likely to be assigned to men's teams given the possibility of hesitancy in reporting certain health problems, such as a groin injury. It was the perception of the students, therefore, that there were assignments to teams made on the basis of the assumed willingness of the athlete to confide health matters to the student trainers. However, not all agreed with this, some saying that there seemed to be a deliberate effort on the part of the staff to place women trainers with men's teams, and vice versa, many stating that this was a strong point of the program.

The "reasons" for these widely known, variously accepted, and overt exclusions will be elaborated upon in anecdotes and quotes to follow. What is important to consider at this point is the effect certain of these exclusions had on women in the program. The most important of these facts seemed to be that women entering this student training program immediately became aware, both subtly and obviously, of barriers to their advancement into higher ranks of their profession. As one student put it:

Well you know you'll never have hockey. And you know you can never get an internship with a pro team. You know that you'll never get like, men's basketball or whatever, because there's always a head there. I mean they did have a woman, and she was like a freshman woman who didn't know very much, she was new to the program. She wasn't allowed out on the court because [the coach] didn't like it. And you had to put up with those type of things. And you have to know over at football [the head coach] isn't going to like you very much. And you just have to put up with it. The hardest part though was when, as far as we knew, the head trainers weren't backing us up at this point. Why don't they fix it so that a woman can have hockey? I mean that's a great sport for someone to get and work under. You learn a lot in those sports. But they don't do that around here.

As this student trainer indicated, one of the primary objectives in working these sports is to acquire experience in the injuries unique to it. One apparently does this as part of the process of building a resume composed of a variety of sports assignments, and

therefore experiences with injuries specific to certain sports. Moreover, not being allowed to see the actual activity which leads to an injury (i.e. the "mechanism of injury") was also said to put one at a considerable disadvantage in terms of understanding the how injuries occur, and how they might be prevented. Other missed experiences cited as a result of such exclusions included the fact that one might miss important activities during half-time periods of football games. These circumstances were said to potentially include such activities as injections of medications, special or emergency taping or preparations of special pads. In general, many *men and women* SATs in the study cited such omissions in experience as the most damaging result of such exclusions. Discussing the advantages one has as a job candidate as a result of working hockey, for example, one SAT stated:

As far as I know, there has not been a female to ever work hockey. So, right away, there's obviously a discrimination right there. Supposedly, hockey is the top undergraduate assignment for trainers over there. You do very well with the students. All the students that come out of there, they are possible top of the line athletic trainers. I think the key, for example, with hockey is you're one on one with a head athletic trainer, and you get to interact with them every single day and they get to teach you things and you get to sit and observe what they do every single day. Now, at football, for example, there are 120 athletes there, maybe 12 student trainers, and two head trainers. You really don't get that person-to-person relationship and especially not every day. Maybe once a week you might get a little input in, but there's other responsibilities that they can take care of. And say if, by chance, that what you're doing is learning from grad students or maybe seniors or juniors, they may not know or they may not have the experience as a head trainer would, and you learn from their experience. I feel that women don't get that advantage. There's not just one trainer that can sit with them and be with them the whole year and sit there and learn from them and ask them questions every single day. In that sense, yeah, I feel that males get better understanding. At least they have a better advantage, I guess.

One student trainer reported that, through conversations with women student trainers at other schools, she believed herself to be relatively fortunate to be able to work with the football team, as women were excluded much more severely at other schools. On the other hand, one graduate trainer reported that he was aware of an institution at which *men* SATs were excluded from *women's* sports. While this is an interesting point to consider, the relevant facts are those about GSU. Indeed, another SAT also pointed to an additional key fact about GSU--women compose the majority of students in the internship

program. Nevertheless, this SAT also indicated the consequences of these exclusions and the further barriers for women in the field:

Now, they let women out on the football field and actually there's, in our program now, it's a majority of women. But at this level, you're not going to go much further than this. You can go be a high school trainer. Very rare for a woman to become a professional trainer . . . There is [sic] only a few women that are head football anywhere. There's a few women who are head basketball, but it's rare. There's no professional women working for NFL teams. And I would love to go work for an NFL program. There are coaches who were at [Great State] who are at the pro level now and they ask me why I don't come out there and intern. Well, because they don't let women in because they're on the good old boy system, is what they call it. There are too many older men still in positions of authority and they do not think that's a place for women to be. 'A woman cannot handle herself in that type of a setting.'

Several of the male trainers in the study had indeed worked with National Football League teams. Although these men spoke of a very competitive job market, their presence in the program at GSU were reminders to women that the advantages of these professional sports experiences were possibilities for their male colleagues but not for them. Indeed, one trainer stated that, although he ultimately had offers from NFL teams to work as a trainer from which to choose, the best candidates for the jobs were women, who, he said, "have 4.0 grade point averages. . . , way prepared." No women, he reported, were accepted into these camps.

Again, I cannot confirm the status of NFL acceptance of women trainers from this study. My purpose in reporting these statements, however, is to show the general context of the work for women in the study. That is, women in pursuit of credentials in athletic training in the study seemed to be in a double bind: They could gain experiences in football by accepting an assignment to the football team, for example, and hope for changes in professional football; or they could accept assignments to other, less prestigious (and less injurious) teams, gain excellent credentials in those sports, yet limit their employment possibilities because fewer employers (i.e. universities) offer those sports.

Reasons

When I began to probe the reasons understood by these student trainers for the exclusion or otherwise hostile reaction to the presence of women within these sports teams, there were many, varied responses. Among the most common was hostility by coaches. Several women believed that coaches were looking for incidents in which women "screwed up" or "got in the way," presumably as indications of the gender-based incompetence. A couple of notorious incidents are illustrative of this hostility and seemed well known to all of the trainers in the study. One revolved around a comment made by a coach to a staff trainer, and apparently overheard by a woman student trainer; the other around an apparent accident. Both are summarized in the following discussion during a group interview:

[Coach] calls us pussies. And he's 'Why the f___ do we have all of these pussies out here? Look, pussy, pussy, dick, pussy, pussy.' . . . That is what he said. When I worked [coach's sport]. . . , one of the bikes was bleeding, and it leaked on his [facility floor]. One of the girl trainers moved the bike. And she moved it from here to the door (about eight feet), and it left an oil trail, but she moved it off the [floor], just like she was told by a guy trainer. And [coach] blew up and called her a f___ing girl trainer and, 'Why the hell did we have those girl trainers up here? They're just stupid, they're weak, they can't do this, they can't do that.' But she didn't do anything wrong. She didn't do shit wrong. It was just because she was a girl and she was doing what she was told to do. It's hard. But then, now some of the coaches aren't like that here. Some of the coaches really understand what the girls do.

The difference between the coach responsible for the above comments, and those who "really understand what the girls do," was most often explained by referring to the former as being from "the old school." That is, in the words of one SAT, "some coaches believe that women should be home, barefoot and pregnant." Moreover, the practices of the former school of one student trainer--who was alone in the study in his views on this issue--about the "place" of women are illustrative of what he called the "old school" (the quote includes my follow up questions in brackets):

*If I was a football player, I don't want them in the locker room either.
[Because of the nudity thing?]
Yeah. Plus, I mean I played sports, and I don't think, mentally they're not at the same level. You know, they're not as intense as guys and even for taping at the hotel, they'd be screwing around, making jokes with the players, you know, being normal girls. You know, just being loose. All*

us guys knew it's game day, their game face is on, and for those few hours of the day, they don't care about girls. They don't want to, you know, see their little cheery attitudes and stuff like that. So, even game days, I think the girls were kind of shunned out a little bit. Don't want to let them tape them or anything like that.

[Who shunned them out?]

The players did, and even the head trainer and the graduate assistant trainer did.

[Did they ever, instead, try to say, 'Please try to change your attitude while you're working with them because it is game day and the players are trying to be intense?']

I really can't remember an incidence where they did that. I remember where one game, the graduate assistant . . . How it worked was the head trainer and the graduate assistant worked football. There was no other assistant. I remember he was trying to get all the girls out of there. He didn't want them taping at all. He'd never mention to them, 'Hey, it's game day. You got to be serious.'

[Did you know what the rationale was for that decision was? Did it have anything to do with the quality of the work?]

I don't think so. It's just pretty much the attitude probably. Anyone can tape an ankle. I don't think it was the quality. . . I come from the train of thought that I think women should work women's sports and men should work men's sports. I mean, people, some of the girls at [former school] thought I was, you know, sexist because I thought that. But from a privacy standpoint, I think it's better that way. Males know how male athletes prepare for an event because most of us have played sports in the past. Females just don't have that state of mind, I guess you can say.

Again, this view was not shared by any other student trainer in the study, nor is it a description of a practice found at GSU. It does, however, illustrate some of the ideologies which may lie behind the exclusion of women and the practice of placing them into traditional roles.

Other reported comments of coaches about women student trainers included the perception that they were less competent than males. For instance, several women trainers reported being overlooked by a coach for assistance with an injured athlete in favor of men with less experience. Additionally, some explained that these "old school" coaches believed women trainers are "out there trying to look pretty, trying to get dates with their players." A final "explanation" for the exclusion of women from these sports was that they were a "distraction" to the male athletes--that is, a sexual distraction--and that such things were not permissible by revenue sport coaches under pressure to win.

To understand this business of distraction, one must recall the policy mentioned earlier that student trainers were not to socialize or become romantically involved with, or otherwise become close to, the athletes with whom they worked. As might be imagined, women felt differentially affected by this policy. Some reported that they had received unfair evaluations of their performance due to rumors or a reputation that they were overly friendly with, or even dating, an athlete with whom they worked as a trainer. For example, one student trainer, not in the study, was reported to have been "blackballed," receiving an assignment to a "less prestigious" sport, due to allegations that she had been dating an athlete. While this issue will be discussed in more detail later, it is the point for now that the hostility and differential treatment of women trainers was in the atmosphere in which these trainers worked.

Moms. Sisters. Ladies

As women in the study explained how their experiences differed from those of men, it appeared to me that one of the ways members of the "old school" were able to come to grips with the presence of women student trainers was to fit them into traditionally feminine roles. That is, it was evident in other portions of their responses to the questions on gender that very often the presence of women seemed incongruous with the practices that take place in traditionally male sports. Some of the women explained how many of the athletes with whom they worked seemed to develop traditional role stereotypes, and to some degree the women accepted these labels. As the title of this section indicates, these labels and their associated roles included those of "mother," "sister" and "lady."

The most frequently mentioned roles that women seemed to adopt in their perceptions of the work as student trainers were described, both in the words of athletes and in their own words, as "motherly." One woman explained, "You become motherly, you start taking care of them. And that's when they get to thinking you're a mom to them." As another noted, "You get that knock on the door at 5 o'clock in the morning, 'I don't feel good. Can you give me something to make me go to sleep?'" (laughter). Indeed, some

seemed to indicate that not only did athletes seem to treat them this way, they themselves began to become "protective," particularly as a result of spending entire seasons with athletes, one even going so far as to call it a "motherly instinct." "You get closer to these people and they get closer to you," as one woman described it. Indeed, as another SAT put it, this got to the point of empathizing with the difficulties of intercollegiate athletic participation:

I feel it's kind of a compliment that they feel comfortable enough with me. I mean, being an athletic trainer is difficult enough. But being an athlete you can't overlook either. I mean these people work umpteen hours a day. Their school, they get yelled at if their grades aren't good enough. At practice, they get yelled at because they . . . You know, they were studying late because they hadn't made the grades and now they're tired during practice and they can get worn out just as fast as you can. Every now and then they do need a shoulder to cry on or someone to just give them a little back rub and be like, 'It's okay. Next game what if you try this?' or 'This will work better.' I've even helped athletes with their classes. So, you do, you become a mom figure. And I've had that with both men's sports and women's sports. But I think that's nice that athletes feel that they have that kind of crutch when they're away from home, especially the freshman. I was up one night for three hours with someone that was home sick. A lot of people would feel that that's not my job description. No, it's not, but if that girl's up all night, she's not going to perform well either and she runs the risk of getting hurt. It's kind of really piecing it together to wind up with the athletic participation part.

As women spoke about the motherly role, I became interested in a couple of issues. The first was whether they felt that male athletes were more likely to see women trainers as mom figures, or whether this occurred with both men and women athletes. One SAT, stated, "Sometimes the men are more accepting of you because you're female and they feel you are more nurturing and can take care of them, which is what I found. The men like to come to me because I think they feel like the more maternal thing, taking care of them." Another stated that she thought she was more motherly in the presence of male athletes, stating that "they just came to me with everything, everything." One woman, however, disagreed with the notion that she was more motherly to men than to women, saying, "It doesn't matter whether they're male or female, it works on both sides." Another doubted that men SATs would act in this way:

When you have a guy laying in bed with a 104 fever for three days, you're the one checking on him every ten or fifteen minutes, just what a mom would do. And so that's how you get that type of thing. And I think sometimes that a man might not be quite as sensitive to those type of things, but that's just my personal feeling. I don't know for sure because I have never seen a man handle it before.

Indeed, the other question I asked about the adoption of the motherly role was whether men seemed to take on this role as well. The responses were generally "no," however, in some cases these were qualified. Comparing men and women student trainers, one male SAT stated that

But then they get things that we don't. Because they're like. . . Women are more motherly figures kind of thing. You can get closer to them than. . . A guy's relationship with a guy is like, you know . . . , you know . . . , (long pause) sex, sports, etc. There's a fine line that you only talk about certain things with guys. And then a girl can talk to a guy, and they'll discuss relationships and stuff. Guys don't talk about that kind of thing. They get a different perspective than I'd say a male trainer does.

Hence, this trainer suggests that certain barriers exist for male trainers in pursuing personal matters with male athletes that are perhaps not there for women. Another male trainer stated, reluctantly, that he believes with women athletes he "might be a little more sympathetic or take time to explain myself." Asked this question about male trainers and mothering, one woman stated

You can't make guys feminine just to be a mom kind of role. I mean in their own subtle guy way, yeah I think they do help each other out. I've seen it. I have seen men trainers really help out their male athletes emotionally. I mean it's the same thing. You see it. Do you not intervene or just help them out a little bit, just because you don't want to cross that professional barrier? But at the same time, if that kid's not going to be happy, and he's going to be miserable, there are going to be detrimental effects that come out of it. So, it's kind of like a catch 22.

Indeed, crossing a professional barrier is the principle issue these trainers spoke of as complicating the mothering role. While they emphasized the importance of having an athlete trust a student trainer, they also noted that the problem with this is that staff trainers believe they are becoming too close to athletes. One group recounted how they believed an SAT was removed from a sport assignment for this reason. What might tip the staff off to the status of these relationships was not mentioned, although a few student trainers told of

how their athletes lobbied staff trainers at the conclusion of their season to have them as their student trainer for the following season.

One of the apparent results of this closeness, and interestingly associated with the replacement of the word mother with "sister," was the fact that, not only did trainers "protect" athletes, the athletes were also said to protect them. This notion came up exclusively in the case of women SATs in the context of working with male athletes. In some cases, this was described as being simply the nature of the relationship between women trainers and their male athletes. In others, the sister label was used to describe how, in some kind of crisis, a male athlete would come to the defense of a woman trainer. In one case, the crisis was a rumor circulating about the sexual proclivities of a woman trainer. The protective athletes, described as "leaders on the team," identified the source of the rumor, and, as she stated, "shut them down." She explained this had occurred in several instances, wherein athletes would come to her with gossip about her personal life or her skills as a trainer. She concluded by saying, "You've got to make friends or you're dead meat."

A final kind of stereotypical label that seemed to attach to women trainers revolved around the term "lady," and also was accompanied by a sense of being protected by athletes. Some noted how football coaches would apologize for swearing in their presence by speaking of "offending the ladies." Again, this kind of protection was the basis of some of the exclusionary practices described above. One group of women laughed about how some male athletes would criticize others for discussing "crude topics" in their presence, saying, "Hey, there's a lady in the room!" One SAT said that such behavior was "nice to hear," given the apparently common pattern wherein athletes, and football players in particular, would not seem to mind who could hear such talk.

It should also be mentioned that stereotypes into which women trainers were often cast were also directed toward women athletes by women trainers. Several women in a group interview agreed that women athletes were more "whiny" or complaining about such

things as rehabilitation and undergoing ice treatments. They also agreed that women athletes were more "moody," one SAT stating that while men could "block out" their emotions, women athletes seemed to carry their emotions into their performances. This latter assessment of women athletes was associated with menstruation. A male athletic trainer also noted an incident where coaches had essentially stated that women athletes were generally inferior to men, and that ideas about the inferiority of women were "rubbing off from the male coaches onto the male athletes."

Among the roles apparently prepared for women in the program to assume, then were those of mother, sister and lady, the latter of which seemed to have meant that these women were, to some degree, seen as potential romantic interests or sexual partners. Again, the policy prohibiting the development of close relationships between student trainers was particularly felt by women. As became evident, combined with these perceptions was the apparent burden of responsibility on the student trainer to manage both the substance and perception of such relationships. I explore next the context of men and women student trainers as they described how their experiences have been sexualized--that is, where sexual innuendo and imagery pervade the work atmosphere. Again, I believe that the burden of having to work in this context and the related responsibilities were borne more by women than by men.

Sexualization and Harassment

Recall that one of the reasons SATs cited for the exclusion of women from certain practices were allegations by coaches that they were "distracting" to male athletes, the latter of whom were presumably unable to concentrate on their activities in the presence of women trainers. The assumption behind the decisions of coaches to "kick" women trainers out of practice--i.e. that they are there to pick up men--seemed almost universally to color the experiences of women trainers working with male athletes. Additionally, this assumption attended to nearly all conceivable interactions among women trainers and male athletes. While there were similar prohibitions evident in the descriptions of male trainers,

in their case these seemed to revolve principally around the actual performance of athletic training duties. One other distinction between men and women was that only women reported being sexually harassed by athletes. To follow, then, is a summary of the SATs comments about the sexual assumptions and associated precautions which revolved around their activities, the experience of sexual harassment by women, and the ways women dealt with these matters.

A good portion of two group interviews was spent discussing the implications of the policy prohibiting socializing and other types of non-professional interaction between student trainers and athletes. Several women spoke about their needing to choose between what was characterized as "bitch" orientations to male athletes--which were essentially synonymous with both "professional" and "rude,"--and "friendly" ones, which were described in terms such as "nice" and "sociable." The underlying assumption about these interactions with male athletes, they said, was that it was seen as a "pick up" situation. Interestingly, one of the apparent complaints lodged against some women trainers was that their appearance seemed to be distracting to athletes. One male trainer spoke of "trouble with them wearing their shorts too short or putting on lipstick on the field," which he said had led to hostility from a coach. Indeed, one group spoke of how the issue of makeup was included in comments one woman SAT received on an annual evaluation of her skills. Moreover, another woman was apparently told that she was to ignore compliments on her appearance from players and coaches. Male SATs were not immune from scrutiny on their appearance, however. One description included an incident in which a coach told a male SAT to remove an earring. The coach in the incident was quoted as saying, "Guys don't wear earrings out here."

I asked these women what they were expected to do in response to the initiation of a social conversation with a male athlete. One woman responded that she assumed she was expected to be courteous but standoffish: "If they say, 'Hi,' you say, 'Hi,' but you go and scurry off and start reading or something." She added that she refused to engage in such

behavior, and instead liked to "be involved with what people were doing." Her understanding of these prohibitions and warnings were

Because I guess they think it's unprofessional. That's what they say. Because then we're being women, as far as were being nice and giggily. Even if we were not being giggily. 'You're being too nice. You're acting weak. You're acting pretty. You're acting like a girl.' And we're not supposed to do that.

When I asked whether there were an equivalent set of restrictions on men in the program, one woman responded, "No the guys can talk; they can joke; they can party; they can do whatever they really want. " Indeed, what struck many of these women about the socializing policy was that, not only did it seem only to apply to them, it was part of a larger system of double standards about social relationships. Several were aware of male SATs who lived with athletes, which was presumably against the policy. However, I discovered that it was also the case that women trainers had lived with women athletes and that some women SATs had plans to live with women athletes in the future. Nevertheless, while the living situations comparison might have been roughly equivalent, there seemed to be little evidence that male trainers had sexualized assumptions attached to their everyday interactions with athletes. As one SAT concluded, to which several men and women trainers concurred, "It's your standard thing, you know. Guys who are social and flirtatious are studs and women who are like that are sluts."

Among the activities of both men and women SATs which also involved sexualization was the general talk the trainers described as pervading many of their work contexts. A number of student trainers spoke of needing to "set the tone" in their training rooms, given the proclivity of athletes of college age to discuss sexual topics. One SAT described such talk as "getting way out of hand," and in some cases involving coaches. As mentioned earlier, such vulgarity was part of the explanation for their exclusion from hockey and the reason for their exclusion from certain portions of football practice. In the case of football, moreover, one SAT said she understood the football coach's rationale to be, "Our daddies never talked to us that way, so he doesn't want us to hear those words

from him." She added, however, that such protection from vulgarity does little good when so many others in the work context are engaged in it. Indeed, other examples of such talk included male and female athletes talking about sex on a bus during "road trips," and football players discussing the past weekend's "sexual conquests" in the training room. Moreover, these latter discussions among athletes about sexual activity were intentionally started, some women noted, when they were in the room. As one trainer noted

Just foul comments. Like if they know, if certain athletes know you're in the room, and you may be cleaning something or minding your own business, they will start up conversations that degrade women just to get a rise out of you. And in those situations . . . When it's directed to me, I don't know. . . I don't know, maybe it's the stereotype that women are softer emotionally that the guys constantly try to break you or try to get to you.

Such general "atmospheric" conversations were also accompanied by direct sexual harassment from players. While one woman reported that she had been approached by a player who said, "Hey, I got a condom. Let's get busy," another told of being harassed on a daily basis:

There are certain guys on the team that won't leave you alone. Well, say like there was this one guy who is known as one of the really rude guys on the team. He was always, 'Yeah I know about you . . . I know what you're like.' And there was nothing to know. So he was harassing me in that way. Then he'd always say, basically to everybody, 'So baby, when we going out? I know you want me,' all this crap. So you just learned how to deal with it. There were just a couple other incidences of that. In that respect, you know I can see why they don't want you date the athletes because then that would probably be even worse.

A few women also reported incidents of actual physical contact made by an athlete. One reported being "kissed on the cheek," in a "friendly" manner. Another woman, however, reported being alone in a room with an athlete who had continually harassed her, and eventually being "nearly backed into a corner." Again, returning to the exclusion of women from hockey, one SAT noted that the "mentality of hockey" was such that, he believed, harassment would be such a problem that "it could turn into a bad situation." One example he noted included ice hockey players joking about how a woman reporter and a woman trainer had seen them naked. While all of these incidents were reported to have

been handled to the satisfaction of the women involved, they are indicative of the types of potential experiences exclusive to women trainers in the study.

Note however, that, thus far, such contact, along with the rest of the above described incidences of the sexualization of women trainers, have been essentially outside of the context of them actually performing the tasks described as duties in the previous section. In light of the above, when it is recalled that actual physical contact is required of trainers with athletes, the potential for sexualized construals would seem to be great. Physical contact between trainers and athletes turned out to be an issue about which both men and women were equally concerned.

In this regard, the issue of the legal liability of trainers was a point of discussion in all of the group interviews, in most cases relating to the fear of being sued for sexual harassment associated with their duties as trainers. As one student put it:

Even if you just put your hand on someone's back, that could be sexual. Whether I was to do it with a female or male, depending on how they view it, 99 percent of the people wouldn't mind, if there's that one percentage that would say, 'That's harassment.' Because if you can't, and that's with any profession, you just have to cover yourself anymore.

While the issue of contact between trainers and athletes might be thought of as being similar to that between, for example, nurses and patients, the context of the work of these students apparently made certain kinds of contact impermissible. In particular, contact in or around the genital area was described as basically prohibited, though it seemed to depend on the particular context and individual comfort levels of the particular trainers and the athletes with whom they worked. Some trainers spoke of finding same-sex replacement trainers to perform tasks, such as groin wraps, with which they or the athletes were uncomfortable. Similarly, some brought in same-sex witnesses to be present during certain potentially sensitive treatments. Others spoke of simply keeping the athlete informed of what they were doing while performing a procedure and that athletes were to alert them should they become uneasy about the process. Accompanying this latter approach with a "professional demeanor," as one trainer put it, seemed to work well. However, one SAT noted an

example of an athlete who turned a stretching incident into a sexual encounter by "pressing into" her. Again, this incident was reported and resolved to her satisfaction.

These ways of handling potentially litigious situations were perhaps the most formally worked out in terms of actually managing problems associated with the work of student trainers. As was mentioned earlier, in many other cases, it seemed as if the student trainers were essentially on their own to manage problems associated with sexualized assumptions about interactions, sexual talk among athletes and other problems. In some cases, however, serious problems were reported as being referred to staff and were, again, adequately addressed in their view. However, I was concerned with how they felt about these differences in experience which were related to gender and any more general actions they might see as helping provide a more equitable context for their work. It is to these that I now turn.

Perceptions and Coping

I conclude this section by discussing the student trainers' responses to how they felt about the apparent differences in experiences between men and women in the program. As just mentioned, it seemed as if the majority of the responsibility for handling gender related problems was placed on the student trainers themselves. Generally, the answers to questions about coping with these problems revolved around powerlessness, doing one's job and rationalizing sexist behavior. I conclude with the views of some of the trainers about their perceptions of the differences in experiences for men and women, both in general and in terms of professional preparation.

To reiterate, many of the trainers felt it was their personal responsibility to manage for themselves, occasionally with the help of others, any of the experiences they had of harassment and other sexualized or stereotypical views of them. Some women who, for example, were the subject of sexualized comments "atmospherically," said they simply ignored the behavior. Those who felt that such talk had "gone too far," stated that they had adopted strategies for dealing with such situations, all of which were in the form of retorts

to the athletes who engaged in the behavior. Most of the athletes they worked with, many of the women wanted to point out, did not engage in this behavior, felt it offensive, and became allies of the women. In a couple of cases, however, the athletes were reported to more senior level trainers who were then said to "handle" such problems in various, though unspecified ways. As one woman concluded, "I had a problem once with an athlete and it was taken care of. I waited until he was repeatedly obnoxious or made some gestures to the point where it interfered with my job."

Regarding the more general "facts" about such things as sport assignments and various exclusions in duties associated with men's athletic teams, there seemed more of a sense of powerlessness. One woman noted that such exclusions, given the fact that a majority of the program was composed of women, would inevitably mean that less qualified males would be working more prestigious sports. Yet, many felt that they were in a highly respected athletic training program, and for that reason, the benefits of silence about these issues outweighed any risk they might assume in objecting to these exclusions and other work conditions. As one woman put it,

Well they have a lot of excuses why they can't put us somewhere. And you know that's, I mean you're under their program and then it's up to them to give you the recommendation. You don't want to leave because you know you're in a good program. And so there's only a few things like that really upset you sometimes. You know that it's not only their call either. That coach might be saying, 'You can't have a woman over here,' or whatever. That's when the university should step in and say, 'Well that's not the coach's call if she's over there or not.'

As another woman put it, regarding the "old school" notions of a coach, "I don't know. You never want to make waves. To me, it's not worth it. If that's what he believes, then who knows? You deal with it." This strategy of simply explaining such practices as stemming from irrational or outdated beliefs about women seemed to be common. Many seemed to combine this writing off of the behavior with simply immersing themselves in the work itself: "Just stay quiet, ignore it, do the extra work. Or, you know, do as little as you can to get by. And I do some of that, too. Otherwise it's just unbearable." In the case of the "dicks and pussies" incident, one woman concluded, "I

think you can look at it as being offensive or you can look at it as him just being a jerk and that's his attitude and you can't change it." More than this, one woman trainer said that such exposure to these attitudes might help her in the future:

Well, in a way it's good because it's reality. When I get out there, it's what I'm going to find because a lot of the coaches are old school. So I need to know how to deal with it. It makes me angry to no end. I honestly was waiting for [coach] to get into my face about something stupid, because I was very determined that I was going to tell him to stick it up butt and turn and walk away from him. I decided that at that point that I didn't care if I had gotten kicked out of the program. It was worth it to me that I wasn't going to turn into a little ball of Jello like everybody else did when he screamed at them, because he's [the coach]. So it made me mad. . . And I don't think it was that bad, it wasn't completely discriminatory in any way.

This last comment, that the program was not "completely discriminatory in any way," was more common than I had expected in light of the kinds of exclusions and other incidents that were described. As I indicated at the beginning of this section on gender, perhaps my conclusion that women in the program had considerably different experiences than men was a bit overdrawn. Clearly, it may be that my own reaction to the content of some of the few incidents these student trainers reported was not adequately put in the context of the day-to-day experiences of these trainers. Moreover, being asked whether their experiences had been different due to gender may have brought forth these responses more than they might have had the issue been broached in another way. Attention to daily experiences, again not undertaken in the form of observations, may have "washed out" these incidents considerably into the context of other more mundane and perhaps compensatory activities that were simply not described by these students in the interviews. I think this is a plausible way to look at the conclusions some of the student trainers drew about gender-based differences in their experiences. On the other hand, the fear of long-term consequences may also be reflected in the willingness of these women to stay in the internship, not complain about it, and even cast in a favorable light a program that clearly featured gender-based discrimination and harassment.

One woman, indeed, concluded that differences in experience were not entirely based on gender:

I don't really see it along gender lines, the differences of the experiences. I see it along like attitude and personality, really more than anything else, as a combination with gender. We have one girl that's extremely gruff and like . . . Her way of being standoffish with the guys and being short with them, to stop the harassment and wisecracking and stuff, was to be nasty about it. And that backfired on her. They thought she was a bitch. But guys can do that and it's not that big of a deal. Mostly, a personality thing.

Others again noted the advantages of assignments of women and men student trainers to women's and men's athletic teams:

Well, I don't think there'd be a difference between males and females. All pretty much get a share of the same. Like, it's really just a matter of what sports you get assigned to as far as what experiences you get. I don't see any differences in the way they, either male or female, they assigned to what sport. It's usually everyone gets stuck with football for a while. Eventually, you're going to end up going back to the same sex sport. . . I think they've got a pretty good system where everyone gets a similar experience from the sports aspect, from what sports you get in. I think it's pretty fair that way as far as experiences, injuries and that type of thing. If there's any kind of bias there, I don't think so. It seems pretty fair that, like women they'll stick with men's basketball or football, that type of thing, and guys they'll get stuck with women's gymnastics or that type of thing. So, I think it's pretty fair.

Finally, as noted at the beginning of this section on gender and experiences, one SAT noted the changes being attempted in the profession in order to open employment opportunities to women. He suggested that there are basically equivalencies in experience and, as other student trainers also asserted, one needs to be aggressive and "make something out of" the internship experience:

No. I think here the preparation is identical. It comes down to what you make out of it. They could still learn more about the football, and I could still learn more about female sports, so I don't think you're ever treated different in that respect where the guys are put on one path and the females are put on another path. I think, if anything now, there's a push for the females to be a little bit more aggressive to get more experiences because there is a big hiring push for females trainers. There are a lot more jobs for females, so I think they might even be pushed more than the males right now to get the different experiences and to gain as much experience as possible. I don't think one is sectioned off more than the other, or anything like that.

Information and Advice

The preceding discussion of the experiences of student athletic trainers in terms of gender may have suggested that these students work in an air of extreme caution about their

interactions with athletes. Again, this might seem particularly so for women, who said they had difficulties in maintaining "professional" impressions of themselves without undermining their rapport with athletes by being perceived as cold and indifferent. However, as I learned from questions regarding the student's individual handling of the policy against socialization, the "facts" of the circumstances in which student trainers work are simply not conducive to such relationships. The most significant of these facts, at least insofar as they are accurate, is that the majority of the interactions of members of the GSU sportsnet with athletes were those involving student trainers. As was shown in the previous discussion, these interactions take place in a number of varying circumstances, and include conversational topics which extend well beyond sports participation. Moreover, as just discussed, the status of relationships between student trainers and athletes vary from those which seem "strictly professional," to "motherly," "sisterly," to being close friends and perhaps romantic partners.

Also indicated by the previous section, some student trainers felt that the establishment of trust in any of the relationships they have with athletes assists them in doing their work as athletic trainers. I therefore asked these trainers how they personally managed their relationships with athletes, what they learned and what happened to athletes as a result. Again, my reading of Nixon's (1992a) concerns about sportsnets was that he was primarily concerned with how medical information about athletes is produced, processed, interpreted and shared with athletes, and that this process cannot be fully understood without some knowledge of the social context of this process. Moreover, I wanted to pursue the ways in which student trainers might assemble the materials for an athlete's "moral career" as a recipient of athletic training services.

While I feel it necessary to explain my thoughts about this information process as it regards student trainers, I think it useful to present a bit of further data first. I believe it essential to begin with the reasons student trainers understood were behind the policy against socializing with athletes. What I found was that, while most SATs could see the

reasons the policy was put in place, many were insulted by it and found adherence to it nearly impossible. Most stated that they possessed the self control and maturity to be able to successfully have a close relationship with an athlete and keep it separate from their work. Additionally, some added that it is unreasonable to think that an athletic trainer would not have common interests with athletes. One trainer explained, "I think that people who go into the athletic training field have a background of athletics. They feel comfortable around those people. That's why we're doing this." Indeed, in the words of another trainer, it is also unreasonable to think romantic interests would not develop, in that not only comfort but physical attraction is present:

I mean you just happen to be attracted to athletic bodies anyway. You appreciate the human body as a trainer. I mean, I can't believe a trainer that wouldn't appreciate someone who was fine-tuned, you know, and if you get a chance to go out with them, why not? If they're a nice person, I don't think they should say that you can't.

Again, many added to such comments that they spend 40 to 70 hours per week with athletes and that it is neither reasonable to expect them to develop "outside" social lives, nor is it realistic to expect them *not* to come to admire some of those with whom they spend so much time.

Others noted the potential for turmoil in the training room should a relationship between trainer and athlete become problematic. Some student trainers believed that the policy was simply meant to insure that they adopted a professional demeanor, to insure that they were taken seriously by athletes, and so that their authority in rendering professional judgments was not undermined. A frequent example to illustrate this was the case of student trainers, seen as representing sound health care practices, who presumably contradicted their professional roles by going to bars with athletes. One SAT objected to such practices and believed these trainer/athlete relationships ought to be similar to a "doctor/patient relationship," saying that it was a matter of maintaining "ethical boundaries."

Yet a number of student trainers recounted examples of how they were successful in the management of these dual roles of trainer and friend. Again, they explained, it was simply a matter of changing roles from one setting to the other. One SAT explained,

For me, I guess I was mature enough, if you can use 'mature,' to make that difference and put on that professional persona within the training room environment, and then drop it when I was out and be able to socialize. As long as a person can do that, I don't see a problem with it.

Moreover, a couple of student trainers laughed about how their early experiences as student trainers were spent learning precisely why such dual identities were necessary. As one trainer recounted his experiences:

I did everything with them. We went out. We'd go to bars, whatever. Because I didn't know or understand the professionalism involved in athletic training, I went out with them. And then I got into the profession a little bit more and I kind of backed away from them. Because I was already such good friends with them, they respected what I was doing. A lot of times, I may see them out, or whatever--I told them, 'I'm a trainer. I don't want to talk about anything.' And they were really good. They never brought anything up. If I saw them in a bar, or if I was at a party and they showed up, or I showed up at one of their parties, or something, they never discussed it. They respected my privacy and I respected theirs. Actually, it worked out real well.

This trainer's not wanting to "talk about anything" reveals another class of reasons the student trainers stated was behind the no socialization policy, and the central interest of this section of the data. Obviously, this warning related to what the student trainer might see as a result of engaging in social activities with athletes. Again, both student trainers and their athletes are college students, and as one SAT put, "do what college students do." As briefly mentioned in the section on duties, heads of sport, as well as other trainers, described being put in the position of having to monitor the behavior of athletes. Such behavior may include that which is illegal, against team policy or, in the view of the trainer, counter to their health and well-being. One trainer even developed a "rule" in this regard:

One rule that somebody passed on to me was, 'Go out and have all the fun you want, but when trouble happens, leave, so that you're not there to say--when the football player beats the crap out of some guy, and you get called into court--to say, 'Yeah, he did it,' or lie for him and say, 'No, he didn't.' So, you're not in that position. I think I kind of followed that. If things kind of got out of hand, I said, 'Guys, I can't be around this. If it's going

to continue, then I'll just take off, no big deal. If you guys want to wait until I leave to do it, that's better.'

It seems, then, that student trainers are under a dual obligation: They are not to be associated with rule-breaking behavior, yet they are to report it should they witness it. Moreover, it also seemed that the concern of these students was not with having their authority as student trainers undermined, but rather with having their identities as athletic trainers associated with their identities as students and friends of athletes outside of the work environment. It was, indeed, the knowledge produced as a result of these outside interactions with athletes that student trainers felt was essential to doing their work inside the training room.

A number of issues emerge and build upon one another as a result of these considerations. First, it appears that, to some degree, these student trainers may be in positions of conducting "surveillance" on athletes. While none of the trainers actually used this term to describe their monitoring activities, it seems to be the case that at least some of these trainers witnessed the entire day-to-day existence of athletes, came into possession of information about them as a result, and hence had a wide vantage point from which to "contextualize" their injuries, illnesses and other problems. That is, they may see a particular problem within a very large context of how these athletes live, and actually find that information useful in doing their jobs. Importantly, with respect to Nixon's concerns about injury, it may therefore become part of the entire interpretive and practical framework whereby an athlete's injury is evaluated, treated, rehabilitated and otherwise processed within the system of medical services of which student trainers are a part.

Second, recalling the discussions of the assignments of trainers to teams, and the "mothering" role adopted by some trainers, the building of trust was mentioned as being an important way of encouraging athletes to share even highly personal health information with trainers. This suggests that not only did trainers passively receive information voluntarily brought to them by athletes, they believed it effective to actually foster these tendencies in athletes. Hence, how these processes of revealing take place, whether they

are encouraged or discouraged within the sportsnet, and what confidence-building techniques these trainers use will be relevant to understanding the subsequent use of the information they facilitate. That is, the "terms" under which an athlete may confide, or "confess" their anomalies to trainers with whom they may be close may have very much to do with how the knowledge of those anomalies is actually used.

Third, as a result of the combination of being close to athletes, having possibly taken steps to foster that closeness, and possessing personal information about them, these student trainers may find themselves in particularly difficult positions as it relates to both their obligations as peers and friends of athletes and as developing professional trainers. Recall that in the case of professional athletic trainers, Kotarba (1983) found them to be "bridges" between athletes, coaches, physicians and others within the sportsnet. We have already seen glimpses of this in the examples of student trainers taking on "staff" roles and having to "bust" athletes who break team policies. Hence, it is possible that student trainers will be in the "middle" of such issues on a regular basis. Again, the fate of the athletes in light of decisions these students make, and the subsequent path such information takes, seems important to "mapping out" the world of student trainers.

Finally, it is likely that, given the scope of their knowledge about athletes, the information student trainers come into contact with will go beyond their expertise and include psychological and other problems outside their range of their skills or resources. Hence, they may then need to seek a referral in the "best interests" of athletes, even though it may harm the relationship which made the revelation of the problem possible in the first instance. Moreover, some SATs will undoubtedly decide to attempt to address the problem themselves. How they decide, and when they do so will be revealing of their perceptions of their own roles and also lead into the area of counseling or advising athletes. The nature of the problems they confront and how they themselves manage them will throw further light on the workings of the medical sub-units of the sportsnet with which Nixon was concerned.

In any event, these were my "hunches" and the rationale for asking student trainers how they personally have handled the socializing policy, and the issues that came up for them as they acquired and used information about athletes. The following will describe what student trainers said they learned about the athletes with whom they worked, where the information they collected went, and what it meant both for trainer and athlete. Moreover, among the things student trainers learned about athletes as a result were a multitude of problems, to which some of them responded by engaging in counseling and advising roles. Hence, I explore the problems and questions for which they were consulted and, to some degree, the advice and counsel they gave.

Information

If you're cold, you're not going to get anywhere with it, you need to be easy to talk to. The way we learn stuff is through information, by communicating. If you can't communicate, if you're cold to the person, you're not going to get any communication. I mean communication is a major key in athletic training. Communication like, 'Does this hurt?' You need them to say yes or no to you. That's going to help decide. There are some things that we can feel. But lots of times it is based on what they tell you. So you need to be personable as trainer.

It should be fairly clear by now that the relationships among students and athletes, combined with the responsibilities of heads of sport, rendered the health care system for athletes quite unique. These student trainers were in a position to discover a myriad of things about the athletes with whom they worked. I begin here by summarizing the ways that these trainers come into contact with such information. These seemed to fall into categories of the basic circumstances in which these student trainers find themselves: the actual fostering of relationships with athletes such that they would reveal information; and finally a couple of examples where trainers were actually asked by others to acquire information about athletes.

I begin with the simple circumstantial factors. As might be anticipated, the proclivity of athletes and students to share information is partly a matter of commiseration. Indeed, along with the fact that student trainers and athletes are peers at similar periods in their lives, they are also, as the Duties section revealed, in very similar situations in terms

of time demands, schedules, and simple interests in common issues. Hence, many spoke of how common age and empathy play a role in these relationships. Some disagreed, however, that age was a crucial matter. One student trainer said that it was simply a matter of convenience and "access" that explained the disclosures she obtained from athletes.

Another said that he believed, in some cases, similar age was a *prohibitive* factor:

Sometimes with the age thing, also, it's, 'I don't know if I should go talk to him because he is my same age.' He or she will go talk to someone who is older and maybe they think has the experience or some wisdom that someone my age, or their age, doesn't have.

While long periods of co-presence may not necessarily a confidant make, most of the circumstances the student trainers described were just such periods. It was the observation of one trainer that time on a road trip, and the resultant hours of company with athletes, tends to "evaporate" the roles of both trainer and athlete such that, "it's not trainer advice; it's just sitting there shooting the breeze." One trainer pointed out, moreover, that as a result of this state of affairs, they are in some cases the first to see problems with athletes:

You're going to know a lot of things before a head trainer does, because while you're on those road trips and stuff, you see these people for a long period of time. You're going to see if they have a drinking problem, or if they have an eating disorder, or if they have an alcohol or drug problem, or just a psychological problem, like depressed all the time, or don't talk, don't interact with their teammates. You're going to see those type of things and those are the things that you're going to have to confront.

Indeed, consistent with most medical epistemologies, the perception of a change in the athlete's behavior seemed to be key to tipping off their recognition of problems. Hence, it becomes important, SATs insisted, that they know each athlete individually and therefore establish a set of baseline behaviors from which one may then pick up on aberrant ones:

Yeah, I think you need to know each member of the team you're working with on an individual basis because you need to know some of these things that are going on. Actually last year one of the [athletes] had an eating disorder. You have to be aware of those things and be aware of their personality. Their roommate may have spotted it and brought it to your attention, but you have to be aware of it and watch that person when you're around them, even if it's outside the training room or whatever.

One must be reminded, as well, that student athletic trainers attend the practices and games of these athletes and therefore have an established picture of their performances, and the nuances therein. Such things as changes in gate during running, facial gestures, or simple declines in performance may be expected also to suggest problems.

Beyond these simple circumstances of long hours of monitoring, similar age, immediate access, and the establishment of these baseline behaviors, SATs may actually take steps to encourage athletes to inform them of problems they were experiencing. As might be anticipated, some of these techniques were fairly obvious. Being what was described as "open" and "accommodating" was among these. As noted earlier, providing one's home telephone number was the most common example of this, and several student trainers reported receiving telephone calls in early morning hours. Indeed, in terms of such openness, one trainer severely criticized student trainers who were like "robots," or "computers," who "tells you exactly what you punched in and gives you feedback and that's it." Asked if she felt that being a confidant is within the job description of an athletic trainer, one SAT replied

Yeah, I would. I would. Only because, if they don't talk to you, who are they going to talk to? And so, you know, but do not act on it. Most of the time you do know. Because you're this symbol of health care to this athletic team. You're the one who knows where the Band-aids are, therefore you're the one who would know what to do if _____. And so that's the way the athletes see it. And for me, I don't mind that. But there some situations where it can get really difficult.

Indeed, several student trainers recounted incidents in which something an athlete told them in confidence was not revealed to a coach--though it well might have been under the circumstances. It was after such events that SATs seemed to gain credibility and at which point athletes were willing to confide in them. These incidents seemed not only to be matters of holding secrets but also displays of defiance of authority. Athletes and student trainers alike, it appeared, were aware of the implications of the information they shared should it have been conveyed to a coach or other superior. In this way, student trainers' holding of such information reflected their general willingness to be "social" with

athletes in opposition to policy, and hence build common alliances against the staff trainers and coaches who controlled their fate.

Yet another way of winning the trust of athletes was explained as stemming from simply being competent in one's work and skills. In other words, some trainers noted the benefits of simply demonstrating their services as a trainer and being very skilled and conscientious. Adopting what seemed to be a sales pitch, one trainer explained:

You should just say, 'Hey look. If you listen to me. Just give me an opportunity to work for you for a week, and I'll give you an opportunity to get from point A to point B.' And all of a sudden you get them from point A to point B, they trust you. From there, it's just like a domino effect. The next one goes to the next. Before you know it, then they have that confidence to sit there and say. . . , 'Hey, I think I got a girl pregnant. What do I do?' And it all started because I helped him rehab his ankle and I got him back in competition in two weeks. So that's how it leads. So it all begins from day one.

Among the most important athletic training skills, indeed, appeared to be making accurate predictions for the rehabilitation period and return date of an injured athlete. Related to accuracy in prediction, as one trainer noted, is simply telling athletes the truth about their prospects, so that they are not disappointed by false hopes they might generate as a result of being told "white lies" meant to boost their spirits in the wake of a serious injury. Also, as noted earlier, if the substance of competence could not be demonstrated, some student trainers said their simple position in a place of authority over athletes created some misperceptions about their age, maturity, or even education level. Some spoke of being mistaken for being "much older," or as graduate students, one as a physician. Again, this, they believed, created conditions in which an athlete would share certain facts with them.

Finally, a few SATs cited incidents wherein they were asked by a coach to attempt to find out information about an athlete or take part in an investigative process. Examples of these ranged from such simple things as a coach asking a student trainer to repeat what an athlete had said under their breath in a heated moment, to having a drug test ordered for

an athlete suspected of using drugs. Among these is the following case, in which the SAT was instructed to request a drug test, but then was not informed of the results:

Once I had a coach approach me and say, 'I think kid is smoking marijuana, I mean he's late for practice everyday, he missed five practices this semester. I want him drug tested.' Then, I don't know what exactly the policy is, but I called [the staff] and said he suspected. Anyhow he got drug tested. Once I told them that they were like 'Fine, that's all we need to know.' The only time I was contacted on that was when they said, 'Get a hold of that athlete. Tell him that he's got to be over to the doctor by 4 o'clock.' And I never heard the results. Just because they're afraid of the fact that maybe if they test positive and say one thing to one of my friends, it'll spread like wildfire; 'They had a positive, better watch it.' So I think the things that are important or relevant like that are kept to the staff.

This quote reveals several things. First, while these student trainers acquired much information about athletes, there were some things they simply did not know, or are about which they were not apprised. Second, the fact that this information was purposely withheld from the SAT suggests that staff trainers are aware of the alliances of student trainers with athletes on such issues. Finally, this situation reveals the difficult situations in which student trainers became involved. Being a part of such an invasive procedure as a drug test of someone who may also be a close friend was but one among these.

Indeed, several SATs indeed spoke of the difficulties of being what was most often called the "middleman," wherein they were torn as to what to do with knowledge they had acquired about athletes or were simply placed in difficult positions between coaches and athletes. Indeed, one of the steps SATs described as a part of entering the program was an entry interview in which a series of hypothetical situations such as these were posed:

I remember when I was getting interviewed for the position and I had a bunch of tough questions. I mean you have questions relating to what would you do if you knew players were taking steroids. 'What would you do if you were at a party and someone went to buy you a beer? What would you do? If you saw a football player drinking, if you knew they were doing drugs, this and that, and I remember thinking, 'What if you were at a party and you see a football player drinking?' You know, who am I to go up to a football player and say, 'Put your beer down and go home?' ' They have to understand too that they still have a life; you still have a life. You don't walk into a party, see a football player, and turn around and go home because you don't want to or can't see what they're going to do or whatever. I mean I don't see it as. . . . I think if someone has a serious problem then maybe you go talk to the right people about what's going on, if you know that something's going on. But, interaction, you know, you're

with these guys three or four hours a day, five, six days a week. How could you not talk to them about what goes on? You know, kind of become their friends. You know, call them up, 'Hey what's going on this weekend?' And next thing you know, you're having a beer with them so you're not going to go. . . . You have to be careful. but I don't think, they can't be so naive to think . . .[stops]"

There was, to be sure, a good deal of exasperation at such circumstances by nearly all of the SATs in the study. Again, many of the incidents they recounted involved their possessing information athletes did not wish to be passed along to coaches. In some cases, SATs were aware that athletes simply disliked their coach and were even aware of athletes who had quit their teams for this reason. In others, student trainers were attempting to provide satisfactory responses to coaches they felt were overly inquisitive. As noted in the section on difficulties, a common occurrence was that athletes did not want their coach to know about an injury they had sustained, and pleaded with their student trainer not to inform them of it. In many circumstances, the SATs described withholding information in accord with the athlete's wishes. The reasons for these decisions varied, but in a number of cases, the student trainers seemed simply to decide that the problems were not sufficiently serious to merit breaking their trust with athletes, as in the following description.

I think those are the biggest things, like the drugs and the excessive drinking just because it's, I mean that's team policy, school policy, NCAA, all that. So there are definitely situations where you are told you have to report them. I don't think I really did ever report any of them, really. I don't think I ran into anything that was excessively out of hand. Some things did break all the policies. I think if I would have seen somebody doing cocaine, yeah, I would have, because that's out of hand. If I knew somebody that was drunk 24 hours a day, I probably would at least say something to them, which would be kind of be breaking our policy--because they don't want us to be handling it since we are kind of just learning what we're doing--but I don't know if I would have ever just went right away and said, 'Hey, you know . . .' Actually, I did once. The [athlete] broke [a bone] because he was drunk and kind of pissed off. I had heard stories that he gets a little out of hand. So I did mention it to staff. So I guess there is one instance where I did that. [The athlete] was having some other problems with home and school and everything else, so in that one case I did report it. But, yeah, there are definitely specifics that you are supposed to report.

There also seemed to be resistance and an unwillingness among the SATs to report incidents that stemmed from their having been put into what they took to be unfair and perhaps absurd situations by coaches. Interestingly, as mentioned earlier, two different group interviews featured discussions of student trainers who were assigned to drive vans to out-of-town competitions. In both cases, they reported having to follow other vans being driven by coaches at high speeds and in unfamiliar places, and also being told that they were to consider themselves "staff." In this apparently deputized role, they were to monitor conversations and "bust" violating athletes if they were to reveal that they had broken a team policy. In both descriptions, the SATs instructed athletes not to talk about such violations in their presence rather than listening for and reporting them. As one student trainer concluded, "What you have to realize is that these people are adults. You're not working with high school athletes here. If they decide to go out and get trashed that's their decision."

It should not be concluded from these examples that student trainers were in the habit of completely withholding information from coaches and staff trainers. Indeed, one trainer, when asked if she had ever withheld information from staff, stated, "No, I don't think that I have ever kept anything from them. I really don't. They need to know, I mean, for liability reasons, they need to know." In fact, in the description of the operations of one training facility, the SATs reported constantly informing a staff trainer of information they had acquired. Perhaps the perspective of this trainer is illustrative of the ways SATs approach the use of information:

As a student athletic trainer, I think you can take a little bit more relaxed view on these things, unless you encounter a suicidal person, or person with an eating disorder, that kind of thing. Then, I think that needs to be directly assessed and evaluated.

However, there were cases presented of what might be termed "edited" information being passed on--apparently adjusted in content in order to either lighten the impact it had or to protect an athlete or the SAT him or herself. One example included telling a coach that athletes had been sent home with the flu, rather than the fact that they were ill as a result of

excessive alcohol consumption the night before. Another was simply supplying a coach and athlete with an extremely conservative estimate for the injury recovery timeline of an athlete. Summarizing this issue, one trainer said, "emotions definitely do get involved," and seemed to want to protect the athlete:

It can get hard though because you do have athletes that get hurt. And you're very upset too (laughs). You see these poor kids in pain and there's only so much you can do. And a lot of times you know what's going to happen, but they don't. And you know, should you tell them right away?

Indeed, information did get passed on or referred to other parties, according to a number of student trainers. As might be expected, these were most often in situations the SATs assessed as being outside their abilities.

We're not supposed to be trained in all those areas, we're just supposed to be medically trained, but we end up having to deal with psychological, sociological, physiological, every single level you can think of, you deal with these athletes on.

Again, the apparent product of these "levels" is in some cases a comprehensive picture of the life situations of athletes, and this brings up the issue of how the collected information is used and what is concluded about athletes as a result. It should be pointed out that when asked whether they thought knowing athletes personally helped them do their jobs, nearly all of the student trainers said that it did. Moreover, there seemed to be three principal ways student trainers used the information they received about athletes. These related to pain and injury assessments, gaining compliance and rendering advice.

Sharing much in common with the means by which student trainers detect problems with athletes, the process of assessing the "pain tolerance" levels and presence of injury was perhaps the most commonly mentioned use of comprehensive information about athletes. As one SAT put it,

I think it's important to know your athletes at a personal level because it also tells you a lot about them and how they are going to deal with their injuries, such as pain tolerance and attitudes toward their sport and how they feel about other things. There may be a lot, like their coach or their parents and their friends, or how they feel about their sport, is going to influence their injury and their time of . . . And if you can find out a lot about a person, you can find out a lot about how they are going to deal with it. Are they

milking it because they don't want to go back?. Are they really hurt? Along those lines.

As seen in the section on disruptions, the way SATs seemed to distinguish "real" injuries from what they took to be manipulations of their services was by either having constructed an informal history of athletes or by correlating the timing of the injury report with certain stressful events. Emerging from these, again, were certain typologies of athletes in terms of the student trainer's assessment of the honest reporting of injuries, compliance with instructions and the competent "use" of athletic training services. Among these, as several trainers noted, were "whiners," those who excessively and needlessly--in the view of the SAT--complained about their ailments. Among the outcomes of these typologies were certain preferences for athletes considered friends:

You have people coming in who are always whining, they're just complaining about something all the time. And you don't really want to work with them because you know there's nothing . . . But then they could be crying wolf, they hurt, hurt, hurt, and all of a sudden they really do get hurt. I mean you have to pay attention to those people, but the people who they are your friends who get hurt, you know when they're hurt because you're used to them. You're used to seeing what bothers them and what doesn't. You learn each person's pain tolerance. Some people have very low pain tolerance and you have to learn that. But with a friend, I give them preference. I'm sure they would me. I don't know if that's the right or wrong thing to do . . .

Yeah, you get to know them, and you figure out their pain threshold. Some people, they might come over to you and, "ah, my hamstring, ah, ah!", they're in pain, they're about to die, everything is wrong. But if you know this person has a low pain threshold, granted you're always cautious about everything, you treat everybody the same, but you might not be quite as suspicious if you know that this is such and such. His hamstring is always . . . So, you know, you're like, 'Well, let's go ice it.' Somebody comes over that's never hurt or they have a high pain threshold, you know they'll play through anything, just about. And if they go down, your eyes get kind of big and you go out there and you're thinking something, because, in most instances, that's the case. But, you have to treat both individuals the same, initially, just to make sure nothing's wrong.

It seemed as if, ideally, these student trainers would like to think of themselves as being genuinely concerned with every injury without prejudice, but it appeared that in some cases, their own management problems and what they knew about the athlete colored their approaches. Indeed, another way in which information about athletes was used, consistent

with these management problems, was in gaining compliance of athletes in both general and specific situations. For some, it was simply a matter of maintaining order in the training room:

I would go out with them and I would have fun with them but then also, if I said something had to be done, they still had to listen to me. I mean, I was the trainer, I was looking for their best benefit, you know. So, I got lucky. I don't think I ran into any circumstances where it was like, 'How can you tell me this when you were out drinking with us last night,' or, 'You were out screwing around.' I think most of the guys, especially the younger guys now, like the athletes, understand that that line has to be. You have to know about the line. If any problems came about, I probably would have said, 'I can't be doing this anymore.'

Other cases were more specific than a simple maintaining of order. Particular tasks with definite objectives, such as attending and following rehabilitation regimes were among these. A creative process, in the words of one trainer, was involved in assembling these regimes:

I think every trainer, they know their athlete and they do the rehab according to the athlete--you know, within the ankle sprain guidelines--but they still modify things to fit that person. Because I don't think a rehab is something that is a, b, c . . . A rehab is something that, you have to make it more personalized. First of all, they're going to want to have to do it. If you can't get them to do it, you're not doing your rehab anyway; you're not following your a, b, c, d order of the professional way. I think all trainers need to know about the person to get them to do the rehab and do the rehab so that they'll do it.

Another student trainer noted that in creating a set of rehabilitation exercises for athletes to perform at home, not only is personal information useful, such knowledge may include some assessment of the resources of an athlete:

Most of the time it's relevant. When you're creating a rehab for somebody you have to know what they enjoy, what they have access to, what they can afford. Be creative with the rehabs, you know. Nobody has a Cybex machine at home, you can use the Therabands. If you don't have a Theraband, you get soup cans for a dumbbell weight; socks with pennies. Use a broom handle. So I think it's important to know what they have access to.

A final use of the information by student trainers was in cases where they elected to advise athletes or consult superiors in situations deemed serious enough to require intervention by others. These issues are discussed in the following section on advice and

counseling. Here, a number of student trainers described how their use of information led them to simply rendering advice and counsel to the athletes with whom they worked, or in serious cases, advising the athletes to seek other help.

Advice and Counsel

One of the principal points that should be made before summarizing the cases with which student trainers are confronted is that all manner of injuries, illnesses, discomforts, anxieties, and difficulties, major and minor, seemed likely to be presented to these student trainers. In most cases, the problems for which they were consulted were described as being within the range of their skills. Much to their dismay, however, a few of the cases were not neat and isolable problems leading to the straightforward application of their talents. Rather, their descriptions seemed more like packages of interconnected problems which may or may not have included an athletic injury, yet which perhaps they saw as potentially leading to one. Hence, it should be remembered that the salience of the major problems recounted by these students might overshadow the mundane nature of the minor ones, and the latter are likely among those that the student trainers simply did not or could not report, given the brevity of the interview.

The problems for which trainers were consulted revolved around career decisions, personal matters, substance abuse, eating disorders, and other psychological problems, including suicide. I asked the SATs to provide examples of the kinds of problems for which they were consulted, and in a number of cases, they provided detailed accounts that included names, assessments of personalities, and outcomes. While I felt it necessary to provide a summary of the *types* of cases these students find themselves involved in, the nature of the descriptions were such that, were they quoted verbatim, might have easily identified the athlete, and certainly the student trainer involved. Hence, in some cases such descriptions were omitted as quoted material, or were summarize in a form that I felt would sufficiently disguise these cases not to reveal identities. These factors should be kept in mind as the following is presented.

Given all of the other issues that have been discussed thus far, it may be forgotten that these student trainers, and those with whom they worked, were located on a university campus at which they were full-time students. Again, both athletes and trainers shared similar schedules, although athletic training work schedules of the student trainers, and heads of sport in particular, had necessarily to envelope those of the athletes to some degree. Given this, it should not be surprising that there were a number of incidents recounted by student trainers of rendering advice analogous to academic counseling. One trainer spoke about how long road trips are "notorious" for providing career counseling to athletes who have not thought about what they would like to do beyond their "careers" as athletes. Another spoke about how the athletic trainers themselves appeared to athletes as models of students who have chosen a career and are on their way to pursuing it:

They don't know what they want to do in the long run. So a lot of people, it seems, look to us, because we're doing training right now, 60 hours a week or whatever. We know we're going to be trainers or in the health care profession, and all these guys are here, 'Well, I know I want to play . . . for four years, but I don't know what I want to do after that.' I had quite a few discussions with a couple different people about how they don't know what to do with their life. And they're like, 'You guys seem like you're so right on the line and you're already set with what you're going to do.' So they ask about that.

Another SAT told of how younger athletes came to them for advice on how to "handle" a professor in a case of a missed assignment or poor grades. The SAT said that he suggested that they pursue extra credit options and request incomplete grades.

Another category of counseling the SATs reported revolved around problems athletes were having with their personal relationships and families. These ranged from talking to athletes about their romantic relationships to family problems and parental pressure. Two trainers said that they attempt to stay out of rendering advice on dating. While one said that the athletes can rely on their teammates for such advice, another stated that "you don't know them well enough to know the whole situation, and you might tell them something and have it totally turn around on them." Another trainer, however, said he not only attempted to help with such relationships, but with "lifestyle choices:"

Yeah, I feel like I make some lifestyle choices for some of my [athletes], in terms of dieting, weight problems. I've talked to people about that and counseled them. We've sat down together and we've gone over some diets, done some little things. In terms of relationship problems, parental problems, I've counseled people on that. So, your answer is definitely yes. I think that is definitely part of the job. Whether it stops at our level or continues on to a higher therapy level, I think is not only up to us but up to the athlete. I think we usually, generally, hear of things first. So as a student athletic trainer, yeah, we do. We do a lot of therapy. At least I have, personally.

Among the problems about which the student trainers said there were consulted were those relating to the parents of the athletes. Some trainers reported that they had not only come to know their athletes, but their athletes' parents as well, one even saying that "you really become part of the family and they tell you everything." Another spoke of how parents had constantly telephoned her to ask about the injuries sustained by their son, who apparently did not keep them informed. She added that "they know they can get better information out of me than they can get out of their son." As noted above, however, the problems these student trainers confronted were sometimes combinations of intertwined difficulties. The following two examples are illustrative in this regard:

... There were so many people that I saw that came in with all kinds of problems that were just snowballing on them. They started out thinking that they weren't [performing well] enough and then they had a problem with their relationship, then they had a big family fight. I am not used to dealing with all that stuff. In a way it was interesting to see it, but some of these people have some big time problems. A lot of it is caused by their sport, the stress that they have. Some of the athletes I've seen, especially in [my sport], they just put so much pressure on being so good that it can just mess them up big time.

Yeah, [an athlete]. Her parents were making her [compete]. She didn't want to [compete]. She was having trouble in school. She didn't have a boyfriend and she really wanted a boyfriend. She just broke down one day and she came to myself and the other trainer and just broke down and cried and it all kind of came out. All the pressures that were kind building inside kind of came out. She couldn't go to her mom. Her roommate was [a teammate], she couldn't go to her. She couldn't go to the coach, because the coach was another factor in it. And so I think that she saw us because we understood what she was going through.

Another category of such problems related to diet and eating disorders either suspected or reported to SATs. A number reported simply providing advice to athletes on how they could eat healthier diets. Others either were consulted about, or actually

recommended, weight loss techniques to athletes by suggesting dietary changes. For example, a student trainer suggested weight loss to an athlete, suspecting it might alleviate stress fractures and other injuries associated with repeated impacts. Such situations, the SAT added, are "touchy:"

It's touchy though, I mean every situation is different. Usually, when there is a weight problem, it's usually some mental angst that goes along with it. So you can't just say, 'Well, lose weight.' 'Well, how do you eat? Could you write down what you eat for like four days and bring it in to me and we'll look it over and then we'll try to advise?' And usually they're really up to it, as long as they don't feel like that there's just this iron fist coming down that's telling them to lose weight or else.

In two cases, however, SATs described how their monitoring of the eating habits of athletes during team meals on road trips clued them into what they suspected were eating disorders. The principal concern in such matters seemed to be at what point the trainers were to intervene and refer the athlete to more qualified help. One stated,

It's real hard to know the point where you can just talk to the athletes and give them advice on what they need to be eating, and where you need to turn it over to the staff because you think there's a eating problem going on. It's really hard, especially with eating problems. They never want to admit that they have them.

Asked if she saw a lot of anorexia and bulimia problems with athletes, another trainer said, "Not too much, but I have always made myself step in." She added,

Because once they go over that edge as far as their eating habits, it's very hard to get them to realize that they are not that big. And that's just what I've noticed. Well, you travel with the teams, so you know everything about everyone (laughs). And you know what they eat because we all eat together. So if I see a problem there, I will let it go until I feel it's hurting the person's overall health. And then I will step in.

Another SAT described a case in which it was suspected that an athlete on their team was alcoholic. Again, noticing the athlete's behavior during social activities during a road trip, the SAT followed the athlete's subsequent behavior upon returning home, which included missed practices and further signs of alcoholism during practices. After confirming these suspicions, the SAT reported consulting with staff, who then confronted the athlete. The athlete was then said to have quit the team and left school. The SAT

reported being quite upset about the incident, wondering how its handling might have kept the athlete in school. The SAT concluded, however, that

I had to have one of the players tell me, 'Forget it. It's not your fault. There's nothing you could have done.' And then finally I realized it. It took me a week and I was really down for about a week. But then I was like, 'You're right. There's nothing I could have done. [The athlete] is gone. There's nothing we can do.' So we just have to learn to deal with those type of things.

Two other student trainers were contacted by athletes who indicated that they intended to commit suicide. In one case, the trainer described receiving a 3 a.m. telephone call from an athlete who said they had broken up a relationship and were going to take their own life. The trainer described going to the athlete's home and talking with them. The problem was resolved by the next day. The other case described seemed more serious and the trainer simply referred the matter on to a staff trainer.

Again, what should be kept in mind in light of these examples is that student trainers dealt with a number of different issues which concerned athletes. As was noted in the section on duties and disruptions, these student trainers were consulted on a number of problems that they felt were outside their responsibilities and expertise. Recall that these included reports of injuries too minor for their attention or busy schedule, injuries they suspected were feigned, and mysterious injuries to which the skills they possessed did not respond. The serious problems summarized above similarly seemed at the margins of the student trainer's skills, particularly given the caution they used in approaching them and their proclivity to refer them to more senior level staff. However, the next set of problems, and the student trainer's reactions to them, are at the core of the problems for which these students are in the internship program, athletic injuries. The issue, nevertheless, is the degree to which presumably "contextual" knowledge--what they know about the athlete's life, relationships, personal and other problems-- become parts of their assessments and treatments of the cases of injury presented to them.

Injury

The preceding summaries of the themes of duties and disruptions, gender relations, and information and advice have provided a picture of the work of student trainers and have also been setting up a context for the discussion of the injuries student athletic trainers confront. Of course, one of the central interests of this study was the way the sportsnet, or the larger organizational and cultural context of the work, may frame the medical practices of student trainers. That is, we have seen that the work of these student athletic trainers is time-consuming and stressful, often more so for women--who are seen through the two-sided coin of distraction and stereotype--and done with the athletes whose life and problems they may know quite intimately. My purpose in this last section is to summarize the responses of these students to questions related to their experiences and feelings about athletic injuries and their views about the injured athletes with whom they work. I found that, as the interviews progressed, two general themes emerged from the responses. The themes revolved around the student trainer's personal excitement at work and the personal responsibilities of athletes for their injuries. In all cases, I asked that the students provide as many specific cases as possible from their experiences. Again, out of concern for revealing identities, it will be necessary to disguise or rather blandly summarize some of these descriptions.

Serious Injury

I began the questions about serious injuries by asking the student trainers to think about any serious injuries to which they have been witness and/or for which they provided care. I let the SATs themselves define what they took to be "serious," which essentially meant three different things in their responses. In some cases, serious meant the injury itself and its implications for the immediate health status of the athletes. The following example was described by a student trainer, who said this incident was the most serious trauma that he had witnessed:

We had a kid that--it didn't really look serious--it was one of those that didn't really look that serious. The kid looked like he had the wind knocked

out of him, and we go running out there and he was already kind of turning blue. The end result, he ended up fracturing like five ribs, and ruptured spleen, lacerated liver, lacerated stomach. . . He just got sandwiched. That was the one that I felt helpless. We were trying to . . . We had opened the airway, we maintained the airway. Trying to talk to him, the guy was in so much pain that he couldn't really talk. He couldn't tell us anything. And we're just sitting there and we kind of felt helpless. We knew it was serious. We knew something was wrong, but we were really helpless, just sitting there waiting for the ambulance to get there, knowing we really couldn't do anything. We didn't want to move him, because we didn't know. We could have had a spinal injury. We just wanted to make sure. That was probably the hardest one; just sitting there and feeling helpless.

In a second class of "serious," the term seemed to refer either to the implications the injury had for the athlete's immediate status as an athlete, including the consequences of time loss from play in terms of position on the team, or the immediate consequences of the loss of the athlete for the competitive chances of the team itself. The following is illustrative of such an injury:

I had an athlete, you know, who had a serious hamstring injury and he actually tore his hamstring and he wanted to compete. Well, he continued competing but you know we had to sit down and think about, you know, what's more important. 'Is it more important for you to finish the season out running on pain or would you rather heal up nice and slow, come back next year and be more competitive?' He was an All-American . . . So I think when it came down to our season, he had the high expectations of going back out and getting All-American honors.

Finally, a third meaning of serious pertained to long-term consequences of the injury for the individual, both in terms of overall health and status as athlete. The following case illustrates both the athletic and other implications of the injury:

Actually, one [athlete] we had was told by a doctor that she probably shouldn't [compete] anymore, and she's still [competing]. And you can't change that. You can only give them the precautions and do so much, tell them that, 'Look, what you're going to do, you're going to risk your life, or the ability to move your [limbs]' She had . . . problems and she had to have surgery on both [limbs]. And the doctor said that if it happens again she can lose the ability to use your [limbs]. But she's still [competing]. It's hard to make them look at it.

It should be noted that such serious injuries included both acute and chronic injuries. All three of these meanings of serious were used as the student trainers described their feelings toward such injuries in the summary to follow.

Several SATs in the study said they had never provided care for an injury that they would characterize as serious. All, however, said that they had at least witnessed a serious injury and its handling by other trainers. Those student trainers who said they had cared for a serious injury described both their immediate reactions and overall views of such injuries. Regarding immediate responses, a number simply described the set of procedures they go through in providing immediate care, similar to the actions of the trainers in the case of the "sandwiched" athlete described above. While I was not necessarily interested in these descriptions, which seemed rather standardized and similar to first-aid procedures, there were certain aspects of these descriptions which were similar. For example, some SATs recounted going on what they called "automatic pilot," wherein they simply applied their skills to the situation at hand, taking no time to reflect on the significance of the event. Indeed, these students told of how they had been instructed by staff trainers to review their responses to these situations and identify things they might have done differently to more effectively serve the injured athlete. One trainer described such thoughts as follows:

And it's just like automatic in your head, though. I mean you always say, 'Well, what would I do if this happened?' But then when something like that happens, you just go through it automatically, each step. It's something, you're done and you're like, 'How did I get through that? I never even thought of that happening before.' But you go on automatic pilot and you just know to go through each and every step.

These student trainers also described some of the things they told seriously injured athletes, in the immediate wake of the event. A number said that, despite any personal feelings one might have about the athlete, one needs to withhold emotions while dealing with trauma. As one put it, "If you personally can't handle blood or can't handle a bone sticking out or out of place or something like this, you better not be in this situation." This is, of course, not surprising and is certainly ideally the case in all medical and para-medical responses to trauma in both acute and chronic scenarios. Describing an injury sustained by a close friend, one student trainer stated

The first season he was here, he blew out his one knee. Next season, first practice he came back, he blew out his other knee and had to have surgery again. It is something that you have to learn to deal with. And on a

professional level you can't get into this emotionally. If it's a really good friend of yours or something that's happened, you can't get emotional about it because you have to do what you have to do. You have to get him the proper care.

However, not all of the SATs believed that they were capable of adopting such a disposition to athletes with whom they were close. One trainer compared such a situation to treating a family member, stating, "now it's totally different because your body chemistry is changing, your heart's racing because it's your own [family member]."

Another set of responses on reactions to injury revolved around communicating an air of seriousness and rendering a preliminary diagnosis of the injury to athletes. Again, consistent with any number of medical professionals, these students emphasized the need to prepare for the worst trauma imaginable, and to rehearse what they would do. For example, one trainer said that he adopted the practice of watching competitions in a way that outwardly looks like any spectator, but actually involves a mental rehearsal of the steps he would take should a trauma occur. Interestingly, it also involved using his experiences as an athlete:

It's similar to the type of preparation I used to do for playing sports, where I used to visualize before I'd go out and [compete] or go out and play. I'd visualize the plays and how I was going to attack my opponent and stuff like that. I think it kind of carried me over into this realm now, whereas during games--I am very much caught up in the game. I get the rush of adrenaline just like I used to when I would step on the field and get ready to play. I get the same rush. I think that's why I enjoy it so much because, when I step out on the field, I get that same rush.

Another trainer spoke of the need to approach an injured athlete as if they thought the injury would end their career. Recall under the section on information that some student trainers said that emotional involvement led them to withhold information about an athlete's prospects should they be grim. Other student trainers had the opposite point of view. As one put it, "Don't tell them that they are going to be 'okay' in that sense, because they're not. I am not going to tell them, 'Hey, you'll be back next week.' You've got to be realistic with them." Indeed, one trainer told of how athletes on one team, who were being

told that their injuries were less severe than they actually were, responded by visiting another physician outside of the sportsnet to get a second opinion.

SATs also felt it important to support seriously injured athletes in various ways. As mentioned earlier, some student trainers said that after a serious injury they accompanied athletes into the hospital and through surgery. One SAT described such an experience:

We had a football player who had a tib/fib (tibia and fibula of leg) fracture. He went in for surgery that night. After the game, we went there and when he woke up he saw that we were there. Things like that, they're your friends for life after that. They know you care. There were like four of us there, waiting for him to wake up, make sure he's okay. That's just how I am. Let them know that I care and I am there for them.

Another trainer described being asked by an athlete to accompany her through surgery, saying, somewhat humorously, that as a result of the experience, they were "soul sisters." Describing the need to support athletes who sustain career-ending injuries, yet another student trainer said that it was necessary "not to give up hope, but help them realize that they need to move on, because moving on is very hard."

Injury Happens

Of course, another primary interest in the area of serious injury was in how these student trainers felt about such injuries in general. All of the trainers were unanimous in the view that serious injury was something that just "happens" in sport. This was expressed in multiple ways, which included "it's just something that happens; "you're always going to have some type of injury;" "that's just life and that's all a part of sports;" and "it's a risk that, when you're playing a sport, you're going to take." Others put such traumas in terms of their being part of the profession they chose, saying such things as "I think that's part of being a trainer;" "that's part of the profession we chose to work in;" and "That's why we're here." The words of one trainer seemed to address up both points:

I've witnessed it when an athlete was told by doctors that he can't play ever again in football. In your heart, you're like, 'My God, the guy played football ever since he was in Pee Wee football. Now they're telling him when he gets up to his prime his junior or senior year that he's done because he's got a problem with a nerve in his neck.' I mean that's sad, but that's just part of the profession we picked to work in. We've got to deal

with stuff like that. There's nothing you can do to prevent those kind of things.

Again, these should not be surprising answers from people who, after a few years in an internship, have seen and understood the phenomena for which they are receiving professional credentials.

Indeed, it seemed that a product of their experiences was the development of a sports-specific assessment of the occurrence of injuries. I asked the student trainers what they thought about the numbers of injuries they saw, whether they thought there were too many, about what they would expect, or fewer than they expected. Several trainers said that the answer to the question depended upon the sport about which one is speaking. Recall that these trainers, by the time they were heads of sport, had received assignments to several different sports teams. In many cases, these assignments were described as being purposely mixed in terms of the gender of the participants and the injuries sustained in the sport. Hence, it followed that they would reflect back to the tenure of their own assignments and the numbers of injuries they encountered.

Recall also that football was a sport to which all student trainers in the program were assigned at some point. Overall, these trainers were similarly surprised at how few injuries they saw in football and felt that this was the case with a number of sports that featured contact among players and challenging physical demands overall. Describing football, one SAT remarked, "I don't think I ever thought there were too many injuries." He noted how the number of knee injuries in football had been reduced from the previous year, adding that "there are so many things that come into play on whether you get injured or not." Another added, "Considering that these people are running at full speed, as fast as they can, and colliding into one another . . . I mean the equipment is wonderful. It just amazes me there aren't more injuries." Another related injuries to the level and intensity of competition at GSU, concluding

They're pretty close to being what they should be at this level. You're at the collegiate level, you're looking at the top athletes in the [conference], so they're the top athletes in the country. They play hard; they're going to get

hurt and stress their body. And then they've got some of the best coaches here who are going to work the athletes as hard as they can. So, they're about right.

Another SAT was amazed at football players who "get drilled on the football field. . . , and get right up and move." Overall, many trainers thought that there were "a lot" of injuries in football but concluded that they should be expected, given that it is a contact sport.

Other sports were viewed as having too many injuries. One SAT described having a number of stress fractures that "should not be happening." Indeed, such chronic injuries were mentioned by several trainers as more abundant than they should be. The problem, according to one trainer, was that athletes were not rested:

I think chronic injuries, the ones that are long-running and seem to always be with some particular athlete, I was surprised by the numbers of those. There seems to be a lot of those. The same chronic things, little things like bursitis, things like that, that are like just chronic type injuries from overuse, I think some of them could be avoided. I think there is . . . I don't know, it seems to be that there are a lot of those kinds of injuries. They could probably be avoided, I think. I think the more chronic ones that you see the same people in the training room all the time. Really, for a lot of the things that they have wrong with them, it takes just a lot of rest--some rehab with that rest.

It may be that the numbers of chronic injuries are surprising to student trainers due to their enduring nature. While an acute injury can be seen, assessed, treated, rehabilitated, and healed, chronic injuries, by definition, will persist over the length of a season and perhaps always be a part of an individual athlete's participation.

Many of the SATs placed sports injuries within more general contexts of risk. Such risks, most said, were well-known to athletes and others associated with sport and were therefore, they seemed to imply, something to which the athletes consent. Indeed, these rationales of risk were presented in a number of ways. One way included attempting to persuade athletes that protective equipment should be worn. One SAT stated that, "as long as enough precautions are taken and people aren't doing stupid things, then there's nothing else that can be done." Another reflected on prevention as follows:

I think we have to make them realize that they're not beyond getting injured; that it does happen. It can happen to you. You can tell them the preventions, but it's up to them if they want to do it. We can't make them

wear the knee brace during a game. We can't make them wear an ankle brace during every practice or every game. We can say, 'Well I think you should be wearing this,' and, 'I really want you to wear this,' but if they don't, we really can't do anything about it besides stress to them that it's really important; that it's prevention for either re-injury or injury the first time or whatever.

This explanation, of course, suggested that any athlete who is encouraged to put on a knee brace must know what that brace is meant to prevent, and therefore should know the potential consequences of not wearing one. Indeed, another student trainer quoted an athlete precisely to this effect:

You know they sit there in the training room while we are treating their injuries and they're like, 'God, I'm just going to hate myself when I'm 65. I'm not going to be able to walk. I'm not going to be able to do this. And all for what? To play football.' So they know it's a dangerous sport. They know what's at risk. And football has more injuries than any other sport just because it is a major contact sport like that. Another sport would probably be hockey. It has a lot of facial injuries with the puck flying around and guys don't wear masks. And I don't understand that. It's just like, 'Why don't you just wear a mask and save your face?' They know the risks but they are willing to deal with it I guess.

Indeed, other SATs viewed the risk of sports injury in the context of their own participation in sport and the consequences of becoming an athlete at an institution such as GSU. One stated,

The athletes, you don't think about, getting hurt, you're just out there playing. In high school, I was never hurt--that's what everybody says, high school, you're never hurt. Then you move to college and you move to another level. Everybody's bigger, quicker, and more strain on your joints, ligaments and everything. Big injuries are just going to happen. That's just a part of sports. I don't know.

A few trainers seemed to read into my asking the question, "How do you feel about the fact that serious injuries can happen in sports?" that I was suggesting that sports might need to be eliminated because of injuries. As one trainer put it,

As far as athletics go, I am sure that you are on the proponent side as far as athletics go. I think they're super and they do so many things for an individual. There's no reason why I should say anything negative about athletics just because I'm around for the injury part of it. It's just part of the game. I mean, you could have a 50 year old jogger who would need me. I shouldn't say that you should quit jogging just because you get hurt. The same thing goes for a 21 year old football player.

Similarly, another stated,

You can't kind of say that you can't have anymore sports or anything like that because you get injuries or whatever. I mean there's injuries in everyday life. You know, you can cut your finger dicing up an onion or something. It's just something that you need to be prepared for.

Indeed, other student trainers went beyond just the fact of risk in sport and spoke of the risk of injury in any kind of physical activity, "whether it be competitive collegiate athletics or just recreational walking around the block." Others went a step further, as in the above quote, and placed sports risk in terms of risk in everyday life. One trainer stated, "It's a reality. You could die walking down the street. Doesn't matter how good you are at something, you can get hurt." Another added, "If you take a look at it . . . , serious things that happen in sports are pretty much nothing compared to serious injuries that happen in a car accident or something." One SAT said, in this regard, "I think injuries happen in the outside world, you know, outside of athletics, because people aren't aware of their bodies like athletes are." Another concluded,

So, I think everything's got to be taken in perspective. Fine, maybe a guy doesn't play again, but he's also going to live. They're going to happen regardless. You've got to do what you can to prevent them or to minimize the risk, but it's going to happen, especially the way things are going now. With 300 hundred pound linemen hitting each other, you're probably going to have these types of things.

Not all student trainers were comfortable with all of the risks that they saw being taken by athletes. Indeed, some felt very strongly that certain sacrifices were not worth the benefits athletes were receiving as a result of their participation. A number of SATs made statements similar to the following quote: "No sport is worth never walking again on Earth, never being able to be what you were before the sport, as far as I'm concerned." Others suggested that athletes need to think about what they may not be able to do later in life in continuing to playing with an injury.

Education and Excitement

As indicated in the opening paragraph to this section, certain themes emerged in the student trainers' answers to these questions on serious injury that merited follow-up questions. Indeed, in the very first group interview, the following exchange occurred:

That's, you know, what a trainer likes to do. It's kind of a sick thing. We sit on the sidelines and wait for someone to get hurt. It's like . . .
[another trainer]: Oh, that's a cool injury.
'Please sprain your ankle,' you know what I mean? [laughter] It's a sick thing, but it's what we want to do.

Of course, two competing interests were at play here. First, because the interviewees are students interested in gaining professional credentials as athletic trainers, they were interested in seeing a number and variety of injuries (i.e. the "cooler" the better). Indeed, they must have experiences with injuries in order to gain skills in learning how to handle them (i.e. the definition of an internship). On the other hand, however, the student trainers feel "sick" at having such an interest because they certainly realize that someone, perhaps a friend, must suffer for that to take place. Indeed, this is how one student trainer answered when asked whether he had ever been upset about serious injuries:

That's why we're here. That's the only reason we have jobs is because that's going to happen. I look at it . . . I mean we can sit and watch and watch and watch and we'd be eager to learn. We'd want to see injuries, but for the sake that we don't want to see people get hurt. It's a tough job. You want people to be able to learn and become a better trainer, you have to be experienced. But the only way to be experienced is through people getting hurt. So, it's kind of a . . . It's not an easy job. You see the pain, you see everyone getting down.

As might be anticipated, the desire to see injuries crept into the language of student trainers as they described incidents in which they were involved, or, as the case was, *not* involved. One trainer, after having described a season-ending injury that he had missed, stated, "I didn't actually get to do any of the emergency, or the evaluation, that type of thing. I kind of missed out there." Another similarly described witnessing, but not being able to treat, some serious injuries:

I've gotten to see a couple broken noses, a broken clavicle. I didn't get to see the fractured tibia. Then there was a very bad sprained finger we had. We thought it was broken, but it turned out not to be. Yeah, the only real experiences I've had with any kind of fractures, that type of thing, would be the broken noses and the clavicle.

As is evident in the ironic enthusiasm for pain and injury, some student athletic trainers are apparently excited about the prospect of confronting a serious injury. Indeed,

sensing this, I simply asked some of the SATs in the study how they would define an "exciting day." Many of them replied that an exciting day would involve "a big injury," "good injuries," "a significant injury," or as mentioned earlier, a "cool injury." Some spoke of how such injuries are welcome relief from the mundane activities of taping and icing. As one SAT put it:

There's always that part of you that really sympathizes with the athlete because you know what they're going through. But then there's still that part of you that is the trainer. You just want to see it. Usually, you just see the same old things. You see sprained ankles, quad contusions, torn muscles or pulled muscles. You don't usually see real serious injuries, which is good. But every so often it's just nice to have something to really think about and do. Probably keeps you from getting in a rut of just, 'Oh, you've got a sprained ankle. Okay, well we'll just do this.' Ice it, and do all this rehab with it. You have to just come up with new ways for rehabbing and stuff like that.

Other student trainers had similar, but qualified, responses. Several indicated that they also like to be part of the drama of a competition in which their work might make a competitive difference:

You had a significant injury--something wasn't (long pause) . . . wasn't real serious, that you can come back and evaluate them and you think they can still go, and you make something for them; you do a special tape job or fabricate something at half-time; and they go out and have a great half. Then, when you get back, to me, that's very exciting. That's when I'm using most of my capabilities during a game. I draw from everything I ever learned, and try to focus in. That's when I come home after a game and I'll sit down and I won't be able to sleep; I'll replay that whole scenario over and over and over again. That's what is probably the most exciting is being able to do something on the spot.

Similar to the question on their feelings about serious injuries, some trainers sensed an agenda in the question on exciting days, as well. Indeed, in some probes I asked whether the SATs ever wondered about their enthusiasm for injury. The responses varied. One student had no qualms about such excitement:

No. No, I think that's the best thing about athletic training. I think it's kind of dull if you're not, if you don't have a lot of injuries. You're just kind of sitting there and, you know, taping them everyday and stuff like that. And that's just part of athletic training. The most exciting part, I feel, of athletic training is being able to recognize an injury, and to treat, and to evaluate the injury, and to treat the injury. I mean that's the most gratifying experience, is seeing an athlete become injured. It could be a life-threatening injury, but then yet seeing them go back out and one, two, three, four months to get

back to competition. So I think that's the most gratifying experiences is seeing the athlete go back and compete, you know, like they used to compete.

On the other hand, another student wondered whether I was trying to "make [them] out to be brutal." In such cases, the trainers clarified themselves. As one trainer put it, "I am not around *for* them to happen. I am around *if* they happen." Indeed, the excitement of the competition was salient to many of the trainers and seemed to override their desire to expand their professional experiences. As reflected in the explanation of one SAT, it appeared that such excitement faded with age, as the graduate student trainers appeared to be less excited by injuries than the undergraduates in the study:

In a way, you can say, yeah it's exciting, but in a way the person's injured, and that's something you're going to see, but that's something I don't ever want to see. I'd rather celebrate than have to have the whole team celebrate and you're over in the corner with this guy who is beat up and won't be playing for six months. I mean that's not very exciting to me. I mean, the actual fact that, okay, someone is injured, you get to evaluate it, that's all part of the career you've chosen; you get to evaluate and you know that you're going to have to go and rehabilitate this person. You're going to have to get together and say, 'What am I going to do?' and 'How long do I have?', and then I get pressure from here and there. And in a way that's exciting.

Many descriptions involved being part of victories over an arch-rival team or winning a championship game. The following quote both indicates not only the defensiveness some felt about the question, but also this drama of such competitions, and how emergency responses to acute injury lose their appeal:

This is sort of a sick question, because a lot of trainers would say, 'Oh Jesus, when poor people blow their knees out.' I don't . . . the most exciting day? (long pause) Well, three or four years ago, I would have told you if I would have liked constantly to be evaluating serious injuries. Although, I think that's changed. I think an injury-free day, and a game day with a victory is more satisfying than anything else in the training room. Maybe that's my competitive, athletic background. I'd much rather go and watch my team play well and get a victory than evaluate an injury anymore. Now, like I said, three or four years ago it would have been evaluating injuries. Although, there's that and one other thing would rival that in terms of my excitement level and that would be taking someone through a four to six month rehabilitation, say on an ACL, and having them play their first game and be successful. Just seeing the look, not only on their face as they are introduced or as they run out on the field, but touch the ball for the first time. To watch that camaraderie on the team and the friendship on the team really rally behind that person, yeah. Especially if it's one of their better

starters or better players, to have he or she back in and watch the team respond to that. Especially if it happens mid-season, it's really special to watch a team play and have this person return to them to see how they unconsciously elevate their game. It's really satisfying, even though God healed them, you didn't really heal them. And that athlete being there everyday for you helps heal them. And you really just follow the protocol, or you followed your own instincts or whatever, so you just told them what to do. They still had to do it. Even though it is that, it is still a really, really satisfying feeling to see somebody go back out on the field and be themselves again. It's extremely satisfying.

The overall feeling of having helped someone, others said, was their most satisfying and exciting experience as an SAT. While, as noted in the section on duties, many of these student trainers reported receiving little recognition for their efforts, some provided several examples of athletes who had expressed appreciation for their role in their trauma or rehabilitation. Indeed, one student trainer spoke of how an athlete thanked his entire family for their patience, as the athlete apparently telephoned his home frequently.

Athletes and Responsibility for Injury

It is indeed injured athletes, and student trainers' views of them, that will be summarized to conclude the presentation of the results of the interviews. I asked the SATs to attempt to understand and empathize with the athletes with whom they worked by asking them about athletes in three basic circumstances: athletes who feign injuries, athletes who are constantly injured and continue to participate, and any athletes they viewed as "reckless." My intent with these questions was to identify what the student trainers took to be their responsibilities, and therefore also what were *not* their responsibilities, in cases where athletes were playing with injuries for which further participation involved taking questionable risks. Again, I asked the SATs to identify actual cases of which they were aware and render judgments in light of those.

I asked follow-up questions of student trainers who described incidents or otherwise indicated that athletes with whom they worked were faking their injuries. Some referred to these athletes as "head cases," though others were clearly disturbed at the use of this term--it seems to suggest that these athletes may not have been taken seriously when presenting an injury. Indeed, one trainer emphasized the need to "believe every injury,"

even though the athlete "has a history of crying wolf." A number of SATs, as was mentioned in the section on disruptions, identified such athletes by noting the context of the reporting of the injury--i.e., prior to difficult practices or games or just after losses. Other student trainers noted that such athletes were simply in the training room on a daily basis. One noted how one athlete would move from one injury to the next. As she stated, "I mean all of a sudden he had another one but you wouldn't hear about the other one anymore." Her explanation of this behavior was the athlete was just "looking for attention," and "seeing the benefits of being hurt." Regarding these benefits, she noted that the athlete was simply given the decision as to when he would practice.

Another student trainer reported a case of an athlete who repeatedly complained of pain. The athlete had surgery on the area and had been rehabilitated, in the SATs words, "back to the point where it should have been better." However, the student trainer noted, the athlete was young, homesick and neither liked the coaches of the team nor practices they conducted. The athlete continued to complain of the injury to the point where a decision was made, including consulting the athlete, to perform another exploratory surgery to examine the problem. The athlete had also been approached about quitting the sport through medical disqualification, but refused. The procedure did not result in identifying any problems. Indeed, the SAT reported that this procedure was performed even though those consulted on the problem could not identify the source of the pain and did not believe the surgery would reveal it. Moreover, the student trainer suggested that this athlete was willing to undergo surgery even knowing that there was no actual problem that the surgery might identify.

Two other trainers reported experiences with "head cases," one stating that with their entire team, "there was an abundance of injuries and it was way out of control." The trainer added, "there was nothing I could do because it was to the point where they all needed a psychologist. That's hard to deal with as a trainer too because you can't ignore it and tell them to take a hike." This trainer also noted that such athletes are "over-dependent

on modalities," such as ultra-sound. Indeed, one way this trainer noted that such dependency was identified by using a modality as a placebo:

One of the trainers . . . a couple years ago had just . . . and they're all head cases--and we're probably out of line labeling them that but after you work with them long enough, you can pick them. They really are over-dependent on modalities as far as they think they need ultra sound or the stim, because that's going to cure it, and screw the rehab or the weightlifting and the good old fashioned stuff. [The staff trainer] was dealing with a patellar tendinitis supposedly--[the athlete] couldn't run on the knee, it hurt so bad--needed ultra-sound, had to have ultra-sound, it worked before, got to do it again. A relatively detached individual, really didn't have a good grip. So [the trainer] just unplugged the ultra-sound machine, gelled [the athlete] up, ultra-sounded . . . for five minutes, sent [the athlete] on [their] way. Did that for a week, and it was like, 'Look that's all I could do.' [The athlete] was like, 'Oh, perfect, healed, better!'

Another trainer described a similar process used to assess pain tolerance level in an athlete who constantly complained of pain:

I have had this athlete before in other situations, too. So, when [the athlete] says how bad it hurts, like one time we asked, 'How bad does it hurt on a scale of 1 to 10, 10 is like you're dying, like it's child birth,' whatever, you know. [The athlete] said it was a nine. . . We had a little trick, we could distract [the athlete] and then you touch [them]. [The athlete] didn't even wince because it was an ankle. And so we're like, 'Okay, you don't understand the pain scale.' So I was basing my knowledge on what I have worked with [the athlete] in the past to help evaluate this. I was poking [the athlete], and [they] didn't even wince, nothing. I mean [the athlete] was able to do every other functional task, all without saying, 'Ow, that hurts.' And I was saying, 'When that hurts, you have to let me know.' Nothing bothered [the athlete] until one time I dug really deep. If you dig really deep in anybody, you're going to get a tender spot. If you poke the knee hard enough, yeah, you still are. So, it was kind of funny.

Another trainer, however, reported that an athlete had been complaining of chronic pain during the entire season. This athlete was apparently unusual in such complaining, the SAT noted, as others with similar pain were able to keep participating without such complaints. As the trainer stated,

But most of them can get through chronic back pain that they have. Most of them will get through it, but then I had one that every chronic pain just would, you'd touch it and it was, 'Ooh, ooh, aah, aah,' you know. [The athlete] couldn't stand anything. And it was really hard because we know we treated [the athlete] the whole season for one thing, and then [the athlete] got to the point where [the athlete] just couldn't do it anymore and couldn't do it anymore. And the physician had been treating [the athlete] and he finally ordered a bone scan and [the athlete] had like six stress fractures. And so it's hard because here [the athlete] had this going on, but the

coaches didn't, we didn't, the physicians, nobody believed what was going on with [the athlete] because [the athlete] had been pulling this all season long. And so it's hard because then it makes you look bad, but yet it was a case where we'd already turned it over to the physician's hands, and once it's turned over to them, you're in it, you know it's going on, but you can't say, 'Oh you need to this. You need to order this.' It's all their call. But yet the coaches don't see that, they see it as just the trainer, you know, we still let [the athlete] go all season on six stress fractures. Well no, [the athlete] probably didn't have those all season. [The athlete] probably only had them for two or three weeks.

With regard to such constant pain, I indeed asked trainers to describe any examples in their experience of athletes who were constantly injured and nevertheless continued to participate in their sport. Some of the cases the SATs described seemed to be those where the athlete had simply treated injury, as the noted above, as something that "happens." These injury-normalizing athletes were described as knowing the procedures for treating their injuries and simply followed the beaten path to recovery. One student trainer stated that one such athlete, after having initially been upset at sustaining the injury, simply said, 'Well, it happened again. It's over and done with. What can I do about it now?'

Other examples involved more serious injuries which were both the result of chronic injury, re-injury of the same part of the body or repeated acute injuries in various parts of the body. One trainer attempted to understand how the chronic injuries of athletes on a team would not cause them to discontinue participation:

Unfortunately, that's what I see a lot of the athletes doing with a lot of these things. As far as, even, this past season, there were a couple of them from [my team], constantly beat up on their joints, or more or less destroyed or whatever. When they get older they'll have real serious arthritis and that type of thing. They are in just so much pain after practices and competitions that, as a trainer you have got to wonder why they do it, but, you know that's more up to the athlete why they do it. Whether it's the love of competition, it's hard to say.

An example of re-injury to the same area was described by another SAT:

Yeah, there was an athlete like that at [university]. He came in his freshman year. The first day of practice, he blew out his ACL, I'll never forget this. So he rehabbed that. He was out for the season. Then he was ready for spring ball. We were trying to get him ready. It was about eight months. He wasn't in full-contact drills or anything. But he was out there, planted and cut, and I think he partially tore the same ACL again. You were just sitting there looking like, 'Wow.' Then, I think just this past year, when I

left, he blew out his other ACL. He was a good guy, you know, but he was just, all these major injuries. He still had a lot of respect because still kept coming back, just trying and trying, just because he loved the game so much. But, after a while, it seemed like, 'Wow, was this meant for me to play?' That's what a lot of people think. A lot of people get hamstring pulls or quad pulls, or, I don't know, they might break a bone and then they're down their whole career. You know, nothing really major, you can just sit in a cast for six weeks, but here's an ACL and you're out for the whole season. Then this guy just keeps coming back and back and back.

Another trainer provided an example of another athlete who was constantly injured in several areas of his body. In the view of this student trainer, the approach to the way the athlete played was a factor in the injury, as the example suggests:

He was a highly recruited out of high school. All the [conference] teams wanted him. He ended up going to actually our state rival. Walked up and three days after they started camp, left and came to [university] and walked on. So, he had to sit out a year because he couldn't participate. Everybody was excited because this was a local kid. Spring ball, before he could play, he got injured. The people saw his talent and everybody was really excited about this kid's talent. He got injured doing what seemed like a stupid thing. He was diving--it was unimportant--dove for a ball, dislocated his shoulder. Rehabbed all summer and first play of fall, basically it was agility drills, it wasn't even . . . , they didn't have pads on, dove for a ball, dislocated shoulder--his other one. Seemed like he went from one thing to another, but I think, his case, he worked at such a high intensity all the time. He couldn't shut it on and off. He couldn't go out and play at 50%; it was all or none. So, when he went out and played, he was going all out. It didn't matter to him if the quarterback threw a bad ball, he was diving for it. I think that was his problem is we couldn't get him to shut it down; he was always trying to work at 100 percent.

These were types of cases the SATs had described when asked to give an example of athletes who were constantly injured. I subsequently asked them what they would do were they in the same circumstances as these athletes. Some student trainers agonized at this question, given the fact that they understood the nature of the injury but could not feel the pain the athlete was experiencing. Additionally, the SATs said they understood the desire of the athlete to keep participating, but weren't sure what the benefits were to the athlete and whether they might be worth the pain the risks of permanent disability. Overall, however, most said that they would keep playing:

Yeah, I would. Yeah. I wouldn't feel satisfied until I had used up . . . If I came to school to use four years of eligibility, I wouldn't feel satisfied unless I was able to do that. Now, if it was [an athlete's] last year and--that's a hard question to answer because I haven't experienced what it feels

like to have a knee that won't stand up underneath you. There's a certain amount of fear, I am sure, that would go with that. But, even after it was fixed and after everybody told me it was stabilized, you would still have a little bit of doubt in your mind and I just . . . It's hard to answer because I just never have experienced that. I don't think I would. I would be disappointed in myself if I did, I think, just because I guess I expect my athletes to get up off the ground and to keep going and to listen to me and trust me to get them better . . . and that they will be better. So, I guess that carries over to myself. I guess I wouldn't let myself not do anything about it. No, I don't think I would, but like I said, it's kind of hard to answer.

Notice how the SAT in the above quote seemed to reverse the phrasing of the question in his answer. The question was asked, "Do you think you would still participate?", yet by the end of the question, he seemed be answering the question, "Would you quit participating?" One student trainer recollected a conversation with an athlete over such matters:

'Is it worth ruining your career for? Is it worth getting arthritis when you're 30?' A lot of things he doesn't know. He doesn't realize what he is risking and that's why we're here to tell them and help them see the other side. So you look at him in a compassionate way. You didn't demand it, but what I did, I said, 'I would do the same think that you're doing right now if I were in your shoes, but you have to look at the other side. You have to look at the side of your future and not maybe the big competition next week, but ten years, twenty years from now.'

A number of reasons were suggested by student trainers to explain why the constantly injured athletes they knew were still participating. Some mentioned the desire to maintain a scholarship and receive an education. Others cited parental pressure to stay in the sport, which some suggested may also be related to wanting to maintain a scholarship. Most of the SATs, however, said they believed that athletes continued to play through pain and risk permanent injury because they had a "love for the sport." Such "intrinsic motivation," or "play" elements in these athletes, the SATs speculated, might be driving them in ways not easily understandable. Indeed, some observed that, for many athletes, participating in intercollegiate athletics signals the end of a career, given that few go on to play professionally. Moreover, for many sports, there are no other opportunities beyond intercollegiate competition.

However, some SATs were puzzled at the continued participation of some athletes who had constant pain and injury. There seemed to be two principal reasons for this perplexity. One related to the fact that some athletes constantly complained about their injuries, yet nevertheless continued to play. As one put it

I just . . . Having to listen to it, I guess I don't mind it so much the ones that are quiet about it and just kind of do their thing. But the ones that tell you about it everyday, those are the ones that kind of wear at you. I'm kind of like, 'I don't want to hear about it anymore. I know you're in pain. There's nothing more I can do about it. The best thing for it is just to rest.' It's those cases you wonder why do they do it or whatever. Those are the ones that kind of wear at you after a while.

Of course, this goes beyond just a management problem. The trainer is perplexed at how someone could continue in an activity about which one complained so vocally. Other SATs also spoke about athletes they believed were not "getting enough out of the sport" to justify their continued participation with pain and injury. In some instances the student trainers described, there were clear risks to the long-term health of the athlete:

He never really complained that much, and if he did, he would come in and know what to do, and he would do it on his own. They'd put him on medication and he would kind of disappear and not come in and say anything. But the fact that he's going through all of this, and in a way he probably knew he wasn't going to see any playing time, and probably the fact the he was advised that playing . . . could do some further damage to his [joints]. He continued to play, and I don't know what the drive was there. I don't know what drove him. Maybe it's a matter of being on the . . . team, who knows, being associated with that group of guys. But he's still fighting, and in that sense, there's no way in the world I would play knowing that you would not play, and knowing that you were just continually doing damage to your [joints]. . . He would have obviously more laxity, and there would possibly be arthritic changes as he grew older -and he still may have those anyway. I mean, just the fact that, okay, I'm going to have arthritis when I'm thirty years old. . , but I'm still going to play. I don't think many athletes look at the long-term effect of what they are doing to their body.

Indeed, a number of SATs replied that they definitely would not continue participating in their sports given their knowledge of the risks and their assessment of the benefits of participation. In this regard several SATs pointed to cases where the athletes continued their involvement knowing that they were risking permanent damage and for goals which were unclear. In other words, given the athlete's presumed responsibility to

make informed choices about their own health, some nevertheless made poor decisions. Indeed, one speculated that players should be disqualified should they lack the physical skills necessary to successfully play without injuries:

The thing that drives me crazy is you see athletes that are walk-ons. . . And they wouldn't ever play a minute in a . . . game, and they keep getting hurt. And you realize, I don't know if [the staff] or somebody will say something to them that maybe they are not fit for this kind of competition. It's hard for me to recall if they have ever kicked someone off the team for that; I don't think so. But it's frustrating from the standpoint of all the injuries that some of these people get, knowing that they're not going to play anyhow.

Given such examples, I asked the SATs if they had ever encountered an athlete they would consider to be "reckless." I chose this term because it seemed to connote a lack of responsibility or an adequate sense of one's own well-being, although I again let the student trainers define the term for themselves. A few said that they had never encountered such an athlete, taking the definition to mean, as one SAT put it, "I'm going to use my body to win the game, regardless." Those who said they had encountered a reckless athlete, however, included cases that went beyond just playing in pain and risking long-term health. They also included those who evidenced a comprehensive lack of regard for themselves. One spoke of an athlete who was alcoholic and took many times the dosage of an over-the-counter pain medication. Another example was of athletes who "work out three times a day because they want to fight for a spot on the team."

Others included among "reckless" athletes those who refused to report their injuries, or would otherwise not evidence a level of pain normally associated with their injury. Several trainers, for example, cited examples of players not reporting and continuing to play with broken bones. Again, these were examples of acute injuries. Others cited athletes with chronic injuries, some that involved the risk of a loss of use of a limb, others that brought about temporary paralysis. Of course, both types of injuries posed long-term disability risks for the athlete. Regarding the latter, one SAT noted an example of an athlete who was told that she risked loss of the use of limbs, disagreed with the GSU medical staff about the risks, and signed waivers releasing the school of

responsibility for such implications to permit further participation in the sport. While some mentioned athletes having not been permitted by physicians to continue, it was not clear what the policy was in this regard.

Fundamentally, it seemed, these trainers believed that the decision to participate in the face of injury and pain was the athlete's to make, and that they were advisors in helping them make it. As was noted above in the discussion of risks, nearly all the student trainers in the study essentially agreed that, by the time an athlete reaches the level of competition found at GSU, they knew full well what the possibilities of injury were in their sport. Moreover, they also said that a number of athletes often did not adhere to the medical advice they were given both in attempting to recover from injury and in deciding whether to continue their participation. On the other hand, when athletes evidenced "love for the sport," the student trainers understood this as a legitimate reason not amenable to their knowledge of the athlete's personal life.

CHAPTER IV

Discussion and Conclusions

The purpose of this study was to investigate the experiences of student athletic trainers in order to more fully understand the practices of the sportsnet and the degree of control it exercises over those within it. Nixon's (1992a) argument was that a sportsnet is a structural network of individuals and organizational sub-units within which athletes are persuaded to accept unreasonable health risks. He suggested further that athletic subcultures related to the sportsnet would provide various legitimations for the acceptance of pain and injury by athletes. I reviewed literature that explored the foundations of institutional practices (Berger & Luckmann, 1966) in general, and medical practices in particular (Freidson, 1970, Starr, 1982). They concluded that any social structure can be seen as a more or less negotiated order, and that "room" for negotiation will depend upon how crystallized its practices and sedimented its knowledge has become. The more crystallized and sedimented these practices and knowledge, the more controlling the structure. Moreover, because certain forms of institutionalized medical practice have become "totalizing" in nature, I decided to explore suggestions by sociologists (Bourdieu, 1987, Gruneau, 1991) that certain sportsnets bear totalizing (Goffman, 1961) characteristics. The degree of totalization in a sportsnet, then, will be a matter of the degree to which social actors within it are able to negotiate and resist its control over their actions.

Given these points, I noted that the principal roles of athletic trainers within the sportsnet may either subvert the norms of standard medical practice, consistent with Nixon's thesis, or resist them. I suggested that subversion or resistance to these totalizing tendencies may form as a result of student trainer roles as students, in alliances with athletes in defiance of coaches and staff trainers, or as apprentice athletic trainers, in alliances with their peers and superiors, over against the influences of coaches. Moreover,

as members of a male-dominated athletic subculture which may value dedication, sacrifice and playing through pain, in subversion of more conservative forms of medical practice, these students may be prone to conflicting and contradictory influences. The data presented in Chapter Three suggest that both of these roles were performed in the context of variously sedimented practices. As I will argue below, in some cases the level of sedimentation left very little room for negotiation. On the other hand, several aspects of the experiences of student trainers indicated a great deal of autonomy and negotiation.

To follow, then, is a discussion of these roles which emerged from the four areas of Duties and Disruptions, Gender, Information and Advice, and Injury presented in Chapter Three. Again, my intent here is to summarize the descriptions of these students in terms of their significance and bearing upon Nixon's thesis about conspiratorial alliances, the degree to which they provide evidence of the sportsnet as a totalizing social structure, and the way they reveal the context of the practice of medical care for athletes. I will conclude with suggestions for further work in this area and address the subject of practical recommendations.

Students, Athletic Trainers, and Subcultures

As I summarized in Chapter One, a subculture is an analytical device used to describe a group within a larger collectivity that has formed as a result of some sense of common activities, mutual problems or shared perspectives (Philips & Schafer, 1976, Donnely, 1981). As a result of these commonalities, subcultures may be recognized by such identifiers as common beliefs, norms, practices and symbols. Based upon the data in Chapter 3, I believe it can safely be said that there is no single "athletic subculture" underlying a sportsnet at GSU which functions to, among other things, legitimize the acceptance of pain and injury by athletes. Indeed, there seemed to be a number of varying and often contradictory beliefs and practices among members of the teams with which student trainers worked. However, because I did not conduct observations of the student

trainer's interactions within their work settings, attempts to identify definitive subcultures, based on interview data alone, are matters of some degree of speculation.

For example, there did seem to be indications of distinctive athletic subcultures within various sports to which the SATs were assigned. Perhaps most palpable among these was the practices and implicit beliefs of the football team and its coaches, which subjected some student trainers to a number of various humiliations and other degradations. Perhaps because all of the student trainers in the study had worked with football at some point in their internships, usually as learners, their experiences with that sport were more salient and memorable for them. As also noted, however, the football team was a particularly hostile place for women student trainers, who were subject to both direct and indirect forms of sexual harassment and otherwise sexist behavior. Men SATs also experienced difficulties with football, although in their cases it seemed that successfully tolerating these practices worked as a rite of passage. Again, however, these are only glimpses of a subculture based on verbal accounts of one group and are entirely speculative. As may be the case with other experiences of these students, the most memorable may not be what is typical of daily practices.

To further speculate, however, there also seemed to be sport-specific subcultures which were distinct precisely on the basis of their differences from football. Obviously, men's basketball and hockey were distinct in their not allowing women to be assigned to the team or to even watch practice. As some trainers noted, these policies were based on more general assumptions about the attentional problems and harassment tendencies of the athletes on these teams. Team assignments of student trainers, in general, may have operated indirectly on similar sport subcultural considerations. Indeed, since all of the other teams at GSU are smaller than football in size and scope, some seeming to function more as families, the dynamics of interaction among players and student trainers were reported as quite different. This was especially the case where student trainers, and women in particular, took on much broader roles that in some instances involved 24 hour

dependency by athletes. Clearly, women SATs in the "mothering" role were the best examples of this. Moreover, although confidentiality considerations prohibit exploration of these points, there were unmistakable differences in the apparent toleration and acceptance of injury on several of the teams to which the student trainers were assigned. This was particularly noteworthy in the differences between sports that involved chronic injuries that were likely products of nearly lifelong participation in the sport, and those which more commonly evidenced acute injuries. Considerably more frustration was expressed by SATs about chronic injuries, due most likely to the fact that many of them were quite resistant to treatments.

Also noteworthy in these interteam distinctions were the apparent success or failures of the teams and the association between these and the reports of injury to trainers. While this may be a pattern that holds across teams, the particular ways in which injuries are reported as a function of the dynamics of particular teams and personalities was also evident in the statements of student trainers. While some athletes were apparently prone to report all manner of minor injuries, others withheld this information or pleaded that SATs not release it to their coaches for fear of loss of team position or playing time. There has also been research which has reported associations between life stress of athletes and the incidence of injury (e.g. Bramwell, Minoru, Wagner & Holmes, 1975, Taerk, 1977, Cryan & Alles, 1983). Indeed, student trainers, again more often women, reported that they witnessed the effects of particular social stresses on athletes in the form of injuries. The varying socio-economic and cultural backgrounds of the athletes, and their association with these stressors, might have been apparent to the student trainers, although I did not explore these associations. As I will summarize in the Summary and Recommendations below, these are matters that should be explored through in-depth observations.

My perhaps simplistic contention is that the beliefs and values of student trainers were various and conflicted primarily as a result of their dual roles and interests as students and as apprentice athletic trainers, both of which operated in the context of these apparently

diverse athletic subcultures. My intention is to discuss both of the roles of student and apprentice athletic trainer, noting where relevant the influences that were evident in cases where they were also members of a distinctive athletic subculture. The difficulty in collapsing the experiences of these student trainers into two roles lies in the complex relationships between them, and the fact that any single one of their experiences (or in this case, descriptions thereof), held varying degrees of significance within both of them.

For example, one of the most common complaints of the student trainers was that they were not fairly compensated for their many hours of work, yet they witnessed a sometimes obscene flow of desirable material goods to those within the sportsnet who contributed little to its daily operation. As student trainers who are, for instance, not student athletes in revenue sports--and therefore not among the recipients of these trinkets--they might have felt some resentment towards those who did receive them. This may also have led them to question their career choice as professional athletic trainers, who similarly will receive few of these goods. Recipients may have also included close friends who were athletes, respected staff athletic trainers, team physicians (and apparently their spouses and children!), and admired coaches.

Obviously the student trainers did not sever their roles as student trainers or as proponents of GSU athletics as a result of these inequities, however glaring and unfair. Indeed, presumably, these gift-receiving members of the sportsnet are also individuals who are members of a larger sportsnet with which student trainers share at least a core number of common beliefs and values. Such conflicts or tensions would seem to send waves over the primary roles of these student trainers, likely solidifying their identification with some while loosening others. Student trainers may rally around what they see as a common injustice and strengthen their ties with other SATs as a result, or they may become immersed in the social or athletic subcultural aspects of their team assignments and compromise their "professional" responsibilities. In general, while some experiences will make them feel more like students, or student trainers, or key members of GSU athletics,

others will loosen the hold of these identities. Moreover, along with some of these commonalities and tensions of SATs with others in the sportsnet may be associated certain forms of resistance to the aims of the organization.

One may also imagine multiple others within the sportsnet whose membership is strained by some perceived inequity, difference in belief, or exclusion, such as alumni who are not allowed to watch practice; coaches from whom medical information about athletes is kept; or athletes from non-revenue sports who are treated differently from those in revenue sports. The strains created by these obvious discrepancies and resentments would at least intuitively serve to both cement some alliances and strain others. In any case, these considerations cast doubt on the contention that members of sportsnets "share the same beliefs" (Nixon, 1992a, p. 132). While it is possible that the cumulative *effect* of the activities of the sportsnet are exploitative of athletes and their health, it does not seem plausible that the organizational conditions which bring it about bear a resemblance to a conspiracy.

In the case of student athletic trainers, what seemed necessary was to identify the principal roles which showed the most stability, intensity and mutual tension as related to the larger more encompassing culture in which they were immersed. Consequently, I felt it is useful to attempt to parcel out and discuss individually the two primary roles that suggested signs of definitive breaks and attempt to discuss them individually. It was inevitable, however, that portions of an overarching athletic subculture crept into each. In what follows, I will discuss the roles of student and apprentice athletic trainer along three lines. I will first review the sedimented practices that seemed inherent in each role, what their function in the organization seemed to be and then explore the apparent ways that student trainers seemed able to negotiate and resist the sedimented practices related to them.

Student Athletic Trainers as Students

I might begin by pointing out that it has been necessary to repeat several times thus far that the subjects in this study were university students on a large campus. Indeed, it

seemed on occasion that the student trainers had to remind *themselves* of this fact. Yet, these student trainers seemed to share at least some common experiences with other students. Perhaps most importantly among these commonalities was their being used to operate large-scale functions of the university. The espousal by universities of the virtues of individual dignity rings rather hollow given their near universal employment of students as a cheap labor force. If the presumably unanimous opinion of sport sociologists that college athletes are a modern-day proletariat has merit, the students in this study "interned" to train athletes are perhaps the sportive *lumpenproletariat*. Student trainers in the study were an underpaid or unpaid workforce enrolled in an internship requiring substantial amounts of their time and imposing immense and diverse responsibilities on them. Nevertheless, in many cases, these experiences, as the students stated, would not ultimately lead to employment in the athletic training profession.

Student status translated into a number of largely "supportive" roles, restricted behaviors, and demeaning activities for SATs, particularly for new students in the program. The initial assignment to football was within a group of similarly subordinated students, and subsequent assignments were continual indications of one's political status within the program, including gender-based exclusions and harassment. Entering the internship as unpaid student labor, as noted in the Duties section, meant entering at the bottom of a hierarchy and the performance of labor essentially unrelated to the professional responsibilities of an athletic trainer. The ever-present fact of water delivery, though rationalized as a physiological necessity, likely functioned as a constant reminder to student trainers that they are at the bottom of a "support" system, and not the center of attention.

Overall, much like other students around the campus, learners performed the kinds of duties that often end up as euphemistic transformations on resumes (e.g. stocking tape as "inventory management"). It might be asked whether there are allied health professions analogous to athletic training, such as physical therapy, which feature requirements similar to those made of the learners in the program to clean whirlpools and countertops. A hazing

function indeed seemed evident in these requirements and other conditions for learners in the study. While it is clear that others not interested in the athletic training profession could have performed these duties, their function may have been "tests" of the character of potential new members of a profession that often operates under the hegemony of dictatorial coaches and which requires long hours of work. There was little indication, however, that more advanced student trainers accompanied these activities with the standard harassment seen in such hazing practices as those found in military institutions. Indeed, these more senior SATs seemed to silently move away from this activity, indicating both relief that it had passed and sympathy for those "going through" it.

However, another related consequence of student status was the "yelling" and other types of public and private reprimand that the student trainers stated to have come from a number of other members of the sportsnet, including supervising staff trainers. While it may be true that such yelling was a common response to error and disagreement by all within the GSU sportsnet, it seemed that student trainers were exposed to a special brand of these attacks, including false accusations and scapegoating. Here again, an element of the apparent football subculture of GSU seems to be a partial explanation, as these practices bear an unmistakable resemblance to the dictatorial styles likely used by the "old school" coaches holding sway over the revenue sports at GSU. Overall, it seemed that hostile public reprimand was a solidified practice in this internship program.

While the above conclusions of exploitation, hazing and ridicule may be overdrawn, what is significant is that the SATs in the study evidenced little overt opposition and attenuated their resentment in their recounting of these practices. Obviously, the students were largely powerless to change these practices and accounts of resistance were few and none were described as collective. Indeed, a number of these experiences were viewed with humor at how they eventually led to better rapport with superiors. In any event, it appeared that those who did not care for these circumstances did not remain in the program and certainly would not have been participants in this study had

that been the case. Nevertheless, the overt nature of these practices, and the fact that there were likely few other areas on the campus that would tolerate them, indicate a good deal of insulation of these portions of the sportsnet.

Similar points apply to the "educational" components of the internship, as the students described them. First, they spoke of a need to be "aggressive" about learning skills, given the fact that the more experienced trainers around them were often too busy to take time to provide direct instruction. Many SATs shared the view that the quality of the internship was a matter of what students were "willing to put into it." Passivity seemed to indicate a lack of interest in the internship and worked to the peril of the student trainer needing to pass the "practical" examinations for certification. Additionally, student trainers indicated that there were disputes about some rehabilitative modalities and their medical indications. Variations in athletic training "schools" were seen when SATs pointed to disagreements among superiors on sequences of modalities and preventative measures, including the "GSU wrap." Finally, once acquired, the application of these skills to actual cases of injury were complicated by the competing agendas of coaches, athletes and staff trainers, lending a political significance to SAT decisions. Since the organization seemed to be under the hegemony of a few powerful coaches--who apparently were granted managerial *carté blanche* for making all manner of changes--it seemed that in cases involving their teams these expressions of public loyalties tended to be consistent with their wishes.

It must be reiterated that these experiences are those that appeared to stem primarily from the status of these SATs as students. Any student enters an educational environment with some degree of dependence on superiors to fill in gaps in knowledge and skill, present coherent and consistent lessons, and show how the acquired skill ought to be used. While professional trainers have presumably solidified their views and techniques, variation among them in a single athletic training program left students in a number of quandaries. While there was little evidence that core principles of athletic training were in question or

that student trainers were being neglected, uncertainties were noted in a number of decisions the student trainers made. For this reason, again, political vacuums created by such differences may have been settled by acting in ways consistent with the wishes of athletes and coaches, although there was little evidence from the SATs that they succumbed to pressure from these coaches to permit injured athletes to play. This may be due to the fact that these influential coaches had full-time staff trainers assigned to their teams.

However, one can also see in these circumstances the opportunity for students to begin to craft a professional role, however perilously, by making choices from within the apparent range of possibilities created by the indecision or disagreement of superordinates. Of relevance to the treatment and other handling of athletic injuries, these conditions also meant they had some degree of relative autonomy in their practices and decision making. These may have related primarily to minor health problems of athletes, as many of the more significant injuries seemed to be referred to staff trainers. However, the day to day care and treatment of these injuries were the responsibility of student trainers. There was therefore some room for students to use their own judgment in the handling of the cases they confronted. This included the "middleman" functions of keeping of potentially damaging information about athletes from coaches and others, the adaptation of rehabilitation regimes to suit the personalities of athletes, and the rendering of non-professional advice to athletes in cases where a referral might have been preferred by staff.

These small "spaces" within which the student trainers were able to maintain some degree of independence were complimented by even larger ones. An ironic result of their commitment of substantial amounts of time to their internship was the establishment of familiarity, friendship and perhaps even intimacy with the athletes with whom they worked. As noted in Chapter Three, these associations with athletes were presumably problematized by the policy against socializing, yet the problems were not equally felt among all student trainers. There seemed to be few male SATs who transformed their understanding of the policy into modifications of behavior. Women, of course, were made

to feign a disinterest in male athletes in order to insure the confidence of superiors that they had only professional motives in their actions. Indeed, both men and women appeared to maintain friendships with athletes.

The dependency of the students on this credential-granting program, therefore, came with a counter-dependence of the program on student labor to deliver the majority of its services. The "problems" the associations between student trainers and athletes might have created appeared to be too unwieldy for the supervising staff and others to adequately control. The transitory nature of any student workforce also runs against efforts to exercise authority over interns. Control, rather, seemed to be exercised in the most "obvious" or perhaps symbolic cases--namely, those interactions involving women SATs and male athletes--and the audience for these gestures again seemed to be influential coaches in the athletic department. However, a more general sexualization of the actions of women within traditionally masculine subcultures by all of the members of the sportsnet should not be overlooked, including that by women trainers themselves. It also should be pointed out, in this regard, that there may be a good deal of social capital for student trainers that could be gained by becoming the social friends or intimates of athletes, particularly those with public recognition. These opportunities may have been simply too tempting for SATs to forego. The requirement, again particularly for women, seemed to be the need to skillfully manage impressions of one's affective neutrality toward athletes in the presence of staff and other influentials.

These were cases, then, in which student trainers affirmed their role as students, in defiance of the conditions of their role as student trainers. This consisted in interacting with athletes *as students* by engaging in normal social activities, cohabitation, and, as suggested, by establishing intimate relationships. Perhaps this was the compensatory space for the venting of a number of frustrations associated with student status, including exploitation, hazing and public reprimand, the functions of which seemed to be to test the mettle of learners to withstand the spate of pressures they might face as heads of sport and

as professional trainers. Yet, as Coakely (1991) suggested is the case with athletes suffering from "burnout," a coping or "venting" strategy is evidence that one does not intend to challenge the social structural arrangements which make the coping strategies necessary.

Overall, as students, student athletic trainers were subject to a number of degradations, humiliations and restrictions in behavior that translated into initially low status, performance of duties of questionable relevance to their education, and subjection to reprimands likely sharing much in common with their athlete counterparts. As suggested, however, these very conditions created possibilities of autonomy, particularly in the ability of SATs to have extensive interactions with athletes. The impossible task of monitoring these relationships led to definite losses of institutional control, even though it was also clear that the SATs felt some degree of anxiety about their relationships with athletes. Again, as students, both of these groups seemed able to pursue common interests which may have provided a therapeutic function. This seemed particularly the case in instances where superiors placed unreasonable demands on student trainers.

As I will summarize next, however, these alliances between students and athletes, based on common roles as students, were not without problems. Indeed, in their roles as apprentice athletic trainers there was another set of practices and forms of resistance that reinforced solidarities with other trainers, including the very staff whose intentions were circumvented in the violations of the no-socializing policy. Moreover, some of the same duties that led to implications in student trainer statuses as students also had implications for their non-trainer relationships.

Student Trainers as Apprentice Athletic Trainers

The participants in this study were primarily those who had attained some senior status in the internship program, and were therefore strongly committed to accomplishment as student trainers. As a result, they had begun to share with their superiors and with each other a set of common perspectives on professional issues and dealings with athletes,

coaches, physicians, and others within the sportsnet. A good portion of Chapter Three summarized the predicaments in which these student trainers found themselves, particularly the section on disruptions. There it was noted that it was primarily athletes and coaches who failed in various ways to understand and appropriately utilize the services of student trainers, exposing SATs to some of what are likely the perennial (i.e. sedimented) problems of the profession.

These problems seemed to begin with the visible activities of beginning student trainers that, as mentioned above, may also function as hazing practices. The verbal dimensions of the hazing practices missing from senior trainers towards learners may be explained by the fact that the former shared the leveling task of providing water to athletes, as noted in the very first portion of the Duties section. Moreover, athletes, and some football players in particular, seemed all too willing to perform the tasks associated with verbal harassment and intimidation, as seen in the "water boy/water girl" brand. As also seen, some athletes were simply intimidating by virtue of their public recognition, skills and team statuses, which also led to problems for SATs. In general, these duties, the perception (and substance) of fetching items for athletes, and the play of personalities and reputations appeared to create tensions between SATs and athletes and therefore solidarities and counter-responses among both student and staff trainers.

What may be part of a larger pattern of resistances of athletes to their institutional treatment was described by SATs as "noncompliance." Athletes confronted systems of regimented practices that they likely considered with as much resentment as student trainers attached to certain of their duties, yet student trainers were part of these regimented practices for athletes. This was particularly true in the case of injury, where athletes showed disparate forms of opposition to the medical system of which student trainers are often the first on-site representative. As summarized in the section on Compliance, these resistant acts of athletes occurred throughout the entire phase of injury, rehabilitation and return to play or discontinuation of play. Athletes were said to have sustained injuries that

they did not report and reported injuries that they did not sustain; refused treatment for injuries requiring it and requested treatment for injuries they were to handle themselves; reported for treatments and not complied with instructions or failed to report and lied to coaches with claims that they had; promised to do treatments at home and not done them or done treatments at home and claimed they did not work; stayed in rehabilitation with false claims about pain or exited rehabilitation with false claims about comfort. In addition, athletes ventured to outside physicians to obtain second opinions based on beliefs that the medical staff at GSU was incompetent, even though they did not fully avail themselves of all the services GSU offered. While this may not represent a comprehensive summary of these difficulties, they do suggest that SATs had a number of various athlete "conditions" they had to evaluate, not all of which were strictly injuries in their view.

Additionally, the way in which an injury was sustained created pressures for the SATs that may have stemmed precisely from the same familiarity the no-socializing policy was likely intended to prevent. Injuries sustained outside of athletic participation and self-induced illnesses (e.g. via alcohol consumption) were said to be more likely to be reported to student trainers. The burden such knowledge carried placed them in the position of potentially having to compromise their "policing" responsibility to report such ailments. Otherwise, given the fact that some SATs did not report them, such disclosures at least put them in the position of possessing knowledge they were to pass along to staff--a failure which would be discovered should staff acquire the information through other means.

With their athletic trainer "hats" on, these SATs had very few options for handling the practices of athletes who were belittling, noncompliant or who took advantage of them. What seemed most common, if and when they were used, were gestures of reciprocity. Athletes who threw water bottles had them thrown back at them. Verbally abusive athletes were ignored or received verbal abuse in return. Players who feigned injury were deemed "head cases" and received feigned attention and, in a couple of cases, feigned treatment. Athletes who did not show up for rehabilitation were met with blame for their own

conditions and were left to pay the price in terms of playing time and team status. Those who confided conditions that were not the result of their athletic participation occasionally had these conditions reported to coaches or staff trainers, or were at least dissuaded by these possibilities. This was particularly the case in instances where the SAT possessed knowledge about the more general aspects of the athlete's life and/or when the problem was serious enough, in the SAT's view, to merit a referral.

In addition to these counters to athletes, the student trainers reported that some athletes sought their advice for various matters, including, alas, their medical knowledge. This included information on injury prevention, diet, and exercise regimes. As summarized in section on Information and Advice, moreover, SATs also attempted to create other conditions whereby athletes would reveal information to them, many stating that they believed that such information helped put a particular injury or problem "in context." Both of these practices, while perhaps ultimately aiding the athlete, are nevertheless also ways of controlling the behavior of athletes and preventing compliance problems. Recall that many SATs stated that their most compliant athletes were those who they considered friends, and/or those who were knowledgeable and inquisitive about their own bodies. These subtle ways of fostering deference, while occasionally effective, did not ultimately seem adequate to the full task of gaining compliance. Some athletes were not considered friends, had little confidence in the medical knowledge of SATs, and were simply not habitual users of athletic trainers.

Despite efforts to inform athletes about risks and ways of preventing injuries, it was the general feeling among SATs that "there is only so much you can do." Again, this was the notion that "injuries happen," and that athletes and accidents were the primary ingredients of injuries. However, SATs also attributed injuries to coaches who engaged in behaviors that ran counter to their efforts. Indeed, in some cases it was clear that SATs as well as the entire athletic training staff were not deferred to and were considered at the "bottom of the totem pole" within the sportsnet. Coaches were among apparent superiors

and in some cases indicated little respect for student trainers and their expertise. These behaviors of coaches included failing to notify student trainers about changes in practice times and engaging athletes in injurious activities either through punishment or ignorance. In cases where athletes sustained injuries, SATs noted that some coaches placed unrealistic demands on recovery times or otherwise put pressure on them to "return" the athlete to playing status.

As might be expected, these examples represent central professional dilemmas for athletic trainers, both student and professional. Again, in the case of student trainers, there was little that was done to directly confront coaches on these issues. A few SATs reported having confrontations with coaches in the "heat of battle." Others simply noted that, with time, coaches would begin to defer to them on medical matters, particularly if the SAT had demonstrated success with healing an athlete, and especially if the athlete returned to play prior to the SAT's estimate. Other coaches, however, did seem to fully utilize the student trainers, some in ways that went beyond the strict handling of injuries and other duties described in the Duties section. In general, the practices of some coaches evidenced a misperception of the roles of SATs such that, similar to athletes, coaches did not seem to be knowledgeable users of trainer expertise.

It appeared, moreover, that the coping strategies of many of these student trainers in handling their dealings with coaches, and perhaps in general, was by placing their services within the dramas of the competitions, seasons, or the overall processes of healing and return to play. That is, apart from the educational interest some had in evaluating injuries, and apart from an interest in professional solidarity, student athletic trainers found excitement and camaraderie in their roles that seemed similar to that of the athletes themselves. Although a few trainers stated directly that they did not feel that they were part of a causal chain of events which led to competitive victory, others seemed to believe that they were necessary elements. Perhaps for some student trainers, their work was conceptualized and performed in ways similar to those of the athletes with whom they

worked. It was indeed these and other identities with the practices of athletes that may have explained their willingness to undergo the kinds of sacrifices, embarrassments and other hardships discussed above.

Totalization and The Sportsnet

In the Introduction it was suggested that the social structural arrangements that surround contemporary athletes resemble what Goffman (1961) described as a "total institution," the name Goffman used to describe a mental hospital. Drawing on the intuitive connections I could make between the sportsnet and a "total institution," I proposed that there were four similar processes which might be evident from interviews in this study. These included mortification, or the intentional degradation of the "inmates" of an institution; the notion of a "moral career" in which the inmate's entire life is subject to both surveillance and convenient recording into the terms of the institution; the development of "theories of human nature," based on these moral careers; and finally, the establishment of a "servicing" relationship to the body in the form of standardized procedures. My conclusions in this regard were that the intuitive connections were given very little help by the data in the study.

Rather than an institutionalized system of mortification directed at the analogous "inmates" of the sportsnet, the athletes, I found that the only mortification *evident in the interviews* was that of the student trainers themselves. As mentioned above, these came in the form of various quasi-hazing practices and belittling public reprimand. Again, the duties associated with learner status, I speculated above, seemed to be both a product of necessity--i.e. the training rooms had to be clean-- and perhaps an early signal to the SATs of what they might expect should they decided to stay in the program. Those who elected to exit the program were likely viewed as those who would not be able to withstand the pressures that might confront them in cases where they had sole responsibility for a team. Again, this is highly speculative and would require further investigation.

Verbal reprimands came from both staff trainers and coaches and emerged from various accidents and seemingly misdirected anger. While some student trainers in the study said they were under constant anxiety at the prospect of being subject to one of these, the fact that the reprimands did not seem to be particularly systematic or methodical suggests that they might have been simple reproductions of patterns of abuse, similar to that often found in abusive families and, not coincidentally, the coaching profession (Sage, 1973, Massengale, 1974). Coaches tend to coach in the way they themselves were coached, which is most frequently the autocratic style. The apparent fact that the most influential coaches in the program used this style with their players perhaps may have reflected a larger pattern. Again, this is speculative, given that no systematic observations of these coaches was conducted.

What might be concluded with respect to mortification of athletes is that, if there is an analogous process, it is more likely a lifelong sequence of events that is part of the formation of athletic identity. Mortifications may confront the athlete in the form of various degradations from coaches, parents and others, both in the form of physical challenges and psychological attacks. Presumably, these are to be seen as a series of challenges to be overcome not unlike the challenges to physical skill inherent in their activity. It may be that those athletes in the study who had a history of such treatment saw an insufficient challenge in student trainers, and were considered to be variously noncompliant as a result. Indeed, in some cases, athletes participated in the mortification of student trainers, in most cases with impunity. There was simply no evidence from the study, however, to suggest that student trainers were part of any such process directed at athletes.

A bit more could be said on the subject of the analogy of "moral careers," although its presentation in the study itself bore little resemblance to that in *Asylums*. Again, a moral career would result from members of the institution taking the athlete's life story and essentially reducing it to an institutionally-serviceable one. The material for these stories about athletes came in the form of knowledge held by student trainers as a result of being

friends, or in any event, constant companions of these athletes. In *Asylums*, "social mobility between the strata (staff and inmates) is grossly restricted; social distance is typically great and often formally proscribed" (Goffman, 1961, p. 8). While there were formal proscriptions against student trainer socialization with athletes in the form of the no-socialization policy, this policy was not and could not effectively be enforced by the staff trainers. Again, this seemed to be a matter of the sheer volume of SATs and athletes in the program. Enforcement of the policy seemed to operate on rumor and mostly against women.

The information assembled by student trainers about athletes, moreover, worked both for and against the wishes Nixon (1992a) attributed to the sportsnet, although it seemed that in most cases the latter prevailed. That is, student trainers tended to withhold information from staff and coaches that might do harm to the athlete's status on the team and in the program. This was particularly true in cases where SATs were friends who socialized with athletes. Other cases, however, were brought to the attention of the more senior staff and coaches, and these were cases the student trainer saw as serious and likely the type that would have become clear to all eventually, whether they relayed it or not. These were generally substance abuse and severe psychological problems.

Overall, however, collusion and social interaction interrupted the functions these reductions of life stories might accomplish. However, this did not have particular consequences for the third analogy of "theories of human nature," that stemmed from the systematic assembly of these typologies of athletes. There were, indeed, such notions as "head cases," "babies," "egos," and "dedicated" athletes. As noted, head cases were feigned injuries cropping up in the context of losses or other personal or collective failures, leading to the conclusion that "when they lose, you see them *all*" in the training room. This may have constructed the theory that certain athletes cannot accept responsibility for their own failures and therefore provide social cover for themselves under the pretense of injury.

"Babies" were those who reported injuries too minor in nature to report to a trainer, in the view of the SAT. In most cases the imputed motive to these cases had to do with a "need for attention" arising from a larger social or emotional problem with the athlete. Some student trainers felt ill-equipped to handle such problems, while others felt that they were responsible for the entire person of the athlete. Other "babies" included those with low pain tolerance levels as compared to other athletes. These athletes, along with "head cases," received attention and treatment, although it was often accompanied by doubts about the athlete's honesty. These athletes also thereby earned a reputation they had to overcome by being "legitimately" injured.

In the case of "egos" and "dedicated" athletes, there is simply no analogy in *Asylums*, with the possible exception of the latter athletes being similar those who are "broken" by the system's requirements and submit themselves to the wishes of the institution. However, dedicated athletes are those who move into and out of the system of medical therapies quickly precisely because they do not care for the consequences it holds for them. Moreover, the fact that these medical services are voluntarily chosen by athletes--or at least they are not forced to use them--submission to the requirements they impose is less a matter of resignation to the sportsnet as it is a resignation to the fact of an injury.

However, if one were to construct a composite of the ideally injured athlete based on the statements of the student trainers in the study, it might be as follows. An ideal injured athlete is one who is dedicated to their sport out of a love for it, and not due to ulterior motives like a "free" education. Should the athlete sustain an injury, it will be the result neither of ill-advised activities either inside or outside the sport. The injury will not occur suspiciously before a difficult practice or competition or in the wake of a team or individual loss. The injury will not be so minor that its treatment falls within the capabilities of the athlete. Rather, the injury will be sufficiently serious and unique as to both provide an educational experience for the trainer and not insult their skills and disrupt their busy schedules. The athlete will immediately report the injury to the student trainer

and has neither a "macho" attitude nor a lack of trust in the student trainer's competence. The coach is aware of the nature of the injury and has reasonable expectations for the return of the athlete stemming from an acceptance of the timeline and other information provided to them from the student trainer. The coach will not pressure the student trainer to return the player to the team prior to the end of this specified time period, regardless of the importance of the injured player to the team. The athlete will report as directed to rehabilitation sessions and participate in those sessions without complaint and with the same sense of dedication shown in their athletic activities. They, therefore, are not lazy either as athletes, as students or as persons in general. They are informed about their injury, and know what behaviors are consistent and inconsistent with healing, and choose only the former. The attendance at treatment sessions is not a last-ditch effort to prepare for a competition or spot on the team as a result of having previously failed to report for treatment. The general status of the athlete, their on-field demeanor, and their physical size are neither used to intimidate either fellow athletes receiving treatment or student trainers, nor is their experience in the training room used to circumvent normal procedures. The athlete heals ahead of the predicted time and the student trainer is thanked by the athlete, the coach and the staff trainers for their hard work, dedication, and long, unpaid commitment to the health of the athlete.

The final analogical concept from total institutions is the notion of a "servicing" system for bodies seen in sets of standardized treatments that flow out of a particular "school" of medical practice. Obviously, again, the fact that no observations were conducted prevents an informed discussion of such matters, although two points can be made in this regard. First, because athletic training is itself a medical para-profession, the treatments that it prepares its professionals to perform are not "radical" in any medical sense. Clearly, no surgery is performed and other such treatments are passed along to physicians. Secondly, there were, as noted earlier, differences in the approaches and "philosophies" of staff trainers within the GSU program. These considerations render

questionable a notion of a "workshop complex," in all but routine matters, such as icing and other simple treatments. The use of proprioceptive neuromuscular facilitation (PNF) that the student trainers reported seemed to be the lone example of a fairly sophisticated procedure that was used across multiple injuries. This procedure, however, is a rehabilitative one and not particularly radical in the context of the other therapies used in medicine.

Overall, with respect to the analogy of total institutions, I think it reasonable to conclude that the sportsnet of GSU is far from totalizing in the way Goffman suggested was the case in a mental hospital. Resistances to the practices of the services SATs provided were numerous and effective testaments to the relative freedom of athletes to use the services at their discretion. In no case was there a process of mortification evident for athletes in any description of student trainers. Indeed, mortification appeared to be part of the treatment of student trainers themselves, particularly for learners. The effect of the "moral careers" constructed for athletes was diluted by the frequency and consequences of friendship with student trainers. Stereotypes of athletes were also few in nature, although not without consequence. Perhaps the most serious of these is the potential for missing or dismissing serious cases of injury given an athlete with a reputation for "crying wolf" or otherwise complaining about what are taken to be minor levels of pain. However, SATs seemed thoroughly aware and appropriately anxious about such problems. Finally, there seemed to be no corollary of a blind, systematic approach to treatments with the exception of rather minor modalities involved in rehabilitation.

What was perhaps the most totalizing characteristic about the GSU sportsnet was the commitment of time, the lengthy interactions, and the near total immersion of student trainers themselves and student trainers and athletes, in relative isolation from other student peers. It may be that there have developed in these groups a subculture oriented around the many common problems of student athletes and student trainers. While it might be tempting to conclude that this totalization works in the conspiratorial interests of the

sportsnet and the quest for certainty Nixon (1992a) attributes to it, we might take our cue from Goffman in casting some doubt on this conclusion:

Sociologists have always had a vested interest in pointing to the ways in which the individual is formed by groups, identifies with groups, and wilts unless he obtains emotional support from groups. But when we closely observe what goes on in a social role, a spate of sociable interaction, a social establishment--or in any other unit of social organization--embracement of the unit is not all that we see. We always find the individual employing methods to keep some distance, some elbow room, between himself and that with which others assume he should be identified. . . Without something to belong to, we have no stable sense of self, and yet total commitment implies a kind of selflessness. Our sense of being a person can come from being drawn into a wider social unit; our sense of selfhood can arise in the little ways we resist the pull. Our status is backed by the solid buildings of the world, while our sense of personal identity often resides in the cracks (p. 319-320).

Summary and Recommendations

This study was composed of interviews with approximately half of the members of student athletic training internship program of a large university. These students were engaged in a number of struggles that related to the establishment of professional credentials in a highly competitive field and the desire to retain a social identity in spite of the consuming requirements of their internship. The duties of student trainers were hierarchically arranged and rewarded by progressively more responsibilities in the program. The most desired sports assignments were primarily high profile revenue sports and/or those with characteristically high numbers of acute injuries. Women were generally excluded from the highest status sports in the program due to the considerations of privacy, presumed sexual distractions to athletes, and protection from vulgarity. Men and women trainers regularly engaged in social activities with athletes and acquired a great deal of information about them as a result. This information was generally in the hands of student trainers to use as they saw fit and was normally passed on to staff and others if it was judged to indicate a problem viewed as serious and outside the scope of their skills. All student trainers were aware of serious injuries in sport and concluded that they were a natural part of participation understood by all athletes. While SATs held stereotyped views about athletes who could not bear the level of pain of their peers, they also expressed

concern about and provided information to athletes they viewed as taking serious health risks by continuing their participation.

Regarding the contention by Nixon (1992a) that athletes are embedded in a conspiratorial sportsnet and associated athletic subculture that encourages them to play in pain, there was little evidence of either of these in this study. Among the primary revelations of this study was that student athletic trainers may spend more time with college athletes than any other single representative of the sportsnet. Given this, there was not singular set of common beliefs among student trainers about pain and injury that were systematically deployed as counters to outside medical advice, nor did there seem to be a consensus among athletes on these matters. Not only did student trainers give medical advice that was then systematically ignored by athletes, there were examples of athletes who sought advice "outside" the sportsnet only to return to play against the wishes of the GSU medical staff. These examples suggest that legitimation for medically inadvisable sports participation by athletes can be obtained both inside and outside a sportsnet. Further, instances where student trainers were being pushed by coaches to permit injured athletes to play were resisted and cited as among the stresses of the job.

This is not to suggest, however, that SATs were immune to ideologies and subtle techniques that enforced a "mean" standard of pain enforced on the athletes with whom they worked. Certainly such standards existed, particularly in the form of "pain tolerance" evaluations, but such standards may be expected to be parts of any system of medical perception: one can only perceive an aberrant condition against the backdrop of a normal one, both in individuals and groups. However, given the fact that the athletic training services they provided were oriented to return athletes to participation, few of the practices of student trainers included consideration of advising that the athlete discontinue play. These decisions were, again, considered to be the ultimate responsibility of an informed, sovereign, mostly adult group of athletes. While it may be that the series of practices

engaged in by student trainers, some sedimented, others spontaneous and accidental, contributed to athletes taking unreasonable risks, this hardly resembled a conspiracy.

These points imply a need for further study, and the following are some suggestions. First, a comparative study contrasting student athletic trainers with analogous allied health professions, and which looks at the norms, beliefs and practices of each, might shed light on the function of the cleaning and other duties of learners in athletic training. Second, a study of the relationship between the sets of norms SATs possess (e.g. those related to personal relationships between SATs and athletes) and their ultimate success in the profession might be undertaken to identify those which seem to be rewarded within the profession. Third, a comparative study of student trainers across programs, such as those that house football versus those that do not, might shed light on the issue of whether football provides a hegemonic normative framework for the tolerance of injury in other sports. Fourth, the degree of sharing of norms among members of the sportsnet, including coaches, physicians, athletes, administrators, staff trainers, and others might be undertaken to examine the multiple and competing views within sportsnets that were in evidence among student trainers. Fifth, a study of the nationwide patterns of sports assignments for women in men's sports and vice versa would indicate how widespread the practice of exclusion is across programs. Sixth, a related study of the experiences of sexual and other forms of harassment by women trainers should be undertaken. Finally, photographic and other analyses of athletic training and related sports facilities, perhaps examining the architectural accompaniments to the apparent barriers to public perception and separation of the sportsnet might be done.

Regarding policy and practical recommendations, I believe my conclusions are only applicable to the issue of altering medical practices for athletes and the policy on socialization. In the Introduction and Review of Literature, I suggested that the underdeveloped nature of the sociological work on the medical services provided to athletes rendered questionable recommendations for changing the structure of existing services.

This study, I believe, lends even more weight to that argument. Recall that Nixon (1992a), while offering a theoretical tool (i.e. network analysis) for the study of these issues, presented no empirical evidence of a conspiracy among sportsnet members to convince athletes to accept pain and injury--even presented evidence against such a notion--yet, nevertheless suggested that athletes seek "outside" medical opinions on their injuries. What this study showed was evidence that athletes do seek such "outside" medical opinions. The point Nixon did not confront is that the consequences of such actions may have little or no influence on whether athletes continue to play with a medically prohibitive injury. Indeed, one athlete described in this study sought "outside" advice in order to stay in the sport over the objections of the medical staff at GSU.

If college athletes are vulnerable, they may be even more so if the consequences of seeking "outside" medical services is the dissolution or dismantling of any "inside" medical services they already receive, however compromised or dominated by the agendas of coaches. That is, if medical services for athletes are already ineffective or otherwise distorted by the context in which they are delivered, suggesting a regular practice of going elsewhere may lead athletic administrators to seriously curtail or eliminate those that exist. It is further fruitless to consider sportsnets as homogeneous across institutions, let alone centrally organized conspiracies within individual ones. This is particularly the case in sportsnets that employ a transitory workforce of peers to deliver a majority of their medical services to athletes. The consequence of this fact at GSU was a loss of institutional control over the way in which medical information was processed and used. This loss of control stemmed both from the ineffable task of monitoring SAT/athlete interactions and from the identification of student trainers with student athletes on a range of common interests and values, most notably seen in socializing and the formation of friendships. The result was student trainers making decisions about whether to act themselves or refer to others the information they received. In some cases, this resulted in compromising the sportsnet's ability to deliver medical services to athletes. In seemingly more rare cases, it resulted in

the athlete receiving medical services for injuries or other problems that might have gone undetected. In general, a sportsnet appears to be considerably more complex than a conspiracy. To undermine the set of independent medical systems that sportsnets contain, particularly when so little is known about how they work, is currently an indefensible recommendation.

If the central concern of work in this area is the exploitation of athletes and incidents where the practices of sportsnets risk athlete health, this study might suggest that further institutional controls be put in place to take student athletic trainers out of the "middle" position regarding health information about peer athletes. This may be particularly desirable in efforts to prevent student trainers from helping athletes hide injuries from staff trainers and others. The result of such a policy, however, would likely be substantial increases in the costs of health care services to athletes, as cheap student labor would presumably be replaced by that of professional athletic trainers. Again, however, staff trainers may be more prone to the wishes of coaches than student trainers, and hence athletes might be treated more in line with the wishes of the sportsnet.

In the more likely event that student trainers continue to be placed in these important positions, it is unreasonable for athletic training programs to expect uncompromised loyalty to its wishes when it so overtaxes and itself exploits unpaid or underpaid student athletic trainers. Further, the amount of social interaction among students who are essentially adults is not the business of universities to dole out, particularly when it is duplicitously claiming to be promoting student interests while benefiting from free student labor. Moreover, it was not clear that the socializing and friendships between SATs and athletes seriously undermined the health status of athletes. Indeed, some measure of protection from the invasive practices of surveilling athlete behavior were made possible by the intervention of student trainers. Moreover, we should not underestimate or minimize the roles and responsibilities of athletes themselves in exercising sovereignty over the treatment of their own bodies. Presumably, the ideal situation is one in which educated student

athletes make informed decisions about their own futures. Policies regarding the assigned responsibilities of student athletic trainers should be gaged by the degree to which they make such a situation possible.

APPENDICES

Your responses to this questionnaire are being used only for the purposes of this study. The results will not be shared with anyone other than the investigator and have no bearing on your status within the athletic training program. You may discontinue participation in the study at any time and may refuse to answer any or all of the questions below. *Thank you for your participation!*****

Sex M F Year Grad Sr Jr Soph. Fresh. (list team)

Race ___Asian American ___African American ___Hispanic ___Native American
___White ___Other please specify _____

Date of Birth ____/____/____ **Academic**
Major _____
mo day year

Minor _____

How long have you been in the athletic training certification program? (please check one)

 less than 1 year 1-2 years 2-3 years 3 or more years

Please list the occupation you *currently* desire once you are finished with your education?

Listed below are possible reasons for being in an athletic training certification program. Please check all that apply to you

 Experience as a former athlete

_____ Sustained an injury as an athlete and became interested in treatment, rehabilitation, etc.

_____ Like being involved with sports teams

_____ Interest in working in sports medicine setting upon graduation

_____ Preparation for advanced degree in athletic training

____ Preparation for an advanced degree outside athletic training (e.g. Master's, PhD., M.D., etc).

____ Other reason, please specify _____

APPENDIX B

MICHIGAN STATE UNIVERSITY

June 27, 1994

TO: Stephan R. Walk
205 Im Sports Circle

RE: IRB#: 94-181
TITLE: A STUDY OF THE EXPERIENCES OF STUDENT ATHLETIC TRAINERS
REVISION REQUESTED: 05/13/94
CATEGORY: 1-C
APPROVAL DATE: 04/18/94

The University Committee on Research Involving Human Subjects' (UCRIHS) review of this project is complete. I am pleased to advise that the rights and welfare of the human subjects appear to be adequately protected and methods to obtain informed consent are appropriate. Therefore, the UCRIHS approved this project including any revision listed above.

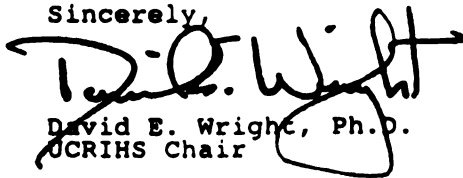
RENEWAL: UCRIHS approval is valid for one calendar year, beginning with the approval date shown above. Investigators planning to continue a project beyond one year must use the green renewal form (enclosed with the original approval letter or when a project is renewed) to seek updated certification. There is a maximum of four such expedited renewals possible. Investigators wishing to continue a project beyond that time need to submit it again for complete review.

REVISIONS: UCRIHS must review any changes in procedures involving human subjects, prior to initiation of the change. If this is done at the time of renewal, please use the green renewal form. To revise an approved protocol at any other time during the year, send your written request to the UCRIHS Chair, requesting revised approval and referencing the project's IRB # and title. Include in your request a description of the change and any revised instruments, consent forms or advertisements that are applicable.

PROBLEMS/CHANGES: Should either of the following arise during the course of the work, investigators must notify UCRIHS promptly: (1) problems (unexpected side effects, complaints, etc.) involving human subjects or (2) changes in the research environment or new information indicating greater risk to the human subjects than existed when the protocol was previously reviewed and approved.

If we can be of any future help, please do not hesitate to contact us at (517)355-2180 or FAX (517)336-1171.

Sincerely,


David E. Wright, Ph.D.
UCRIHS Chair

DEW:pjm

cc: Deborah L. Feltz



OFFICE OF
RESEARCH
AND
GRADUATE
STUDIES

University Committee on
Research Involving
Human Subjects
(UCRIHS)

Michigan State University
225 Administration Building
East Lansing, Michigan
48824-1046
517/355-2180
FAX: 517/336-1171

APPENDIX C

MICHIGAN STATE UNIVERSITY

April 25, 1994

TO: Stephan R. Walk
205 Im Sports Circle

RE: IRB#: 94-181
TITLE: A STUDY OF THE EXPERIENCES OF STUDENT ATHLETIC
TRAINERS
REVISION REQUESTED: N/A
CATEGORY: 1-C
APPROVAL DATE: 04/18/94

The University Committee on Research Involving Human Subjects' (UCRIHS) review of this project is complete. I am pleased to advise that the rights and welfare of the human subjects appear to be adequately protected and methods to obtain informed consent are appropriate. Therefore, the UCRIHS approved this project including any revision listed above.

RENEWAL: UCRIHS approval is valid for one calendar year, beginning with the approval date shown above. Investigators planning to continue a project beyond one year must use the green renewal form (enclosed with the original approval letter or when a project is renewed) to seek updated certification. There is a maximum of four such expedited renewals possible. Investigators wishing to continue a project beyond that time need to submit it again for complete review.

REVISIONS: UCRIHS must review any changes in procedures involving human subjects, prior to initiation of the change. If this is done at the time of renewal, please use the green renewal form. To revise an approved protocol at any other time during the year, send your written request to the UCRIHS Chair, requesting revised approval and referencing the project's IRB # and title. Include in your request a description of the change and any revised instruments, consent forms or advertisements that are applicable.

**PROBLEMS/
CHANGES:** Should either of the following arise during the course of the work, investigators must notify UCRIHS promptly: (1) problems (unexpected side effects, complaints, etc.) involving human subjects or (2) changes in the research environment or new information indicating greater risk to the human subjects than existed when the protocol was previously reviewed and approved.

If we can be of any future help, please do not hesitate to contact us at (517)355-2180 or FAX (517)336-1171.

Sincerely,

David E. Wright
David E. Wright, Ph.D.
UCRIHS Chair

DEW:pjm

cc: Deborah L. Feltz



OFFICE OF
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Michigan State University
225 Administration Building
East Lansing, Michigan
48824-1046
517/355-2180
FAX: 517/336-1171

APPENDIX D

Consent Form:

I am engaged in a research project which attempts to understand what it is like to be a student athletic trainer involved in the clinical aspect of the experience. Specifically, I am interested in what a typical day is like, the kinds of information student trainers collect about athletes and how they view their interactions with others in the clinical setting. I am also interested in how student trainers handle injuries as a regular part of their duties and how these experiences may differ by the gender of both the student trainers and the athletes with which they are working. The information collected may help the profession of athletic training improve the experiences of student trainers. It may also reveal how injuries in sport come to be accepted in society.

Your participation in this study is completely voluntary. You may decline to answer particular questions or discontinue participation at any time without penalty. Should you choose to discontinue your participation, the researcher retains the right to use the information you provided up to that point in any presentation of the study. Your decisions regarding participation will not affect your status as a student or as a student trainer. I assure you that the results of the interviews and observations will be confidential. Your responses will not be made available to your superiors nor will I indicate to them in any way whether or not you participated in the study.

Identifiers used by the researcher will be your first name (which will be known only to the researcher and converted to pseudonym in all summaries of the study), gender, race, team assignment, year of school, history of injury and intentions after graduation. This information will be used to guide questions in the individual interviews. However, be aware that the group interview portion of the study presents the possibility that those involved may share information you describe with others, although participants will be asked to keep information confidential. Also note that, although your name will not be used, it is possible that you may be able to be identified by those who are able to put together information you provide in your responses to questions. Recorded tapes of the interviews will be heard only by the researcher.

Thank you for your cooperation!

Stephan R. Walk

Doctoral Candidate

Signature _____

Date _____

LIST OF REFERENCES

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