Understanding Varsity Athletes' Resistance to Sport's Culture of Risk (CoR)

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Abstract

Sport's "culture of risk" (CoR) normalizes and glorifies playing through pain as a marker of an athlete's character and commitment. High-profile athletes like Simone Biles and Chris Borland have publicly resisted the CoR by prioritizing their health over participation. Their ability to do so—and to withstand criticism—is enabled, in part, by the capital they enjoy as prolympic athletes. This thesis explores whether (and how) athletes with comparatively less visibility and resources can challenge the CoR's expectations. Thematic analysis of semi-structured interviews with ten (10) Canadian varsity athletes revealed that participants negotiated competing desires to be both cautious of their health and committed to performance. Ambivalence is used as a conceptual lens to describe this tension, shaped by the forms and limits of participants' capital. In this sense, ambivalence was not a universal stance, but one made possible by the relative privilege afforded to varsity athletes in Canada.

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List of Acronyms

Acronym	Definition
CoR	Culture of Risk
AFAs	Athletic Financial Awards
SES	Socioeconomic Status
SRI	Self-Reported Injury
NCAA	National Collegiate Athletic Association
CCAA	Canadian Collegiate Athletic Association
NFL	National Football League
NBA	National Basketball Association
NHL	National Hockey League
MLSE	Maple Leaf Sports and Entertainment
PSE	Post-Secondary Education

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Chapter 1: Introduction

In recent years, several high-profile, prolympic athletes have resisted sport's culture of risk (CoR) by prioritizing their health above their participation. In this chapter, I outline their decisions, the support and criticism they received, and how such criticism is often buffered by the privilege they enjoy. The CoR is then introduced as a shorthand used by sport sociologists to refer to health compromising beliefs and practices, such as the normalization and celebration of playing through pain or injury. Drawing on examples of current athletes navigating the CoR within complex social and institutional contexts, I highlight a gap in the literature concerning the limited research attending to whether athletes can resist the CoR by choosing not to play through pain or injury. This leads to the focus and guiding questions of this thesis: how do Canadian varsity athletes experience the CoR, can they resist it, and under what conditions?

Reflections on Resistance

As news of the postponement of the 2020 Tokyo Olympic Games reached her, Simone Biles told Canadian Broadcasting Corporation (CBC) in a virtual interview that she was overcome with emotion. As Graves (2020) recounts, tears welled in Biles' eyes as the gravity of the situation sank in. For Biles, this was not merely a pandemic-induced delay; it was a seismic shift in her meticulously planned journey. As she grappled with the prospect of what could potentially be her final Olympics, the weight of such new developments cast a shadow of distress over her both mentally and physically. Little did she know that her statement— "We're just playing it by ear and really listening to my body" (as cited in Graves, 2020, para. 6)—would foreshadow the decision she would make a year later to withdraw from competition altogether during the Games. Once the 2020 Games finally got underway in 2021, and following the women's team final vault event, the most decorated US Olympic gymnast—and the one poised

to defend her record-breaking campaign from the 2016 Rio De Janeiro Games—removed herself from the competition to address her mental health, which had been compromised by the 'twisties' – a mental block sometimes encountered by gymnasts while airborne (Murphy, 2024). Biles quickly addressed the media, clarifying that her decision was not an act of resignation but rather of necessity to prioritize her mental and physical wellbeing: "My mind and body are simply not in sync" (Carayol, 2021, para. 2).

Following her announcement, Biles received both widespread support and a barrage of criticism. On one hand, many in mainstream and social media humanized her struggles and applauded her choice to step back as evidence of her strength of character (see Andrew, 2021). Former gymnastics teammates, including Aly Raisman and Laurie Hernandez, offered unwavering support (Wong, 2021) and other notable USA Olympians from sport disciplines beyond gymnastics, such as Michael Phelps and Katie Ledecky, emphasized the significance of Biles' decision in challenging mental health stigma (Baker, 2021; Wallace, 2021). On the other hand, despite Biles' candour in openly sharing her vulnerability and personal challenges that led to her withdrawal, many individuals characterized her decision as an act of cowardice, reproducing long-standing narratives that suffering and personal sacrifice are inherent and necessary in high performance sport competition. For instance, right-wing political activist and podcast host Charlie Kirk described Biles' decision as a "shame to the country" (see Beresford, 2021, para. 1). Conservative television host Piers Morgan criticized Biles and her supporters, dismissing her decision as lacking heroism or bravery (see Fonrouge, 2021). Not only do these criticisms grossly overlook Biles' agency in making decisions for herself and the gravity of Biles' health concerns that culminated in her decision, they also prioritize the pursuit of sporting victory over the health and wellbeing of athletes. Furthermore, they contribute to the

reproduction and perpetuation of the harmful notion that refusing to play through pain and injury is embarrassing, shameful, and regrettable in the world of sports.

Understanding the Culture of Risk in Sport

In the sociology of sport, there exists a robust and still expanding body of research surrounding sports' "culture of risk" (CoR). Sport sociologists use the CoR as a shorthand to refer to the normalization and acceptance of health-compromising beliefs and practices (cf., Frey, 1991; see also Curry, 1993; Hughes & Coakley, 1991; Nixon, 1996; Young et al., 1994). A prominent feature of the CoR is the reinforcement of pain and injury tolerance as symbols of physical, mental, and emotional strength. Common and ubiquitous expressions such as 'no pain, no gain' and 'shut up and play' highlight the deep entrenchment of the CoR in sport, and its pervasive adoption by athletes, teams, coaches, sport organizations and sports media. As will be further unpacked in Chapter 2, the CoR encourages athletes to conform to injury-tolerant norms and to play through pain as a demonstration of loyalty and unwavering commitment to teammates, coaches, and support systems. This is often coupled with a deep internalization and overconformity to the sport ethic–a set of socially constructed beliefs about what it means to be an athlete that celebrate sacrifice, resilience, and the willingness to endure pain in pursuit of success (Hughes & Coakley, 1991). Through socialization, athletes learn to uphold both spoken and unspoken social codes—such as the taboo nature of discussing injuries or mental health challenges until long after they have occurred—as discussed by Kalman-Lamb (2018), and to align themselves with an idealized athletic identity. This identity is often inextricably linked to how athletes understand and experience the CoR, shaping their perceptions of pain, risk, and the legitimacy of seeking help. As such, decisions about injury are rarely just physical or medical–

they are also moral and social performances bounded by social validation in the sporting world (Nixon, 1996).

Expanding the Frame: Leonard, Embiid, and Borland

It is crucial to recognize that Biles' decision and the criticism levelled at her by others is not an isolated incident. Professional basketballer Kawhi Leonard's notable (albeit brief) tenure with the Toronto Raptors culminated in significant personal and team successes, including his second Bill Russell National Basketball Association (NBA) Finals MVP award and the franchise's first NBA championship. Many will remember his modest demeanor, tenacious defensive prowess, and the unforgettable three-pointer (known as 'the shot') in the final seconds of game seven against the Philadelphia 76ers that propelled the Raptors to the conference finals. However, others associate Leanord's time in Toronto primarily with the concept of load management – a practice of controlling training and competition load to enhance performance and minimize the risk of injury through increased rest (Gabbett, 2020). Leonard did not pioneer this practice, but was loudly criticized by some for being its chief proponent and for popularizing it among peers in the NBA (and perhaps beyond). Furthermore, although this strategy was embraced by NBA teams as a means by which to safeguard the health of their star players (i.e., to ensure they are available for post-season games), it has not been met with universal enthusiasm from members of the league, media, or fans. Despite its intended purpose, load management often sparks debates regarding its impact on the (supposed) integrity of the game, player accountability, and fan experience (Cauchi, 2023; Sunjic, 2023). While some argue that prioritizing player health is paramount in ensuring longevity and sustained performance, others criticize it as a form of coddling athletes or diminishing the competitive spirit of the sport.

To address the controversy stemming from the widespread uptake of load management practices among teams, NBA commissioner Adam Silver introduced a series of what the league suggested were new standards aimed at curbing player absences. In addressing the preliminary outcomes of the newly implemented Player Participation Policy (PPP), Silver argued: “we have an obligation to our fans for players to play as many games as they reasonably can” (Silver, as cited in Powell, 2024, para. 12). Such framing—positioning players as obligated to perform for consumer satisfaction—hints at the underlying commodification of professional athletes. Within this logic, star players are not only team members but valuable entertainment assets whose visibility and availability are paramount. Their bodies are thus not simply their own, but vehicles for commercial success and fan engagement.

Adopting the PPP included new provisions such as limiting teams to resting no more than one All-Star player per game, mandating All-Star players’ availability for all nationally televised matches, and requiring players to participate in a minimum of 65 regular-season games to be eligible for NBA accolades (Joseph & Close, 2023). While these standards focus on maximizing the fan experience of watching star players compete regularly, there remains concerns regarding the potential pressure they place on athletes to play through injuries or risk exacerbating them. Such concerns were highlighted in the aftermath of criticism directed at Joel Embiid, the 2023-2024 NBA regular season MVP, who was sidelined just minutes before a regular-season game by team doctors. The Philadelphia 76ers received fines for this last-minute adjustment to the status of the team’s star player, sparking questions from fans and the media about his commitment to retaining his MVP status and his sportsmanship. Motivated to dispel doubts about his integrity, Embiid returned to play less than a week later. However, in that match, he suffered a torn meniscus in the knee that team doctors had deemed at risk of injury

(Grasso, 2024). In a manner reminiscent of the support received by Simone Biles, Embiid garnered backing from fellow NBA superstars like Lebron James and Nikola Jokic who criticized the media for questioning the legitimacy of athletes' injuries and the league for pressuring players to compete while injured (Durando, 2023; Fonseca, 2024).

It is worthwhile to highlight one additional example of professional athletes' experiences in resisting the CoR, that of former professional (gridiron) footballer Chris Borland. When Borland, a former San Francisco 49ers linebacker, made the decision to retire from the National Football League (NFL) after his rookie season, the narrative shifted from the 24-year old's remarkable athletic abilities to his critical independent thinking and white, educated, middle-class background. Dubbed 'the most dangerous man in football' due to his embodiment of the ongoing controversy surrounding the safety of America's beloved sport (Fainaru & Fainaru-Wada, 2015), Borland's retirement sparked extensive discussions. For example, while the 49ers' organization supported Borland's decision to safeguard his long-term health and wished him well in his future endeavours, the NFL (including league commissioner Roger Goodell) was far less supportive and issued a statement whereby they essentially denounced Borland for suggesting that the league or the sport were unsafe (Wilson et al., 2015). Amid growing concerns regarding the long-term consequences of repeated head trauma, Borland's decision reignited fears surrounding concussions and chronic traumatic encephalopathy (CTE), shedding light on an issue that the NFL had previously attempted to cover up (Hiltzik, 2016).

Capital and the Social Conditions of Resistance

Considering the criticism and public scrutiny faced by professional athletes like Biles, Borland, Embiid, and Leonard, it is imperative to acknowledge the significant capital they

possess as high-profile athletes. This includes, but is not limited to, economic capital (Antonietti, 2006), social capital (e.g., their network of connections and support received from other athletes), cultural capital (e.g. non-financial assets which promote an individual's social mobility, such as formal education), and symbolic capital (e.g., their personal prestige or honour within their sport) (cf. Bourdieu, 1986). In the context of pain and injury tolerance, capital is influential for athlete's decision making about their futures because it determines the resources, support networks, and opportunities available to them. For example, in relation to Chris Borland's decision to retire from the NFL, journalist Dave Zirin notes how Borland's socio-economic status undoubtedly influenced his choices: "I think [Borland's middle-class background] definitely plays into this…you don't have somebody in Chris Borland who's got an entire family or entire community looking at him as if he's the person…to drag everybody out of poverty" (Zirin, as cited in Isquith, 2015). Through this account, Zirin compellingly suggests that an athlete's ability to challenge institutional and cultural norms, such as those implicated by the CoR, is deeply intertwined with their social location. In all the examples highlighted above, we cannot disregard the fact that despite enjoying a considerable amount of capital as high-profile and professional athletes, these individuals still experienced substantial pushback for their decisions to prioritize their mental and physical health. These high-profile cases highlight the intense scrutiny athletes face when prioritizing health over performance. However, the dynamics of the CoR transcend beyond the elite levels of sport; they also permeate the experiences of non-professional/non-prolympic (cf., Donnelly, 1996) athletes, who may lack the social and economic capital that protects their choices. Donnelly utilizes the term 'prolympic' to describe athletes embedded within *prolympism*— a dominant sport ideology born out of the convergence of professionalism and Olympism. This ideology promotes a global sport monoculture

characterized by commercialism, exclusivity, and a narrow definition of excellence. This raises a critical question: how do non-professional, and lower status professional athletes navigate the complex landscape of the CoR and pressure to play through pain and injury if they so choose to?

Research Gaps

To date, much of the literature on the CoR has focused on how athletes—both prolympic and non-prolympic—internalize and conform to mutually reinforced standards of endurance and toughness, particularly the normalization of playing through pain and injury (Cranswick et al., 2023; Jessiman-Perreault & Godley, 2016; Keesee, 2020; Laurendeau, 2014). While this body of work has advanced our understanding of the ways in which athletes take up the CoR across various levels of competition, it has largely overlooked the possibility for resistance. Specifically, there remains a critical gap in understanding how athletes may attempt to prioritize their health over performance in ways that challenge the pressures generated by the CoR. This line of inquiry is especially timely given the heightened visibility of athletes who have publicly challenged the CoR—such as Simone Biles, Kawhi Leonard, and Chris Borland. However, as is typical for prolympic athletes, these individuals possess considerable financial stability, public recognition, and other forms of capital that afford them a degree of protection from the consequences of resisting sport's dominant norms of sacrifice and resilience (see Chapter 2 for a more detailed discussion of capital). As such, there is a pressing need to explore how non-prolympic athletes—those who are not financially compensated and who have more limited access to resources—navigate the CoR, particularly with regards to resistance (or lack thereof).

Competitive varsity sport in the Canadian post-secondary education (PSE) system offers us a site in which to explore athletes' potential (or lack thereof) for resistance to the CoR.

Although some Canadian varsity athletes are certainly en route to becoming prolympic athletes while also students in the Canadian PSE system, not all Canadian varsity athletes are themselves prolympic athletes and yet are engaged in a level of sport competition that is considered to be part of the country's high-performance sport system (Canada Heritage, 2019). As will be discussed in greater depth in Chapter 2, despite their high-performance training environments, it is safe to suggest that not all varsity athletes enjoy the same levels of capital—whether economic, social, athletic or other—as their prolympic counterparts. Although based in the U.S. context, scholars (e.g., Chen, Snyder, & Magner, 2010; Hilliard, Redmond, & Watson, 2019) identify varsity athletes as a vulnerable population due to the compounding demands of academic obligations, athletic performance pressures, injury management, and the desire to preserve an athletic identity in a sport culture that stigmatizes vulnerability. These insights are nonetheless relevant to understanding similar dynamics within Canadian university sport. For example, Hilliard et al., explore how stigma—both public and internalized— can significantly shape student-athlete's attitudes toward, and reluctance to access, mental health services. Even when services are available, stigma may function as a structural barrier by discouraging athletes from prioritizing their health due to perceived threats to identity and acceptance within sport culture. And yet, as numerous scholars have noted, participation in high-performance sport in Canada is profoundly shaped by structural (especially socioeconomic) privilege, with individuals from middle- and upper-middle social class backgrounds more likely to access and stay in organized sport due to fewer material and cultural barriers. It is a desire to better understand how capital and privilege intersect with the CoR and how varsity athletes navigate the complex landscape of the CoR given their social location that drives this research project.

Research Questions

As noted above, there remains a need to better understand how non-prolympic athletes navigate the CoR and how their social location shapes these decisions to re/produce and/or resist the CoR. In turn, while extant scholarship has provided valuable insights into the phenomenon of the CoR, there is a continuing need to more thoroughly consider the implications of re/producing and/or resiting the CoR for athletes' physical and mental well-being. In relation to the context of varsity sport, this line of inquiry is particularly salient as injury prevalence in varsity sport is high (e.g., 91% of university-level athletes sustain musculoskeletal injuries, Lemoyne et al., 2017) and compounded by the academic and athletic pressures experienced by Canadian university athletes (Marriot, 2015). Thus, to address this research gap, this study aims to address the following questions:

1. How do varsity athletes in the Canadian post-secondary education sport system understand and experience the CoR?
2. How does their capital and social location influence their resistance (if at all) to the CoR?

Chapter Summary

Following this introductory chapter, Chapter 2 will focus on unpacking the scholarly literature from the sociology of sport on themes relevant to the foci of this project. This includes the CoR, capital, and the sociodemographic context of high-performance sport in Canada. Chapter 3 delves into the theoretical and methodological approaches underpinning this study, as well the project's research design, data collection methods, and data analysis framework. Chapters 4 and 5 focus on results and discussion in relation to the two research questions noted above. Finally, this thesis will conclude with a discussion of the broader implications of the research findings. My hope is that this project will help to generate important discussions on the

significance of risk in sport in relation to wider narratives of toughness and resilience and contribute to efforts to improve and foster athlete safety across all levels of sport participation in Canada. The conclusion also offers directions for future research in light of the findings presented.

Chapter 2: Review of Literature

This review of literature draws on a range of scholarship on the sociocultural study of sport to situate the current study around key understandings of sport, risk, capital, and social location. The chapter is organized into three main sections. First, I offer a brief discussion of risk and sports, with focused attention on the CoR, the phenomenon of overconformity to the sport ethic, and strategies employed by sport participants to dismiss or deny the risks of physical harm. Second, I engage with Bourdieu's theory of capital and its application within the sociology of sport, highlighting how various forms of capital—particularly social, cultural, bodily, and athletic capital—are differentially distributed and valued in sport settings. This section also reviews literature that has extended Bourdieu's work and introduces the concept of social location, exploring how it has been taken up in sport scholarship. Finally, the chapter concludes with an overview of patterns of participation in Canadian universities, Canadian sport broadly, and ultimately Canadian university sport participation. Together, these sections provide a point of departure to understand how athletes' resistance or conformity to the CoR may be shaped by broader social structures.

The Culture of Risk in Sport

There is such a robust body of literature in sociology, cultural studies, and in the sociocultural study of sport on risk and risk-taking that one chapter is admittedly insufficient in highlighting all the nuances of the topic. Thus, the aim of this chapter is not to offer an exhaustive discussion of risk and risk-taking in sport, but rather to synthesize what is known about the CoR in sport in order to foreground critical gaps in the existing literature. In particular,

this review seeks to draw attention to the relatively underexplored phenomenon of athlete resistance to the CoR by emphasizing the considerable scholarly attention paid to how the CoR is internalized, normalized, and institutionally reinforced.

Although published in 1992, German sociologist Ulrich Beck's treatise on risk and contemporary society—in his work *Risk Society*—remains particularly relevant to our understanding of the contradictions around sport, risk, health, and injury. In exploring our heightened fixations on recognizing and managing risks and risk-taking, Beck outlines how risk has been rendered synonymous with danger and harm (even though not all risk is inherently dangerous or harmful) and that individuals and groups in contemporary society have been encouraged to, and have come to, believe that the world is more hazardous than ever. This perception of the prevalence of risk contributes to what Beck refers to as "risk society," and is primarily driven by the emergence of human-made risks from technological advancements and industrialization which have supplemented traditional forms of risk like natural disasters or infectious disease. In this process, individuals and groups have been encouraged to and have come to prioritize risk aversion in all aspects of daily social life, whether consciously or not. For example, fearmongering media coverage of rare aviation disasters in early 2025 has contributed to a widespread perception that air travel is becoming more dangerous, despite statistical evidence to the contrary (NTSB, 2025; Silva, 2025). To this end, the risk society could be understood as the bubble-wrap society, where caution is valorized as a rational response to perceived threat.

The pervasiveness of risk means that risk-taking and its outcomes are not confined to specific social classes or geographic locations; instead, they represent a universal concern. The notion that context informs our perception of risk is what Douglas and Wildavsky (1982)

previously coined as “cultural bias,” wherein individuals interpret risk through the lens of their cultural backgrounds. Consequently, the significance of risk is malleable—one group of individuals in one community may condemn a risk that is acceptable to another group of individuals in a different community. Thus, to effectively understand risk or risk-taking behaviour and its impacts, one must acknowledge the context in which the risk or behaviour is situated. In the same way cultural experiences can shape an individual’s perception of risk, powerful groups and actors can similarly influence which risks are recognized as significant, how they are communicated, and whose safety is prioritized. In this sense, risk is not only interpreted but also produced and managed through unequal power dynamics. Those in positions of authority—such as governments, institutions, or dominant cultural groups—can determine which risks demand caution and investment, and which are deemed acceptable and necessary (Lupton, 2023). As a result, risks are often unevenly distributed, with some populations disproportionately exposed to harm while others are protected or insulated (Douglas & Wildavsky, 1982). This contextual and culturally contingent understanding of risk is particularly relevant in sport where risk-taking is not only normalized but often applauded within specific subcultures, institutions, and performance expectations.

In sports, risk and risk-taking is not only prevalent but intricately woven into the fabric of competition and athleticism (cf. Atkinson, 2019). From contact and collisions to chronic overuse injuries and compounding performance stress, athletes routinely engage in activities that carry some degree of physical or psychological risk. However, it is crucial to recognize that not all forms of risk in sport are inherently harmful or pathological, many are strategic, skill-based, and even central to the appeal of sport itself. Safai (2003) reminds us that risk-taking is not always deviant or irrational; in certain contexts—such as firefighting—it is framed as altruistic,

purposeful, and socially valued. A similar framing can thus be applied to sport and this distinction is key to understanding the difference between the general presence of risk in sport and the specific dynamics that uphold the CoR. As will be fleshed out in subsequent sections, the CoR is a shorthand referring to a set of normalized beliefs and practices that encourage athletes to disregard pain, minimize injury, and prioritize performance at the expense of their health. It is this element of risk-taking—the tolerance for health-compromising risk-taking behaviour—that constitutes the primary concern of this study.

Recognizing the pervasive acceptance of risk, Frey (1991) coined the concept of the CoR to capture its significance across the continuum of sporting culture. Within this culture, there is a normalization, perpetuation and tolerance of health-compromising beliefs and practices which place athletes at heightened risk of injury, long-term health challenges, and psychological harm (Hughes & Coakley, 1991; Nixon, 1992; Nixon, 1993; Safai, 2003). For elite athletes, the pursuit of goals and realization of their athletic potential is contingent on pushing limits, taking risks, and "overachieving" (Theberge, 2008). While such pursuits may be personally gratifying, they are typically accompanied by a myriad of negative consequences that sit at the epicentre of the CoR and continue to draw scholarly attention (cf., Frey, 1991). Among these consequences is the increasing normalization of pain and injury tolerance as markers of an athlete's moral character and physical, mental, and emotional resilience (Hughes & Coakley, 1991). Athletes are socialized to perceive sacrificing their health and safety as commendable character traits (cf. Curry, 1993), thereby reinforcing the essence of the CoR. Conversely, those who opt not to play through pain and injury are often seen as outliers by proponents of the CoR who believe that enduring such hardships is a normal and necessary part of excelling in sport (cf., Kalman-Lamb, 2018). As noted in the first chapter, this sentiment is echoed in modern sport media and

institutional discourse where athletes and pundits alike continue to unquestioningly support, if not promote, “play through pain” ideology (Young et al., 1994). For example, following his fourth major concussion since 2019, Miami Dolphins quarterback Tua Tagovailoa stated he was willing to “die on the field” —a declaration that was widely circulated and praised by some of his teammates and the organization as a testament to his dedication (Houtz, 2025). Similarly, the 2020 Netflix docuseries “The Last Dance” reinforced longstanding ideals of heroic sacrifice, portraying Michael Jordan’s capacity to endure physical and emotional strain—most famously through his “Flu Game” performance, which became a cultural cornerstone for toughness and grit. These narratives are not only celebrated but, in some cases, commodified. Don Cherry’s “Rock’em Sock’em Hockey” film series, for example, profited from glorifying the most violent moments from NHL games.

It is an opportune time to explore what gives rise to the CoR in sport and this requires better understanding positive deviance in sport. In their seminal paper, Hughes and Coakley (1991) examine the phenomenon of overconformity to the sport ethic – a framework of beliefs reflecting athletes’ commitment to ‘The Game,’ their pursuit of excellence, and a willingness to endure sacrifices and take risks. The authors offer several justifications that athletes routinely employ to rationalize playing through pain and injury and outline how athletes engage in “positive deviance” in upholding these justifications with an extreme and “unqualified acceptance of and an unquestioned commitment to a value system framed by…the sport ethic” (Hughes & Coakley, 1991, p. 308). Positive deviance is a key distinction here insofar, as Hughes and Coakley argue, that a significant portion of risk-taking in sports stems not from defiance of social norms, but rather from “being too committed to the goals and norms of sport” (p. 308), contributing to the normalization of pain and injury tolerance within the CoR. Moreover, they

posit that not all athletes are equally prone to overconformity to the sport ethic. Instead, those inclined towards positive deviance exhibit distinct characteristics: they are susceptible to group coercion and struggle to resist pressures to sacrifice themselves or their safety. They perceive sport primarily as a pathway to social mobility, where unwavering commitment to excellence requires embracing risks and sacrifices. Overconformity to the sport ethic is particularly pronounced among athletes who are so invested in their experience in sport that they take risks to sustain their participation indefinitely. Additionally, some athletes may pursue overconformity to impress coaches and embody what is perceived as an exemplary or model athlete.

Some critical social scientists exploring the CoR have brought to light the various narrative strategies used by athletes in the face of injury or ill health which, in turn, frame attitudes toward pain and injury. Among the most notable strategies for disregarding the risk of physical harm is the concealment of pain. For Young et al. (1994), this can either be intrapersonal, where athletes downplay their pain to themselves, or interpersonal, extending to hiding pain from teammates and coaches to avoid the potential ridicule associated with breaking the code of not discussing injuries until long after they have occurred (Kalman-Lamb, 2018). To themselves, athletes may rationalize that their pain is not severe enough to warrant withdrawal from participation. Similarly, Young et al. (1994) observed athletes minimizing their pain to differentiate between discomfort and injuries necessitating time away from sport. This is consistent with other studies that found significant differences between the way athletes approached pain versus injury, in that the former was considered commonplace and the latter a potentially more serious matter (Curry, 1993; Nixon, 1994). Moreover, unwelcome pain refers to ailments, regardless of intensity, that the athletes feel compelled to conceal due to a lack of empathy within their sportsnet (Nixon, 1992) for such situations (Young et al. 1994). Lastly,

depersonalized pain refers to when an athlete refuses to acknowledge their injury. Given that health and fitness are typically paramount for athletes, any disruption to this equilibrium can feel like a betrayal to their athletic identity. Consequently, injuries are often described as affecting a specific body area or part rather than the athlete themselves. Much of the literature on the CoR points to the uniform adoption of pain/injury tolerance regardless of sport type (e.g., football versus swimming, or collision versus non-contact), team versus individual participation, or competition level (Safai, 2003; Young, 2004; Caddick et al., 2015). However, there is less consensus around how this culture is experienced and reproduced differently across social demographics such as gender, race/ethnicity, socioeconomic status (SES), and (dis)ability. The following section explores these nuances, attending to how identity shapes both athletes' vulnerability to the CoR and their role in reproducing its health compromising norms.

Identity and the Culture of Risk

Since the ground-breaking work offered by scholars in the field in the early 1990s, a great body of literature has emerged to examine different dimensions of the CoR within sports, including its articulation with gender. Within the CoR, the social construction of gender—that is, "to think of gender not as some 'thing' that one 'has' (or not) but rather as situationally constructed through the performances of active agents" (Messner, 2000, p. 769)—plays a significant role in shaping attitudes towards pain and injury within sports (Messner, 1989). Sport, especially in competitive settings, acts as a potent arena for the construction and reinforcement of gender norms, where the tolerance of injury is often normalized as a pillar of both masculinity and athletic identity (Messner, 1990; Young et al., 1994). This process of socialization is so profound that Messner (1989) argues, "boys learn cultural values and behaviours, such as

competition, toughness, and winning at all costs, that are culturally valued aspects of masculinity" (p. 74).

While a great deal of scholarly attention has focused on men's experiences of pain and injury tolerance, there has been no shortage of exploration of the CoR among female athletes and the similar adoption of the CoR among those adherents of the performance principle. Pike and Maguire (2003) suggest that women also adhere to similar trends of normalizing risk-taking as a part of solidifying and demonstrating their athletic ideals. However, while men may willingly endure pain to conform to an idealized masculine identity, research suggests that women may engage in such risk-taking behaviours to challenge the traditional female gender norms which society expects of them (Krane, 2001; Meân & Kassing, 2008; Pike & Maguire 2003). Therefore, the CoR is not exclusive to men's sports but also permeates women's sports; this reinforces Douglas and Wildavsky's (1982) guidance on cultural bias in risk perception in that the risk of playing through pain and injury is observed ubiquitously, but the meaning of such acts is informed by cultural context and experiences.

While significant attention has been given to the ways in which different genders tolerate pain and injury and, consequently, experience the CoR, more recent scholarship has expanded this focus to include other dimensions of social location, such as race, socioeconomic status (SES), and (dis)ability. Although the existing literature surrounding the intersection of these social characteristics with the CoR is limited, and these dimensions do not encompass the full spectrum of social location, some interesting themes have been highlighted across various studies. For example, in examining the possible influence of SES and pain/injury tolerance in sport, Druckman (2018) found that NCAA student-athletes from lower-class backgrounds were more likely to experience pain and injury but less likely to report it suggesting that this tolerance

may arise from lower SES student-athletes internalizing the hardships they have overcome and equating such experiences to playing through pain and injury. In their study, Bejar (2013) also found that student-athletes from low to medium socioeconomic backgrounds cope with injuries differently than those from higher SES levels due to experiencing greater stress levels. Bejar's study participants noted "feeling relieved" about having time off following a diagnosis (p. 76) to feeling overwhelmed by the physical and emotional toll of a "lengthy rehabilitation" (p.78). These findings suggest a need to further explore the role of SES on student-athlete's motivations to play through pain and injury (or not).

In terms of research examining the intersections of race/ethnicity or dis/ability and the CoR, much more in-depth investigation is warranted and critically needed. For example, Nixon's (1996) survey of NCAA student-athletes' experiences with and attitudes toward sports-related pain and injury suggested that: "White athletes will be more responsive than non-White athletes to the expectations and pressures from coaches and fans to play hurt" (p. 41). However, other research highlights the ways in which racist stereotypes of Black strength, aggression, and invulnerability impact Black athletes' ability to resist the CoR (e.g., Haslerig, Vue, & Grummert, 2018). In their study of sport-related injuries among Paralympic athletes, Fagher et al. (2016) suggest that athletes dis/ability can significantly influence their experience with the CoR such that they perceived their disability as impacting the causes and consequences of injuries, leading to greater challenges in injury management and pain tolerance compared to non-para-athletes. In contrast, Howe's (2008) exploration of pain and injury tolerance among Parasport athletes highlighted other tensions impacting high-performance athletes with a dis/ability including the need to push through pain/injury in order to not lose competition opportunities and also feeling

disabled not as a consequence of their impairment, but as a result of the acute sport-related injury they may be suffering from.

While a considerable body of CoR research examines how athletes manage playing through pain and their attitudes toward sport-related injuries, the past decade has seen a growing interest amongst academics regarding athletes' perceptions of and willingness to self-report injuries (SRI). While it remains uncertain if all athletes who resist the CoR experience this phenomenon, the decision to SRI could either serve as a means of resistance or be a result of it. Given the media attention surrounding their prevalence in sport, much of the existing scholarship focuses primarily on the self-reporting of concussion symptoms. For example, there is some research on the disparity in intentions to SRI concussions between male and female student-athletes in college and high school settings (Kroshus et al., 2015; 2016; Wallace et al., 2017). Chandran et al. (2020) corroborated this trend and expanded the inquiry to investigate how school level, location, and athlete SES influence concussion-related knowledge, attitudes, and reporting intentions. Their study revealed that school location and SES are significant predictors of heightened awareness regarding the seriousness of concussions, which some researchers believe to correlate with increased intentions to disclose injuries (Corman et al., 2019; Register-Mihalik et al., 2013). Corman et al. (2019) examined concussion reporting among NCAA student-athletes using a socioecological model to explore multi-level influences on athletes' resistance to sport's CoR. They investigated how individuals' vested interests in reporting (or not) intersect with team cultures and interpersonal relationships (community-level) and cultural narratives (social-level). Their findings suggest that athlete's decision to self-report injury, thereby potentially resisting the CoR, are framed by interpersonal- and community-level factors. These include the perceived effectiveness of concussion education tools and the recognition that

effective diagnosis and treatment are contingent on self-reporting and building relationships, particularly for concussions given the lack of visible symptoms.

Other scholars have also explored athletes' experiences of resisting sport's CoR, albeit with a less concentrated focus than the studies noted above. Muscat (2010) investigated patterns of identity change in elite athletes following their retirement due to a career-ending sports-related injury. Although the study primarily aimed to understand identity changes post-retirement, Muscat highlighted the athletes' identities pre-injury, providing insights into their perceptions of pain and injury at the time they sustained their career-ending injury. Additionally, Muscat addressed the influence of the coach-athlete relationship on athletes' attitudes toward pain and injury. Building on these findings, Reiff (2021) examined how different coaching strategies might influence athletes' willingness to SRI, emphasizing the significance of the coach-athlete power dynamic and its impact on athletes' perception of the CoR. However, Reiff's study primarily focused on coaching strategies as opposed to athletes' decision-making. Kaul (2017) also explored how athletes navigate retirement and cope with career-ending injuries, specifically examining the involuntary retirement of eight Indian athletes. While this study sheds light on how attitudes toward pain and injury evolve through the retirement process, it does not address the factors that led athletes to disclose their injuries initially.

As outlined above, the existing body of literature on sport's CoR is well-versed in the influences and implications for athletes who conform to the CoR by choosing to play through pain and injury. The normalization of pain and injury tolerance can be understood through justifications such as overconformity to the sport ethic and internalizing the acceptance of health-compromising beliefs as a measure of athlete's resilience. However, far less is known about how and why some athletes decide not to play through pain and injury. Even more limited is our

understanding of how dimensions of capital and social location intersect to influence athletes' decisions to resist the CoR. Addressing this gap is the primary objective of the proposed study, which seeks to provide a more concerted focused on the influences that lead varsity intercollegiate athletes to remove themselves from competition and prioritize their health and safety.

Capital and Social Location in Sport

Within the sociology of sport, the concept of capital—understood in this thesis broadly as a person's resources or assets, and as more than one's just financial resources or wealth, that can be used to gain social advantage or influence—has been central to understanding how athletic participation, status, and bodily practices are shaped by broader structures of power and inequality. Rather than viewing capital as a fixed resource, scholars working from a social constructivist framework (to be further discussed in Chapter 3) understand it as something that is accumulated and negotiated through relationships, societal norms, and shared cultural meanings (see Navarro, 2006; Shilling, 2005).

Bourdieu's (1986) seminal work, *The Forms of Capital,* significantly shaped and expanded our recognition of capital as multidimensional and consequential in our lives. He defined capital as accumulated labour—whether material, embodied, or symbolic—that, when monopolized by individuals or groups, enables the appropriation of social energy and influence. In other words, capital represents a form of stored advantage (i.e., resources) that can be mobilized to maintain or enhance one's position within a social landscape. Bourdieu identifies three principal forms of capital: economic capital (directly convertible into money); cultural capital, which exists in embodied (e.g., tastes and dispositions) objectified (e.g., cultural goods),

and institutionalized forms (e.g., degrees and credentials); and social capital, which is composed of resources embedded in social networks and group memberships.

Other foundational literature has similarly engaged with Bourdieu's (1978; 1986) framework to critically examine how access to capital has shaped and shapes patterns of participation, the value assigned to different physical activities, and the experiences of inclusion or exclusion within athletic spaces. Bourdieu (1978) offers a starting point for this engagement, arguing that sporting preferences stem not from an innate inclination for physical exertion but are socially and historically constructed through a logic of distinction. This process is mediated by the habitus—a system of tastes and dispositions shaped by one's position in the social hierarchy––"which defines the meaning conferred on sporting activity [and] the profits expected from it" (Bourdieu, 1978, p. 835). Sport then operates as a social practice governed by a logic of supply and demand, in which particular activities and bodily practices are differentially valued according to the class-based tastes of those who engage in them. Building on this foundation, Gruneau's (1983) work on organized sport and class development in the Canadian context—and in capitalist societies more broadly—adds further nuance by challenging the notion of sport as a neutral or universal activity. He frames sport as a site where class-based distinctions are embodied, performed, and reproduced. In so doing, Gruneau critically (de)constructs the myth of meritocracy—the widely held belief that sporting success is determined solely by talent and effort. Extending this critique, Donnelly and Harvey (1996) identify how structural and procedural barriers systemically restrict access to physical activity for those residing outside the hegemonic class, gender, and cultural groups. They similarly argue that unequal access to sport stems not from personal failure or lack of motivation, but rather the product of deeply entrenched systemic inequalities that shape who participates, how, and to what end. Together, Bourdieu,

Gruneau, Donnelly and Harvey and other sociologists in this vein offer a point of departure for a more recent and growing body of scholarship exploring how various forms of capital shape access to, and experiences within, sport.

More recent scholarship has argued that sport participation is not only an outcome of access to capital, but also a generative site where individuals may acquire, mobilize, or be denied forms of capital necessary for social mobility. Shilling (2005), for example, expands Bourdieu's development of the term bodily capital, arguing that the body itself becomes a site through which social status is constructed and contested. Stempel (2005) demonstrates that adult sport participation reflects broader class-based distinctions, suggesting that cultural capital plays a crucial role in shaping sporting preferences and opportunities. Seippel (2006) explores how social capital operates within voluntary sport organizations, finding that participation can foster trust and political engagement, but that these effects are contingent on the type of organization and the strength of social ties involved. This complicates the assumptions that sport uniformly builds social capital, instead revealing that its effects are shaped by contextual factors such as age, class, and organizational embeddedness. Brown and Potrac (2009) illustrate how the loss of athletic capital—though not articulated as such—can profoundly affect identity and belonging, particularly among working-class youth excluded from elite sport pathways. More recently, Goldsmith and Abel (2024) conceptualize sports performance itself as a form of embodied cultural capital, showing that high school girls' soccer teams from predominantly middle-class schools consistently outperform those from working-class schools. They argue that this form of capital is cultivated through access to extra training outside of school, parental investment/support, and institutional resources, and that it confers status and opportunities such as scholarships or post-secondary admission advantages. Collectively, these studies highlight

how capital—whether cultural, social, bodily, or athletic—not only influences who participates in sport, but also whose participation is valued, celebrated, or rendered precarious.

Beyond the context of sport participation, Bourdieu's framework has also been utilized to examine how athletes navigate vulnerability to pain, injury, and risk. One of the most foundational works in this area is Wacquant's (1995) ethnography of a boxing gym in the south side of Chicago. Although not framed explicitly in terms of CoR, Wacquant offers a powerful account of how working-class athletes invest in bodily capital through sacrifice, discipline, and risk. Grounded in Bourdieu's theoretical tradition, Wacquant's analysis provides a vivid illustration of how the body is rendered as both an economic and symbolic asset through disciplined labour and social sacrifice. For the young, predominantly working-class Black and Latino men training at the gym—whom Wacquant refers to as "pugs" —the gym functions as both a safe haven and battlefield, providing space for moral order, bodily investment, and a narrow path to social mobility. Within these confines, fighters submit to intensive body work, including grueling routines of training, weight cutting, sparring, and pain management. Wacquant conceptualizes this as the cultivation of bodily capital, wherein the body becomes an economic asset whose value depends on continuous investment, maintenance, and risk.

The economic logic, or cost-benefit analysis of their bodies, is deeply shaped by the fighters' precarious class position, which makes bodily sacrifice not a matter of choice, but of survival and aspiration. For the boxers, enduring pain and physical degradation becomes a pathway to prestige and recognition in a context where other routes to social mobility are largely obstructed. The slow grinding of physical attrition is not only expected, it becomes associated with the cost of admission into the gym's moral economy, where sacrifice is reinterpreted as honourable commitment and proof of character. Yet this form of bodily capital—though

symbolically rewarded within the gym—is often non-convertible beyond its walls. In this sense, Wacquant's work speaks directly to a critical aspect of the CoR; while bodily sacrifice is often celebrated as mark of toughness or moral character, its material benefits are not promised, and its costs are often unevenly distributed along lines of race and class.

Building on Wacquant's crucial insights, contemporary scholars have examined how athletes in diverse sporting contexts cultivate and protect various forms of capital (e.g., physical, athletic, aesthetic, embodied, and symbolic) in ways that often normalize or further their exposure to risk. Roderick's (2006) work on English professional footballers illustrates how athletes play through injury to safeguard their symbolic capital and remain valued within team hierarchies. Read et al. (2022) extended this line of analysis by theorizing painkiller misuse in elite football as a deliberate strategy of preserving physical capital—that is, maintaining or improving bodily function to prolong or meet performance expectations. In aesthetic and performative contexts, Wainwright et al. (2005) demonstrate how ballet dancers' bodies become sites of both aesthetic and embodied cultural capital through internalization and disregarding of pain to meet the professional imperatives. Similarly, Ryou and Lee (2024), in their study of combat sport athletes, argue that playing hurt is rationalized as part of a broader "capital game," wherein athletes pursue legitimacy, economic survival, and marketability by enduring risk and injury.

As the preceding literature illustrates, various forms of capital play a central role in shaping athletes' experiences within stratified sport systems. However, the concept of social location—which accounts for the intersecting dynamics of class, race, gender, and ability—has received comparatively less attention, particularly in relation to the CoR. First introduced by Hiller (1975), social location refers to the position individuals occupy within a social hierarchy

based on multiple, overlapping axes of identity. It is crucial to conceptualize social location as encompassing all of the intersections, rather than treating race, gender, class, and ability as separate analytic categories. Yet, much of the existing literature on sport, risk, and vulnerability tends to examine these dimensions in siloes. For example, some studies have explored how gender or race mediate risk and recognition in sport (e.g., Douglas, 2005, 2012), while others have focused on how class or institutional access shape pain and injury tolerance (Nixon, 1992; Roderick, 2006). McDermott et al.'s (2009) analysis of how race and class shape the CoR in high school sport still falls short by omitting considerations of gender and ability. This continued compartmentalization limits our ability to understand how athletes' embodied vulnerabilities are shaped by simultaneous and overlapping identities. One notable exception is Sugden and Tomlinson's (2002) chapter in the *Handbook of Sports Studies*, which explicitly articulate the full range of social location. Their analysis indicates that sport is both shaped by and reflective of broader class-based structures, extending the work of Bourdieu and Wacquant by emphasizing that sporting preferences, participations patterns, and status hierarchies are all mediated by one's position within systems of social stratification. Understanding sport as a stratified landscape is particularly relevant in the Canadian context, where sport participation continues to reflect broader patterns of social inequality despite national discourses painting sport as inclusive and equitable.

Sport in Canada

Analyzing sport participation in Canada—specifically, who is included, who is excluded, and under what conditions—is crucial to understand how systems of power and privilege influence the distribution, production and mobilization of capital, as well as the significance of

social location within sporting institutions. In Canada, sport is often imagined as an inclusive space for equal opportunity and national pride (CSP, 2012; Government of Canada, 2024; Canadian Paralympic Committee, 2025), however, persistent racism, sexism, ableism, and class discrimination highlight that access to participation is deeply structured along intersecting lines of inequality (Donnelly & Harvey, 1996; Gruneau, 1983; Kay et al., 2022). Whether through the underrepresentation of women and racialized individuals in leadership roles (Joseph, 2017), the marginalization of lesbian women in coaching and media narratives (Norman, 2012, 2013, 2016), or the socioeconomic barriers that restrict sport participation for lower-income youth (cf. Holt et al., 2011), these patterns reveal how sport in Canada remains a contested domain for many individuals and groups.

Socioeconomic status (SES) is one of the most well-documented predictors of sports participation. Donnelly (1993) argued that, despite the democratic ideals often associated with sport, access to its developmental pathway and symbolic rewards remains structurally unequal. Participation may be expanding in some contexts, but the most valued forms of sport—those that provide status, influence, and opportunity—remain concentrated among those with class privilege. One example of this pattern is found in Kingsley and Spencer-Cavaliere's (2015) interviews with low-income youth and parents. Despite sport's promotion as a vehicle for youth development, they observed a disjuncture between this ideal and the material conditions that shape access. Efforts to reduce financial barriers, such as fee assistance, often failed to increase sustained participation. This was due, in part, to the broader normalization and demands of "concerted cultivation" — a middle-class parenting logic that assumes families have the time, resources, and flexibility to coordinate regular involvement in structured, skill-based activities. These exclusionary pressures are compounded by shifting models of sport delivery in Canada,

where tensions between high-performance funding and grassroots access have contributed to declining participation rates and increasing reliance on private and commercial providers (Donnelly, 2013). Donnelly (2013) extends this critique to examine how Canadian sport policy, particularly following the 1976 Montreal Olympics, has deepened the bifurcation between grassroots and elite sport. Policy priorities have increasingly shifted toward medal production and Olympic performance, often at the expense of mass participation. This trend is starkly captured in a recent observation: “the more medals Canadian athletes win, the fewer Canadians participate in organized sport” (Donnelly & Kidd, 2024). In this model, talent identification and resource concentration tend to favour athletes from middle- and upper-income families who can afford early specialization, private coaching, and year-round competition. These analyses reveal a clear class-based exclusion within the Canadian sport system.

These class-based disparities are further compounded by the intersecting barriers of race/ethnicity and sex/gender. According to the *True Sport Report* (CCES, 2022), sport participation in Canada is highest among individuals from higher income and educational backgrounds, while lower rates are observed among racialized Canadians, newcomers, Indigenous communities, and girls and women. Even in 2012, White and McTeer’s analysis of survey data from the National Longitudinal Survey of Children and Youth reinforces these dynamics by demonstrating that both family income and parental education are strong predictors of participation among children aged 6-9 years. However, these effects diminish significantly by ages 10-15 years, likely due to increased access to subsidized sport and physical education opportunities within the school system. White and McTeer called this the “childhood-limited model,” suggesting that class-based disparities are especially influential during early childhood when participation depends on access to fee-based community programs. Their findings suggest

that early sport involvement—facilitated or restricted by SES—may shape lifelong participation trajectories, even if opportunities become more equitable in adolescence. Such disparities were further exacerbated by the Covid-19 pandemic, which disproportionately disrupted sport access for lower-income families and marginalized communities. Drawing on MLSE's (2021) 'Change the Game' report, the financial burden of registration, equipment, and transportation emerged as primary barriers preventing youth from returning to play. These barriers were particularly acute for those living in Northern or remote regions due to the pandemic-related closures and reduced delivery of affordable, community-based programming. Additional data from Public Health Ontario (2024) and Colley and Saunders (2023) support these trends as they found that higher-income households were more likely to sustain or adapt sport participation during lockdown protocols throughout the pandemic. For the context of this study, it's crucial to also consider how broader social inequalities are reproduced within the very institutions that host university sport. To that end, I now turn to the literature examining who advances into post-secondary education (PSE) in Canada.

Post-Secondary Education in Canada

Given that university sport is nested within the broader institution of post-secondary education (PSE), understanding who attends university in Canada is a critical first step toward analyzing access to university sport (also referred to interchangeably as varsity sport). Just as socioeconomic status has been shown to influence early access to organized sport, access to PSE in Canada is similarly stratified along lines of class and income. Frenette's (2007) analysis of Youth in Transition Survey (YITS) data revealed that only 31% of youth from families in the bottom income quartile attended university by age 19 years, compared to 50.2% of youth from

the top income quartile. Their detailed decomposition analysis explains that 96% of this attendance gap can be explained by observable characteristics—most notably parental education, standardized testing scores, high school grades, and school quality. While only 12% of the gap was attributable to direct financial constraints, Frenette stresses that "family income may pose different barriers to attending university," many of which reflect the unequal distribution of social and cultural capital (p. 6). Building on this, Finnie et al. (2012), using the same YITS dataset, identify parental education as the single strongest predictor of university attendance. While both authors argue that their findings challenge the widely held view that post-secondary inequality stems solely from affordability, they neglect the significance of parental education not only as a proxy for income, but as a mechanism of intergenerational advantage. Drawing on Bourdieu's (1986) concept of capital, these findings suggest that, what appears as individual academic merit, often reflects the accumulation of inherited class-based capital. Access to university, like access to sport, is thus deeply embedded within broader systems of inequality.

Varsity Sport in Canada

The Canadian post-secondary education (PSE) system is composed of two distinct yet interconnected institutional sectors: universities and colleges. Universities typically offer four-year undergraduate degrees, along with graduate and professional programs, and are oriented toward academic and research-based education (Statistics Canada, 2020). Colleges, by contrast, tend to provide shorter diploma or certificate programs with a focus on applied learning, trades, and career-specific training (Statistics Canada, 2020). These institutional differences also shape

the organization of competitive varsity sport within the Canadian PSE system. Varsity sport at the university level is governed by U Sports (formerly CIS), which oversees national championships and athletic eligibility for member universities. Meanwhile, college-level athletics are coordinated by the Canadian Collegiate Athletic Association (CCAA).

In recent years, U Sports has sought to position itself as more than a regulatory body, instead framing its leadership role as central to cultivating an inclusive, student-centred sport system (U Sports, 2025). Its 2025-2029 Strategic Plan outlines renewed commitments to "enhancing the university sport experience" by prioritizing student-athlete health, safety, academic achievement, and—importantly—"diverse and inclusive experiences" intended to promote equitable opportunity across all programs (U Sports, 2025). These aspirations are grounded in updated organizational values emphasizing collaboration, service excellence, and student-centred decision-making. Similarly, the CCAA presents itself as a key stakeholder in advancing equity in post-secondary sport (CCAA, 2020). In its 2021-2025 Strategic Plan, the CCAA articulates a mission to "enrich the academic experiences of student-athletes" through high-level intercollegiate sport, and core values of "integrity, fair play, equity, and diversity" (CCAA, 2020, p. 3). One of its espoused strategic outcomes is to adapt programming to meet the needs of an "inclusive environment" through policies that "facilitate inclusion" (p. 11). Together, these strategic pathways reflect a rhetorical alignment with national imperatives around equity, diversity, and inclusion (EDI) in Canadian sport policy (cf. Peers, 2023). However, as with many institutional commitments to EDI, these forward-facing values must be critically evaluated in relation to existing patterns of participation within across the PSE landscape.

While university-level varsity sport in Canada is often promoted as inclusive and meritocratic, scholarly research continue to reveal persistent patterns of underrepresentation and

structural inequality. Moving beyond our understanding of sport participation levels, recent scholarship has begun to interrogate the demographic makeup of those who gain access to Canadian university sport. A pilot study conducted by Danford and Donnelly (2018) through the Centre for Sport Policy Studies at the University of Toronto offers one of the first empirical assessments of racial representation in Canadian university sport. Drawing on a sample of 1,639 athletes from 65 teams across nine U Sports member institutions, the study compared athlete demographics—using visual identification from team photos—with self-reported student demographic data from the 2014 National Survey of Student Engagement (NSSE). The findings revealed striking disproportionality: although racialized students made up approximately 47% of the student population, White athletes comprised 81.5% of the sample, while only 18.5% of athletes were classified as "Other than White." This overrepresentation was especially pronounced in sports such as hockey and volleyball (over 90% white), whereas basketball was the only sport to approach demographic parity, with 34.3% of its athletes identified as Other than White. Danford and Donnelly conclude that racialized students are underrepresented on interuniversity sport teams across all institutions and sports in the sample—particularly at universities outside major metropolitan areas. While the authors acknowledge methodological limitations of the study (e.g., reliance on visual identification), they argue that these findings reflect broader patterns of racial inequality in Canadian varsity sport.

In response to such disparities, U Sports and its partners have begun implementing targeted inclusion initiatives. The *Athletes on Track* program, launched in collaboration with the BlackNorth Initiative, provides financial support and professional development opportunities to Black student-athletes across U Sports institutions (U Sports, 2022). Although the initiative signals an institutional recognition of racial underrepresentation, its design and implementation

raise several concerns. The program currently selects just one ‘male’ and ‘female’ (terminology that is not consistent with U Sports competition) from each of U Sports’ four conferences without any publicly available data to justify that this allocation is proportionate to the distribution of Black student-athletes across conferences. Moreover, the *RioCan* initiative (an alternative bursary offered by BlackNorth) specifically target students pursuing pathways to careers in commercial real estate, which further highlights the narrowness of eligibility criteria across these initiatives. Such programs, while commendable, also raise salient questions about the lack of equivalent funding or inclusion strategies for other marginalized groups, including Indigenous and racialized non-Black students. Additionally, the program is open to both U Sports and CCAA athletes, however the bursary value for college athletes is significantly lower ($5,300 vs. $2,650). This discrepancy is not uniformly reflective of the financial realities faced by college athletes, particularly those enrolled in high-cost programs or relocating from out of province. Ultimately, these initiatives may be best understood as a symbolic step forward that reflects growing institutional awareness, despite falling short of offering a comprehensive or equitable response to the structural barriers facing marginalized student-athletes in Canada. Inequity across Canadian varsity sport participation can also be understood through the lens of SES. Despite the absence of direct data reflecting the influence of SES on access to U Sports, inferences can be drawn from national data on sport participation, which consistently indicate that SES plays a pivotal role in shaping access to organized sport (White & McTeer, 2012; Perks, 2020).

Although we cannot conclusively determine the extent to which these disparities carry over into the PSE sport system, anecdotal evidence suggests that financial challenges continue to shape who is able to participate. In particular, athletic scholarships—referred to in Canada as

Athletic Financial Awards (AFAs)—are capped at $5000 per calendar year, or approximately the cost of tuition and mandatory fees (Owen, 2024). This limit not only pales in comparison to the broader coverage offered through NCAA athletic scholarships, but also presents a significant barrier to student-athletes from out of province or those enrolled in higher-cost academic programs. Although U Sports has taken steps towards increasing access and leveling the playing field—for example, by lowering academic eligibility thresholds to qualify for AFAs (Steiner, 2023) —the inherent expectation that athletes pay out-of-pocket expenses speaks to the relative privilege required to compete in Canadian varsity sport (see Chapter 6 for further discussion).

The sociology of sport has long been concerned with how gender inequality shapes access, representation, and power within sport institutions—Canadian university sport provides a fertile ground for such analysis. Norman et al.'s (2020) longitudinal study found that women continue to be underrepresented across U Sports programs, despite comprising the majority of the student population at many institutions. Analyzing data from all U Sports member universities between 2010 and 2017, the authors revealed that men consistently occupied between 56% and 58% of varsity roster spots. When measured proportionally, this amounted to 2.8 participation opportunities per 100 male students, compared to just 1.7 for every 100 female students. Even after excluding football—whose large, male-only rosters skew totals—men still benefitted from greater absolute and relative access to university sport. These disparities persisted in spite of gender equity policies introduced in the 1980s, which have seen little enforcement or revision in recent years. Building on the findings of Norman et al. (2020), more recent analyses confirm that gender disparities in Canadian university sport have not been engaged with meaningfully. Robinson et al.'s (2023) audit of the 2021-2022 U Sports season found that men continued to receive disproportionately more participation opportunities than

women, with 1.5 roster sports per 100 male students compared to 1.0 per 100 female students. These patterns persisted even at institutions where women constituted the majority of the student population, underscoring the structural nature of gender inequity in varsity sport participation.

While a growing body of scholarship has interrogated access and representation in U Sports, college sport in Canada (i.e., the CCAA) has remained largely absent from sociological and even non-sociological research related to sport. For example, physiological and sports medicine research has examined injury rates, sex-based differences, and return-to-play metrics specifically within Canadian university athletes (Comeau et al., 2023). In the field of educational development, Johnston et al. (2024) evaluated a peer mentoring program for varsity athletes, and from a media studies perspective, MacKay and Dallaire (2009) analyzed gendered representations of university athletes in campus newspapers. Collectively, this breadth of scholarship underscores the extent to which U Sports athletes have become the default focal point of Canadian sport research. This disparity is also reflected in the present study, where recruitment efforts yielded no responses from college athletes (See Chapter 3 for further discussion on participant recruitment). As Canadian colleges increasingly serve diverse, first-generation and working-class student population in comparison to universities (Finnie et al., 2011), it is an opportune time for future research to investigate the lived experiences of college athletes, especially at the nexus of capital formation and institutional access.

The preceding review of literature demonstrates how access to sport, post-secondary education, and varsity athletics in Canada is structured along lines of class, race, gender, and institutional context. Despite growing concern for the role of capital and social location in shaping sport participation, few studies have explored how these same structures influence athletes' navigation of the CoR. In particular, there remains limited understanding of how

athletes perceive and manage pain, injury, and performance demands in relation to their position within broader systems of power and inequality. This study addresses these gaps by posing the following research questions:

1. How do varsity athletes in the Canadian post-secondary education sport system understand and experience the CoR?
2. How does their capital and social location influence their resistance (if at all) to the CoR?

Chapter 3: Theory, Methodology and Methods

This chapter outlines and describes the rationale for the theoretical framework, methodological approach, and research methods that guided this study. Before turning to these distinct sections, I begin with a discussion of my positionality to acknowledge how my social location, lived experiences, and proximity to the research setting have undoubtedly shaped the study design, research process, and interpretation of the findings. Foregrounding my positionality is intentional; it serves to inform the reader of the lens through which I approached the research and the relationships I held with participants and the broader landscape of Canadian varsity sport. Thereafter, I introduce social constructivism as the study's theoretical framework and discuss the epistemological orientation it offers for examining understandings and experiences of the CoR. I then provide an overview of phenomenology—the study's methodological approach which centers participants experiences within the CoR to better understand its prevalence and perpetuation of pain and injury tolerance. The chapter concludes with a more practical account of the study's design, including participant recruitment, data collection and thematic analysis. Each of the methodological decisions emerged through an iterative process of discussion and reflection with my supervisor, with careful attention to both the conceptual alignment with the research objectives/questions and the practical realties of a master's-level project.

Researcher Positionality

As a critical qualitative researcher, I recognize that my social location and athletic experience —as a White male from an upper-middle class background and former varsity athlete—inform the questions I ask, how I hear and interpret participant's stories, and the meanings I attribute to those narratives. My involvement in sport has been lifelong and deeply formative, shaping both my scholarly interests and my orientation to issues of pain, injury, and

risk. Within the scope of this study, it is therefore essential to position myself not only in terms of demographic identity, but also in relation to the CoR that permeates all levels of sport. I approach this research with a critical yet hopeful lens. While this study engages with several critiques of sport's cultural norms and institutional structures, specifically at the varsity level, my aim is not to dismiss sport's value but to better understand how its social and institutional configurations can both support and undermine athlete health and safety. This orientation is motivated by a belief that sport, when structured equitably and centred on participant experience, holds the potential to foster identity, community, and personal growth. My critique, then, is grounded in a desire to preserve what is meaningful in sport while interrogating the practices and expectations—normalized both in my own experience and within the broader sporting community—that render pain and injury not only commonplace, but valorized.

My own athletic history reflects the tensions this study seeks to explore. Having navigated the pressures and expectations of competitive sport, I bring my own firsthand experiences of both resisting and succumbing to the imperative to play through pain and injury. I vividly recall, for example, competing in—and winning—a decathlon on a freshly sprained ankle, only to learn years later that the injury was actually a hairline fracture. At the time, my decision to compete despite the pain was met with self-gratification, and I internalized it as a badge of honour that affirmed my legitimacy as an athlete. Indeed, the swelling, bruising and colour of my ankle left a far stronger imprint on my memory than the colour of the medal. Only through retrospective reflection have I have come to recognize this moment not as heroic, but as indicative of a broader logic in sport that equates bodily sacrifice with self-worth. I am also aware that even recounting this story risks reproducing the very narrative I seek to challenge—

one in which pain is framed as something to overcome rather than addressed with care. This tension, too, is part of what I bring into the research process.

Athletic identity has long been central to my sense of self, and as I continue to grow as a researcher, I am consistently reminded of the ways in which my athletic experiences, both positive and negative, shape how I understand pain, injury, risk, and healthful sport. One particular moment of resistance stands out as a cornerstone for the critical questions at the heart of this study. When I was 13 years old, I had already sustained three major concussions—two of which disrupted both sport and school for the better part of a year. During the tryout phase for the following season, my parents sat me down and explained that I would need to step away from hockey for at least a year to prioritize my health. My immediate reaction was frustration, followed by tears, and then a deep sense of loss. At the time, I did not experience this as care or protection, but as sabotage and interruption of what I believed to be a legitimate pathway to professional sport. With time, however, I have come to appreciate the decision and conditions that made it possible. The position I was put in to prioritize recovery was only possible because of the capital my family held: my parents' professional expertise in kinesiology and medicine, our access to networks of health care and second opinions, and the freedom to pursue other passions without significant financial or social consequence. This moment has not only shaped how I understand risk and injury in sport but also why I feel compelled to study such notions critically.

The experiences I reference are just a snapshot of my injurious and risk-laden sport career and reinforce my critical insider position vis-à-vis this research study. As an insider, I am familiar with the unspoken norms, hierarchies, and performative expectations that circulate within sport, including at the high-performance level. My firsthand and embodied knowledge

facilitated rapport with participants, and sharpened my sensitivity to what participants shared with me about the pressures that influenced their decision-making around injury. At the same time, having been removed from varsity sport for over three years and immersed in the sociological study of pain and injury, I now approach these dynamics with a critical degree. This vantage point has allowed me to interrogate the logics I once took for granted, and to appreciate the ways in which injury decisions are unequally experienced along lines of identity, access, and institutional support. This dual positioning—as both embedded within and critically reflective of the sporting world—has enabled me to approach this research with a balance of empathy and critique. I am aware, however, that my lens is partial, and I may be more attuned to forms of resistance that resemble my own, while overlooking more subtle or culturally distinct expressions of resistance. To mitigate this, I have engaged in ongoing reflexive journaling and maintained dialogue with my supervisor about the myriad ways in which resistance can be conceptualized and how my positionality might shape the research encounter. These practices have helped me remain accountable and committed to honouring the complexity and diversity of participants' lived experiences.

Theoretical Framework: Social Constructivism

This study is guided by social constructivism, which serves as both its theoretical framework and broader research paradigm. In qualitative research, a paradigm reflects the researcher's foundational beliefs about the nature of reality (ontology), and the nature of knowledge (epistemology), and the relationship between researcher and participant. As Lincoln (2009) argues, paradigms constitute important commitments that reflect the researcher's

underlying assumptions about the nature of reality, the production of knowledge, and their relationship to the people and contexts they study. A theoretical framework, although rooted in those assumptions, provides the conceptual tools used to interpret and explain the meanings that emerge from the research process. In this case, social constructivism informs both my epistemological stance and the interpretive lens through which I examine athletes' experiences of risk, injury, and meaning making in sport. For the reader, understanding a researcher's paradigm is essential for clarifying what is considered knowledge, who is seen as capable of producing it, and how the researcher navigates competing values and interpretations throughout the research process.

Although often used interchangeably, social constructivism and social constructionism reflect distinct though complimentary orientations. The latter focuses on how knowledge and meaning are shaped by culture, language, and historically situated social practices. It is concerned with macro-level meaning making, where dominant discourses, norms, and institutional codes shape collective understandings (Crotty, 1998). In contrast, social constructivism is concerned with the micro-level, individual processes of meaning making, wherein people actively interpret and negotiate meaning in relation to their social context (Young & Collin, 2004). Although constructivists acknowledge the influence of social relationships and cultural forces, their focus is on the lived, subjective experience of the world. As Crotty (1998) explains, social constructivism "points up the unique experience of each of us," whereas "social constructionism emphasises the hold our culture has on us: it shapes the way we see things" (p. 58). Given the aims of this research—to understand how athletes make sense of and experience the CoR—social constructivism offers a more fitting theoretical frame. It allows for close attention to the personal and contextual interpretations that shape varsity athletes'

decision-making, while still attending to the broader cultural and relational conditions in which those interpretations take place.

Social constructivism rejects the notion of objective truth in favour of the belief that knowledge is: actively constructed through interpersonal interactions; informed by context; and continuously shaped through processes of negotiation and shared meaning-making (Creswell & Poth, 2018). For this study, social constructivism is particularly well-suited for exploring how varsity athletes understand, internalize, and/or resist the pervasive CoR in sport. As such, this research acknowledges that athletes' attitudes and choices regarding playing through pain and injury are not determined solely by individual disposition, but are shaped by broader social, cultural, and institutional dynamics—including team norms and hierarchies, coaching expectations, gendered assumptions, and access to support systems. From this perspective, the CoR is understood as a socially constructed phenomenon that emerges through relational processes and manifests differently depending on athletes' social locations and contexts.

The chosen theoretical framework also aligns closely with the study's phenomenological methodology. Both social constructivism and phenomenology reject positivist notions of objective or fixed meaning in favour of multiple truths. While social constructivism emphasizes how meaning is shaped through interaction and context, phenomenology attends to how meaning is lived, embodied, and interpreted by individuals. Together, these frameworks provide a robust foundation for examining how athletes make sense of pain, injury, and recovery, not only as social practices, but as meaningful lived experiences.

Methodological Approach: Phenomenology

Rather than seeking to explain or categorize participants' behaviour, this study is concerned with how the CoR is experienced and understood by athletes in their own terms. To support this aim, I adopted a phenomenological approach, which prioritizes lived experiences as a site of knowledge. In this context, phenomenology is not an analytical tool or a set of coding procedures, but rather a methodological orientation—a way of attending to experience that seeks to understand "how things appear, show, or give themselves in lived experience or in consciousness" (van Manen, 2017, p. 775). Similarly, Neubauer et al. (2019) define phenomenology as "the study of an individual's lived experience of the world" (p. 92) emphasizing both what is experienced and how it is experienced by foregrounding both the subjective and embodied dimensions of meaning making.

This study is informed by the phenomenological practice—also referred to as epoché or bracketing—which involves identifying and, where possible, suspending everyday assumptions in order to be fully present to participants' accounts of a phenomenon. As Allen-Collinson (2011) and Berry et al. (2010) describe, this process does not mean eliminating the researcher's subjectivity entirely but instead adopting a reflective positioning that makes presuppositions visible, so they do not overshadow the voices of participants. In practice, this meant regularly pausing during analysis to question my own assumptions about injury, overconformity to the sport ethic, and what constitutes risky behaviour in sport. This approach also involves what Berry et al. call "free imaginative variation," a process of mentally altering or removing aspects of a participant's description to explore what elements are essential to the experience. This was valuable to clarify which meanings were specific to individuals and which reflected broader shared understandings of the CoR. For instance, as will be explored in Chapter 4, when

participants described prioritizing recovery, I explored what this meant within the context of their sport culture. In some cases, recovery was framed as an act of resistance, however, through reflection and comparison across cases, it became clear that many of these choices still operated within the confines of the CoR. Put differently, athletes were not rejecting risk outright by choosing to prioritize recovery, but were engaging with it more cautiously or strategically. This interpretive process allowed me to better distinguish surface-level claims and the underlying commitments to the CoR.

The phenomenological approach shaped each stage of the research process. Interview questions were designed in hopes that they invited rich, reflective narratives rather than categorical answers. Analysis involved close reading and interpretive engagement with participants' accounts, attending to moments that I felt revealed the texture, ambiguity, and relational depth of the participants' experiences with injury and risk. While themes were identified, I treated them not as fixed findings, but as tools for deepening insight into the meanings that animated athletes' lived realities. By centring athletes' voices and the contexts in which they speak, this approach afforded me a chance to enrich my understanding of how the CoR is not only enacted, but responded to, resisted, or redefined through everyday practice.

Research Design

Qualitative research is particularly valuable when the aim is to explore complex, nuanced, and socially situated experiences—those that cannot be meaningfully captured through numerical data or standardized surveys. As Denzin and Lincoln (2018) emphasize, qualitative

inquiry is concerned with how individuals construct meaning within specific cultural and relational contexts, making it well-suited to studies that seek to understand *how* and *why* people experience the world as they do. In this study, a qualitative approach was essential not only for capturing athletes' personal experiences, but also for examining the broader CoR in sport. The research questions that underpin this study required attention to lived experience, contradiction, and meaning-making, and demanded methods that can surface the taken-for-granted norms and tensions that shape behavior from within. To that end, I conducted semi-structured interviews to access athletes' own narratives and interpretations of risk, pain, and injury. This method aligned with Denzin and Giardina's (2016) call to foreground participant's voices and experiences at the center of the inquiry, particularly those perspectives which, in sport, are often absent from institutional reports, performance metrics, and institutional discourse. The interviews functioned as a "conversation with a purpose" (Holloway, 1997, as cited in Sparkes & Smith, 2014, p. 83), providing a space for participants to reflect in ways that were dialogic, relational, and grounded in their own language.

In alignment with phenomenological and social constructivist approaches, this study does not aim to offer generalizable claims about all varsity athletes. Instead, it seeks to offer insight into the lived experiences of a small number of individuals. While qualitative research guidelines typically recommend a sample size of approximately 10 to 15 participants (Creswell & Poth, 2018; Denzin & Lincoln, 2018), my focus was not on reaching a numerical quota but on achieving thematic depth or saturation. After conducting interviews with ten (10) participants, I observed sufficient variation and richness in their narratives to generate meaningful insights into how athletes understand and experience the CoR. This was marked by recurring language,

familiar patterns, and the sense that additional interviews were no longer yielding substantially new perspectives, suggesting that thematic saturation had been reached.

Participant Recruitment

Participants for this study were recruited through social media (i.e., potential participants needed to have access to social media) or through referral from other participants, mutual connections, or shared networks (i.e., snowball sampling). Participants were eligible for this study if they were English-speaking individuals who were either currently active on or had retired within the past three to five years from a varsity-level University (U Sports) or College (CCAA) roster. Participants must have had experience with pain and injury. While the broader focus of this study was to explore the perspectives and experiences of athletes who have resisted playing through pain and injury, the recruitment strategy deliberately cast a wider net to include participants regardless of whether they had actively resisted the CoR or not. This approach reflected my recognition that insight into resistance could also be drawn from narratives of the absence of resistance, particularly when considered alongside the athlete's social position and access to various forms of capital.

Following approval from the institutional Research Ethics Board (REB), I commenced participant recruitment using my personal social media accounts, specifically Instagram and LinkedIn. These platforms were selected for their accessibility, broad reach, and relevance to my target population of current or recently retired Canadian varsity athletes. As a former varsity athlete, I was confident that my existing networks presence on these platforms—which include a range of athletes, coaches, sport administrators, and scholars connected to the PSE sport system

in Canada—would be well positioned to either participate in the study or disseminate the recruitment materials through their own networks.

To ensure both clarity and effectiveness, the method of presenting the primary recruitment visual (see Appendix A) and accompanying captions was tailored to suit the conventions and audience expectations of each platform. For example, on LinkedIn, a more professional environment, I provided a detailed caption outlining the purpose of the study, eligibility criteria, and clear instructions on how to participate or share the opportunity with others. On the other hand, Instagram's fast-paced and visually oriented nature necessitated a different strategy for optimal results. Initially, I planned to post the recruitment visual to my Instagram story without commentary, believing that the visual alone would generate sufficient interest. However, I quickly realized that additional context would be necessary and therefore made a 'main feed' post that included a streamlined version of the caption used on LinkedIn. I also began re-sharing the post on my Instagram story at regular intervals to remind my network that I was still recruiting interested participants. Each story post included a hyperlink to a comprehensive study information sheet hosted on a Google Form (see Appendix B).

As anticipated, many prospective participants first expressed interest via the social media platform where they encountered the recruitment material. All subsequent communications were transitioned to email to ensure the confidentiality of potential participants. To maintain consistency, the initial recruitment posts were published to both Instagram and LinkedIn as close to simultaneously as possible. Shortly after the initial posts, an unexpected challenge came about: a surge in interest from individuals who appeared to be using fake email addresses posing as varsity athletes. While I was initially encouraged by what seemed to be high participant engagement, further investigation and conversation with my supervisor and peers suggested that

this response was linked to the public mention of financial compensation in the form of a gift card. To address this, I implemented a preliminary screening process when replying to the emails where I requested prospective participants to indicate their sport, post-secondary institution, and experience with pain and/or injury tolerance. This allowed me to cross-reference the athlete with their indicated team's roster, which is publicly available information, ultimately ensuring the authenticity and eligibility of participants moving forward.

Despite the success of the recruitment strategy in generating participant interest, I encountered notable difficulty in securing interviews with women-identifying athletes and those from collision sports (e.g., football, hockey). This presented a potential methodological limitation as the final sample was composed largely of athletes from non-contact sport; specifically, volleyball and track and field, the two sports with which I have the closest personal connections. As a male researcher who competed in both sports, it is possible that my social positioning and existing networks influenced who felt comfortable coming forward to participate. While this gap in representation may reflect sampling bias tied to my recruitment approach, it may also point to broader dynamics that are worth examining. Specifically, the underrepresentation of women and collision-sport athletes may speak to a reluctance or lack of willingness to share experiences related to pain, injury, and the CoR in sport. I aim to flesh out this logic of reasoning further in the chapters that follow.

Given the nature of my recruitment approach—which leveraged my personal social media networks and existing connections within the Canadian PSE sport system—it was expected that I would engage with prospective participants with whom I already had some form of prior relationship. This was indeed the case for nine out of ten participants. While I did not exclude individuals based on prior acquaintance, I made efforts to uphold the integrity of the

study by maintaining a professional distance throughout the research process. I was careful not to reference any prior knowledge I may have had regarding participants' personal histories, team affiliations, or past injury experiences. These considerations were outlined in my ethics application and were central to minimizing the influence of familiarity on the data collection process. Further detail on how this was enacted during interviews is provided in the Data Collection section. Aligning with those protocols, I made it explicitly clear to all individuals who expressed interest that participation in the study was entirely voluntary.

To contextualize the study's sample, Table 1 provides a summary of participant demographics. This information was gathered through a pre-interview questionnaire (see Appendix C) that aligned with Statistic Canada's demographic categories and included questions related to gender, sexuality, racial and ethnic identity, educational background, and socioeconomic status. The participant demographic questionnaire invited participants to self-identify both their gender and race/ethnicity. These questions also permitted participants not to divulge this information should they not feel comfortable in doing so. While only key variables are reported in the table, the broader demographic data allowed for a more situated analysis of how participants' social locations and access to various forms of capital may have shaped their experiences with pain, injury, and the CoR in sport.

Table 1

Participant Demographics

#	Age	Gender	Ethnicity	Sport	Education Level	Household Income	Employment	Pseudonym
1	24	Man	White	Track and Field	MA	$133,469+	Full-time	Logan
2	23	Woman	Black	Track and Field	BSc	$133,469+	Student	Sierra
3	24	Man	White	Volleyball	BSc	$133,469+	Full-time	Ryan
4	18	Man	White	Track and Field	High school	$88,659 to $133,468	Part-time/Student	Jacob
5	24	Man	White/Black	Volleyball	BA	$133,469+	Full-time	Brady
6	24	Man	White	Track and Field	MSc	$59,522 to $88,658	Student	Kevin
7	22	Man	White/Chinese	Volleyball	BSc	$133,469+	Student	Myles
8	24	Woman	White	Volleyball	BSc	$59,522 to $88,658	Part-time	Ashley
9	25	Man	White	Football	BA	$133,469+	Full-time	Colin
10	24	Man	White	Volleyball	BAS	$88,659 to $133,468	Student	Will

Note. Categories based on Canadian census classifications. All information was self-identified by participants.

Data Collection

As noted, this study employed semi-structured, one-on-one interviews as the primary method of data collection. Semi-structured interviews are a flexible qualitative technique that follow a guiding set of questions while allowing space for variation in phrasing and sequencing. This format provides the researcher with opportunities to ask clarifying and follow-up questions in response to the participant's answers (Osborne & Grant-Smith, 2021). In contrast to structured interviews, which limit responses to predefined options, semi-structured interviews promote deeper reflection, elaboration, and storytelling. This approach is particularly well-suited to phenomenological research, where the goal is to explore and understand the "complex behaviors,

opinions, and emotions" (Longhurst, 2009, p. 580) associated with participants' lived experiences—in this case, their experiences of injury, their decisions to play through or refrain from competition, and the support or backlash they encountered.

The interview guide (see Appendix D) was developed in response to gaps identified in CoR literature, ongoing discussions with my supervisor about how to meaningfully explore pain and injury tolerance at the nexus of social location and access to capital, and my own experiential knowledge as a former varsity athlete. The interview guide was designed to prompt reflection on pain, injury, decision-making, and external pressures, creating opportunities for both implicit and explicit experiences of resistance to emerge. In doing so, the study aimed to develop a more nuanced understanding of how athletes navigate and negotiate the CoR within their sporting environments.

The guide began with five introductory questions designed to ease participants into reflecting on their sporting experiences, as well as the structural and interpersonal conditions that shaped those experiences. These questions also served as a mechanism for rapport building, which is widely recognized as essential in creating an environment of trust, comfort, and mutual respect between researcher and participant (Creswell & Poth, 2018). The remainder of the guide consisted of eight open-ended questions, each accompanied by suggested probes and follow-ups to help encourage participants to reflect on their experience with the CoR. The questions, while targeted, were deliberately non-directive to allow participants to articulate their experiences in their own words, including accounts of both resistance and conformity to the CoR. This structure was intended to illuminate how participants understood their actions and decisions, and to explore the extent to which these were shaped by their social location and access to various forms of capital.

All interviews were conducted remotely using Zoom to ensure accessibility and to accommodate participants located across Canada. Even for those based in the same city as me, the option to meet virtually or in person was offered, with all participants choosing the virtual format. Each participant was given the choice to keep their camera on or off; all opted to remain on camera, though one participant turned their camera off partway through the interview due to connectivity issues. Interviews were scheduled to last approximately 60 minutes, though several exceeded this depending on the flow of conversation. With participants' consent, all interviews were recorded using Zoom's built-in recording function. Prior to recording, I reviewed the informed consent process, responded to any questions, and reiterated that participation was voluntary, that any question could be skipped, and that all data would remain confidential to the fullest extent possible. Interview recordings were transcribed verbatim and de-identified for analysis and potential inclusion in this thesis and future conference presentations.

In addition to audio-recording and transcribing the interviews, I also engaged in ongoing notetaking throughout the data collection process. During each interview session, I took handwritten notes in the margins of a clean printed copy of the interview guide, documenting immediate impressions, contextual observations, and reminders to revisit key moments in the audio. These notes often included reflection on participant's delivery——such as emotional tone, hesitations, or non-verbal cues in their body language—that might not be fully conveyed through transcription alone. Following each interview, I compiled short reflections that summarized my perceptions of the participant's relationship to the CoR and captured emerging thoughts relevant to the first research question. These reflections were not analyzed as data but functioned as early analytic memos that helped orient my thinking and informed much of the informal thematic analysis stage.

Data Analysis: Thematic Analysis

This study employed thematic analysis (TA) as a flexible and robust method for systematically identifying, analyzing, and interpreting patterns of meaning within interview data. TA is particularly well-suited for research focused on participants' subjective experiences and meaning-making processes, as it enables deep engagement with the richness and complexity of lived realities. Braun and Clarke (2006) define TA as "a method for identifying, analysing and reporting patterns (themes) within data" (p. 79), emphasizing its value as a foundational analytic skill that can be adapted across diverse qualitative paradigms. Unlike methods tied to specific epistemological frameworks, TA functions as a method rather than a methodology (Maguire & Delahunt, 2017), and can thus be applied within realist, constructionist, and phenomenological traditions alike (Braun et al., 2016). This adaptability is particularly useful in sport research, where the social and embodied dimensions of experience warrant an approach that accommodates both common patterns and interpretive nuance. In this study, TA is situated within a phenomenological orientation, which prioritizes the meanings participants ascribe to their own experiences.

Within TA, themes are not to be treated as objective entities waiting to be discovered in the data, but as interpretive constructions shaped through the researcher's active and reflexive engagement with participants' narratives. As Braun et al. (2016) note, "your analysis is not *in* the data, waiting for you to discover it… it is produced through the intersection of your theoretical assumptions, disciplinary knowledge, research skills and experience, and the context of the data themselves" (p. 7). Moreover, themes must also be analytically meaningful. "A theme" they argue, "is more than just some coherent, patterned meaning across a dataset – it also has to tell

you something important about the data, relevant to your research question" (p. 11). Researchers engaging in TA are guided by a six-phase framework developed by Braun and Clarke (2006). Phase one involved familiarization with the data through repeated reading and re-reading of, for example, interview transcripts. In phase two, initial codes are generated to capture meaningful patterns across the dataset. In phase three, these codes are grouped into potential themes. In phase four, themes are reviewed for coherence and relevance to the research question(s). Phase five involved defining and naming the themes to clearly capture their essence. Finally, phase six involves producing a written narrative that weaves together analytic insights and supporting evidence within the context of the broader research. Importantly, these phases are not strictly linear but recursive, allowing for movement back and forth as analysis evolves. In this way, thematic development is not a mechanical procedure, but a thoughtful, theory-informed process in which researcher subjectivity is acknowledges as a strength, not a flaw (Braun & Clarke, 2021). This made TA especially compatible with the phenomenological and constructivist approaches adopted in this study, which aim to understand how athletes make sense of pain, injury, and the broader CoR in sport. The following section outlines how Braun and Clarke's framework was implemented in the analysis of semi-structured interview data.

Conducting Thematic Analysis

The first phase of analysis involved deep familiarization with the interview data. I began by uploading each audio recording into a transcription software that generated a rough draft of the transcript. These initial transcripts were highly imperfect and required significant cleaning. While time-consuming, this became an important stage of data immersion. I listened to each recording while cleaning the transcripts line by line, ensuring accuracy and documenting tone

variability, pauses, and non-verbal cues that added depth to participants' accounts. Once cleaned, I de-identified the transcripts for use in this thesis and future presentations. During this familiarization period, I also began writing analytic memos focused on participants' experiences of playing through pain and injury, as well as decisions to refrain from doing so. I was especially attentive to language that suggested how decisions were shaped by relationships, institutional context, or forms of capital. These early reflections helped me begin identifying who had resisted the CoR and under what conditions.

The initial coding process was guided by my research questions, which I printed and taped above my workspace as a visual anchor to remain consistently grounded in the core aims of the study. I re-read each transcript line by line, highlighting phrases or passages that stood out as potentially significant. Even when I could not immediately articulate why a particular passage felt important, I flagged it for further reflection and returned to it in subsequent coding sessions. The first cycle of coding was descriptive and semantic, aimed at staying close to participant's language and organizing the data in a way that allowed for later interpretation. I labeled excerpts based on the content (e.g., "coach conversation," "fear of letting team down," "internalized pressure") and noted the presence of key figures (e.g., "mom," "teammate") or decisions ("played through," "sat out"). This approach allowed me to create a large set of initial codes without filtering for significance too early.

Next, I began grouping initial codes into broader clusters based on shared meanings I identified. A guiding question during this process was: "What story could be told with these codes?" This helped shift my focus from organizing data to interpreting it. Grouping codes in this way was a deeply reflective process, and one that brought me closer to the participants. In this way, the process was not just analytical, but also emotional and relational. I felt an intense

responsibility to interpret their stories as authentically as I could and to remain aware of the power I held in shaping the narrative of this thesis. A crucial layer of interpretation involved returning to participants' demographic information to provide further context for how individual experiences were shaped by social location and access to various forms of capital. For instance, participants from upper-middle class backgrounds described their ability to access medical resources beyond their post-secondary institution. Similarly, the experiences of women participants—though fewer in number—raised questions about gendered dynamics of risk, support, and pressure. These contextual insights helped me assess whether emerging themes reflected shared experiences across the dataset or were situated in particular forms of privilege, marginalization, or institutional access. Further, I also grappled with the risk of overrepresenting certain individuals, especially those whose interviews were particularly detailed, emotionally resonant, or reflective of my own experiences. I often found myself drawn to these accounts, and I had to consciously revisit the dataset to ensure that themes reflected shared, not singular, experiences. At the same time, I struggled with how resistance to the CoR, or lack thereof, was expressed in ways that did not align with my initial assumptions. I regularly had to challenge and attend to my expectations and remain open to how participants defined risk, recovery and resilience in their own terms.

The themes that began to emerge centred around the social and institutional conditions that shaped how athletes made decisions about playing through pain or prioritizing recovery. This included relational influences (e.g., coaches, teammates, and parents), perceived consequences of disclosure, and athletes' access to resources or capital. To define and name the themes, I returned to the research questions and focused on the adjectives and expressions that reflected participants understanding of the CoR. I then traced the conditions under which athletes

challenged, accepted, or adapted to these expectations, with particular attention to how access to social, medical, economic, cultural, and institutional resources informed these responses. Through this reflexive and iterative process, I arrived at a set of analytically grounded themes that respond directly to the aims of the study and now structure the findings chapters that follow.

Chapter 4: The Ambivalence of Navigating the CoR

This chapter presents findings in response to the first research question: How do varsity athletes in the Canadian post-secondary education system understand and experience the CoR? Drawing from semi-structured interviews with the ten (10) current or recently retired varsity athletes, the findings coalesced around one central theme: the participants' ambivalence toward the CoR. To flush out this theme, the chapter is organized around three sub-themes that illuminate the ways in which ambivalence about the CoR was experienced: (1) the significance of circumstances in feeding the participants/ambivalence; (2) the tensions about pain/injury tolerance that arose among participants with retrospection; and (3) strategic modification without resistance, or the narrative strategies athletes used to mask their ambivalence, such as forms of "body talk" (cf. Sparkes, 1998; Young et al., 1994). Quotes from participants in this chapter are drawn directly from the interview transcripts. However, minor edits have been made for readability (e.g., removal of filler words), and ellipses (...) indicate where sections of speech have been omitted without altering the speaker's intended meaning.

Several participants referenced CoR norms familiar to them, including the expectation to play through pain, the normalization of bodily sacrifice, and the symbolic rewards for doing so. And yet this recognition did not translate into one fixed or clear-cut view of the CoR. In this chapter, I argue that participants' experiences of the CoR are marked less by resistance than by ambivalence and negotiation. Rather than expressing clear alignment with or against the expectations to endure pain, participants described navigating their experiences amid competing desires, situational trade-offs, and uncertain outcomes. Ambivalence is defined here as *the state of having mixed feelings or contradictory ideas about something* (Merriam-Webster, n.d.;

emphasis added). In the context of this study, that "something" often refers to the tension between protecting one's health and fulfilling the performance demands of varsity sport.

Ambivalence has been taken up across multiple disciplines to describe emotional, moral, and interpretive uncertainty. Bauman (1991) reframes ambivalence not as confusion or indecision, but as an ordinary feature of modern social life, where individuals navigate blurred boundaries and inescapable choices. For Bauman, the problem is hermeneutic—about interpretation—as actors confront interpretive gray zones populated by the "not-yet-classified" (p. 147). Similarly, Merton (1977) defines sociological ambivalence as the "incompatible normative expectations of attitudes, beliefs, and behavior assigned to a status (i.e., a social position) or to a set of statuses in society" (p. 6). Participants expressed such tensions when describing the pull to be both disciplined and self-protective, or resilient and self-sacrificing. These conflicts were rarely resolved in tidy or linear ways. Ahmed (2013) reminds us that deviation from normative scripts can carry affective weight, provoking emotions like guilt, discomfort, or shame, especially in institutional settings such as sport where ideals of toughness are valorized.

In this thesis, ambivalence is conceptualized in accordance with the previous definitions but is adapted to better suit the experiences of the varsity athlete participants. Although psychological research has elaborated on various types of ambivalence (e.g., objective, subjective, implicit-explicit, and implicit ambivalence), this thesis develops a sociological conceptualization—grounded in existing definitions but reframed to capture how ambivalence is negotiated within the broader cultural and institutional contexts they navigate. Ambivalence is offered as a way of describing the situated and ongoing negotiation between participants competing impulses, such as the desire to preserve long-term health and their simultaneous

commitment to performance, availability, and team culture. Rather than a matter of mere intrapersonal conflict, ambivalence reflects a structured tension shaped by the broader sport culture, institutional expectations, and individual investments in athletic identity and function. Drawing on previous understandings of ambivalence as the outcome of modernity's demands for categorization (cf., Bauman, 1991; Merton, 1976) and read through the emotions and guilt felt when deviating from a norm (Ahmed, 2013), the term is employed in this thesis to capture how participants simultaneously acknowledged risk while rationalizing or modifying their behaviour in ways that did not amount to outright resistance or conformity. In this way, ambivalence is not a lack of clarity, but a meaningful mode of negotiating conflicting values and meanings within the CoR. The analytic power of ambivalence, then, lies not in the concept itself, but in how it is expressed through participants' ongoing negotiation of competing priorities.

Although participants never used the term "ambivalence" explicitly, their narratives reflect deferred decisions, strategic self-presentations, and retrospective questioning of norms they once endorsed. In the analysis that follows, ambivalence is proposed as a conceptual lens to understand how athletes made sense of pain, injury, and risk—not as rigid positions, but as contingent, contradictory experiences. It is important to note that this analysis centres only on how participants described and interpreted their experiences; I do not claim to access the motives or practices of others (e.g., coaches, teammates, or institutional actors) except as filtered through participants' accounts. Even then, I acknowledge that participants' accounts of their experience are only a singular perspective amongst several of whom I did not interview. My role as a researcher is thus not to adjudicate their decisions, but to consider how their reflections illuminate the complexity of navigating risk in Canadian varsity sport.

Strategic Modification without Resistance

Despite recognizing the presence of pain or injury, many athletes in this study described calculated decisions to continue competing. These acts were not framed as impulsive or reckless, but rather as savvy, even rational strategies to remain available and conceal rather than resolve any internal conflict with pain and performance. What emerges is a pattern of strategic modification without resistance: athletes tactically adjusted their behaviors and self-narratives to accommodate injury while upholding their role as committed performers. Such strategies were most evident through the participants' "body talk," (Young et al., 1994) and were employed to mask ambivalence. That is, athletes often held contradictory feelings about their injuries and participation but expressed them in ways that downplayed inner conflict and reframed risk as manageable. In so doing, they enacted what Schubring et al. (2023) refer to as a dynamic negotiation of risk-taking and self-care, one deeply shaped by peer and internalized institutional expectation, and the temporality of sport. These actions did not manifest in outright rejection of the CoR; rather, they reflected a kind of tactical compliance, shaped by what was available to them in terms of language, resources, and cultural norms.

Colin (25 years, Football) offered a case in point. After jamming his thumb during practice, his focus shifted not toward healing but toward suppressing the injury's visibility. His objective was to make it disappear just long enough to stay in the mix of competition:

> I was trying to go for, to catch a pass, and just kind of like bounced off my thumb, like I thought I like kind of dislocated it … At that point I was kind of like on the verge of dressing, and I didn't want that to like impact my ability to play. So, I kind of just like went and got it taped up, like tight as possible, just so like, tried to reduce the swelling and not having to feel it.

Colin's reflection illustrates what Young et al. (1994) describe as denial which might signal sensitive risk-taking: an athlete's strategic refusal to acknowledge injury fully, even as they enact

care practices. His decision to tape his thumb tightly was not aimed at recovery, but concealment. The taping, in this context, is symbolic—not of rest, but of camouflage. His language is procedural and limits reflection on pain, only a focus on eligibility. In this way, he masks the ambivalence between awareness of injury and the fear of missing an opportunity. He does not resist the CoR; rather, he reorganized around it, adopting subtle behaviours that preserve his performance identity while hiding vulnerability. The injury was not ignored, but its seriousness was muted through familiar body talk, enabling continued participation without drawing attention from his teammates or therapy staff. This decision reflects more than tactical pragmatism; it reveals a deeper ambivalence. Colin's language communicates calm and control, but the urgency of staying eligible suggests an internal conflict between self-preservation and athletic opportunity. In this way, his actions can be seen as a coping mechanism to mask his ambivalence of performing responsibility while deferring a fuller reckoning with the expectations of varsity sport.

Logan (24 years, Track and Field) described a similar approach, albeit with more detail. His account of managing a foot injury reads almost like a manual for improvised maintenance of pain:

> I know my foot is pretty messed up, but I'm gonna have, you know, a certain amount of time to recover from that. So, I'm gonna just put my body, get some treatment, you know, take some Advil, tie my shoe, I like wrapped my like laces around my like lower calf because I was like, 'This needs to be stable.' … So, you kind of just get through until, you know, because you know you have the recovery.

Logan's tone appears pragmatic, even medically informed—the injury is acknowledged but ultimately deferred. He speaks not from a place of panic, but with an itinerary that organizes his discomfort in relation to a promised temporal period of rest. His list of interventions—Advil, treatment, lace stabilizations—frames injury as something to be managed, not healed. In doing

so, Logan echoes what Young et al. (1994) describe as the "depersonalization of pain" —a discursive distancing where injury is treated as a technical glitch rather than a threat to the whole self. By focusing on the mechanical stabilization of his foot, Logan isolates the pain to a single malfunctioning part, obscuring its broader impact on his identity or health. Logan knows he is injured, but he rationalizes continued participation by emphasizing a future window of recovery–– reflecting what Schubring et al. (2023) describe as a temporal structuring of health decisions, wherein short-term performance is prioritized over long-term health. To that end, "just get through" becomes a mantra that conceals conflict between present awareness and future justification. This rhetorical distancing functions as a form of denial—not in the sense of rejecting the injury outright, but in supressing its emotional or ethical implications. Logan does not appear to be fearless but instead communicates his injury through the language that is familiar to him under the institutional and cultural conditions that offer little space for deliberation. As such, Logan's strategy may appear informed and rational, but it also conceals ambivalence: he likely knows rest is warranted but lacks the language or latitude to act on that awareness. In this way, his denial does not directly contradict the CoR, but sustains it through a performance of responsibility.

Ryan (24 years, Volleyball), who navigated chronic knee pain throughout his career, also negotiated risk in the space between knowing that rest was the real solution and taking action:

> I would say, like, of the exercises and stuff they told me to do, I would say it felt a little bit at a loss, because some of them worked and some of them didn't … So, I tried them all, but it was just like, I was just waiting for the holy grail or something to really fix them. But at the end of the day, I knew that the only way to fix them was do all that and take a break from volleyball. But, I mean, yeah … it wasn't an option.

Ryan's ambivalence is quietly palpable. He knows that rest is the right course, but treats it as unattainable. His reliance on training routines and hope for a "holy grail" cure gestures toward a

desire for healing without stepping away. This aligns with what Frank (1995) calls the "restitution narrative" where athletes believe that pain can be overcome without sacrificing participation. Rather than resisting, Ryan strategically modifies care in ways that maintain his availability. In this way, his narrative is one of containment that masks his contradictory ideas about the pain he feels while upholding the expectations of performance.

Throughout the excerpts in this section, athletes frequently described a repertoire of real-time modifications—taping, wrapping, adjusting warm-ups, cycling exercises, taking painkillers, selectively interpreting medical advice—that allowed them to continue participating without directly confronting the implications of their injury. These actions were not framed as acts of resistance, but as disciplined responses to bodily discomfort, calibrated to preserve their legitimacy within both medical and sporting environments. They were framed as mature, informed, and team-oriented—even as they betrayed deeper ambivalence between knowing they were injured and continuing to play anyway.

In line with Malcolm's (2006) analysis, such behaviours reflect a negotiated compliance, rather than open defiance of the CoR. Athletes internalize the expectation of availability and respond with performative discipline: doing everything but resting. As Young et al. (1994) argue, the moral authority of the sport ethic is not limited to heroic self-sacrifice but resides in the quiet normalization of discomfort. In this case, denial does not mean ignorance, but rather the discursive containment of pain—rendering injury as a technical problem, not a moral or existential one. Athletes like Logan, Colin, and Ryan engaged in subtle reconfigurations of their routines to keep performing, even as their bodies signaled a need for recovery. These narratives of tactical modification provide a plausible illusion of autonomy—appearing responsible, measured, and tough—while masking the internal conflict that characterizes ambivalence. As

Sparkes and Smith (2014) remind us, the stories athletes tell are not just reflections of experience but efforts to make those experiences coherent within culturally approved frameworks. The language of "tight taping," "getting through," or "cycling rehab exercises" gives structure to ambivalence. It allows athletes to remain loyal to the team, perform self-care in socially acceptable ways, and avoid explicit refusals. Their restraint becomes a form of respectability—not pushing the body to breaking, but never quite allowing it to rest.

Importantly, these behaviours were not only physical, but relational. They required familiarity with one's own body, past experiences with injury, and the trust or capital to manage risk without full disclosure. As the analysis in response to research question #2 will show, athletes' ability to manage pain quietly—without being sidelined—depended heavily on their embeddedness in institutional networks of support, medical literacy, and team standing. Denial, in this sense, was not a failure to acknowledge pain, but a strategic, embodied performance shaped by access, memory, and social context.

Ambivalence in Action

Data from the interviews illuminated that the CoR was not interpreted as a rigid set of principles to be followed or rejected, but as something that demanded daily, seasonal, and emotional negotiation. Participants' choices were shaped by an evolving set of factors: the importance of a competition, the timing within a season, or the broader trajectory of their athletic career. Across these moments, their engagement with risk was fluid, context-bound, and deeply reflective. At the heart of such negotiations was a shared ambivalence that, as Bauman (1991) conceptualizes, did not imply indecision or ignorance, but rather a careful balancing of competing priorities in the face of uncertain or imperfect options. Many participants

acknowledged alternative priorities related to protecting one's health—yet remained entangled in the expectations of high-performance sport. Their narratives revealed that decisions around injury were not simply personal, but also shaped by external pressures and internalized expectations. This form of ambivalence—where alternative courses of action are known but not always acted upon—accentuates the stranglehold of the CoR.

Ambivalence surfaced most vividly in moments when participants explicitly acknowledged the risks of playing through injury—recognizing, at times, the potential harm they might incur—yet still chose to continue playing with pain/injury anyway or expressed a strong desire to do so. These decisions unfolded through internalized negotiation and were not made in isolation, but emerged in relation to the expectations, norms, and affective attachments embedded in the varsity sport environment. The push to persist was shaped as much by an internalized athletic identity as by the broader institutional and cultural sentiments of the CoR, where risk is often rendered routine and sacrifice symbolically rewarded (cf., Hughes & Coakley, 1991). In these moments, athletes did not unequivocally reject safety, rather, they sidestepped it––consciously, cautiously, and occasionally reluctantly. For example, Myles (22 years, Volleyball) imagined how he might have responded differently had his concussion occurred just before a game rather than during a routine practice: "I'm cognizant that this would be the wrong approach in terms of safety, but I think I would have tried to continue playing for a little bit, just to see if the headache were to subside." His use of "cognizant" suggests a moment of self-awareness, and yet his judgement is overridden by the impulse to "just see" if the pain passes quickly enough to justify continuing: this is not recklessness, but a reflective gamble. Ambivalence is wielded here through recognition of potential harm that does not quite manifest as resistance, but as a calculated decision to test one's threshold. In so doing, Myles captures a

tension of the CoR that is not between knowledge and ignorance, but in the competing pull between what one knows to be prudent and what one feels compelled to do in the moment.

Brady (24 years, Volleyball) offered a similar example of negotiation and ambivalence while reflecting on a head injury. Brady contemplates how his decision to play through injury might have changed had the injury occurred in either a more or less significant competition:

> Well, we just lost, so this game means nothing now, uh, besides pride obviously. And I had a history of concussions and I said, "Well, there's no point in me… playing for essentially a meaningless game to risk, you know, the most important part of your body."

At face value, what emerges through this quotation may signal contradiction, however the specific circumstances instead portray a shifting calculus. His decision to rest appears contingent not on the injury itself, but on the perceived value of the game and in relation to the broader season. This is ambivalence as contingent clarity: a brief withdrawal from risk, justified only by the insignificance of the stakes. Brady's account is not grounded in an outright rejection of risk, instead it demonstrates how the CoR bends and flexes around circumstances, allowing athletes to both identify and minimize bodily harm in the same breath. This became apparent in another part of the interview where, despite having left his childhood sport (hockey) due to a history of concussions, he described how his initial reaction to a more recent head injury was to minimize the risk: "I don't think (my decision) would have changed, which may be bad to say, but I think in the moment my reaction was, 'It was just like a nick … I'm probably fine.'" The phrase "just like a nick" softens what his own experience had taught him could be serious.

After injuring her ankle just weeks before a pivotal doubleheader match weekend, Ashley (24 years, Volleyball) described the internal dissonance of competing impulses, highlighting her sense of conflict between performance and healing/care:

> I was really upset … I just wanted to play, and even though my ankle was hurting, I kind of had the mentality that I was like, 'I don't really care if it hurts that bad, I still want to play.' But I also didn't want to risk long-term injury or re-injury …

Ashley's narrative exposes her own emotional friction between bodily caution and competitive desire. The pain in her ankle collided with a desire to find purpose through performance. While she recognized the risks of playing hurt, the pull of being there for her team was equally forceful. As Ahmed (2013) reminds us, emotions do not reside solely within the individual but are imprinted on the bodies, shaping how we navigate institutions such as sport. In this sense, Ashley's ambivalence is not simply about making a rational decision—it reflects a deeper negotiation of what it meant to be a good athlete, teammate, and contributor in a system that conflates risk-taking with such attributes (see Hughes & Coakley, 1991). The quotation illustrates how athletes may feel caught between competing emotional obligations, where neither option feels entirely right or safe. This tension may be understood as emotionally saturated crossroads that illuminate the affective weight of decision-making in the CoR.

For some of the participants, their perspectives highlighted their belief of acceptable levels or forms of participating with pain/injury; their sincere belief in being able to draw lines in the sands of the CoR in light of their ambivalence and competing logics. Grappling with a chronic knee injury, Ryan (24 years, Volleyball) made adjustments in training, but drew a hard line at the thought of missing games: "[Sitting out] wasn't really an option to be honest … I never really considered stopping … I did consider changing things in the gym … but actually as far as playing the sport … I never really changed that much." While managing a foot injury leading into an important championship meet, Sierra (22 years, Track and Field) cast her own line between pain and perceived harm: "It might hurt a lot, but as long as I'm not like risking fully breaking my foot or anything, it's like, okay." Ryan's approach reflects a selective adaption wherein physical exertion is limited where possible while refusing to entertain the idea of non-participation during competition. In this sense, risk was managed, not avoided; the goal was not

recovery, but preservation. For Ryan, the floor of acceptability had shifted: compromise was permitted behind the scenes in the weight room, but not on the forward-facing court. Ambivalence here is marked by the negotiation of competing priorities: care versus commitment, longevity versus immediacy. Sierra's reflections echo this notion of an internal gauge of acceptable suffering. Her decision is framed not as denial, but as meeting the demands of varsity sport. Her ambivalence is not about whether to play through pain, but when doing so becomes tolerable based on an (arguably arbitrary) threshold. Like others, Sierra's narrative reveals how ambivalence is shaped not only by the body's response to pain, but by what might be understood as an invisible moral economy—a set of unspoken norms that, as Malcolm (2006) suggests, position risk-taking as a form of currency through which athletes gain trust and legitimacy in sport.

Rather than conforming wholly or resisting outright, the athletes interviewed in this study navigated the CoR with ambivalence and conditionality. Their relationships with pain, injury, and performance were not static, but circumstantial and shaped by—as will be further explored in the next sections—layers of timing, perceived stakes, social dynamics, and the rhythms of institutional sport. Risk was not experienced as a singular event or as something athletes felt could be simply accepted or rejected, but as an ongoing condition to be negotiated in real time. This finding aligns with prior work that emphasizes the normalization of pain and injury as part of high-performance athletic identity (Atkinson, 2019; Malcolm, 2006; Safai, 2003) Risk, in this sense, is not inherently deviant but often seen as necessary, even virtuous and embedded in the very appeal of competition. What distinguishes the CoR from the general presence of risk in sport is its normalization of pain and injury as unremarkably ordinary—even necessary—for success and progression. It is here that the concept of overconformity, as developed by Hughes

and Coakley (1991), remains particularly relevant. Rather than framing risk-taking as deviant, they argue that athletes engage in positive deviance: an uncritical acceptance of the sport ethic that elevates sacrifice to a moral ideal. However, findings from this study challenge the notion that athletes today are blindly overconforming. Instead, the participants' accounts point toward a more complex terrain of ambivalence in which athletes neither fully reject nor accept the demands of the sport ethic, but instead negotiate its expectations against the backdrop of the circumstances I outline next.

Timing, Stakes and Career Stage

Across the participants' accounts, it was clear that ambivalence did not arise in a vacuum; rather, it intersected with the circumstances of time and situational context. One of the most consistent influences on decisions to play through injury was timing—where they were in the season, what was perceived to be on the line at the time, and how close they were to graduating or reaching personal milestones. While these moments were anchored in physical experiences of pain, they warranted more than just bodily sacrifice or endurance. They activated a form of situated reasoning, in which the meaning of injury was continually recalculated according to stakes, schedules, and aspirations of success both within and beyond the present competitive season. For some, ambivalence intensified near the end of a gruelling season or in the lead-up to a coveted championship. For others, it was bound to imagined futures, where pushing through now was framed as necessary preparation for what they believed lay ahead. These stakes were rarely abstract; they were immediate, measurable, and entwined to visibility, identity, and feelings of belonging within the sub-cultures of varsity sport.

Sierra (22, Track and Field) offered a very clear articulation of this circumstantial logic. Reflecting on her decision to compete while injured, she described how the timing of the season fundamentally shaped her reasoning:

> If it was earlier in the season, I would have taken the time off, like easily… Like other seasons, I've taken all of January off, I've missed like three travel meets to work on injuries. But it was literally just because it was those last two weeks, and it was at the end of the season, and it was such a big meet.

Sierra positions her current decision to override pain and forego rest as an outlier, framed against a personal history of recovery. By asserting that she typically prioritizes healing, she casts her current choice as a strategic deviation from the norm. This kind of selective framing highlights how ambivalence can be managed not only through physical action, but through a narrative that casts risk as becoming more palatable when embedded in a broader landscape of restraint. She elaborated: "It was at the end of the season and it was such a big meet." Here, she explains how timing reconfigures the significance of the injury. Sierra's case exemplifies that ambivalence is not only cognitive, but somatic and contextual and produced through an athlete's embodied reasoning, shaped by pain, performance expectations, and the symbolic value of specific moments.

Logan (24, Track and Field) echoed this temporal sensitivity, but with more hesitancy. Describing how he might have responded differently depending on where he was in a competition, he said:

> If it was an early meet, probably wouldn't have continued … With that being said, it depends, I guess, on how many jumps I had left. But yeah, it's like, you gotta have a long season, you don't want to re-aggravate anything … since the stakes are low, I wouldn't have pushed probably.

Logan's language is saturated with qualifiers—"probably," "it depends," "I guess" —revealing a decision-making process that remains unresolved even in retrospect. He does not pose a firm

boundary between acceptable and unacceptable risk; instead, his decision is filtered through multiple contextual variables, including not only the timing of the season, but the rhythm of the event itself. If the injury had happened earlier in the meet, with multiple jumps remaining, withdrawal might have been safer, or at least easier to justify. But with just one effort left, the cost of sitting out may have felt heavier, more conspicuous, perhaps even subject to social scrutiny. Logan's reflections suggest that risk was not assessed in broad strokes, but negotiated moment-to-moment during performance. Logan performs micro-calculations during real time performance, juggling injury, optics, and personal standards under the watchful gaze of sport's unspoken codes of normalized risk.

If Sierra and Logan were responding to immediate perceived stakes, Jacob (18, Track and Field) illustrates how anticipated stakes can likewise complicate an athlete's efforts to balance caution with commitment. Unlike others who spoke from within the confines of post-secondary sport, Jacob's account details the liminal space between high school and varsity sport and the weight of such a transition: "Going into university next year with a scholarship… I want to perform well, I need to, I felt like I needed to jump as high as I felt like I could jump at the time." The emphasis on "I need to" evokes a deep internalization of CoR expectations. Jacob's reflection suggests a personal desire to meet the perceived demands of his transition from high school to university sport; this drive is not only to perform well in the moment, but to test and affirm his readiness for what he imagines lies ahead. Even though his back injury was evident and insistent, the stakes he describes are prospective and symbolic. Jacob's reflection captures how the CoR operates not only in moments of heightened concern but also in preparation for them. Risk becomes a kind of rehearsal, a test of readiness for the elite environments he has yet

to enter. In this way, ambivalence stretches beyond the now to also mold and shape imagined futures.

Ryan (24, Volleyball) spoke from the other side of that cultivated threshold. Unlike Jacob, his pressure was not anticipatory but active and constantly impending. Already embedded in the varsity sport system, Ryan described the urgency of staying visible in the competitive pipeline, where each game was not just a performance, but an opportunity to market oneself: "I felt like I needed to play every game no matter what, because every game is an opportunity to get more footage to submit a highlight tape somewhere. So, [rest] wasn't really an option." Here, rest is not evaluated and rejected, it is not even considered. Ryan's decision is not framed as a difficult one, but as inevitable. The expectation to show up, compete, and produce becomes fully absorbed, leaving no room for uncertainty or emotional strategizing. Unlike the participants who wavered, Ryan presents risk-taking as an imperative and one that feels dictated by career progression rather than personal choice. And yet, even in the absence of overt ambivalence, his narrative reflects the same circumstantial reasoning seen elsewhere. For Ryan, like other participants, health becomes conditional, something to be postponed in the name of exposure, relevance, and progression.

In the preceding excerpts, athletes frequently framed their decisions to play through pain not as efforts to demonstrate toughness or invincibility, but as contextually appropriate responses to real or imagined performance pressures. These decisions were negotiated against circumstances such as upcoming playoffs, end-of-career milestones, team needs, or rare and fleeting competitive opportunities. In this sense, risk was seldom assessed in absolute or medical terms, but rather through situational qualifications. This aligns with Douglas and Wildavsky's (1982) concept of "cultural bias," in which risk is understood through locally constructed norms

and values. For many, what begged greater concern was not what hurt, but *when* it hurt. To this end, athletes' reasoning bore resemblance to what Young et al. (1994) called "body talk" a strategy of rationalizing pain through culturally accepted phrases such as "it's just a tweak" or "I couldn't make it worse." Pain became a calculable factor, not a warning sign to seek rest and recovery. Athletes understood their injuries not as something to be confessed or avoided—this would have required confrontation with the injury itself—but as something to be managed in service of a greater goal. Decisions to sit out, when they did occur, were rarely ideological acts of resistance to a culture that demanded their sacrifice. Instead, they were strategic withdrawals or low-cost pauses enabled by social support, timing, or lack of competition. I suggest that, in the least accusatory way, resistance—when it appeared—was possible because the conditions in that moment made it easy to do so.

The conditional landscape of resistance aligns with Malcom's (2006) research on negotiated injury management in rugby, where athletes make micro-level adaptations that sustain performance without confronting institutional norms. This reflects what I conceptualize as a precarious athletic identity, building on Roderick's (2006) insights into the uncertainty and instability faced by professional footballers. The varsity athletes in the present study shared a sense of temporal pressure. Despite being granted an extra year of eligibility due to the COVID-19 pandemic, the participants remained acutely aware that time was limited, that their post-secondary careers were likely their last opportunity to compete at a high level and, ultimately, that rest could come after the hard work was done. As such, continued participation became a form of investment. In many cases, athletes negotiated risk not out of naivety, but because the perceived returns—belonging, performance, closure—felt worth the cost. Pertinently, this cost is more than merely financial, as will be further discussed in Chapter 5. In the section that follows,

I explore how this ambivalence changes shape once the moment has passed, tracing how participants look back on past decisions with regret.

Regret and Retrospective Realization

As previously alluded to in Logan's post-hoc negotiation of perceived stakes, ambivalence does not always emerge in the heat of the moment. For many athletes in this study, clarity arrived only in hindsight, after the adrenaline had faded, the season had ended, or the injury had worsened into something more lasting. In the moment, decisions to compete through pain were rationalized and framed as necessary, noble, or strategic. But with time and distance from the events, many participants revisited those same decisions with feelings of regret and retrospective ambivalence. What once felt justifiable began to appear misguided. The emotional, physical, and developmental costs became more visible, and so too did the realization that what they had accepted as routine might, in fact, have been detrimental.

Jacob (18 years, Track and Field), for example, offered a pointed account of this shift while reflecting on his final high school season:

> Looking back at the whole few months where I was competing injured, I didn't really get anywhere from being like, competing while injured … so looking back at it, it wasn't worth it because my jumps today still don't look like what they used to.

Jacob's regret is rooted not just in pain or injury, but in perceived loss of progress, potential and a belief that his efforts ultimately undermined his performance rather than preserving or advancing it. Jacob's gamble didn't pay off, and in recognizing so, the cultural script of 'toughing it out' begins to unravel itself. He continued:

> None of those meets I look back and said, 'Oh, I had a really good meet, and I was injured.' It's [not] something to like brag about … I look back at the meets and I'm like, 'I was injured, and I performed like crap.'

In these words, Jacob directly counters the moral weight often assigned to pain tolerance in sport. There is no pride, no mythologizing of sacrifice, only hindsight and a recalibration of values. His reflection explicitly challenged the CoR's expectation to place performance above health, refusing to glorify struggle for struggle's sake.

Kevin (24 years, Track and Field) expressed a different, but equally sobering realization. His regret though was not about competing itself, but about how injury management—what should have offered healing—became a mechanism that prolonged the harm he experienced:

> I think all the therapy I had helped me go longer, but I think in the end it actually ended up making it worse because I kept on pushing, because I was like, 'This is a level of pain that sucks, but I can manage it.' But if I would have just kind of like not seen therapy as much and kind of just called it quits, I wouldn't have maybe actually had the injury as bad as it was.

Here, Kevin introduces a rarely articulated tension—that recovery protocols, even when institutionally and medically sound—can enable continued participation in ways that obscure or delay absolute recovery. Therapy didn't just rehabilitate him, it allowed him to manage pain long enough to remain competitive, which may have worsened the very injury it was meant to address. His account exposes a subtle contradiction in the logics of sport medicine: that care, and harm can become entangled, especially when treatment is oriented toward return-to-play rather than long-term health. Kevin's regret is both personal and structural. On one hand, he recognizes his own decisions in continuing to play through pain; on the other, he expresses discomfort with how treatment enabled that continuation. His account illustrates a form of ambivalence toward the very systems designed to help him—grateful for the support, yet uneasy about how it prolonged his harm. This ambivalence echoes Safai's (2003) analysis of the institutional structuring of care, where athlete healing competes with, and at times subordinated to, performance and availability. Rather than framing therapy as unequivocally protective, Kevin's

reflection highlights how clinical support can become entangled with the CoR, sustaining it under the guise of care.

Logan (24 years, Track and Field) voiced a similar sense of delayed realization. Recalling a cross-country trip to a competition that now stands out as the moment his injury worsened, he said:

> I had come all this way, it was in BC, so coming from Ontario to BC. Again, one of those last competitions of the year, just kind of gotta get through it, didn't think it was gonna turn into what it did.

His phrasing ("…gotta get through it…") speaks to the momentum athletes often carry into competition coupled with the deep internalization of the sport ethic. Rest is deferred until time runs out, even when pain signals otherwise. In Logan's case, the decision to compete was less about glory and more about completion. Later in the interview, and as will be further fleshed out in the next chapter—he noted how "finish the competition" is "kind of ingrained in [him]." But the long-term consequences transformed what once felt like simply seeing things through into a decision he now looks back on with regret

While participants never positioned themselves as outright rejecting the CoR, many offered accounts that revealed an evolving awareness of its cost—awareness that surfaced only after the moment of decision-making. Regret, in this context, did not signal weakness or failure but became a retrospective marker of ambivalence. That is, what once felt necessary or even admirable became, over time, the subject of doubt. This speaks to the temporality of reflexivity in sport. In the moment, athletes made decisions aligned with the sport ethic; only with distance––emotional, physical, or temporal—did they begin to question the narratives they had once internalized. In hindsight, the perceived logic of pain tolerance began to fray, and many participants expressed regret not simply for a singular event or consequence, but for the broader

normalization of self-sacrifice that they had internalized. This reconsideration of past action signals not resistance, but the emergence of contradictory beliefs that speak to the ambivalent position of the athlete who is both committed and cautious.

Evans (2007) refers to this retrospective insight as "bounded agency" —a form of constrained awareness shaped by changing social landscapes. Jacob's reflections exemplify this: though still embedded in recovery and performance culture, he now viewed his past decisions as counterproductive. Competing while injured no longer appeared heroic, but short sighted. His statement—"I was injured, and I performed like crap" —suggests a shift in how he views competing through injury. What once might have felt necessary or justified no longer carries the same meaning. This is not framed as outright resistance, nor is it a total rejection of his past actions. Rather, his reflection reveals a subtle discomfort with what once made sense, illuminating the ambivalence that arises when belief systems are no longer stable but remain influential. He is caught between what appears to be residual loyalty to the sport ethic and the growing awareness that it may have harmed him.

This tension is echoed in Kevin's account, which adds nuance to how institutional care can shape an athlete's experience of injury. While he credited therapy in helping him remain competitive, he also acknowledged that this support may have allowed him to prolong his participation in ways that, in hindsight, delayed recovery. While therapy was believed to promote recovery, it facilitated continued performance and, in doing so, may have worsened his injury. Kevin did not describe therapy itself as harmful, yet his account surfaces a tension regarding how systems designed to help can, under certain conditions, facilitate continued risk exposure. His reflection does not amount to critique or disavowal, but rather a recognition of mixed feelings about care and harm, agency and constraint, short-term performance and long-term health. This,

too, is ambivalence: a retrospective realization of the costs embedded in choices that once felt responsible.

What emerges across these accounts is a form of post-career or post-injury reflexivity. As Frank (1995) suggests, athletes who recount their experiences after injury or stepping away from sport often take on the role of the "wounded storyteller" —those who give shape to pain they had previously pushed aside. Their stories serve not only as testimony to pain, but as a form of critical commentary on the broader systems that rendered their suffering invisible or normalized. In this context, regret does not signal total rejection of the CoR, but rather a deeper internal conflict about the values they were once expected to uphold. It illuminates how athletes can remain committed to their sport while questioning the consequences of such commitment. Retrospective realization, then, becomes a key expression of ambivalence—a delayed recognition that their participation sometimes constrained their health. This tension—between commitment to the sport and concern for one's health—is at the heart of ambivalence.

It is important to note that this reflexivity did not always lead to clear or immediate resistance. Many participants continued to compete or had only recently stepped away from sport. In this sense, the emergence of regret and realization reflects not a total rejection of the CoR, but a temporal shift in perspective that illuminates the ambivalence that marks many athlete experiences. Athletes may conform in action, but not always in belief. Their reflections suggest a maturation within the CoR, whereby they begin to reinterpret their past decisions, question the narratives they once accepted, and imagine alternative relationships to pain, injury, and care. In this way, retrospective realization itself becomes a dimension of ambivalence—a delayed awareness that complicated the moral uncertainty athletes once held about their choices. The athletes did not always recognize harm in the moment; they rationalized pain as strategic or

necessary. But with time, clarity emerged, and the consequences of self-sacrifice became more legible. Even then, however, many continued to speak from within the CoR rather than outside of it. Thus, their regret signals not a clean break but an ongoing negotiation, or a re-evaluation of previously unquestioned norms.

Summary

This chapter has traced how varsity athletes understand and navigate the CoR through a lens of ambivalence and circumstance—a mode of reckoning that is affective, situational, and often retrospective. Rather than depicting the CoR as something athletes either wholly internalize or actively resist, the findings suggest a more fluid and contingent engagement marked by emotional negotiation, tactical adaptation, and the ongoing work of making difficult decisions in imperfect conditions. In responding to research question #1, the chapter presents ambivalence as the dominant mode through which athletes live with and make sense of risk. But it also begins to hint at a deeper question: who can afford ambivalence? Who has the tools, the language, or the support systems that allow them to navigate the injury without derailing their athletic identity or opportunity? While rarely explicitly named by participants, the patterns point toward differences in access to resources and forms of capital—cultural, social, and institutional—all in relation to their social location. The next chapter takes up these questions more directly, turning to the second research question to address how athletes' experiences of the CoR are shaped by their embeddedness in networks of care and knowledge, such as their relationships with coaches and teammates, their ability to interpret medical support, and the broader structural conditions that mediate when, how, and whether risk can be refused. It is in these uneven distributions of support and agency, that the deeper structures sustaining the CoR bring to surface.

Chapter 5: Access to Ambivalence — Capital's Role in Shaping Risk Decisions

Whereas Chapter 4 was an introduction to how athletes made sense of pain and injury through ambivalence and circumstantial reasoning, this chapter evaluates those decisions with respect to the structural and relational conditions that support and limit athlete agency. Drawing on Bourdieu's concept of capital, the analysis offers how athletes' access to social, economic, and cultural capital influenced their ability to navigate injury, advocate for care, and oppose the CoR in ways that did not reflect outright rejection of its prevalence. These resources were not evenly distributed, and they structured athletes' capacities to interpret pain, disclose vulnerability, and act upon it. The first section of this chapter focuses on social capital and is divided into three sub-sections that consider how relationships with teammates, coaches, and family shaped athletes' ambivalent decision-making around risk. Thereafter I turn to economic capital to examine how access to both institutional and private medical care affected athletes' capacity to remain in or step away from competition. Finally, the chapter concludes with cultural capital, demonstrating the utility of embodied knowledge, medical literacy, and training experience in shaping how athletes managed pain and engaged with treatment.

A primary focus of this study was to attend to the role of social location, which includes factors of race, gender, and socioeconomic background. These were not frequently cited by participants, nor did they emerge as significant analytical points surrounding barriers or facilitators to resistance. Instead, capital—particularly access to care and relationships of perceived trust—centred as more salient in shaping how athletes experienced and responded to the CoR. As such, the following sections do not dismiss identity, but foreground the forms of advantage and embedded privilege that many varsity athletes operate within. Specifically,

privileges that subtly shape the conditions under which risk becomes manageable, tolerated, or resisted.

Relational Experience of the CoR

Athletes' access to social capital—understood here as the relational resources embedded in their connections with teammates, coaches, partners, and family (Bourdieu, 1986) — significantly shaped how they navigated and engaged (or not) in resistance to the CoR. These relationships did not merely surround injury decision-making, they actively shaped its emotional tone, social consequences, and perceived legitimacy. Yet, this influence was rarely straightforward. Social capital did not resolve the tension between risk and recovery, rather it complicated it. For some participants, social capital served as a psychological safety net, cultivating environments in which caution and care were not only tolerated but at times encouraged. In contrast, where relational trust was perceived to be weak, strained, or conditional, injury disclosure became a site of tension—laden with fear of what they perceived as subtle forms of surveillance, disappointment, or withdrawal of support. Importantly, and as was addressed in the previous chapter, social capital did not guarantee resistance. In many cases, even strong relational ties did not empower athletes to feel as though they could withdraw fully from risk. In these moments, social capital functioned as a harm-reduction mechanism, offering partial buffers against the CoR's demands, without fundamentally challenging the set of norms that uphold its presence. Conversely, in the absence of such support, participants often leaned into silence, denial, or strategic modification—practices that mask ambivalence beneath outward displays of discipline and toughness. In this way, social capital emerges not as a straightforward enabler of resistance, but as an unevenly distributed buffer that shaped how risk was interpreted,

understood, and experienced. These dynamics were described not in abstract terms but through the lived experience of athletes navigating the relational terrain of their teams, coaches, and support systems.

This section is organized across three key relational domains: (1) teammates and fellow athletes, (2) coaches, and (3) family and partners. Each offered a different kind of proximity and power, with implications for how athletes assessed the viability of their options in the face of injury. Taken together, these domains illustrate how relationships can either soften or sharpen the edges of the CoR.

Teammates and Fellow Athletes

For many participants in this study, teammates offered the most immediate and emotionally accessible form of support. Jacob (18 years, Track and Field) described the environment created by injured teammates as one in which caution felt permissible, even encouraged: “It’s been very supportive, especially in times when it’s been lingering for a few months and I’ve told my teammates like, ‘My hip’s still bothering me and so I’m gonna take a week off,’ and they’re like, ‘Yeah, you definitely should.” Here, Jacob perceived a response of affirmation rather than suspicion. His injury was not questioned or minimized, and his plan to rest was met with what he described as support. While this does not necessarily reflect a disruption of the CoR, it points to how peer relationships can shape the emotional landscape surrounding decisions about injury and recovery. This notion of care, however, was not universal. For other participants, teammates responses were more complicated. Ashley (24 years, Volleyball) recalled a mix of reactions that made it difficult to interpret whether sitting out was truly understood:

> Some of my teammates were like, “Are you sure you’re not gonna be able to play?” … and some of them were like, “Ugh, I wish you could play.” And some of them were like, “Don’t push it because we really need you for the rest of the season.”

This blend of what appears to be concern, disappointment, and strategic foresight reflects the emotionally layered nature of peer support. Even within the same team, athletes encountered a range of attitudes that could reinforce, contradict, or complicate their own sense of what was appropriate. Ashley’s account reveals how these interactions became part of her broader calculation and, thus, ambivalence, not just about her pain, but about how others might interpret her choices. She continued: “Yeah, I definitely talked to some of my closer teammates [about my injury], but I was careful who I confided in.” This caution signals a deeper form of interpersonal negotiation, or an internal calibration of who might respond with empathy, indifference, or critique. While Ashley did not explicitly state that withholding information was about avoiding social consequences, her selectivity points to a need to manage how others viewed her injury. Disclosure becomes a form of relational risk in itself, negotiated carefully in order to preserve not just physical health, but social standing within the team and emotional safety from others judgement.

Across these accounts, a singular experience of peer support does not surface, but rather a spectrum of support is prevalent. Some participants described environments where pain was legitimatized and rest was respected, while others conveyed a need to interpret and filter teammate responses carefully. This act of filtering speaks to a deeper form of ambivalence—not only about their injuries, but about the likely social implications of revealing them. As Ashley’s account suggests, decisions around disclosure were rarely made in isolation; rather, they were shaped by expectations, interpersonal histories, and concerns about how one might be seen or understood within the team. In this way, ambivalence was not just an internal struggle between health and participation, but a relational process. Athletes often had to negotiate their needs in

relation to perceived needs of others, making strategic choices about when and how to speak, rest, or push through. Social capital—particularly perceived trust and emotional safety—could soften these tensions, but even in supportive contexts as they were described, ambivalence persisted.

Coaches: Gatekeepers of Legitimacy

Despite Canadian varsity sport's non-professional status, coaches still function as institutional authorities with considerable influence over athletes' experiences of pain and injury. The athlete participants in this study often described their coaches as influencing the ways in which they interpreted their own bodily limits and capacity, both internally and to others. Some participants described their coaches as supportive, trustworthy, and acknowledging holistic health as paramount to performance, while others indicated that even ostensibly supportive relationships could reinforce the CoR in more subtle ways.

Myles (22 years, Volleyball), for example, expressed hesitation in disclosing physical discomfort to his coach, even in cases of persistent pain:

> Even right now, I don't like talking to my coach about how my body feels… I just don't want to give him any ideas that I'm not ready to play … so I kind of just pocket that … I think I'm afraid of him thinking of me differently and thinking I'm like a wuss in some regard.

Myles language illustrates how the fear of being recast from competitor to liability can mute attempts at self-advocacy. His instinct to "pocket that" signals an internalized belief that voicing discomfort invited symbolic devaluation. The silence, then, is not ignorant but strategic—an attempt to preserve one's athletic identity by withholding the truth. By contrast, Logan (24 years, Track and Field) described a scenario portraying how relational trust can radically alter the calculus of risk. Describing a decision to sit out, Logan recalled the social support afforded to

him: “I weighed the pros and cons; I went back and forth a lot and then decided it wasn’t the right thing for me. Talked with coaches and staff, and we decided it wasn’t worth the risk.” Here, Logan’s use of “we decided” brings forward something absent in Myles’ account: a collaborative infrastructure in which rest becomes both a consideration and legitimate through a relational safety net. Whereas Logan’s decision is scaffolded by perceived trust and collective reasoning, Myles’s silence is not merely about fear; it reflects an interpretive negotiation marked by ambivalence. He is reading his coach’s likely reaction, estimating the symbolic consequences, and acting in anticipation. This is not passive conformity, but active relational calculus performed under the weight of unspoken expectations from his coach. Comparatively, Logan’s injury itself was not necessarily more severe, but his decision-making was safeguarded by a culture in which rest did not threaten his status.

Brady (24 years, Volleyball) offered a particularly pointed observation about how care was unevenly distributed within his team:

> Well, it really depends who you were on the team… our, like, prized possession, if he was even just a tiny bit sore at practice, he was getting a day off. If you were anyone else, probably you’re just playing.

Brady’s insight maps the allocation of care directly onto the team’s performance hierarchy, where athletic capital—understood here as perceived value to the team—appears to influence how injury is responded to. While other participants did not speak as directly to this dynamic, Brady’s comment raises the possibility that team standing can shape one’s access to rest and leniency. Ashley’s (24 years, Volleyball) experience continues to warrant reflection on the effects of perceived inconsistencies in treatment. One athlete—perceived by others as the coach’s favourite—was permitted to sit out of drills or arrive late without repercussions. Ashley recalled: “We were like, ‘why is that okay for her but when we say, my thumb hurts’ it’s not

taken seriously." Ashely suggests that when treatment is not applied evenly, it may erode trust between players and coaching staff and contribute to an environment where athletes second-guess whether their pain will be acknowledged. Brady and Ashley's comments suggest that recovery is not distributed according to need, but according to perceived value. Rest thus becomes a currency that is available to some and withheld from others.

The preceding accounts show how coaches shape team culture not only through direct messages, but through the relational conditions they are perceived to foster. Where recovery is respected, rest becomes culturally coherent and athletes feel empowered to pause. Where it is conditional—granted only to the talented or tenured—pain becomes a burden to manage in secret. In more extreme cases, rest is not just discouraged, but pathologized. Will (24 years, Volleyball) recounted how his coach's philosophy constituted pain not as a warning sign, but as proof of effort: "[Coach's] culture was that of like, 'play through pain.' Like you always get a little bit of pain with this, and it's good to have pain, because it means you're working hard." Here, pain is not minimized, its reframed as a credential, a proof of commitment and strength. Within this framework, silence signals loyalty, and caution is recoded as softness or weakness. Rest becomes ideologically suspect and requires clear justification.

Ashley (24 years, Volleyball), in contrast, offered another variation. Within her team, the logic of pain and injury tolerance is less of overt pressure and more so passive negligence towards the consequences of risk-taking: "Our coach at the time, when our trainers would go to him with like daily or weekly reports of who's dealing with which injuries… he would kind of brush it off and he would also forget." Even when athletes spoke up, their disclosures fell into an institutional void, ultimately unmet by intervention or urgency. Pain, in this setting, was not denied, it was ignored or unacknowledged entirely. This culture was further gendered through

the coach's own framing of toughness: "He used to tell us all the time that like, when he coached men it was never like that, and men wouldn't be complaining about this kind of stuff." By casting women's pain as excessive or dramatized, the coach delegitimized not just the injuries themselves, but the athletes' right to articulate them.

By contrast, Logan's earlier remarks outlined what a supportive infrastructure might look like. As he shared: "Lots of people [offered support] … my parents, my siblings, my girlfriend, my coaches … my head coach … he didn't want me to have this issue to prolong it." His experience reinforces the notion that care need not be episodic. When support is systemic—described by Logan as being "passed from coaches down to the senior leaders" —it signaled that rest was not a threat to belonging but a viable option. In his account, this perceived trickle-down of care and support enabled him to view pain as something that could be safely disclosed, and rest as an act of trust rather than defiance.

Across these accounts, the coach is seen as being a central architect of team culture surrounding pain and injury tolerance, and thus, risk-taking. Whether through action or omission, encouragement or erasure, coaches play a pivotal role in how athletes interpret and respond to their own pain. Some foster environments where caution feels possible. Others sustain conditions in which silence is the only viable form of resilience.

Family and Partners

Beyond the institutional domain of varsity sport, participants also spoke about the role of family and romantic partners in shaping their experiences of negotiating with risk, pain and injury tolerance. These relationships often offered emotional support, but they were not always immediately drawn upon, particularly in moments of acute risk.

Brady (24 years, Volleyball), for example, chose not to tell his parents about his concussion until after he had already decided to sit out:

> My mom was actually in town that weekend … I didn't want to scare her because she knew about my concussion history. I didn't want to scare her or my dad, so I didn't say anything and then I told her after the game that [sitting out] was just like a precautionary thing.

His decision reflects a dichotomous rationale of protecting family from worry, but also maintaining narrative control over his choice. Risk is managed not just physically, but discursively as support is delayed until it can be framed as responsible—once the danger has passed and the story can be told on the athlete's own terms. Brady's timing reveals a complex negotiation of audience: he determines when vulnerability can be shared based on how it will be received and what it will mean. In this way, the family is not just a refuge from sport, but another context to be navigated carefully, where truth must be packaged in socially acceptable terms. To this end, Brady wrestles with the thought that only those embedded within the CoR are seen as worthy recipients of the truth.

Ashley, on the other hand, leaned on her boyfriend, who was also a varsity athlete, as an important source of affirmation: "My boyfriend was telling me the same thing, telling me to rest it, take care of it, that it wasn't worth re-injuring it or making it worse." Unlike some teammates or coaches, family members and partners were more likely to frame caution as an act of care rather than weakness. Their influence, however, was tempered by distance from the institutional rhythms of sport. They could counsel rest, but they could not alter the structures that made rest difficult. Yet sometimes, their reactions illuminated just how deeply athletes had come to normalize pain. Kevin (24 years, Track and Field) recounted how his mother's response to his injury disrupted the risk he had internalized during the season: "When I got back home for Christmas break and my mother, like, actually saw how bad my shins were … she was like,

'We're going to the hospital and getting this X-rayed.'" Here, the parental response punctures the culture of minimization that had previously governed his experience. What had been absorbed as ordinary—overuse, soreness, pain management—suddenly appeared in his mother's eyes as urgent, even dangerous. Her alarm exposes how deeply the CoR conditions athletes to tolerate and conceal pain that in any other context would provoke concern. The wall between institutional and outsider perspectives becomes clear: what surfaces as normal within the sport world is often intolerable to those beyond it.

Despite opening the doors to full-fledged recovery, Kevin's decision to act on his mother's concern was not well received by those within the institutional confines:

> After I came back from Christmas break and let [athletic therapist] know I had [been diagnosed with] the microfractures … it was like, 'Okay, well there's nothing I can do for you now, like you can't be running,'… 'You went anyways, even though I told you you didn't need to.' So, I think it was a little bit of like, 'Screw you almost.'

While this response, like others, may have been shaped by the conditions of retrospective recall, it was recounted by Kevin as an emotionally salient moment and one that, in my interpretation, signals tension between institutional authority and individual intuition. His pursuit of external clarity was not embraced as self-advocacy, but, in his eyes, perceived as defiance. In crossing that boundary, Kevin may not have violated a formal rule, but rather an implicit hierarchy of control over whose interpretation of injury was deemed legitimate. Within this framework, the CoR becomes not only about enduring pain, but about deferring to those who are sanctioned to define it. For Kevin, this experience appeared to generate ambivalence in how he approached future injuries. While he claimed to be "a lot more proactive in a sense," this proactivity was not enacted through the immediate, institutional channels available to him. Instead, he distanced himself from the team therapy environment, opting to seek care from an external clinic where trust had already been established: "maybe not going to [team AT] directly about it, but I was

definitely a lot more proactive in a sense." This suggests a tension between competing desires to address injuries responsibly and a lingering reluctance to engage with those who he believes undermined his confidence. His strategic turn toward care outside the team reflects not only a learned caution, but a negotiated sense of where legitimacy and support might be safely pursued.

Athletes' relationships with coaches, teammates, and family fundamentally shaped how they framed, disclosed, and endured injury. As Nixon (1992) cautions, injury disclosure constitutes a relational risk—one that can jeopardize status, trust, and playing time. This study confirms that social capital, while often thought of as a supportive resource, was conditional and unevenly distributed. Rather than enabling resistance to the Culture of Risk (CoR), these ties more commonly produced ambivalence. Brady's account that rest was reserved for "prized possessions" echoes Roderick's (2006) findings that symbolic capital within team hierarchies' structures access to care. Recovery was not uniformly available—it was rationed according to an athlete's performance value and embedded trust with coaches. In contrast, Logan's trusted relationship allowed him to co-author some decisions about his recovery, demonstrating how certain forms of social capital could soften the rigidity of the CoR, though rarely dismantle it. Teammates, too, were often framed as observers rather than co-conspirators in care-seeking, reinforcing rather than interrupting dominant norms. Meanwhile, family support—particularly from those outside the institution—offered a rare source of rupture. Kevin's mother demanding an X-ray interrupted the internalized logic of pushing through pain. Yet even this act was reframed by institutional actors as a betrayal, reinforcing Safai's (2003) synthesis of Nixon's argument that care is not simply interpersonal, but institutionally structured and policed. Rest, in this system, must be sanctioned, not self-initiated. Ultimately, while social capital shaped the conditions under which athletes could negotiate pain and injury, it often enabled ambivalence

rather than resolution. In the next section, I examine how economic capital intersected with these dynamics—not only shaping access to alternative care pathways, but also reinforcing a form of privilege that allowed athletes to delay, defer, or selectively opt out without ever fully resisting the CoR

The Cost of Recovery

Economic capital—which can be understood in this context as the financial and material resources that shape access to medical care/health professionals (Bourdieu, 1986) —significantly influenced how athletes understood and experienced the CoR through an ambivalent lens. For varsity athletes, institutional support functioned as a proxy for economic capital, providing access to school-funded physiotherapy, rehab protocols, and daily treatment that would otherwise come at a significant cost. While this support was sometimes perceived to enable safer decision making and timely recovery, participants also used these resources to sustain performance in the face of injury, rather than resisting the CoR outright. Access to care thus allowed athletes to negotiate pain and continue participation, sustaining a kind of middle ground where recovery was made possible, but rest was still deferred. Economic capital also extended beyond institutional coverage: some athletes leveraged private care—such as chiropractic, supplemental physiotherapy, or experimental treatments—illustrating how financial privilege also expanded their capacity to remain in play even when injured. These patterns reveal that while access to care can reduce the burden of risk, it can also reinforce the CoR's pain/injury tolerance imperative.

As has been alluded to, data analysis efforts did not elicit any clear indication that participants' social location, specifically their race and gender, influenced their experience with

the CoR. This was further confirmed by athletes rarely citing these dimensions as directly limiting their ability to resist risk-taking. However, differences in economic capital—particularly access to medical care—significantly impacted their navigation of injury from an institutional standpoint. In this context, institutional care served as a baseline for most participants. School-funded therapy, routine check-ins and rehabilitation protocols offered a form of support that, while not always equal to private care, helped mitigate the physical demands of sport. Yet these services were not always used to resist the CoR; rather, they often allowed athletes to continue competing through injury, managing their pain just enough to remain engulfed by the performance ethic.

For example, Myles (22 years, Volleyball) described the rapid and ongoing institutional support he received after a suspected concussion: "I went to see the physiotherapist at [clinic] … they said I had a mild concussion … I checked back like every couple days and they were like, just to monitor symptoms and see how I was progressing." The tone here is clinical and procedural—care is offered, but we cannot know whether the clinic's approach was explicitly geared toward rest or simply monitoring. What is notable, however, is the privilege of immediacy, the ability to access care quickly, repeatedly, and at no personal cost. For athletes within varsity systems, this access acts as a safety net—if symptoms worsen, they can return the next day, no fee required. This form of care offers not only medical attention but also psychological reassurance, subtly encouraging a willingness to re-engage with sport regardless of the athlete's readiness. In this way, immediacy does not eliminate risk, but can embolden it under the guise of being monitored. For some athletes, this safety net may foster ambivalence: it supports health and recovery while simultaneously lowering the perceived stakes of risk-taking,

reinforcing a cycle which injury and participation become more negotiable than they might otherwise be.

In similar fashion, Brady (24 years, Volleyball) described his access to regular monitoring as instilling a strong sense of trust in the system: “Our physio team at [university] was pretty good … any contact to the head you’re getting checked … so I was confident in the school’s concussion protocol.” However, this confidence may have been reinforced less by active self-advocacy and more by the presence of institutional oversight which he claims to appreciate. Brady’s inclusion in the concussion protocol occurred only because an AT witnessed the hit and intervened. Earlier in his account, Brady minimized the severity of the injury and indicated that he would have continued playing had the stakes been higher. This juxtaposition indicates a pertinent paradox. Institutional care may increase an athlete’s willingness to return quickly, not because risk has been mitigated, but because it had been rendered manageable through professional oversight. In this way, the presence of care substitutes individual concern. Rather than resisting the CoR, athletes may lean into it with renewed confidence, trusting that any escalation will be caught by staff. The protocol becomes a source of reassurance, not resistance. Rather than challenging the CoR, some athletes may engage it more fully, trusting that clinical staff will detect and address any deterioration. The very structure designed to protect athletes can simultaneously normalize their exposure to risk, perhaps generating a sense of ambivalence, where feelings of safety and confidence coexist with underlying doubts or internal conflict about health. Athletes, like Brady, may feel reassured by professional oversight, even as this reassurance may obscure the seriousness of their condition or delay meaningful rest. This tension reveals how institutional settings can sometimes produce complex, contradictory orientations toward health, care, and performance.

In all cases, athletes described their institutions as valuing injury management and having adequate resources to do so, but rarely was this privilege ever articulated. Some athletes, however, went beyond institutional support, drawing on financial privilege to access private or experimental treatments. Logan (24 years, Track and Field) offered the most extensive example of this. Faced with a prolonged injury, he pursued numerous out-of-pocket options:

> [I got] some ultrasounds, seen some doctors … I did a cortisone injection…I tried a round of PRP injections… which ended up being a waste of money because it's $700 each and it's not covered… During that time, I was seeing some chiro, trying to see some physio in [city]… so then I actually came back to [other city], saw a physio… and he referred me to a hip doctor.

In many ways, Logan's account reads like a medical itinerary or checklist—chiro, physio, cortisone, PRP—all in pursuit of return, not reprieve. He reflects on this decision-making later: "I weighed the cons of like, 'Okay, should I get another PRP… to kind of push through the season?'" Despite opting not to take up this consideration, his language is telling of the internal deliberation that centers not necessarily on recovery, but whether to endure more pain (and the cost associated with this option) in service of immediate performance. In this sense, economic capital did not guarantee resistance to the CoR, nor did it ensure full compliance. Instead, it allowed athletes to remain suspended in ambivalence—managing risk on their own terms while remaining acutely aware of its consequences. Logan's continuous search for viable therapies reflects this position: he did not rush back, but he also did not wavier from his desire to remain a competitive participant.

Yet, even in this space of apparent agency, the structure of care often worked to keep athletes close to performance. As Logan described:

> Coaches and the physio team would have a call like once a week… so they were always on the same page… if someone was banged up a bit… the physio or the chiro [was] speaking [to the coach] … so there were no issues.

What's apparent is that Logan praised the coordination between his team's coaching and medical staff, describing weekly meetings designed to keep everyone "on the same page." Despite framing this as a sign of institutional care, Logan's previous embodiment of the performance imperative brings into question exactly what is meant by "no issues." This is not to suggest Logan's account is wrong per se, but that it may be devoid of consciousness surrounding the system built to monitor and maintain athlete availability. This collaborative framework does not reject recovery, but it subtly orients it around performance continuity. The alignment between coaching and therapy staff minimizes the risk of miscommunication or allowing an injured athlete to slip between the cracks, but it also limits the athlete's control over how and when injury is disclosed or acted upon. Holistic care and performance management are thus not mutually exclusive but entangled. The athlete is cared for, but also carefully observed, and this surveillance can function to optimize output rather than simply promote wellness.

While Logan's reflection highlights the coordinated nature of institutional care, it also raises questions about athletes' autonomy in initiating rest or recovery. Nixon (1992) offers a useful framework for interpreting such arrangements as keeping everyone "on the same page" as Logan described. His concept of "sportsnets" describes the interlocking relationships between coaches, administrators and sport medicine personnel that work to reinforce the CoR. Within these networks, care may appear holistic but is often embedded in notions of surveillance and output, where risk is managed—not eliminated—in service of continued play. Logan's emphasis on institutional alignment and the absence of "issues" may thus reflect not a passive system of support, but an active one that coordinates to maintain athlete availability. Despite Logan not naming this process explicitly, his account aligns with what Nixon, as cited in Safai (2003), describes as a care system "immersed in the rhetoric of producing winning teams," one that may

ultimately subordinate athlete well-being to performance outcomes. For other participants, even when treatment was arranged on their behalf, it did not stem from their own volition. Will (24 years, Volleyball) explained: “My therapist told [coach] that I needed to shut down… so I was able to get that. But it wasn’t through my own willpower that I was getting these permissions.” Here, Will articulates the gap between perceived care and personal autonomy. Yes, rest was granted, but only when validated by an institutional gatekeeper. His words point to a form of conditional care that, while beneficial, may also shape how athletes come to understand and exercise agency in these contexts. Here, too, Nixon’s concept of sportsnets illustrate how institutional care systems that are tightly embedded in performance culture can blur the line between support and surveillance, ultimately situating athletes within the gray zones of decision-making (cf. Bauman, 1991). From this context, athletes may become accustomed to deferring health decisions to others, not necessarily out of coercion, but because care is structured in ways that may inadvertently emphasize permission rather than self-advocacy.

Finally, similar to Logan, Jacob also encountered situations where institutional care was insufficient or impersonal. Jacob (18 years, Track and Field) described a breakdown in trust with his physiotherapist: “I ended up seeing a different physio because I wasn’t getting any results from the first one, and it felt like just rinse and repeat.” His experience illustrates how the presence of care does not always translate to quality or anticipated relief. When support becomes formulaic, it can lose its protective value and push athletes to ultimately seek alternatives, if they can afford to do so.

In sum, economic capital—whether institutionally provided through team-based therapy or privately accessed through out-of-pocket care—profoundly structured how athletes negotiated pain, injury, and participation. For some, like Logan, access to private treatments (e.g., cortisone,

PRP, chiropractic care) reflected what Wacquant (1995) termed “bodily capital”: an investment in the body as a productive asset. Yet, this investment did not facilitate resistance to the CoR. Instead, it prolonged participation, enabling athletes to suppress symptoms and reframe pain as manageable through access rather than recovery. As Read et al. (2022) argue in the context of football, resources are often deployed not to disrupt harm, but to sustain value within performance economies. Institutional care, though more evenly distributed, functioned in similarly complex ways. Participants often described school-based physiotherapy as a reliable safety net—“I can go back tomorrow” —which echoes Safai’s (2003) critique of sport medicine as a system oriented more toward surveillance and risk management than athlete-centred care. These resources did not necessarily empower autonomy; rather, they helped contain uncertainty, offering reassurance without necessarily encouraging rest. However, such interpretations must be tempered: while participants voiced gratitude and psychological security, there is insufficient evidence to claim institutional processes actively enforced conformity. Still, the literature suggests that medical systems embedded in sport can subtly reinforce the norms of overconformity through their proximity to performance goals (Nixon, 1992; Safai, 2003).

Taken together, these findings illustrate how economic capital—whether through private choice or institutional provision—shaped not just access to care, but the terms under which athletes experienced and interpreted their health and participation. In many cases, this access enabled ambivalence: athletes neither fully resisted the CoR nor blindly accepted it, but navigated a middle ground where care allowed them to endure risk without fully confronting it. Rather than facilitating decisive rupture from cultural norms, economic capital often allowed athletes to negotiate risk—strategically, temporarily, and conditionally—without disrupting participation altogether.

Cultural Capital

Cultural capital—employed in this study as the embodied knowledge, language, and literacies that athletes bring to their injury experiences (Bourdieu, 1986)—shaped how participants assessed risk and made decisions within the CoR. For many, this capital was grounded in athletic experience: years of playing sport gave them language and familiarization needed to interpret pain, gauge severity, and develop individualized routines for managing chronic discomfort. Experience with sport medical treatment and support also contributed to their cultural capital. Athletes often framed their decision-making against a backdrop of 'knowing their body,' drawing on informal but hard-earned knowledge from past injuries and training. Others exhibited what might be conceptualized as—drawing loosely on Roderick's (2006) analysis of athlete-medical relationships—clinical capital. While this concept has only been explicitly used in the context of healthcare workers' experiences with clinical environments (see Henderson et al. 2022), I offer it here as a means of understanding athletes' fluency with protocols, jargon, and care pathways that allowed them to navigate injury and recovery with strategic intent. These participants described their ability to effectively and fluently communicate with therapists, modify treatment options, or critique the care they received. While this capital occasionally supported momentary resistance to the CoR, it was also used to justify continued play, enabling athletes to manage injury on their own terms while still conforming to the expectation to prioritize performance.

While the quotes featured in this section are specific to cultural capital, it is important to acknowledge that references to embodied knowledge and athletes' familiarity with pain and recovery have emerged throughout both results chapters. In many ways, participants described understanding their body through years of athletic experience or past injury management to make

sense of pain and make decisions within the CoR. To avoid repetition, those earlier quotations are not restated here. The current section provides new data that expands on these insights, illustrating how cultural capital—particularly athletic and medical literacies—was operationalized in nuanced ways that shaped athletes' capacity to manage, interpret, and even justify their participation in the face of injury.

The most consistent reflection of cultural capital concerned athlete's long-term athletic familiarity that shaped the ability to undergo self-assessments. As Myles (22 years, Volleyball) described: "I've been playing [sport] for a very long time and like sport in general, and I kind of know that like the pain I feel, they're just like chronic things that can be managed." His experience becomes a diagnostic tool. The confidence expressed stems not from formal medical evaluation, but from embodied knowledge. The routine nature of "chronic things" suggests a normalization of discomfort, but one that is interpreted through the lens of seasoned participation rather than naïve overconformity. This is cultural capital in its most subtle form: a belief that self-management is legitimate because it is informed by prior success of doing so.

Ashley (24 years, Volleyball) similarly framed her injury navigation through accumulated personal learning:

> I had done some rehab at home, like contrast baths and stuff like that… I've almost like gained the ability to gauge like, is this just a little tweak and it's going to feel better in 20 minutes if I just walk on it? Sure? Then I keep going.

Ashley's cultivated approach echoes Myles' reliance on body knowledge, but her emphasis on intuition through knowing whether something is "just a little tweak" adds another layer of interpretive skill. She does not turn away from injury, but rather positions herself as capable of triaging it, enacting a kind of athlete persona that privileges control, even in discomfort. However, this knowledge is not innate. Earlier in the interview, Ashley noted: "I sprained my

ankle a lot, they weren't super strong, and we didn't really learn about how to prevent injuries at the time." Her current ability to assess pain is thus rooted in past vulnerability and trial-and-error learning. Cultural capital, then, is not just a product of high-performance sport systems, but also of accumulated failures, missed education, and adaptations forged outside formal institutional settings.

For other participants, cultural capital extended beyond embodied knowledge into clinical and therapeutic domains. Will (24 years, Volleyball) offered a vivid example of this interaction. His pursuit of self-education around injury management and prevention reflected a hybrid model of institutional care and independent experimentation. Specifically, he drew upon resources from Ben Patrick—popularly known as the "Knees Over Toes Guy," an online performance coach known for promoting unconventional injury prevention exercises rooted in mobility and strength training. Will explained:

> I felt like I was so undermined by injury, I was pursuing like learning myself, like going through Knees Over Toes, learning about isometrics … But that was also paired with discussions with my therapist … I'd always bring her materials and be like, 'Hey, I saw this on the internet, what do you think about it?'

Will's strategy of bringing online content to his therapist and actively seeking validation for self-directed care speaks to a high degree of medical literacy and clinical capital. He was not a passive patient but a co-constructor of his treatment. His ability to critically engage with alternative methods, pair them with professional insight, and make informed decisions reflects how athletes with heightened capital can shape and navigate care systems on their own terms. These forms of capital—social, cultural, and clinical as I have described it—provided Will the tools to decode and act upon medical and performance knowledge that might otherwise seem inaccessible. His comfort in navigating protocols and therapeutic experimentation sets him apart from athletes who rely solely on institutional guidance. As such, his perspective on health and

participation lies in the gray zone that Bauman (1991) conceptualizes. Ambivalence, in this case, is not indecision but a tactical position—one that may alleviate discomfort of submitting to institutional protocols while also diffusing the pressure of self-management. As Will explained, "I'm gonna try different things because I don't think that his program was working," referencing the team strength staff's training regimen. This statement reflects not just individual initiative, but the capital to evaluate and diverge from institutional programming. In this way, ambivalence is not merely tolerated but enabled by capital; it is a privileged position that allows athletes like Will to enact hybrid approaches to injury, pain, and recovery that both acknowledge and soften the demands of the CoR. Yet, despite the progressive tone and apparent autonomy, this approach did not imply resistance and still operates within the rationale of continued performance. As he continues:

> I wanted to create this super strong foundation for building and creating this load management for the next season… So, I started doing the Knees Over Toes workouts, where I was only doing isometrics.

Despite an outward orientation toward health and protection on partly his own terms, Will's approach remained grounded in the expectations of continued performance. His use of isometric training—while thoughtful and adaptive—served as a tactical reprieve, not a refusal. It reduced physical strain while preserving his ability to play. Cultural capital, in this sense, facilitated what was described as smarter risk navigation rather than a break from risk itself. Furthermore, his practices of self-care were also pragmatic, almost ritualistic: "There were points where I would be going to practice, like taking a couple Advil, putting heat rub on my knee, heating my knees before and then taking a hot tub before I do everything." This meticulous routine was described as smart management, but it is equally a testament to how deeply the CoR is internalized—strategic care remains oriented around the imperative to perform. Will took pride in this and even

admitted, “I didn’t want someone else to know how hard I was working on myself to be better than them,” revealing how even private rituals of recovery were infused with competitive sentiment. His reluctance to share these efforts or even make them known also signals that access to such regimes—both materially and cognitively—is a form of capital in itself. To reveal it would be to level the field, to allow others the same access and competitive edge. In this way, Will’s capital allows him to play what he perceives to be smarter, longer, but not inherently safer. What emerges is not resistance but a form of ambivalence where cultural and clinical capital enabled Will to modify his approach while remaining embedded in the varsity sport system. His ability to curate a personalized regime of care, and his desire to keep it private, reflects how capital affords the privilege to selectively conform and sustain participation, even as one questions or adapts the terms of engagement.

Summary

Collectively, these accounts demonstrate how forms of capital—particularly cultural, economic, and social—shape the ways athletes negotiate, rather than reject or accept, the CoR. Through embodied confidence, intuitive triage, or clinically informed routines, participants developed adaptive practices that gave the appearance of autonomy and care. Yet these strategies were seldom oriented to full-fledged resistance. Instead, they prolonged exposure under the guise of control, reinforcing the CoR through self-regulation and rationalized endurance. Social capital—especially relationships of perceived trust (or lack thereof) with coaches, therapists, and peers—offered both guidance and subtle reinforcement of performance ideals, making care feel supportive while still tethered to the imperative to participate. Economic capital, meanwhile, revealed the material boundaries of ambivalence: access to private care or additional therapies

created opportunities to manage injuries creatively or extensively, but rarely freed athletes from the burden of performance with injury. Rather, it equipped them to sustain it, often at a significant financial and personal cost. Cultural capital emerged as a form of clinical literacy and embodied expertise that allowed athletes to develop their own care plans, but still within the logic of optimization and strategic compliance. Ambivalence, then, is not merely a feeling, but a privilege afforded by capital, enabling athletes to negotiate their health and sport participation within the CoR without having to fully confront or reject it. To this end, capital does not necessarily liberate athletes from risk but grants them the tools and resources to endure it more efficiently, concealing conformity beneath autonomy and making resistance both rare and structurally difficult.

Chapter 6: Conclusion

Chapter Overview and Summary

This final chapter opens with a reflection on my own understanding of risk, pain, and injury, and how it foregrounded my interpretive journey and role as an insider and outsider within the CoR (i.e., former varsity athlete and now nascent researcher of the CoR). I flesh out the methodological and epistemological tensions that arose during data collection and analysis, particularly my discomfort with uncertainty and the challenge of representing ambivalence without imposing closure. Building from these reflections, I offer a summary of the study's core findings, before situating them within broader conversations about sport, health care, and access in the Canadian varsity system. I then acknowledge the study's methodological limitations and highlight its contributions to the literature on pain, injury, and the CoR. The chapter concludes by outlining directions for future research and closing reflections on the value of studying not only risk and resistance, but the spaces that lay between where ambivalence may emerge.

The focus of this study was to explore how Canadian varsity athletes experience and navigate the CoR, with particular attention to their ability to prioritize recovery, mental and physical health over their performance. Grounded in a social constructivist paradigm and informed by Bourdieu's theory of capital, the study adopted a phenomenological approach, drawing on semi-structured interviews with ten U Sports athletes. Thematic analysis guided the interpretation of athletes' narrative accounts, allowing for the identification of patterns related to conformity, modification, and the potential for resistance.

To recap, in Chapter 1, I introduced the concept of the CoR and its sociological underpinnings, using media coverage of celebrity athletes stepping away from sport as a point of entry into my area of research interest: resistance to the CoR and the significance (or not) of

one's capital in the CoR. Chapter 2 reviewed the existing literature on pain and injury in sport, the structuring role of capital, and broader patterns of access and inequality in Canadian post-secondary education, sport, and varsity sport. In Chapter 3, I outlined the theoretical and methodological framework that shaped the study, including a discussion of my positionality as a former varsity athlete and the implications this has for my role as researcher. Chapter 4 examined how athlete ambivalence emerged through competing desires and perceived pressures to perform, manage health, and anticipate future opportunities. Rather than outright conformity or resistance, participants describe constant negotiations and the various conditions that factored into how they re/framed health and participation (e.g., the circumstances of timing and stakes, retrospective realization, and narrative strategies used to conceal mixed feelings about risk-taking). Chapter 5 traced how this ambivalence was enabled by forms of capital—economic, social, and cultural—that provided athletes with the resources, quality of relationships, and literacy to take risks while still being mindful of their health. Together, these chapters illustrate the necessity of understanding ambivalence not only as internal conflict, but relationally shaped and reproduced. It is in this chapter that I outline how we can further understand ambivalence as a structured experience shaped by institutional frameworks and made possible by unequal access to care.

Entering the Study

I entered this study with what I perceived as a clear—albeit narrow—intention: to examine how athletes resist the CoR. My interest and curiosity emerged not only from the academic literature but also from the personal experiences during my time as a varsity athlete. As I immersed myself in the seminal work of Nixon (1992, 1994), Young et al. (1991), Hughes and

Coakley (1993), and others, I was struck by how consistently the sport ethic was framed through overconformity, toughness, bodily sacrifice, and hegemonic masculinity. Ethnographies and case studies (e.g., Bunsell, 2014; Curry, 1993; Howe, 2001; 2004; Jessiman-Perrault & Godley, 2016; Safai, 2003; Theberge, 2008) offered vivid accounts of athletes who internalized this logic, and how their athletic careers were shaped—and often truncated—by injury. Across this work, the emphasis was clear: risk and sacrifice of one's body are routinely embraced, even celebrated, and athletes are often socialized to overconform to these expectations. And yet, I found myself wondering: what about athletes who don't play through pain? What about those who, for whatever reason, refuse to internalize the machismo and stoicism so often linked to athletic identity? Why have these cases been positioned as outlier, rather than central sites of inquiry? The mainstream focus of CoR scholarship to date seemed fixed on how athletes sustain the CoR, but I wanted to explore what happens when they don't.

Situating my Insider/Outsider Role

As a former varsity volleyball player, I brought a degree of cultural fluency to this project which I felt granted me insight into the often-unspoken codes surrounding risk, injury, and performance. Also accompanying me was a repertoire of cultural mantras surrounding pain and injury that I became accustomed to long before my research interests surfaced. For much of my life, I endorsed a familiar distinction: "Are you hurt, or are you injured?" It's a question that echoes across locker rooms, sidelines, and rinks in Canada and around the world. I remember hearing it as early as my first year (age 4 years) in organized hockey. The implications were simple, or at least they were made to seem so despite evoking what could be considered a question of morality. If you were "hurt," you kept playing; no stoppage of play, no break in

participation, no need for the trainer to come onto the ice. If you were "injured," on the other hand, you sat out—sometimes indefinitely as I referenced in Chapter 3 regarding my departure from hockey. This binary shaped my early understanding of pain: hurt was something to push through while injury was a reason to stop.

This distinction, drilled into me since my earliest days in sport, began to fray by the time I reached the varsity level. My role as a "fringe" player—not holding a fixed starting position, but not relegated to the bench entirely—shaped my understanding of injury being as much a social risk as a physical one. This was especially clear during my third season, when I suffered a second consecutive preseason ankle sprain. At the time, I had finally started to gain traction as a regular starter. Determined not to lose that progress, I did everything *right*: halted participation, committed vehemently to rehab, followed our school's return-to-play protocol. But when I was cleared to return some weeks later—medically, functionally, and communicatively—I found myself sidelined. Not just in terms of my role on the team but excluded from participation outright. There were no explicit conversations, no detailed feedback, just exclusion. At one point, I was even publicly called out in dramatic fashion for warming up with the team, despite having received clearance. I began to question what was really being evaluated: Was it my physical readiness? Or was something else—my perceived resilience, reliability, or even loyalty—being weighed behind closed doors? This experience profoundly unsettled my view of recovery as a neutral, health-based process. It became clear to me that returning to play was not just about being healed, it was about being deemed trustworthy by those in power. In this way, my own experience mirrored the very systems that the participants would later describe navigating: institutional actors serving as gatekeepers, care that felt conditional, and a slippage between medical and moral evaluations that complicated their pathways back to play.

Wrestling with Ambivalence

The personal history I have begun to share and will revisit throughout this chapter afforded me an opportunity to be positioned both close to and critical of the culture I was studying. Through my sense of reflexivity, I aimed to bring my experiences and personal insights into the nuances of decision-making around risk and recovery, but I also carried a strong desire––an agenda, even—to find others who had done what I had done (i.e., prioritize their healing). In many ways, I can't help but label this as selfishness: I wanted evidence of refusal to the CoR, I wanted unequivocal clarity that others experienced what I experienced due to forces out of their control. What I did not anticipate, however, was how much I would need to wrestle with, and eventually resist, my own desire for neat resolution to the burning questions I had. I entered the study with expectations—perhaps even a hope as my supervisor later named aloud—that I would find explicit moments of resistance. I expected athletes to recount deliberate refusals or principled stands against the CoR. Instead, I encountered uncertainty, hesitation, contradiction and, ultimately, ambivalence. At first, this left me deeply unsettled. After cleaning the interview transcripts—a task which brought opportunity for informal analysis—I found myself frustrated. The narratives did not appear to yield the kinds of "aha" moments I had anticipated. Resistance, if it was observed, did not come in the bold or obvious forms I had imagined. This dissatisfaction eventually led me to step away from the data altogether. For weeks, I avoided engaging with the transcripts—not because the stories weren't valuable, but because I felt ill-equipped to do them justice. I began to question the research design, doubted my ability to generate meaningful findings, and wondered if I had misunderstood what this project could reveal. This period of distance was more than a methodological pause, it was a period of interpretive reconciling. Only by sitting with this discomfort and acknowledging my own entanglement in the culture I was

studying, could I begin to see ambivalence not as a limitation, but as a central analytic thread. In this way, the very thing I once feared was a sign of failure eventually became the conceptual anchor of this thesis.

From Intention to Interpretation: Confronting Ambivalence

Despite the analytical adversity I previously described, my interpretive shift began even before data collection. Shortly after my first marathon, I recounted the experience to my supervisor and described the race's final stretch: plagued by stomach cramps and nausea forcing me to slow down and walk much of the final ten kilometres. I proudly shared this as evidence that I had resisted the CoR. I opted not to push through to the point of collapse and made a calculated decision to prioritize my discomfort and first experience in the sport. My supervisor smiled and clapped—but joked that this was not resistance in the way I seemed to think it was. She offered a different interpretation—that I had not so much as resisted the CoR as I had entertained a softer version of it; that I still had internalized the performance imperative, merely moderated it to a degree that felt manageable. At the time, I felt slightly defensive. I had, after all, done *something* different than what the CoR prescribes. But the conversation lingered. It was, in retrospect, my first real confrontation with what I now understand as ambivalence. Yes, I chose to slow down. Yes, I prioritized a sense of bodily warning over my performance goal. But I also kept going. I still subjected myself to the discomfort—still crossed the finish line, still submitted to the imperative to complete the challenge. My decision wasn't one of total withdrawal or submission. It was something in-between, a negotiation. At the time, I lacked the vocabulary to name this liminal space. Now, I see it as the messy terrain where many athletes

make decisions—where moments of rest are not always resistance, and continuation is not always conformity.

This encounter became a sort of touchstone, one that I returned to during my initial disengagement from the data. In that period of frustration and interpretive uncertainty, that conversation reminded me that my own desire for clean distinction—proof of resistance or evidence of acceptance—was itself a product of the very culture I was studying. Rather, it was shaped by the binary logic that I had internalized as an athlete: the pull toward clarity, decisiveness, and knowing where one stands. In trying to make sense of the participants, I was also confronting the habits of thinking I had learned through sport, and which I now had to unlearn as a researcher.

Eventually, I returned to the transcripts—not with new data, but a new interpretive lens. This shift in method—also an epistemological one—was not about striving for objectivity by limiting my subjectivity; rather, it was about becoming more reflexive toward the ways in which my expectations and assumptions were shaping the analytical process. I came to recognize that my initial impulse was to interpret participant narrative through a binary lens—labeling actions as either resistance or conformity, withdrawal or continuation. As I became more attuned to this tendency, I began to document these interpretive instincts in a journal. This allowed me to acknowledge and externalize my analytic pull toward neat categorization. Then, in what became a form of physical as well as cognitive bracketing (cf., Allen-Collinson, 2011), I deliberately set those reflections aside and returned to the data with a renewed openness. I focused instead on *how* these orientations played out—how ambivalence surfaced, how contradictions unfolded, and how decisions were narrated with uncertainty or hesitation.

Rather than isolating resistance as a clean category, I began to trace how athletes navigated moments of contradiction, ambivalence, and pragmatism. When a participant spoke about playing through injury, I journaled and set aside my urge to read this purely as conformity. Rather, I asked: "How can I understand this against the backdrop of when they have chosen otherwise?" I juxtaposed these accounts with moments where the same individual sought care, prioritized their health, or paused participation. Likewise, when hesitation or deferral surfaced around a decision not to play, I looked past my interpretation of outright resistance, and began describing the hesitancy itself, what may have brought it on, and what it revealed. Furthermore, I paid close attention not only to *what* was said, but *how* it was said—identifying the tone, emphasis, and cadence that accompanied their reflections. I began to unpack whether their accounts framed decisions as acts of necessity, obligation, or inevitability. Or, conversely, whether they were described as a sense of ownership, or even empowerment. Such interpretations were informed by a layered reading process that combined transcript analysis with memos from the interviews themselves where I rigorously documented pauses, hesitations, or perceived shifts in energy that marked certain disclosures. This reflexive turn enabled a more grounded and nuanced analysis, one that treated ambiguity not as analytical fog but as a meaningful expression of the circumstances under which athletes make decisions in the CoR.

The findings that emerged reflect this orientation. As detailed in the previous chapters, I organized participants' expressions of ambivalence across three sub-themes: (1) strategic modification without resistance, or the narrative strategies athletes used to mask their ambivalence, such as forms of "body talk" (cf. Sparkes, 1998; Young et al., 1994); (2) the significance of circumstances in feeding the participants/ambivalence; and (3) the tensions about pain/injury tolerance that arose among participants with retrospection. I then explored how these

elucidations were mediated by the distribution of social, economic, and cultural capital, which shaped how athletes negotiated their health and sport participation.

Summary of Findings

At the heart of this thesis lies the proposition that athlete's engagement with pain, injury, and participation are best understood not through dichotomies of resistance or conformity, but as marked by ambivalence. Defined in this study as *the state of having mixed feelings or contradictory ideas about something* (Merriam-Webster, n.d.; emphasis added), ambivalence surfaced as a shared characteristic of negotiation across participants' narratives. Though they rarely named it as such, their stories were saturated with qualifying language that suggested moments of deferred decision-making, retrospective regret, and contingent interpretation of internalized risk. Myles' deliberation over whether he would have continued playing through a concussion "just to see" if symptoms subsided, Brady's rationale for sitting out a "meaningless" game despite a history of head injuries, and Ashley's pull between team obligation, performance, and long-term healing, all reflect the notion of recognizing potential consequences of risk-taking yet valuing the CoR's emphasis on performance and availability. In each case, athletes acknowledged potential harm while simultaneously justifying continued risk-taking based on shifting stakes or interpretive thresholds. For others, such as Ryan and Sierra, ambivalence was enacted in selective adjustments that signaled momentary withdrawal of risk, yet preserved performance at the cost of full recovery. These were not expressions of passive conformity, but described as strategic, sometimes difficult, negotiations, or what Bauman (1991) calls the interpretive work of navigating blurred moral boundaries. As was demonstrated in Chapter 4, this ambivalence took shape through recurring sub-themes of circumstantial timing and stakes

that fed into their mixed feelings about health and participation, the tensions about pain/injury tolerance that arose among participants with retrospection, and narrative strategies that masked ambivalence, framing risk as tolerable, justified, or even necessary across the circumstances navigated. Pertinently, these themes did not resolve the contradictions athletes faced, nor the internal conflict they described, but instead illuminated the complex terrain through which ambivalence was wielded, concealed, and thus, actively managed.

In arguing that participants neither fully conformed to nor resisted the CoR, I have inferred that their ambivalence was an ongoing and situated experience. However, as the following synthesis section will illustrate, this condition of ambivalence is not fully democratized or not universally accessible. Rather, it reflects a position shaped—and in many ways, enabled—by the forms of capital participants brought into their health and performance negotiations. The premise of Chapter 5 was to demonstrate that social, economic, and cultural capital did not just shape access to care or decision-making; they configured the very terms through which athletes could feel uncertain, cautious, or contradictory. Participants' clinical literacy, bodily awareness, and past experience with injury—what I labeled clinical and cultural capital—allowed them to enact strategies like intuitive triage or informed negotiation. Economic capital afforded them access to institutional services, and for some participants, out-of-pocket, even experimental treatment options. Social capital—especially the perceived quality of relationships with coaches, therapists, teammates, and other support networks—often encouraged communication and flexibility, even when it also upheld the imperative to stay available. Together, these forms of capital did not foster resistance per se but created the capacity to negotiate health and participation in participants' own terms from within the CoR. Ambivalence, then, was not merely an expression of internal conflict, but a relationally structured and

privileged position available only to those athletes whose capital allowed them to remain in play *and* negotiate the ways in which they did so. Understanding ambivalence as both a product and a privilege of one's social position invites closer scrutiny of the institutional landscapes that shape it, namely the structure of Canadian university sport and the broader pathway to its entry.

Situating Ambivalence within the Canadian Sport System

In the Canadian university context, sport is typically framed as a complement to the academic experience, not a pathway to professional sport. Geiger (2013) contrasts this with the NCAA model, where collegiate sport more often serves as a career launchpad. This distinction is reflected in institutional policies: U.S. schools may lower academic entry thresholds to accept top recruits, provide exclusive housing, and admit student-athletes from distinct socioeconomic backgrounds. In contrast, the vast majority of Canadian varsity athletes are usually admitted on academic merit and expected to integrate their sport commitments into a broader educational experience. Simon Fraser University currently stands as the only exception, being a Canadian institution that participates in NCAA sport and thus may operate under a slightly different set of expectations (Bonagura, 2023).

Canadian varsity sport, in this context, is framed less as a means of upward mobility than as one component of a privileged, well-rounded university life. Material return is neither guaranteed nor heavily emphasized. This notion is reinforced by structural limitations on athletic financial awards (AFAs), which are capped (Owen, 2024) and unevenly distributed within teams and across institutions (Lucas, 2023). As such, many Canadian varsity athletes cover some portion of their post-secondary expenses out of pocket. While I do not hold empirical policy evidence to suggest that financial expectations are deliberately exclusionary, I argue that their

effect is consistent with a class-based filtering process in Canadian sport that privileges those with the means to absorb the costs of participation and advancement to varsity sport. This interpretation aligns with broader critiques of sport participation in capitalist societies. For instance, Gruneau (1983) highlights how organized sport functions as a site of class reproduction, where access and advancement are shaped by historical and social inequalities rather than pure merit. Donnelly and Harvey (1996) further emphasize that structural barriers—not individual short comings—regulate access to sport, particularly for those who fall outside dominant class, gender or cultural positions. These insights lend credence to the argument that exclusion in Canadian varsity sport can be understood as part of a longer trajectory of class-based filtering that begins well before the post-secondary level.

As Berger et al. (2008), Gemar (2020), and White and McTeer (2012) demonstrate, participation in organized sport is positively associated with socioeconomic status, parental education (a proxy for economic capital), and geographic proximity to resources, illustrating a broader pattern of class-based stratification in youth sport. Perks (2020) similarly finds that SES plays a pivotal role in shaping participation, with low-income youth disproportionately excluded from the kinds of developmental sport pathways that may lead to elite competition. This is compounded by what Donnelly (2013) refers to as ‘The Great Divide’ between grassroots and elite sports in Canada. They argue that national sport policy in Canada increasingly prioritizes elite, medal-oriented development for Olympic performance over mass participation; a shift that concentrates resources toward athletes from middle- and upper-income families who can afford early specialization, private coaching, and year-round competition. While early participation may not directly predict future varsity participation, these early gaps matter. Gemar demonstrated that dispositions toward regular sport participation are cultivated unevenly, shaped by early exposure

to organized play and family norms surrounding physical activity—forms of embodied athletic capital that accumulate across the life course. In adulthood, as Stempel (2005) shows, this capital continues to distinguish who participates in sport and how it is valued.

The purpose of this section is to zoom out from previous chapters' emphasis on ambivalence as a product of internal conflict or relational negotiation, and to instead contextualize it as a structurally enabled position. Within the Canadian sport system, only certain athletes are positioned to experience ambivalence as a legitimate option. Specifically, those whose social and economic privilege lends itself to passing through the filters of youth sport, accumulate athletic capital, and reach varsity sport without needing to pursue it as a professional pathway. The absence of career pressure, combined with an institutional framing of university sport as complementary to academics, reduces the stakes of participation. As a result, some athletes are afforded the latitude to hesitate, to weigh their health against performance, or to selectively disengage. These forms of decision-making may not be available to athletes in more precarious or career-contingent positions. In this way, ambivalence is both a product of individual narrative and a reflection of structural positioning.

This understanding of ambivalence as a function of privilege stands in sharp contrast to the embodied experiences of more precarious populations, where risk-taking is not a negotiable decision but an economic imperative. For example, research on migrant agricultural labourers and blue-collar workers demonstrated how economic precarity compels individuals to work through pain and illness due to fear of job loss, deportation, or income instability. Vosko (2006) and Lewchuk (2017) show that temporary and insecure forms of employment systematically reduce workers' ability to assert health-based refusals or delay labour in the name of recovery. Such scholarship emphasises that for many precarious workers, caution is a luxury and hesitation

is a liability. Marx's famous quote especially resonates here: "Men make their own history, but they do not make it as they please; they do not make it under self-selected circumstances, but under circumstances existing already, given and transmitted from the past." In the context of my study, ambivalence, as I have most recently framed it, reflects not only agency, but the conditions under which agency can be exercised. It is a product of one's structural relation to the landscape of sport and one's position within broader capitalist relations of production.

The opportunity to step back from risk, to triage or defer action, or to pursue care without jeopardizing their status, was structurally available to all of the athletes I interviewed. However, few actually exercised these options, and no one did so consistently. Instead, their position within the relatively homogenous and insulated environment of Canadian varsity sport afforded them a form of conditional perspective. That is, their accumulation of capital alongside their early and sustained immersion in organized sport, as Bourdieu (1986) might argue, shaped dispositions toward caution, but that potential was regularly overridden. In reality, the pervasiveness of the CoR competed with, and often eclipsed, such ambivalence, tipping decision-making toward continued participation. Athletes learn to normalize pain and minimize injury even as they may become more aware of the consequences. This shifting calculus aligns not only with Nixon's (1994) observation of the CoR's socialization effect, but also reinforces Douglas and Wildavsky's (1982) notion of cultural bias, wherein risk is re/interpreted through dominant cultural norms rather than objective assessment. For athletes with less capital or fewer alternatives, the calculus is susceptibly even more constrained. In these contexts, hesitation may not even surface as a recognizable option, but a luxury that is structurally out of reach (cf., Lewchuk, 2017; Vosko, 2006).

In my study, few participants explicitly recognized how their access to varsity participation, physiotherapists, and other embedded networks of support reflected broader structures of class privilege. As Safai et al. (2016) argue, the normalization of risk in high-performance sport, coupled with class privilege and prolonged socialization into elite systems, dull athletes' ability to recognize health as a political concern or to imagine collective resistance. In my interpretation of participant narratives', the high-performance sport system is seen as highly individualizing, positioning athletes as autonomous agents responsible for managing their own risk, recovery, and availability. Within this framework, health is redefined not as holistic wellbeing, but as the capacity to perform. While some participants expressed frustration—over prolonged recovery timelines or inconsistent support from coaches—these grievances were often framed as personal obstacles, rather than reflections of their structurally privileged position in sport. Few acknowledged that their ability to delay return, or negotiate expectations, was enabled by access to capital that protected them from the harshest consequences of non-compliance. For others without such resources, there may be no room for ambivalence—only participation, no matter the cost. This distinction corroborates Safai et al.'s (2016) call to re-politicize health in sport by shifting attention away from individualized choice and toward the cultural underpinnings of sport that render risk normal and necessary. Indeed, symbolic gestures of athlete consultation or individualized care may suggest empowerment, but they often mask the dominant imperative to prioritize performance above one's health. As such, collective decision-making is less a reality than a managed illusion. Safai et al. emphasize the need to cultivate a collective political consciousness among athletes, where health is recognized not simply as personal resilience but as a right embedded within social and institutional structures.

In illuminating the utility of capital, I do not suggest that participants arrived at ambivalence easily or without struggle. Their hesitation, strategic negotiation, and moments of resistance were often fraught with internal conflict. And yet, their ability to navigate this gray area—without facing immediate exclusion or consequences—is not a universal experience. Ambivalence surfaced in light of their forms of capital: embodied familiarity with injury, clinical fluency, institutional trust, and perceived relational support. These resources allowed their doubt to be vocalized, take calculated pauses, or seek alternative care all while remaining available. In this sense, ambivalence can be understood as a structurally enabled posture and one that reflected a degree of privilege. Importantly, as evidenced by Vosko (2006), this privilege could obscure the reality that such negotiation is not available to all. For athletes in more precarious or less resourced positions, ambivalence may not present a viable or safe option, but a risk in and of itself.

While much of the (CoR) literature has centred on athletes' conformity or resistance to dominant norms of pain tolerance, performance, and bodily sacrifice (e.g., Nixon, 1992; Roderick, 2006; Theberge, 2008; Young et al., 1994), this study proposes ambivalence as a crucial and often overlooked dimension of how athletes navigate the many complex sporting landscapes. Rather than viewing athletes' decisions as binary—either accepting or rejecting the CoR—I found that participants frequently hovered in a space of tension, where performance expectations and health concerns were actively negotiated but rarely resolved. In this way, ambivalence does not oppose the CoR but reveals its messiness and durability: it demonstrates how the normalization of risk persists even in the face of internal doubts, caution, or momentary deviation, as was evidence by the participants. This lens also surfaces the invisibility of the CoR within high-performance structures, where decisions that appear autonomous or pragmatic are

deeply shaped by institutional imperatives and athlete habitus. As Theberge (2008) and Malcolm (2006) have argued, the CoR is often reinforced through subtle forms of surveillance and symbolic reward systems. The participants' narratives extend this insight by showing how such structures are internalized to the point that even their ambivalence appeared circumscribed—conditioned by their access to resources, their investment in "bodily capital" (Wacquant, 1995), and the ever-present pressure to remain available. Thus, rather than resisting the CoR outright, athletes learned to work around it, within it, and, sometimes, despite it. Their hesitation became not a form of opposition, but an expression of structurally enabled doubt, permitted in part by their privileged positions within Canadian varsity sport.

Limitations and Contributions

While the original aim of this research was to examine resistance to the CoR, this objective was only partially fulfilled. Early in the research design phase, I intended to recruit athletes who had demonstrably resisted dominant norms at the intersection of pain and performance. However, after discussion with my supervisor, it became clear that identifying and justifying such participants posed significant methodological challenges. How could I reliably know, in advance, who had resisted? What counts as resistance, and to whom must it be legible? These questions proved challenging to answer before data collection—and, in hindsight, have become even more complex. Through the interview and analysis process, I came to understand that resistance does not look or sound the same across all athletes, sports, or teams. It may be quiet, strategic, temporary, or even internal. It may go unrecognized—or even be discouraged—within institutional environments. To understand whether resistance is taking place, or even possible, I argue that we must look beyond individual athletes to the structures that surround

them. Is resistance permitted, applauded, or punished? Is it met with institutional support or symbolic exclusion? These questions exceed the scope of this thesis, but they offer a critical foundation for future inquiry.

Although the sample included some variation in economic background and racial identity, it largely reflected the relative privilege embedded within Canadian varsity sport. All participants competed in U Sports programs and, regardless of their household income, had navigated expensive, selective, and often privatized development pathways. Their presence at the varsity level thus signals an accumulation of capital—social, economic, and cultural—that enabled them to succeed within a system that disproportionately filters out those without similar resources. As such, economic privilege surfaced as a more influential axis than other aspects of social location in shaping how participants understood, responded to, and negotiated their health and participation. While this may reflect the sample more than a universal trend, it reinforces long-standing critiques of the Canadian sport system (e.g., Donnelly, 2013; Kingsley & Spencer-Cavaliere, 2015), where advancement often hinges on financial means, private resources, and unpaid labour from families and loved ones. Similarly, it sharpens the argument that the ability to hold ambivalence—to struggle with a decision, to deliberate or delay—is not evenly distributed. In the most simplistic terms, participants were able to push through pain and injury, while still understanding that their long-term health would be intact because they could afford the resources to support it. This outlook, while still entangled in the CoR, differs fundamentally from the experiences of athletes, or even other forms of labour, who must continue at all costs, without room for reflection or refusal.

Returning to the framing that opened this thesis, I questioned whether varsity athletes could resist the CoR in ways similar to prolympic athletes like Simone Biles and Chris Borland.

Ultimately, resistance was not observed—but the athletes' privilege did shape their proximity to consider it. Like Biles and Borland, they had access to resources that enabled temporary withdrawal, reframing, or strategic negotiation. But unlike these high-profile cases, their capital did not culminate in full-fledged rejection. This is not to suggest that resistance was entirely absent, but rather it appeared in more subtle forms—strategic modification, retrospective realization, or reframing of toughness—that were often overshadowed by the need to remain available. Resistance was possible, and at time acknowledged by participants, but it tended to be fragile, fleeting, or dependent on very specific conditions and circumstances. To that end, the contribution of this thesis lies not in locating resistance, but in rethinking how ambivalence operates as a structured and structuring force that complicate internal conflict. What often appeared as personal/relational conflict or indecision can be further understood by critiquing the very systems that reward compliance and make deviation costly. Ambivalence, then, is not a neutral or universal stance—but a position afforded by privilege, with profound implications for how health, risk, and autonomy are distributed across varsity sport.

Indeed, ambivalence offers a productive conceptual lens to understand how athletes navigate competing commitments to health and performance, however, it also has its limitations. As a concept, ambivalence captures the presence of competing tensions but does not necessarily illuminate the process through which decisions are made, re-evaluated, or justified over time. In the context of the CoR, this is especially important, as athlete decision-making is rarely static or singular, as demonstrated in the present study. Although this research draws attentions to how athletes experience and articulate ambivalence, future research would benefit from heightened analytical attention to the process of negotiation and navigation that underlie these moments—such as how athletes calculate risks, seek, respond to others' influence and perception, or shift

their stance across different contexts. Attending to these dynamics more explicitly could deepen our understanding of how and why particular health/risk-related decisions unfold within the social, cultural, and institutional pressures of sport.

Future Directions and Closing Reflections

In light of the insights gathered, future research should take up the question of resistance more explicitly. This includes not only studying athletes who resist, but also interrogating the institutional and relational conditions that enable or suppress the potential for resistance. Such research might explore how resistance is perceived within team cultures more broadly, how it is understood and managed by coaches and staff, and what forms of capital allow it to be expressed without material or symbolic consequence. Longitudinal or ethnographic research may be especially valuable in capturing how attitudes toward risk evolve across seasons, injuries, or transitions out of sport. Further, future work should aim to recruit more demographically diverse samples, including athletes from a range of racial and ethnic backgrounds, gender identities, sexual orientations, and sport levels—including, but not limited to, CCAA (college) athletes, non-varsity athletes, or those who exit sport prematurely. Comparative research across national sport systems or institutional contexts may also reveal how differences in governance, funding, and athlete support shape how the CoR is reproduced or resisted.

In closing, this research has constantly reshaped my own understanding of what resistance in sport can look like. When I began this project, I believed that resistance to the CoR would be easily identifiable—something bold, obvious, and reflective of my own prior experiences rejecting dominant norms. But what I have learned, through the data and reflexivity, is that resistance is rarely cut and dried, and undoubtedly not the Hollywood-like acts I

envisioned. It is shaped by social positioning, institutional pressures, and access to resources. It is not always loud, visible, and rarely celebrated. In many cases, it is constrained before it can even be imagined. This work has humbled my early assumptions and deepened my commitment to studying athlete agency not as a trait, but as a capacity shaped—and often foreclosed—by systems that reward conformity. The challenge ahead lies not only in identifying acts of resistance, but in transforming the conditions that determine whether resistance, as I once understood it, is even possible.

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Appendix A: Recruitment Visual

Appendix B: Study Information Sheet

Project Title: Understanding Varsity Athletes' Resistance to Sport's Culture of Risk (CoR)

Researcher: Calum Doherty, School of Kinesiology and Health Science, York University

Supervisor: Dr. Parissa Safai, School of Kinesiology and Health Science, York University

What's this research about?
This study explores the experiences of Canadian university and college athletes (U SPORTS and CCAA) regarding their decisions to play through–or refrain from playing through–injuries. I am also interested in understanding the social and cultural factors that may shape these health-related decisions in high performance environments. With growing concerns for athlete safety across Canadian sport, this research provides a unique opportunity to share your insights on the safety of your own sport environment and to contribute to meaningful discussions about the future of athlete health in varsity sports.

Your participation:
Participation involves a one-on-one interview, either in person or via Zoom, scheduled at your convenience. The interview will last approximately 60 minutes and offers an opportunity for you to share your perspectives on the "Culture of Risk" in varsity sports, including your experiences with pain and injury tolerance/management. As a thank you, participants who complete the interview will receive a $25 Amazon gift card. Participation is entirely voluntary, and you may withdraw from the study at any time without penalty or loss of benefits.

Anonymity:
Your identity will be kept confidential throughout the research process. Personal details that could identify you will be removed during data analysis, and interview recordings and transcripts will be securely stored, accessible only to my supervisor and me. All information you share will remain confidential unless you explicitly request otherwise. Your name will not appear in any reports or publications unless you specifically indicate that you would like it to. A secure link between your name and your coded responses will be maintained and will only be accessible to my supervisor and I, ensuring your privacy is protected at all times.

Thank you for your interest in this study.
I appreciate you taking the time to learn more about my research. If you have any questions, would like more details, or are interested in participating, please feel free to email at cdohert1@yorku.ca or send a DM @thecalumdoherty.

Appendix C: Participant Demographic Questionnaire

1. Please indicate your age: _____

2. Please indicate your gender (select all that apply):
    - Woman
    - Man
    - Non-Binary/Trans/Gender Diverse
    - Or please specify_____
    - Prefer not to answer
3. Which of these terms would you use to describe your sexual orientation? (select all that apply):
    - Aromantic
    - Asexual
    - Bisexual
    - Demisexual
    - Gay
    - Heterosexual
    - Lesbian
    - Pansexual
    - Queer
    - Two-Spirit
    - My sexual orientation is not listed above
        - Please specify_____
    - Prefer not to answer
4. Are you a person with a disability?
    - Yes
    - No
    - Prefer not to answer
5. Based on these categories from the Canadian Census, how do you describe your race/ethnicity?:
    - White/Caucasian
    - Chinese
    - Japanese

- Korean
- Aboriginal/First Nation (e.g., North American Indian, Metis, Inuit)
- Filipino
- South Asian (e.g., East Indian, Pakistani, Punjabi, Sri Lankan)
- South East Asian (e.g., Cambodian, Indonesian, Vietnamese)
- Black (e.g., African, Haitian, Jamaican, Somali)
- West Asian/Middle East (e.g., Afghani, Arab, Indian)
- Latin American (Central and South, e.g., Mexico, Guatemala, Colombia)
- Other
    - Please specify_____

6. Please indicate your family's house hold income in the past calendar year using these categories from the Canadian Census:
    - $1 to $35,808
    - $35,809 to $59,521
    - $59,522 to $88,658
    - $88,659 to $133,468
    - $133,469+
7. Please indicate your highest level of education (circle one):
    - Some high school
    - Completed high school (or equivalent)
    - Some college/university
    - Completed college/university
    - Other accreditation/diploma/certificate
    - Post-graduate (Masters, PhD, MD, etc.)
8. What is your current employment status? (please select all that apply):
    - Employed full-time
    - Employed part-time
    - Self-employed
    - Freelancer/Contractor
    - Unemployed and looking for work

- Unemployed and not looking for work
- Student
- Other
    - Please specify_____

9. Please indicate your current place of residence: _____

Appendix D: Interview Guide

Introductory Questions

1. How did you first get into sports?
    a. At what age did you start?
    b. What was the first sport you played?
    c. When did you begin participating in competitive sport?
    d. Could you tell me about this experience?
    e. How was it funded?
    f. How did you manage travel and accommodations for your sport?
2. Could you tell me about any of the barriers you have faced throughout your athletic career?
    a. What or who have been the key facilitators over the course of your career?
3. Can you tell me about a time when your role in the team's dynamic had a significant impact on the outcome of a game, tournament, season, etc.?
    a. Is this a role you accepted willingly?
    b. Would you prefer a different role?
    c. Can you describe your relationship with your coach(es)?

Main Questions

1. Can you tell me about a time when you got injured playing your sport?
    a. What was the context of the match/race/etc.? (e.g., exhibition, regular season, playoffs)
    b. What was the pain like? Was it obvious you were injured?
    c. How would you have handled the injury if it occurred in a different competition setting or time of season?
2. What were the responses following your injury?
    a. Did your coaches or teammates offer support?
    b. How did their reactions make you feel?
    c. What were the responses from family and friends?
3. Could you share with me a bit about your recovery following the injury?
    a. Did you rest? Why or why not?
    b. What does rest and recovery mean to you?
4. What reactions did you receive following your decision to continue or stop playing?
    a. How did those comments make you feel?

    b. Did they change your approach to the injury?
5. At this point in your athletic career, is there anything you would have done differently?
    a. Could you elaborate on a specific decision you would change and why?
6. Can you describe the support systems or resources (e.g., medical staff, mental health services, family support) that were available to you when you made the decision to play or not play through an injury?
    a. How did these support systems influence your decision?
    b. Were there any periods when you felt a significant increase or decrease in support?
    c. Can you share with me a specific person who provided exceptional support during this time?
    d. Do you feel that you had adequate support to make an informed decision about your participation following the injury?
7. How has your team's culture shaped your perspective towards playing through pain and injury?
    a. How do your teammates view athletes who play through injuries versus those who take the time to recover?
    b. Could you tell me about a time when these attitudes were on display?
8. Is there anything else you would like to share with me?
    a. Do you have any questions for me?
    b. Are there any other questions that I should have asked?