

**A Social-Cultural and Embodied Exploration of
Sport Injury and Disordered Eating**

Thesis Submitted by:

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This thesis is dedicated to my 18-year-old self.

We did it.

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Abstract

The purpose of this thesis was to explore the sociocultural and embodied meanings that athletes construct from their sport injury and disordered eating experiences. By integrating two previously isolated bodies of research – sport injury and disordered eating – a broader and more nuanced understanding of athletes' experiences of these challenges could be explored. The aims of this programme of research were fourfold: First, to understand distance runners' experiences of sport injury and disordered eating across their athletic careers. Second, to extend theoretical understandings of injury and disordered eating by exploring how the broader sociocultural contexts and embodied experiences can shape athletes' experiences of injury and disordered eating. Third, to continue to bridge the persistent knowledge-to-practice gap within sport psychology by not only translating and disseminating research findings in an accessible and engaging format but also exploring the applied value of the research findings to athletes, coaches, and practitioners. Lastly, to critically engage in and demonstrate ongoing reflexivity throughout the research process, highlighting the emotional and ethical complexities of conducting sensitive qualitative research on injury and disordered eating. These aims were achieved across four empirical studies. The first study integrated the fields of the psychology of sport injury and disordered eating in sport by adopting a narrative inquiry approach to explore the sociocultural and embodied experiences of distance runners across their athletic careers. Five creative non-fiction stories were crafted and formed the conceptual basis of this thesis: *Is it good for me? I knew I'd gone too far, maybe it wasn't too late for me? Is this what normal feels like?* and *I love food too much*. The second study extends our understanding of these stories by further exploring how the original participants engaged with them. The participants became witnesses of their own stories, which in turn revealed how the stories had worked *on*, *for*, and *with* them. The third study explored the applied value of stories and how they could be used to bridge disciplinary boundaries. In the final study I reflect on my experiences of conducting sensitive qualitative research throughout this thesis. I utilised the genre of a confessional tale in the form of poetry to reflect on the ethical and methodological challenges I encountered throughout the research process. Taken together, this thesis concludes by revisiting the overall aims and considering how this programme of research extends sport psychology literature across empirical, methodological, and practical domains. Empirically, the studies advance our understanding by integrating the fields of sport injury and disordered eating, thereby offering a more holistic, sociocultural, and embodied account of athlete experiences. Methodologically, this thesis embraces multiple forms of representation (e.g., creative non-fiction, poetry) that extends sport psychology literature. Practically, this thesis demonstrates how storytelling can bridge the knowledge-to-practice gap, fostering multi- and interdisciplinary collaboration. The thesis closes with future avenues of research that warrant further attention and my concluding thoughts.

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Research and Professional Outputs

Journal Publications

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Conference Presentations

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Chapter 1: Introduction

1.0 Introduction

It is well known that sports injuries can have debilitating effects on athletes' physical health and psychological wellbeing. In some cases, injury can impact athlete mental health inducing disorders such as depression, anxiety, substance abuse, disordered eating, and suicide ideation (Gervis et al., 2022; Goutteborge et al., 2016; Gulliver et al., 2015; Perry et al., 2021). Despite this well-documented risk, the sociocultural environment frequently normalises injury as an inevitable aspect of athletic life, viewing injury as 'part and parcel' of sport. Stories of success and triumph are celebrated, while narratives of adversity or emotional struggles that do not follow a 'bad-to-good' progression are often minimised or ignored (Papathomas, 2018; Wadey et al., 2019). This normalisation can trivialise the injury experience, undermining the legitimacy of athletes' mental health concerns (Prior et al., 2014) and fostering a stigma that links injury to 'weakness,' discouraging athletes from seeking support (Vargas et al., 2021b).

Despite these concerns, social exchanges (e.g., coach's comments) and cultural values (e.g., 'skinnier equals faster') persist in increasing athletes' risk of adverse psychological outcomes following injuries, and they often obscure the complex and negative reality of injury experiences (Gulliver et al., 2015). Sociocultural factors such as the emphasis on mental toughness (Gucciardi et al., 2017), the prioritisation of performance over health, the single-minded dedication to sport, otherwise known as the performance narrative (Carless & Douglas, 2013), and the stigmatisation around mental health (Papathomas, 2018) perpetuate this environment and increase athletes' risk of psychological challenges after injury. A recent example is professional distance runner Mary Cain, whose coaches' harmful training and nutritional practices led to repeated injuries and lasting physical and psychological harm, highlighting the damaging effects of these sociocultural pressures (Ackerman et al., 2020).

Against this backdrop, the psychology of sport injury field aims to support injured athletes by increasing overall understandings around: risk of injury occurrence, psychological

responses to injury and the return to sport, and psychological interventions to assist in rehabilitation and recovery of injury (Brewer, 2020). The growth of the field can be evidenced by the number of books (e.g., Forsdyke & Gledhill, 2024; Wadey, 2020), articles (e.g., Evans & Brewer, 2022), and special edition journal articles (Day & Wadey, 2022; Wadey & Day, 2022) dedicated to the topic of psychology of sport injury. Despite this enhanced knowledge base, there is still room for continued growth within the field and areas for further exploration. For example, literature has been criticised for being individualistic in nature, whereby, blame is placed upon injured athletes and focus is predominantly around their thoughts, feelings, and behaviours, thereby ignoring social-cultural contexts (Wadey & Day, 2022). Furthermore, there have been criticisms around research not being acknowledged or valued in practice due to the limited accessibility and transferability of the findings (Evans & Brewer, 2022). For example, sport medicine practitioners have reported feeling under-prepared for dealing with the psychological aspects of sport injury (Alexanders et al., 2015). Yet, many sports clubs have reported having no full-time sport psychologists, suggesting the majority of injury treatment is still physical (Gervis et al., 2020).

Acknowledging these limitations, scholars have called for the psychology of sport injury field to encourage interdisciplinary research to expand theoretical insights and offer more nuanced, practical support for injured athletes (Middleton et al., 2024). By integrating insights from fields such as psychology, physiology, biomechanics, and nutrition, collaboration will be facilitated among multiple disciplines. Brewer (2020) echoed this notion by stating “the success of the field is likely to be contingent on the ability of parties from disparate backgrounds to come together to best serve the athletes they study and with whom they work” (p. 240). The recent consensus statement on sport injury research (Tranaeus et al., 2024) underscored this call to action and provided recommendations for applied practice, including “facilitating clear lines of communication between athletes, coaches, and medical staff” (p.

1743). To this end, encouraging scholars to expand ways of knowing by recognising the role played during the injury process by multiple disciplines and expanding lines of inquiry. This approach not only facilitates collaboration among multiple disciplines but also encourages researchers to broaden their perspectives, ultimately enhancing the care provided to athletes throughout the injury process. For clarity, the psychology of sport injury has been multidisciplinary from the beginning, populated with scholars from fields such as athletic training, coaching, nursing, physiotherapy, sports medicine, and more. However, “the field has not matured to the point that it can be considered interdisciplinary...” (Brewer, 2020, p. 232). In other words, the fields are not yet interacting, sharing knowledge and methods across the disciplines, stunting the field and continuing in a multidisciplinary vein. For this thesis, I refer to monodisciplinary research as characterised by the least form of integrated research and practice, whereby, disciplines simply ‘co-exist’ (Burns & Collins, 2023). I then refer to multidisciplinary working as collaboration among scholars and researchers across disciplines, while each remains within their own disciplinary boundaries (Burns & Collins, 2023). Lastly, I refer to interdisciplinarity as working with a higher level of integration and cooperation, bridging disciplinary viewpoints and accumulating knowledge from neighbouring disciplines (Stock & Burton, 2011).

A lack of integration and collaboration is particularly evident in the psychology of sport injury where the physical body, which is central to the athlete’s lived experience, remains unacknowledged in psychological research and practice (Hall et al., 2022). While psychological frameworks often emphasise cognitive and emotional responses to injury, they frequently overlook the embodied nature of these experiences. Injuries are deeply physical events that challenge athletes’ sense of self and identity. Injury being an embodied experience, plays a crucial role in shaping these experiences, yet the physical body is often objectified (Hall et al., 2022). By incorporating an embodied perspective (i.e., one that dissolves the distinction

between body and mind), the psychology of sport injury can offer a more holistic approach, addressing the corporeal dimensions of injury, which requires an interdisciplinary approach, with fields such as physiotherapy, physiology, and nutrition (Rollo et al., 2021).

With injury being an embodied experience requiring an integrated approach, an area that warrants further attention within the psychology of sport injury is the role of disordered eating. Athletes are not only subject to performance and sporting pressures but also societal pressures surrounding weight, body image, and eating practices. By eating practices, it is understood as *what*, *when*, *how* athletes eat, and *with* whom (Sundgot-Borgen & Torstveit, 2004). It has been well documented that there is a high prevalence of disordered eating within sport compared to the general population (Bratland-Sanda & Sundgot-Borgen, 2013), with the highest cases in lean and aesthetic sports such as endurance running (Sundgot-Borgen & Torstveit, 2010). Societal pressures (e.g., meeting a certain weight or body shape for performance) as well as the demands faced by athletes (e.g., financial pressures to win events) create a climate ripe for developing disordered eating (Petrie & Greenleaf, 2007; Sundgot-Borgen & Torstveit, 2004).

Disordered eating has been described by Papathomas (2016) as an overarching term for a spectrum of problematic eating practices, such as obsessive calorie counting, purging, and skipping meals, spanning to more severe eating pathologies. In other words, disordered eating exists on a spectrum, where disordered eating behaviours (e.g., bingeing, purging) can often precede to more severe, diagnosable conditions (e.g., Anorexia Nervosa). By treating disordered eating as a continuum, this framework captures a broader range of behaviours that may not meet clinical diagnostic criteria (Papathomas, 2016). Broadly speaking, eating disorders are characterised by persistent disturbances of eating behaviours that significantly impair health and psychological functioning, such as Anorexia Nervosa and Bulimia Nervosa (DSM-V; APA, 2013). Injured athletes who are having forced time away from regular training

and competition are often more vulnerable to disordered eating behaviours due to changes in routine, weight maintenance, and identity within their sport (Reel et al., 2018). The lack of activity and subsequent disruptions to nutritional and training regimes can increase the risk of developing or worsening disordered eating behaviours, yet current understandings of this intersection between injury and disordered eating remain limited (Putukian, 2016).

Despite increased scientific interest in the field of disordered eating, with scholars recognising and understanding the likes of Relative Energy Deficiency in Sport (REDs; Mountjoy et al., 2014; 2018; 2023), Orthorexia Nervosa (Bert et al., 2019), Muscle Dysmorphia (Sanford-Martens, et al., 2005), Anorexia Athletica (Sundgot-Borgen, 1994), and more general eating pathologies, there is arguably still uncertainty around disordered eating prevalence and risk in athletes (Papathomas, 2018). This uncertainty could be due to the dominant history of medicalised perspectives in the field of disordered eating, creating an evidence-base that is individually driven, ignoring how social and cultural practices can legitimatise and stigmatise disordered eating in sport (Papathomas, 2018). As such, these medical or objectivist frameworks that are guiding researchers in the field continue to position disordered eating as a ‘weakness’ to the individual and as a result of the athlete’s inner thoughts and feelings (Milligan & Pritchard, 2006). Against this backdrop, researchers have begun to draw on the larger social-cultural (e.g., social support, sporting pressures) factors that can influence athletes’ disordered eating experiences (e.g., Busanich & McGannon, 2012). Furthermore, Bennett (2021) emphasised the importance of understanding the uniqueness of athlete populations in relation to eating practices. They argued that researchers must bridge the gap between sport and professional practice to aid referral and treatment processes. A ‘treatment gap’ and ‘research-practice gap’ persists within healthcare systems, where many individuals can go without adequate support. This gap is partly driven by a lack of applied research and ineffective dissemination of findings, which limits the translation of knowledge into accessible and

practical interventions (Mills et al., 2023). Reel et al. (2018) recommended that future researchers should engage with a range of professionals who work with athletes to corroborate findings related to injury and disordered eating. Continuing to bridge the research-practice gap, Åkesdotter et al. (2024) suggested understanding athlete experiences of disordered eating can be enhanced through creative analytical practices (e.g., poetic representations, creative non-fiction stories) that can be used as pedagogical resources, which enhance communication between athletes, coaches, and practitioners, bridging the gap, and creating ‘common language.’

To further contextualise this thesis, I will address a few points that require attention. First, I have been and will continue to use the term ‘disordered eating’ to serve as an umbrella term for problematic eating practices, ranging from restrictive dieting, purging behaviours, to eating disorders such as, Anorexia Nervosa or Bulimia Nervosa. I decided to do this to create consistency within the thesis and reduce confusion around the different ‘clinical’ and ‘subclinical’ definitions of disordered eating. This positioning was influenced by the work of authors such as Papathomas (2016), who classifies disordered eating as an overarching term for problematic eating practices to severe eating pathologies. Using this comprehensive term aligns with research approaches that view disordered eating as multi-dimensional, recognising that many athletes experience a range of problematic eating habits and never receive a formal ‘clinical’ diagnosis and cannot be labelled as an ‘eating disorder.’ This inclusive definition allows for a more nuanced understanding of how the culture of sport combined with performance and societal pressures (e.g. pressures relating to body image), can contribute to various forms of disordered eating, regardless of clinical severity. Moreover, Busanich et al. (2012) argued that disordered eating can be seen as a socially and culturally derived term used to describe eating practices over time. Having addressed this use of terminology, utilising the

term ‘disordered eating’ does not indicate that these behaviours are less severe than clinically defined eating disorders (Papathomas & Lavallee, 2014).

Second, the foundation of this PhD is situated in the experiences of regional to international level distance runners (road, track, cross-country, 1500m to marathon distance). Distance runners were chosen as the population of interest due to researchers demonstrating high rates of both injury and disordered eating rates, with limited understanding of the experiences and consequences of either within this population (Anderson et al., 2016; Gorrell et al., 2020). Moreover, there have been calls from researchers to explore disordered eating within distance runners using qualitative approaches (Busanich et al., 2016). The thesis included athletes from regional to international level to include ‘sub-elite’ athletes. Sub-elite referring to semi-professional and regional level, and elite referring to international or professional athletes (Swann et al., 2015). There have been calls to explore sub-elite experiences of mental health outside of the USA due to the different practices, alongside understanding the different social and cultural influences experienced by sub-elite athletes compared to just those at elite level (e.g., the availability of sport staff, differences in funding) (Perry et al., 2021). Furthermore, I spent over 10 years of my life as a regional distance runner and therefore, would be considered as an ‘emic’ or a cultural insider to this population (Berger, 2015). My insider status both enhanced and inhibited my understandings, rapport, and interpretations of the athlete’s experiences, which is discussed in detail within chapter six. Lastly, this PhD is heavily concerned with stories. Including the stories athletes tell about their injury and disordered eating experiences, *how* their social and cultural contexts frame the stories they tell, *who* tells certain stories, and *why* stories are told in certain contexts or *why* they are silenced in others (Frank, 2010). By listening to athletes’ stories and developing creative non-fiction versions, this thesis offers new and alternative ways to make sense and understand athlete experiences, whilst also attempting to use these stories to bridge the fields

of sport injury and disordered eating in sport by creating a means of assessable communication between multiple disciplines. Although, stories are a subjective means and so, I encourage readers to form their own interpretations and critically consider how the social and cultural contexts of injured athletes influence the telling of storylines around eating practices.

1.1 Background

The inception of this thesis was, in some ways, a fortunate convergence of circumstances. It emerged from a blend of my own experiences with sports related injuries and with the growing discussions around interdisciplinarity and collaborative ways of working within the field sport psychology. I would be lying if I said that in the early stages of my PhD these ideas were formulated and concrete because they certainly were not. I began my PhD journey at the University of Stirling, where I was set upon researching the broad mental health consequences of sport injuries. However, for me, this lacked innovation and originality as I was floating through the motions of my first 6 months to a year of study. After realising perhaps this was not the exact route I wanted to continue going down, I reached out to an external PhD supervisor, an old friend and undergraduate supervisor, Ross Wadey. We had multiple discussions (where tears were shed- from me!) around what really interests me and how we can refine some of my already present ideas. To contextualise, I have been involved in distance running for over ten years and from around the age of 17 I had a number of long-term injuries. My first debilitating injury was medial tibial stress syndrome (shin splints) that persisted for around three years. I spent many runs in tears, not going a day without pain relief or icing my shins until they were numb. Alongside trying to run through immense pain, I continued to pick up other injuries along the way, namely, achilles tendonitis and stress responses. I had completely lost all love for the sport and each run felt like torture. Throughout my injury experiences, food was a central thought for me and if I was ‘deserving’ to eat without being able to run long enough or hard enough due to injury. These experiences are what ultimately

lead to this thesis on injury and disordered eating, I was able to channel my own experiences into wanting to ‘do something’ productive for the sport and for athletes like myself. I took the leap and transferred my doctoral studies to St Mary’s University. With a fresh start and newly formed ideas, we were finally able to get ‘stuck in.’

The construction of this thesis did not stem from solely my own experiences, but also ongoing discussions I had with my supervisory team, reading around the topic, and identifying gaps within the literature. The shift away from focusing on mental health as a whole, enabled me to refine my research towards disordered eating and the psychology of sport injury. This was the first time I began to critically consider the topics of interest, in which I identified the lack of integrated knowledge on the topics. This lack of integrated knowledge was somewhat surprising for me because disordered eating or general eating practices are so closely aligned to sport injury in my experience, that the lack of stories existing in the literature combining the two greatly contributed to my decision to adopt a narrative approach. Narrative inquiry is a psychosocial approach concerned with the interpretation of stories (Smith et al., 2015a). It is foregrounded in the assumption that humans are storytelling beings, and we make sense of our experiences through the construction and communication of stories, shaped from the narrative scripts made available within our social and cultural worlds. I was keen to follow the likes of earlier researchers such as, Smith (2013) and Sparkes and Smith (2003) in showing the potential narratives can have on shifting perspectives and enhancing understandings around sport injury and disordered eating experiences. In addition to narrative inquiry, I knew I wanted to engage creatively with the research process and ensure that the findings would be accessible and meaningful to audiences in academia and beyond. Recognising that much of sport psychology research remains confined to scholarly publications, I was motivated to find innovative ways of representing participants’ experiences that could resonate widely with athletes, coaches, practitioners, and beyond. I wanted the research to not only produce

theoretical knowledge but also to creative tangible, relatable outputs that could provoke reflection, dialogue, and practical change. This intention aligned with broader calls within qualitative research for more participatory, impactful, and emotionally engaging forms of dissemination that bridge the gap between research and real-world practice (Middleton et al., 2024).

1.2 Structure and Purpose of the Thesis

To provide a coherent framework this thesis comprises of seven chapters. Chapter two begins with an in-depth critical review of the literature that has previously examined the mental health of athletes throughout injury and disordered eating within sporting populations. The review then moves onto discuss the relationship between injury and disordered eating. Specifically, this chapter aimed to: (a) synthesise critically the research focussing on sport injury, (b) provide a critical review of literature on disordered eating in sport, (c), introduce the relationship between injury and disordered eating in sport, (d) highlight conceptual and methodological issues that exist within the current bodies of literature. Finally, the review sets out the intention to explore athletes' experiences of injury and disordered eating by adopting a narrative inquiry approach (Frank, 2010). Overall, this chapter identifies the gaps in the literature that provided a rationale for this programme of research. This chapter ends with an outline of the thesis' aims and scope.

Chapter three explores sport injury and disordered eating as a combined area of inquiry. In doing so, this chapter investigated distance runners' experiences of sport injury and disordered eating across their athletic careers. Underpinned by narrative theory, this chapter identified the sociocultural and embodied experiences in which the athletes' draw meaning. Aligned with narrative inquiry, life-story interviews and visual materials were utilised to explore the experiences of 10 distance runners. A dialogical narrative analysis (Frank, 2010) was used to explore the stories the participants told and what the stories *do* for and to them.

Data was represented through creative non-fiction. Five stories were constructed: *Is it good for me? I knew I'd gone too far, maybe it wasn't too late for me? Is this what normal feels like?* and *I love food too much*. These stories provide the conceptual basis for the remainder of this thesis. In this chapter, the stories were discussed highlighting the sociocultural practices that influence the distance runners' embodied experiences.

Chapter four builds upon the previous chapter by exploring how the stories worked *on*, *for*, and *with* the original participants. This chapter aimed to address the ongoing knowledge-to-practice gap (Evans & Brewer, 2022) in sport psychology by conducting member reflections (i.e., sharing research findings *with* participants; Smith & McGannon, 2018). In doing so, this chapter explored how participants received and interpreted the stories. By acknowledging lived experience, the participants became 'witnesses' to the stories, which encouraged critical thinking, reflection, and deep engagement. Using narrative theory and the concept of witnessing (Dean, 2020), to interpret the findings, data was analysed using a reflexive thematic analysis (Braun & Clarke, 2019). Four themes were identified: (1) cautionary tales, (2) sympathetic imagination, (3) restoring body-relatedness, and (4) representing the absent other. This chapter also draws upon relational ethics, prompting recognition of the benefits and costs of sharing stories.

Chapter five further aimed to bridge the knowledge-to-practice gap (Leggat, 2020), by exploring the applied value of the stories. Aligned with narrative pedagogy (Goodson & Gill, 2011), this chapter aimed to explore how stories could be used to bridge disciplinary boundaries and encourage collaborative ways of working around complex phenomena. Seven focus groups were conducted on 25 participants, inclusive of athletes, coaches, and practitioners (i.e., sport psychologists, nutritionists, physiotherapists). A reflexive thematic analysis (Braun & Clarke, 2019) was used to analyse the data, resulting in the identification of three themes: (1) stories allow for complexity, (2) stories are educational, and (3) stories are collaborative.

Chapter six utilises the confessional tale genre (Sparkes, 2002b) to reflect on and highlight the main challenges I encountered as a neophyte researcher during the research process. The confessional tale was expressed in the form of five poems titled: *Shadows Linger*, *A Tinted Lens*, *Promise of Change*, *The Uncertain Path*, and *Beyond Words*. Each poem is followed up with my interpretation and reflections of the ethical and moral challenges I faced throughout this research project. This chapter concludes with recommendations and lessons I have learnt to help advise or guide future researchers qualitatively exploring sensitive topics.

Chapter seven brings the programme of research to a close by drawing conclusions from the entire thesis and summarising its contributions to our understandings and practices around sport injury and disordered eating. It begins with knowledge, methodological, and practical contributions of this thesis before delving into how this research can be implemented into practice across intrapersonal, interpersonal, institutional, and cultural and policy levels (Wadey et al., 2018). This chapter then outlines potential future avenues for research, highlighting areas that warrant further attention. This chapter and thesis ends by offering my final reflections and conclusions, drawing together the core contributions of this research and its broader significance to research and practice.

Chapter 2: Literature Review

2.0 Literature Review

This chapter provides a critical narrative review of the literature pertaining to the psychology of sport injury and disordered eating in sport literature. The review begins with the exploration of the psychology of sport injury literature and some of the ways in which literature has been guided and framed. The sport injury models are then discussed, before exploring the response to sports injury, moving onto exploring a number of critiques within the field of psychology of sport injury, and how we may address some of these critiques. The review then shifts towards discussing disordered eating in sport literature, risk factors to disordered eating, relative energy deficiency in sport (REDs), and a critique of research within this field. To contextualise this PhD, the review also contains literature concerning distance running within both the psychology of sport injury and disordered eating in sport fields. Towards the end of the review, the two fields of study will be combined, and injury and disordered eating literature will be discussed, addressing how this PhD can advance current levels of understanding through sociocultural and embodied lenses. The final section of this review outlines a rationale for integrating both fields of research and offering perspectives from social, cultural, and embodied contexts. The basic assumptions of narrative inquiry are discussed, alongside how narrative inquiry could aid our understanding of sports injury and disordered eating, before delving into narrative research within the two fields of inquiry, followed by the tensions of narrative inquiry.

2.1 Psychology of Sport Injury

There have been recent significant advancements of theory, research, and practice within the psychology of sport injury field with books, journals, and articles dedicated to enhancing understandings of the topic (Brewer, 2020). Sports injuries are recognised as a significant risk factor for mental-ill health in athletes (Gouttebarga et al., 2019; Rice et al., 2016), with a bidirectional relationship influencing athlete injury risk and recovery

complications (Putukian, 2014; Tracey, 2003). Given the impact sport injuries can have on athlete mental health (e.g., increased risk of depression), it is unsurprising that research within this field has grown and developed in both theory and practice. This field of study has evolved from one of limited and fragmented knowledge, to one grounded in robust conceptual, empirical, and applied foundations (Brewer, 2020). Beginning with individualistic understandings; findings including how athletes can experience a range of debilitating emotions during injury, including anger, frustration, loss, and denial (Clement et al., 2015; Tracey, 2003) have guided the field significantly. However, these findings somewhat condemned the athlete as the ‘problem,’ the focus predominantly on the athlete’s ‘inner world.’ As a result of these early findings, researchers then highlighted the suffering that injury can cause and the psychological consequences from pre- to post-injury (Johnson & Carroll, 2000), which have helped to enhance our understanding of sport injury. Yet, the more recent acknowledgment of the social and cultural contexts, reduce the ‘blame’ and spotlight from the athlete and begin to challenge the social-cultural environment (Wadey & Day, 2022). Nevertheless, the psychology of sport injury can continue to be pushed and extended to further challenge theory, research, and practice. Researchers could begin to bridge with other disciplines (e.g., nutrition) and continue to shift the emphasis away from the athlete towards social-cultural aspects (Brewer, 2020; Rollo et al., 2021; Wadey & Day, 2022).

2.1.1 Models of Sport Injury

As the psychology of sport injury field has progressed, various models have been developed to provide further explanations around the prediction of and response to sport injury. Specifically, the models have focused research interests, aided interpretation of findings, and informed the creation of preventive and rehabilitation strategies. Although developed over two decades ago, still to this day, they are well used to guide and interpret psychology of sport

injury research (Brewer, 2020). This section of the thesis will outline the models that describe prediction and prevention of and the response to sport injuries and rehabilitation.

To address early research that focused on a limited conceptualisation of stress and the interaction of personal and situational variables influencing an athlete's stress response, Williams and Andersen developed the model of stress and athletic injury (1988), revised in 1998 (Figure 1). This model proposed that when faced with stressful athletic situations, an athlete's personality traits (e.g., locus of control, hardiness, competitive trait anxiety), history of stressors (e.g., life event stress, daily hassles, injury history), and coping resources (e.g., social support, stress management skills) contribute to their response to injury (i.e., interactively or in isolation). Stress is central within the model and displays the bidirectional relationship between athletes' appraisal of, and response to, a stressful athletic situation, ultimately, injury. A potential explanation of this is that increased stress responses are likely to reduce athlete's decision-making capabilities, exposing them to errors in judgement and accidents, increasing risk of injury. The model predicts that athletes who have a history of stressors, personality traits that intensify stress, and few or inadequate coping resources, are more likely to appraise a certain sporting situation as stressful. In turn, disruptions to attention and levels of physiological arousal will rise, increasing the risk of injury (Williams & Andersen, 1998). The model assumes that effective psychological-based interventions aimed at reducing this stress response, will help reduce injury risk (Williams & Andersen, 1998). As a result, interventions focusing on stress management (e.g., mindfulness), directed at the athlete, have consistently been shown to result in positive injury risk reduction (e.g., Naderi et al., 2020).

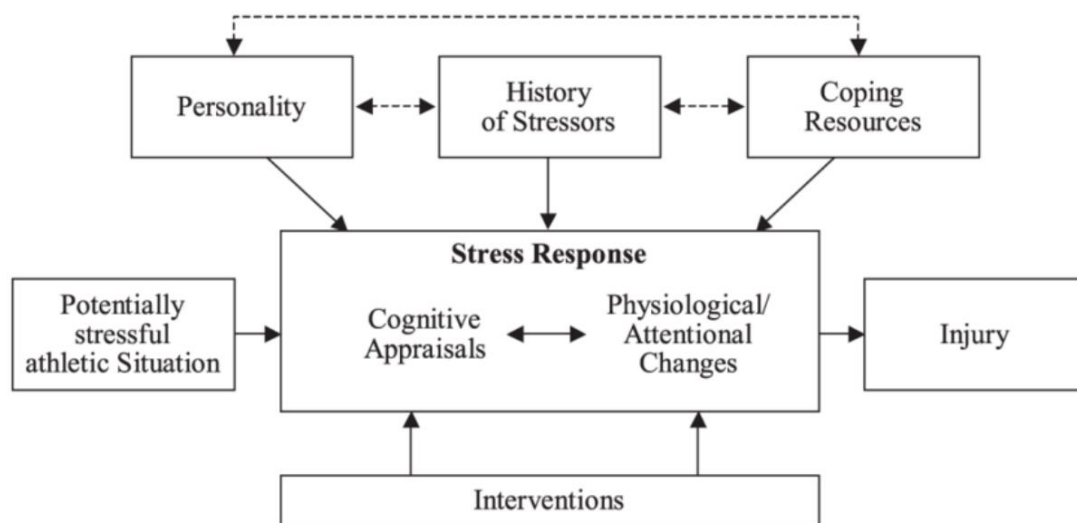


Figure 1.

Psychological Antecedents of Sport Injury: Review and Critique of the Stress and Injury Model (Williams & Andersen, 1998).

In light of this model, effective intervention strategies aimed at decreasing the stress response (e.g., progressive relaxation, mindfulness) have been employed, which have corresponded with a decreased risk of injury (Ivarsson et al., 2017). The three constructs of personality, history of stressors, and coping resources continue to receive empirical support and guide research around acute injury rates and psychosocial risk profiles (Johnson & Ivarsson, 2017). Despite the empirical support of this model (Clement et al., 2015; Ivarsson et al., 2017) and the merit it holds, it is important to recognise that there are limitations. The model has been criticised for ignoring the multifactorial nature of injury and the potential interaction with physiological, emotional, environmental, and behavioural factors in the stress response (Johnson & Ivarsson, 2017). In response, researchers such as Van Iperen et al. (2022) and Edouard and Ford (2020) have advocated for an interdisciplinary approach to injury prevention. This approach integrates psychological, behavioural, biomechanical, and physiological aspects, shifting away from the sole focus of stress response. Addressing and collaborating with

multiple disciplines will enhance understandings around the full context of injury risk, supporting a more comprehensive and effective prevention strategy. Despite these calls for broader perspectives, the roles of other disciplines remain notably underexplored in injury research, leaving a critical gap in understanding of how disciplines such as physiology, nutrition, and psychology interact with aspects of injury risk.

Understanding the psychological impact of sport injuries has been largely guided by cognitive appraisal models of injury response due to their comprehensive and multidimensional understanding of athlete's injury and rehabilitation experiences (Tranaeus et al., 2024). One of which being Wiese-Bjornstal et al.'s (1998) integrated model (Figure 2). Prior to this, the psychological response to injury was understood using stage models (e.g., (Kübler-Ross, 1969)) which were critiqued for failing to account for individual differences (Wiese-Bjornstal et al., 1998). The integrated model is of particular importance because it accounts for individual differences and how responses to injury and rehabilitation are subject to change over time. The integrated model, to this day remains the “go to” model to frame, guide, and interpret the response to and rehabilitation from sports injury. An explanation of this could be its use as a framework to guide research and intervention and the holistic perspective of the model in understanding the complexity of injury experiences beyond a singular dimension (e.g., emotional responses) (Brewer, 2020). The model suggests that pre-injury factors (e.g., personality, history of stressors, coping resources, interventions) and post-injury factors (personal and situational) moderate emotional and behavioural responses to injury, which in turn are mediated by the athletes' cognitive appraisals. It is hypothesised that these cognitive appraisals influence an athlete's psychological response to injury and adherence to rehabilitation over time through cognitive, emotional, and behavioural factors. The model further predicts that athletes may experience different trajectories from injury (e.g., full recovery or maladaptive outcomes) and lead to different emotional, cognitive, and behavioural

responses (e.g., fear of re-injury). Evidence to date has widely supported this model in improving the overall conceptualisation of sport injury rehabilitation, informing interventions to improve rehabilitation outcomes (Rees et al., 2010). Notwithstanding the evidence to support this theoretical model, the understanding of *how* different trajectories occur and unfold over time was not explained within this model, nor was *why* athletes follow certain trajectories. This could suggest a lack of application to the sporting environment due to limited guidance on actionable factors that could influence these trajectories. Rist et al. (2020) argued that the absence of detailed explanation about these trajectories limits the model's applicability. Moreover, the physical aspects of recovery in the model have been identified as a weakness, as it overlooks the complex psychological and sociocultural dimensions of the injury experience (Hess et al., 2019). These critiques suggest a need for an updated or complementary model or theory that incorporates contextual, temporal, and individualised factors to better bridge the gap between research and applied practice.

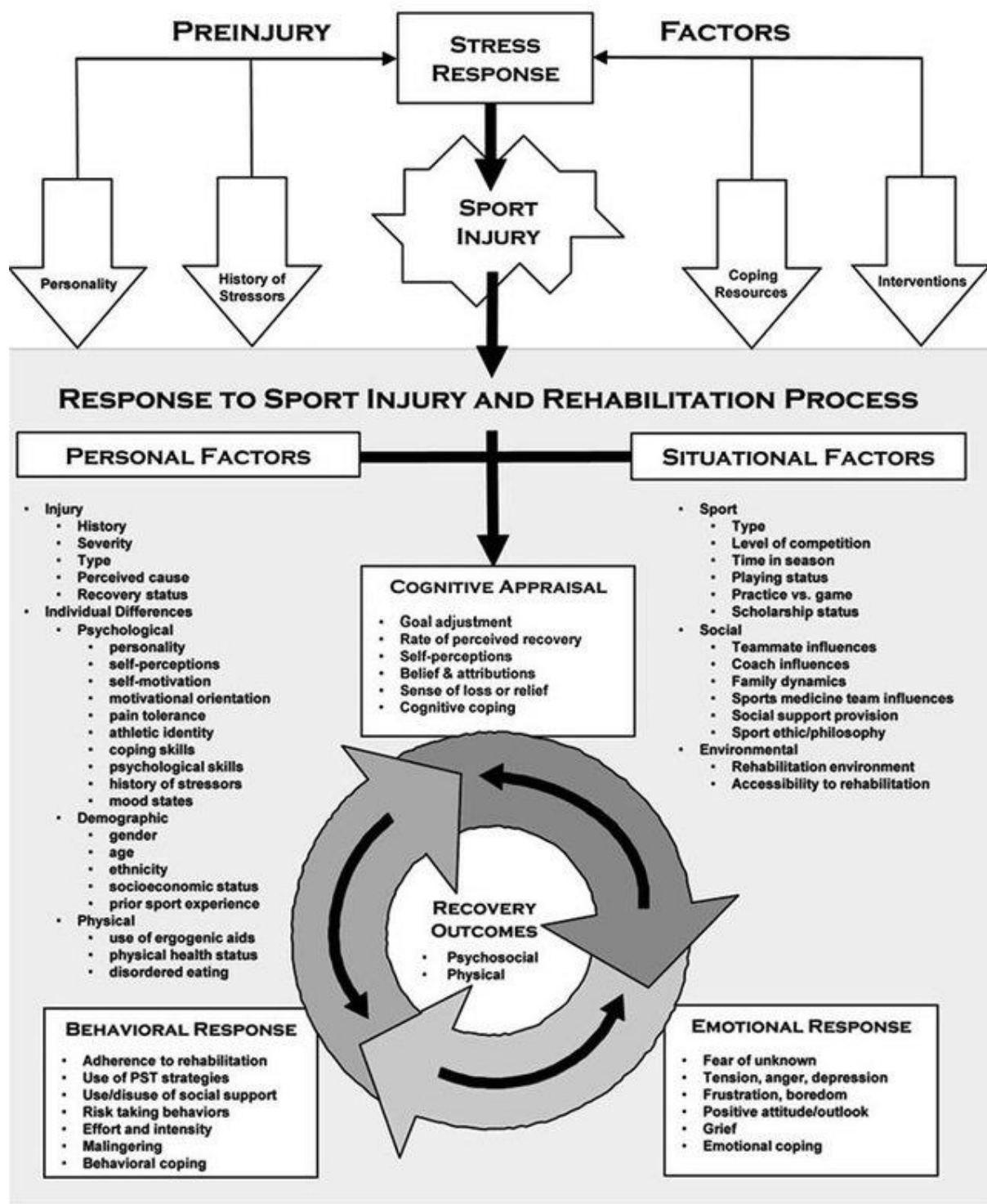


Figure 2.

The Integrated Model of Response to Sport Injury (Wiese-Bjornstal et al., 1998).

To address the shortcomings of the integrated model, the biopsychosocial model (Brewer et al., 2002, Figure 3) was developed and included the influence of physiological factors on injury rehabilitation. The model is comprised of seven dimensions: injury characteristics, socio-demographic factors, biological factors, psychological factors, social and contextual factors, intermediate biopsychosocial outcomes and sports injury rehabilitation outcomes. The model explains that the occurrence of injury initiates the rehabilitation process. The injury type, cause and severity and the athlete's injury history are said to affect the biological, psychological, and the sociocultural factors. Together with the individual's socio-demographic factors (e.g., age, sex, ethnicity) influencing these three factors (e.g., immune functioning, personality, life stressors). The trio of factors (biological, psychological, sociocultural) subsequently impact the outcomes of injury (e.g., perception of pain, duration of athlete's recovery). These immediate outcomes influence the rehabilitation process (e.g., functional performance, satisfaction of treatment, readiness to return to sport). This model serves as a holistic framework that helps to explain and understand the process of sport injury rehabilitation (Brewer et al., 2002). While this model highlights the role of biological factors contributing to athletic injury, the applied practices were not clear, it also does not explain the relationships between the specific psychological variables.

The models and subsequent literature exploring the risk, response, and management of sports injury have and continue to advance understandings of sports injury. First, by identifying factors that may contribute to injury. Second, by highlighting the typical responses to injury and the factors that can influence these responses. Lastly, by identifying the various trajectories that can occur following injury. However, the authors of these models did not set out to provide theoretical explanations of sport injury and the models were, therefore, highly descriptive (Brewer, 2020). Although they acknowledge the social context, the individualistic nature of the models focused solely on how athletes' think and react to injury and rehabilitation, focusing on

the injured athlete and how they think and feel about their environment (Wadey & Day, 2022). This viewpoint tends to place primary responsibility on the injured athlete, emphasising factors such as their internal thoughts, feelings, and personality traits as key contributors to their injury and subsequent rehabilitation responses. Viewing injury experience in this light leaves the broader social and cultural environment unchallenged. Moreover, how social and cultural contexts can create the conditions for athletes to think about and interpret the situation they are in remains unexplored. Wadey and Day (2022, p. 3) state that “this is a narrow and short-cited view and how internalizing and promoting this view can make practitioners complicit in the reproduction of potentially damaging practices that lead to injury and/or devastating responses following injury.” Additionally, the models fall short in capturing the embodied nature of injury. By maintaining a separation between biological, psychological, and social and cultural factors, they risk positioning the body as an object to be treated rather than as a lived and felt subject. Although they did not set out to, the models overlook the sensory and affective aspects of living in an injured body by focusing primarily on the cognitive, emotional, and behavioural responses to injury (Sparkes, 2016). Moreover, they position injury as an event to recover from, rather than an ongoing process that interrupts and transforms an athletes’ embodied relationship with the self. In consequence, the models offer a limited account of how sociocultural contexts and bodily experiences interact to shape injury experience (Wadey & Day, 2022).

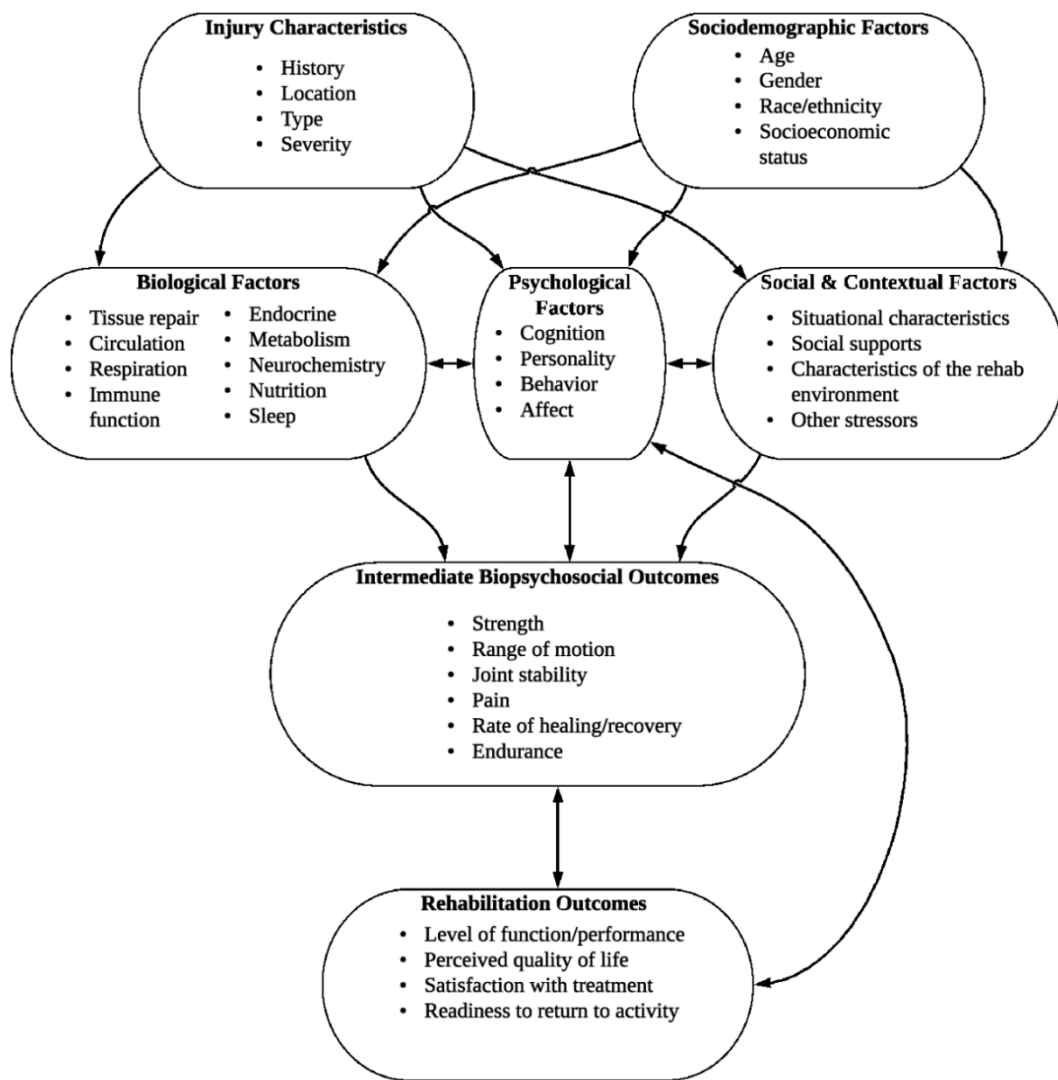


Figure 3.

Biopsychosocial Model (Brewer et al., 2002).

Lastly, the sophisticated nature of the models reflects the sheer volume and complexity of sport injury psychology. The models have tended to include broad categories (e.g., ‘coping resources,’ ‘emotional responses,’ ‘previous injury’), which arguably lack clarity with respect to the interconnection between categories. For example, previous injury may reduce injury risk by successful previous rehabilitation or increased ability to cope. The models, therefore, make little provision for hypothetical considerations (Brewer, 2020). Moreover, the relative

contributions of each variable can and will vary across athletes and situations. Although, as Brewer (2020) expressed, such points cannot be considered limitations of the model, but as elucidation to the complexity of the psychology of sport injury.

2.1.2 Response to Sports Injury

Given the prestige of the above models, much research on the response to sports injury has been framed and guided using their assumptions (Ivarsson et al., 2017). For example, Gouttebarga et al. (2019) recognised injury as a significant stressor for athletes and highlighted injury as a risk factor for mental-ill health. Researchers have found that personal factors, such as athletic identity, play a role in shaping how athletes respond to injury, supporting the integrated model of response to sport injury (Wiese-Bjornstal et al., 1998). For example, athletes with high athletic identity are at increased risk of depressive symptoms throughout injury (Brewer et al., 1993). Furthermore, Hall et al. (2022) found that injured ultra-runners suffer with identity loss and attempt to maintain their ‘runners’ body’ throughout injury and rehabilitation. Scholars have further supported the influence of situational factors in moderating the response to injury, an example being social support. Having social support throughout an athlete’s response to injury and rehabilitation can act as a “buffer” to the harmful effects of injury (Brewer & Cornelius, 2003). With limited or no social support having the opposite effects (Arvinen-Barrow & Pack, 2013). Researchers have also focused upon injury characteristics as indicated by the biopsychosocial model (Brewer et al., 2002). Athletes with more severe injuries (e.g., anterior cruciate ligament injuries) show more depressive symptoms (Kleinert et al., 2020). However, the circumstances of which injuries confer risk or benefits are not explained, reducing the predictive power of the models (Brewer, 2020).

Scholars investigating the response to sports injury have often separated injury into three distinct stages: initial reaction, rehabilitation, and return to sport (Clement et al., 2015). Each stage having different cognitive, emotional, and behavioural responses (Tracey, 2003).

During the initial reaction stage, athletes can often experience a range of debilitating emotions, including anger, frustration, loss, and denial (Clement et al., 2015), in more severe cases, they can experience symptoms of depression, anxiety, substance abuse, and eating disorders (Gervis et al., 2019). As athletes enter the rehabilitation stage, varying cognitive appraisals are shown. Clement et al. (2015) found that during the reaction to rehabilitation phase, athletes responded with frustration and caution, it was also the stage in which athletes sought out and received social support. In the return to sport stage, athletes have reported both positive and negative cognitive appraisals, such as excitement, gratitude, and re-injury anxiety (Clement et al., 2015; Podlog et al., 2015; Salim & Wadey, 2021). Throughout this final stage, athletes can be propelled to a higher level of functioning, for example, learning from the injury experience and understanding how to help prevent injury in the future (Udry et al., 1997). For some, this recognition can lead to a what is termed Sport Injury-Related Growth (SIRG; Roy-Davis et al., 2017).

Throughout the three distinct stages of injury athletes employ various coping strategies to manage stressors associated with sporting injury such as, social support, hobbies, or participation in high-risk activities (i.e., alcohol and drug use). Coping is defined as cognitive and behavioural efforts to manage the external and/or internal demands placed upon an individual over time (Lazarus & Folkman, 1984). Coping styles following injury, where stressors can be maximised (e.g., loss of athletic identity, isolation from teammates), can result in maladaptive behaviours, such as behavioural disengagement, giving up on goals, and disordered eating practices (Buckley et al., 2021; Lazarus & Folman, 1984). Maladaptive coping styles, often leading to symptoms of mental-ill health can occur due to the stigma associated with injury, resulting in athletes avoiding help-seeking (Johnston & Carroll, 2000; Perry et al., 2022). Alternatively, athletes have been found to engage with social support, where they aim to seek out information to help manage their injury experience (Arvinen-Barrow &

Pack, 2013). Social support is defined as “a form of interpersonal connectedness which encourages the constructive expression of feelings, provides reassurance in times of doubt and leads to improved communication and understanding” (Heil, 1993, p.145). However, there have been calls for a greater evidence-base to support the use of situational factors (e.g., social support) to understand *how* they can improve adherence to rehabilitation (Goddard et al., 2021; Pearce et al., 2023). Additionally, separating injury into three distinct stages sets out to ignore multiple injuries and injuries across the lifespan of an athlete (Wadey & Day, 2022).

With previous research being heavily reliant on the models of sport injury, scholars have framed their aim and scope in individualistic terms, leading to interventions that focus on the athlete’s “inner” world. For example, psychological skills training that aims to address the “problematic” or “maladaptive” thoughts around injury into “positive” or “adaptive” ones (Wadey & Day, 2022). Such interventions (e.g., goal setting, mindfulness, imagery) offer significant benefits, but they work to “fix” the athlete, arguably objectifying them and placing blame upon their thoughts, feelings, and behaviours. Researchers should take note of this and continue extending the field of research (e.g., Everard et al., 2023) by acknowledging the broader social-cultural contexts in order to spread responsibility to wider social networks, including coaches, practitioners, and sporting organisations (Wadey & Day, 2022). Furthermore, encouraging an interdisciplinary approach to sports injury can mitigate the blame upon the athlete whilst providing more specific, multifaceted support (Rollo et al., 2021).

2.1.3 Sports Injury: Distance Running

Distance running has become one of the most popular forms of physical activity around the world, with the number of runners increasing each year (Scheerder et al., 2015). Running is highly beneficial for physical health (e.g., reduced risk of cardiovascular disease; Hespanhol et al., 2015) and psychological health (e.g., reduced depressive symptoms; Oswald et al., 2020), with inclusive organisations such as Parkrun promoting well-being through running (Grunseit

et al., 2018). Unfortunately, running is associated with high-injury risk, especially relating to overload. Videbaek et al. (2015) found running related injury rates range between 2.5 and 33 injuries per 1000 hours of running, with a time away from running being three months or more (Lambert et al., 2022). A study conducted in America found athletes and coaches attributed the main cause of injury in distance runners to be 'ignoring pain' (Johansen et al., 2017). Studies like this place the blame upon the athlete and ignore the external influences of injury risk (i.e., cultural demands). Distance runners who experience disruption to training due to injury have reported symptoms of depression and anxiety, and experienced low self-esteem and feelings of frustration (Chan & Gossman, 1988). Much previous research on this population has been conducted using quantitative studies, which tend to be highly descriptive and individualistic (i.e., focus on the 'inner workings' of the athlete). To move forward, Russell and Wiese-Bjornstal (2015) used narrative inquiry to explore the psychosocial experiences and response to sport injury in distance runners. They found during the initial reaction to injury, the runners experienced fear related to the injury not healing, appearing weak, and becoming re-injured. They reported continuing to train through injury, attempting self-diagnosis for the injury, and avoiding seeking social support, especially from healthcare professionals. This study supported the integrated model of psychological response to sport injury (Wiese-Bjornstal et al., 1998) by demonstrating the interplay of cognitive self-diagnosis, emotional (fear), and behavioural (training through injury) responses. It also supported the notion that distance runners experience significant psychosocial distress throughout injury (Russell & Wiese-Bjornstal, 2015). However, this study only used participants with microtrauma injuries, and it was advised that future researchers using qualitative methods should explore the responses to injury from different injury types. Moreover, the impact of injuries experienced by distance runners should continue to be explored away from the individualistic influences of the integrated model, with an emphasis on interdisciplinary approaches that can inform and help provide

recommendations to better support athlete health and well-being (Reardon et al., 2023; Rollo et al., 2021).

By moving beyond purely individual-centred frameworks, researchers can better address how broader sociocultural factors shape injury experiences. Illustrating this shift, Everard et al. (2021) applied a social and cultural perspective to examine the injury experience of track athletes, revealing how sociocultural practices and expectations significantly impact athletes' thoughts, feelings, and behaviours during injury. Using narrative typologies, this study underscored the pervasive influence of these broader contexts on athletes' injury experiences, highlighting the value of interdisciplinary research in capturing the complex realities of athletic injuries and informing more holistic approaches to athlete care. Heil (2012) conducted a case study exploring a distance runners experience of pain throughout injury. It was concluded that to have a better understanding of an individual's injury and pain experience, there should be interactions between a psychologist, the athlete, the coach, and medical professionals to enhance intervention through interpersonal interaction. Although, many runners prefer to seek advice from other runners opposed to medical professions due to fear of 'the medical gaze' and being told they should reduce or stop their running (Russell & Weise-Bjornstal, 2015).

2.1.4 Critique of Psychology of Sport Injury Literature

The field of the psychology of sport injury is and will forever be indebted to the models and literature which have helped guide and frame understandings around injury occurrence, responses to injury, and return to sport. However, researchers should continue to evolve theory, practice, and research. Brewer (2020) stated that "there is plenty of room for theoretical growth in sport injury psychology" (p. 235). In other words, researchers should continue to move forwards from the descriptive and atheoretical nature of the models, to theoretical understandings that build and apply theory (Brewer, 2020). The models did not set out to provide these theoretical understandings, nor explain *how* certain concepts impact sport injury

and vice versa (Wadey & Day, 2022). In consequence, the literature informed by this atheoretical understanding has been largely focused upon the athlete's "inner world," providing limited understanding as to *how* and *why* an athlete appraises their injury experience(s). This individualistic nature of the models and subsequent literature puts the athlete under the spotlight leaving the broader social and cultural contexts which shape an athlete's injury experience in the 'dark,' unchallenged, and unexplored (Wadey & Day, 2022). Recently, researchers have built on the cognitive appraisal process framed within the sport injury models, by including social and cultural contexts (Cavallerio et al., 2016; Everard et al., 2021). For example, by identifying broader sociocultural injury narratives that explain how they become and give meaning to injured athletes' experiences. By understanding how injured athletes' experiences are impacted by their social and cultural contexts, the view of injury can shift from being "thick individual, thin social relational" towards more "thick social relational, thin individual" (Smith & Sparkes, 2008b) and promote greater social and cultural responsibility. However, despite advancements, the sociocultural context arguably continues to remain under theorised within the psychology of sport injury literature (Wadey & Day, 2022).

Given the model's primary focus on the inner working of the athlete, the physical body is excluded or discounted within subsequent literature, which is surprising given that sporting injury is a bodily experience (Hall et al., 2022; Sparkes, 1998; Wadey & Day, 2022). Hall et al. (2022) argued that research on the sporting body "objectifies the body as *object*, filtering it through sociocultural discourse while neglecting the fleshy and corporeal experiences of athletes" (p. 629). The focus is primarily on what is 'done' to the body, objectifying and externalising the body, removing the embodied reality from the athletes (Allen-Collinson, 2017). In other words, the psychology of sport injury is frequently missing an understanding of *how* athletes experience pain or bodily discomfort. For example, understandings are limited around how the body and one's relationship with their body can impact injury experience.

Moreover, the experience of pain due to a sporting injury can make the experience of the body feel unfamiliar, resulting in the body becoming an object of intention and attention (Hall et al., 2022; Lev, 2019). Regaining control over the body can often result in behaviours working to restore their body's familiarity and reducing the fear of losing connections to their sporting communities (i.e., maintaining sporting body ideal). Acknowledging the fleshy, felt experiences of the body moves beyond the detached, objectifying view, instead emphasising that injury is a bodily experience and recognising athletes as whole persons rather than objects through performance-driven or sociocultural lenses (Hall et al., 2022).

Building on the need for a more embodied perspective in understanding athlete injury experiences, the lack of interdisciplinary integration in sport injury literature limits the capacity to address the multifaceted complexities of injury (Hausken-Sutter et al., 2021). Sport injury literature has not integrated with other disciplines to combine concepts, theories, methods, and techniques, which cannot be achieved within a single discipline. Sports injury and athlete support involve a variety of factors including physiological, psychological, social, and cultural, all of which could be better understood drawing from the expertise of multiple fields, such as psychology, sociology, and nutrition. An interdisciplinary approach would offer a more holistic understanding of the social and cultural contexts that influence athletes' injury experiences, coping mechanisms, and recovery processes (Rollo et al., 2021). However, it remains uncertain whether an adoption of an interdisciplinary approach can aid understanding towards social and cultural contexts and, therefore, result in more effective injury recovery and support. Addressing this gap, Rollo et al. (2021) called for interdisciplinary research that bridges these divides, proposing that such collaboration could lead to more beneficial support structures that address the broader context of injury. Moreover, Hausken-Sutter et al. (2021) argued that research around sport injury aetiology fails to account for the multidimensional nature of sport injury and is still reliant on reductionist methodologies. They went on to suggest that sport

injury as a phenomenon is multidimensional and requires an interdisciplinary approach, drawing from relevant disciplines to enable a more comprehensive understanding of the psychology of sport injury. However, the benefits of interdisciplinarity within sport injury research were raised over two decades ago (Burwitz et al., 1994), and despite these calls, little empirical work has been conducted (Sparkes & Smith, 2016).

Previous research within the psychology of sport injury has been largely guided by positivist approaches and quantitative methodologies (Bekker et al., 2020; Ronkainen & Ryba, 2017). Poucher and colleagues (2020) conducted a mapping review and synthesis of the methodological coherence of qualitative sport psychology research over 30 years. It was identified that post-positivist or critical realist approaches were dominant in sport psychology. While this research comes with great merit and has facilitated understandings of injury responses, they are highly restrictive when exploring lived experiences of injury (Bekker et al., 2020; Brewer, 2020). This reductionist approach has been critiqued for having a narrow perception of the true complexities of athlete injury experiences (Culver et al., 2012; Ronkainen & Ryba, 2017), suggesting a more comprehensive and subjective viewpoint is required, shifting to more interpretative ways of knowing (Bruner, 1990; Hall et al., 2022; Papathomas & Lavalley, 2012a). Continuing in this line of research can produce more nuanced, relatable and richer understandings of injured athletes' experiences, taking into account the complexity of people's lives (Hall et al., 2022). The quantitative literature within this field often reduces athletes' injury experiences into binary categorisations for example, being 'frustrated' or 'excited.' This objective, narrow understanding minimises the complexity of athletes' injury experiences. However, by using qualitative research, scholars are in a better position to inform practice by developing richer, nuanced, complex, and more relatable experiences of injury (Ronkainen & Ryba, 2017). Moreover, qualitative studies can offer fresh perspective and new, innovative lines of inquiry (Brewer, 2020).

Despite the empirical advances in the field within the past three decades, the practical gains have been sparse. A know-do gap has been identified, otherwise known as the “valley of death” (Evans & Brewer, 2022). Referring to the gap between research and practice, with the view that research is being conducted but is not being used within practice or policy (Leggat et al., 2021). Leggat (2020) considered *why* this gap exists, identifying issues with dissemination and translation. First, it was argued that research findings are not reaching end-users (e.g., athletes, coaches, practitioners). Second, findings are reaching the intended audience but are not being translated to effectively be acted upon or used. The question of how the growing knowledge base within the psychology of sport injury can be applied and by whom remains unresolved (Brewer, 2020). This is of concern because if research regarding support for injured athletes’ wellbeing is not reaching coaches, athletes, and practitioners, then it is not being implemented.

To address these concerns, Leggat (2020) emphasised that in sport psychology literature there should be a focus on the whole picture within injury including not just the athletes but also coaches, healthcare professionals, and more. Moreover, to cross the “valley of death” and apply research to policy and practice, researchers must first create findings that are relevant, meaningful and application-ready (Evans & Brewer, 2022). To do so, there have been calls from scholars to explore and evidence use of more creative, accessible, and relevant understandings of how athletes think, feel, and behave, which will continue to extend research to be more socially and culturally accessible by capturing the diverse, often more complex experiences of athletes in ways that resonate with their lived realities (Middleton et al., 2024). By generating more naturalistic and accessible research, such as narrative inquiry, case studies, and visual methodologies, the transferability of research to practice can be enhanced (Bekker et al., 2020). The scope for qualitative research to be represented in diverse and creative ways enables research findings to be translated and disseminated into accessible and engaging

formats (e.g., stories, infographics), ready to be implemented into professional practice (Middleton et al., 2024). This alignment between research and practical application fosters a more socially and culturally informed body of knowledge, bridging the gap between theory and practice, and offering more comprehensive support for injured athletes. Additionally, adopting this interdisciplinary and applied approach can strengthen connections between fields such as nutrition, enhancing our understanding of disordered eating in sports by revealing how sociocultural pressures, performance demands, and injury-related challenges impact athletes' nutritional behaviours (Rollo et al., 2021).

2.2 Disordered Eating in Sport

Since the 1980's, athletes have been represented as a sub-group at increased risk of disordered eating (e.g., Striegel-Moore et al., 1986). Since these earlier years, literature concerning disordered eating in sport has grown to an expansive body of work and a hugely popular line of inquiry. To make sense of this volume of research, Smolak et al. (2000) conducted a meta-analysis, in which 33 studies were analysed. The main findings included that athletes competing in sports that emphasise thinness were at increased risk. An interesting finding was that participants in recreational, non-lean sports showed fewer disordered eating symptoms than members of the general population, suggesting certain forms of sport participation could reduce risk. However, this study only included female athletes and provided an inconsistent account in understanding the extent of disordered eating in sport. This uncertainty still persists today with researchers continuing to yield conflicting results. More recently, Mancine et al. (2020) conducted a systematic review of disordered eating in athletes and found 6 out of 7 studies showed a significant increase in disordered eating rates among lean sport types, but also an increased rate in non-lean sports. There are some consistencies in findings showing that disordered eating prevalence rates are elevated among athletic populations, with results from one large-scale study stating 20% of female athletes and 8% of

male athletes were established as having disordered eating (Sundgot-Borgen & Torstveit, 2004).

In sport, identifying disordered eating can be challenging for a number of reasons. First, it can be difficult to determine if an athlete is practicing ‘healthy’ eating habits or restrictive dieting (Currie, 2010). Athletes often disguise their disordered eating into getting lean or ‘fit’ for performance (Langbein et al., 2021). Second, several traits linked to disordered eating are also traits of committed athletes such as excessive training and perfectionism, which are often positively reinforced by coaches and support staff (Currie, 2010). For example, disordered eating in female elite athletes was often not seen as issue requiring psychological support, suggesting that such behaviours were either not recognised as problematic or their symptoms were overlooked (Perry et al., 2022). Third, there is still debate over the prevalence rate of disordered eating among athletes and whether the rates are higher than the general population (Sundgot-Borgen & Torstveit, 2004). These conflicting results could be explained through studies selecting athletes with a greater risk, meaning that making claims about the overall prevalence rates of athletes across all or a variety of sports is inconceivable (Bratland-Sanda & Sundgot-Borgen, 2013; Kampouri et al., 2019).

Athletes with disordered eating usually have a motive that begins with achieving a low body weight or achieving an ‘ideal’ body weight or composition for their sport (Torstveit & Sundgot-Borgen, 2012). Papathomas (2016, p. 176) stated that some athletes’ experience “pressures to lose weight for performance gains, particularly in sports where weight and/or aesthetics are considered central to success can lead to a variety of unhealthy eating practices.” This observation supports the notion of the performance narrative, whereby intense sacrifices are made for performance, promoting the idea that performance is deemed more important than health (Douglas & Carless, 2006).

To help explain the development of disordered eating in sport, Petrie and Greenleaf (2007) published a psychosocial model, adapted from Stice (1994), of disordered eating for female athletes (Figure 4), suggesting a complex interplay between mediators (e.g., body dissatisfaction, sport pressures, restrained eating) and moderators (e.g., perfectionism, social support, self-esteem), determining if an individual develops an eating pathology (Petrie & Greenleaf, 2007). This model has and will continue to be widely recognised and valued because of its detailed nature and due to it being the first disordered eating model that was created specifically for athletes, reducing the reliance on clinical models (Stoyel et al., 2020). The eight risk factors identified in this model (sport pressures, societal pressures, internalization, negative affect, body dissatisfaction, restrained eating, binge eating and bulimia, and modelled behaviours) continue to receive ongoing empirical support (e.g., Arthur-Cameselle et al., 2017; Knauss et al., 2007; Kong & Harris, 2015; Petrie & Greenleaf, 2007; Sundgot-Borgen & Torstveit, 2004).

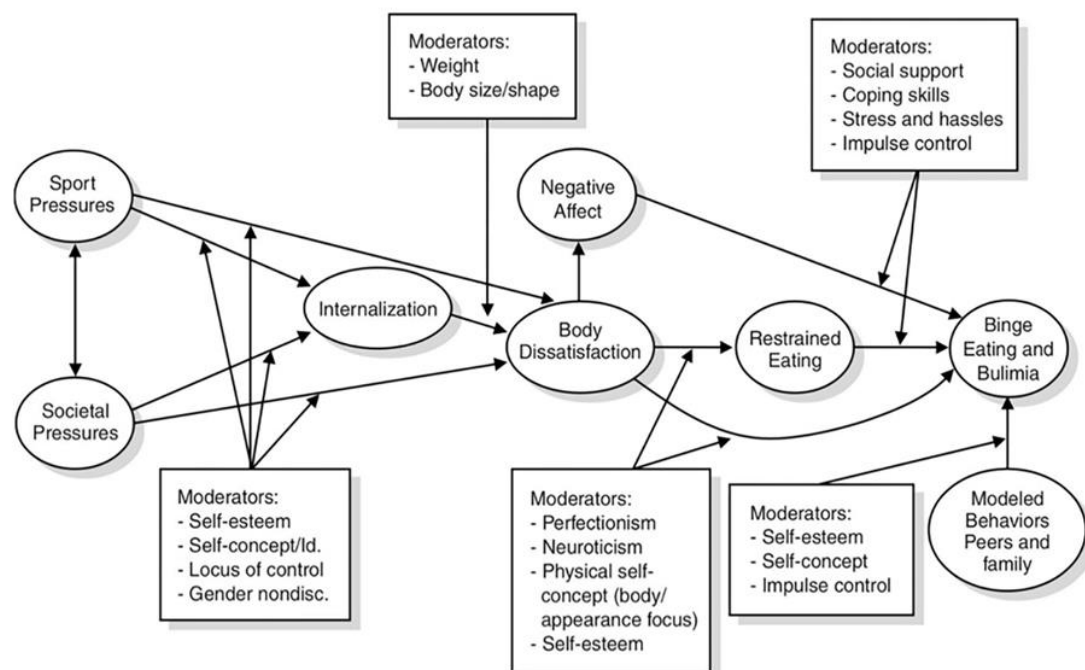


Figure 4.

The Psychosocial Risk Factor Model (Petrie & Greenleaf, 2007).

Critically, this model is highly prescriptive and offers a limited understanding into the maintenance and management of disordered eating in athletes (Currie, 2010). Further, the model ignores the development of disordered eating over time, and how it affects their personal “lifeworld’s,” limiting the number of appropriate management strategies (Currie, 2010). Following from the models influence, there remains limited representation of male athletes in disordered eating research (Freedman et al., 2021). Petrie and Greenleaf (2007) acknowledged that giving voice to athletes’ subjective experiences through qualitative research can improve understanding and sensitivity to the unique experiences that are shaped by cultural and social contexts. It is important for future researchers to continue to take into account social-cultural contexts, but also male athlete’s experiences of disordered eating, which differ from current understandings of female athletes. (Gorrell et al., 2020). For example, male athletes have been found to avoid help seeking, making it challenging to identify and treat disordered eating behaviours (DeFeciani, 2016; Freeman et al., 2021). Additionally, the prescriptive nature of the model means that athletes are still prone to perceiving the origin of their mental illness from characteristics in which they possess (e.g., ‘I was destined to have it’) (Vargas et al., 2021b). This is reminiscent of the dominance of medical perspectives and quantitative measures to understand disordered eating in sport (Papathomas & Lavalley, 2012a), which has caused disordered eating to be viewed as an individual ‘problem’ that needs to be ‘fixed,’ ignoring important social and cultural influences (Botha, 2009).

Incorporating social (e.g., coach’s comments) and cultural (‘slim to win’ ideologies) contexts in disordered eating in sport research (e.g., Åkesdotter et al., 2024; Busanich et al., 2012; Francisco et al., 2012; McMahon and Dinan-Thompson, 2008) has provided subjective understandings into the unique experiences of disordered eating. However, Bentley et al. (2021) highlighted a number of barriers towards understanding disordered eating and transferring this knowledge into practice, such as limited support for athletes, and a lack of

regulations for sport nutrition practice. They suggested that education for coaches and practitioners is a crucial factor in understanding and adapting environmental and cultural impacts on disordered eating in athletes. This suggests a need for more multidisciplinary action, echoed by Sundgot-Borgen et al. (2013) who recommended that multidisciplinary teams “must know when to raise the alarm and how to advise athletes who are affected by extreme dieting...” (p. 1012). Future researchers should, therefore, provide more accessible findings that can be understood by multiple disciplines (Busanich et al., 2016), which will enable practitioners and medical professionals to better understand and support individuals with disordered eating (Papathomas and Lavalley, 2010). However, knowledge of how to bridge disciplines, and if this will facilitate support for athletes with disordered eating remains unclear (Rollo et al., 2021). The Australian Institute of Sport released a consensus statement on disordered eating in sport, emphasising the need for multidisciplinary action and the need of overlap between disciplines to enhance recognition of disordered eating in athletes, it stated: “Doctors, sports dieticians and psychologists working within sport need to have an awareness and constantly seek to improve their knowledge and skills regarding disordered eating.” (Wells et al., 2020, p. 9). Arguably, there remains limited accessible research into practice to aid this overlap and to promote effective education around disordered eating in sport.

2.2.1 Risk Factors for Disordered Eating in Athletes

The main purpose of the psychosocial risk factor model (Petrie & Greenleaf, 2007; Figure 4) was to determine whether or not an individual develops an eating pathology based on possible risk factors and moderators. Eight risk factors were proposed: general societal pressures, sport specific pressures, body dissatisfaction, internalisation of body ideals, dietary restraint, negative affect, modelling of disordered eating behaviours, and binge eating and bulimia. The model predicts that these risk factors interact with the proposed moderators (e.g., social support). For example, body dissatisfaction interacts with dietary restraint, moderated

by perfectionism (Petrie & Greenleaf, 2007). They proclaim that exploring such relationships presents a more sophisticated means to understanding disordered eating in sport. In saying this, it is important to note that disordered eating behaviours are complex and multifaceted, which can arise from a considerable number of subjective factors in a person's life.

Athletes are argued to be more susceptible to disordered eating than other populations due to the sociocultural pressures to have an "ideal" body type or shape, sports having weight categories, pressures to lose weight, over-training, and injury (Bratland-Sanda & Sundgot-Borgen, 2013; Sundgot-Borgen & Torstveit, 2010). Athletes from lean sports have an estimated prevalence of 48% of disordered eating compared to 20% in non-lean sports (Torstveit et al., 2008). Endurance athletes such as distance runners, swimmers, and cyclists struggle with body weight issues as it is often believed that lighter will be faster (Sundgot-Borgen, 1994; Sundgot-Borgen & Torstveit, 2010). This perception in sporting culture is referred to as 'slim to win' (McMahon & Dinan-Thompson, 2008), which is deeply embedded within sports such as swimming and distance running where weight and body image remain a focal point for performance. Thereby, making these athletes more susceptible to disordered eating. Furthermore, it has been suggested that rather than a drive for thinness, there is a preference for athletes to follow the cultural ideal of physical attractiveness, described as an 'athletic ideal.' This is characterised by a more muscular upper body, toned abdomen, and toned lower body. Attempting to conform to an 'athletic ideal' has been found to initiate dieting, compulsive exercise, and bulimic symptoms (Bell et al., 2016).

Level of sports participation has been found as a risk factor to disordered eating due to the varying pressures related to training and competition (Sundgot-Borgen & Torstveit, 2004). Elite athletes have been found to be at heightened risk of disordered eating than recreational athletes (Kong & Harris, 2015; Smolak et al., 2000), however, there are inconsistencies in findings. Ravi et al. (2021) found no differences between elite and non-elite athletes, suggesting

more research is needed within sub-elite populations (Perry et al., 2021). The need to study sub-elite populations is due to the differences in culture and environment which can influence the way athletes feel, behave, and think towards unique pressures and influences, and differences in athlete support. Moreover, focusing solely on elite athletes creates interventions that may not apply to sub-elite populations (Evans et al., 2004).

Previous research on risk factors of disordered eating in sport has been focused upon individualistic frameworks (Smith et al., 2015a). It is suggested that the humanistic element is often removed, objectifying the athlete and labelling them as a ‘problem’ (e.g., being a perfectionist) (McMahon & Dinan-Thompson, 2008). A lack of awareness around the social and cultural contexts, leaves the environment to remain unchallenged and unchanged. Practices such as ‘win at all costs’ and ‘slim to win’ ideologies will continue to occur and put athletes at risk of developing disordered eating. Moreover, critical comments regarding weight and performance increases risk of disordered eating (Muscat & Long, 2008), increasing engagement with risk culture (Howe, 2004). Previous researchers have highlighted the powerful ways in which the culture and dominance of medical perspectives can create an environment that contributes to the detection of disordered eating in athletes (McGannon & McMahon, 2019; McMahon et al., 2012), and how dangerous ideologies and practices are disseminated and engaged with by coaches, athletes, and cultural insiders (e.g., parents). To educate practitioners, athletes, and coaches around the dangers of certain culture practices and norms, researchers have highlighted the importance of education interventions to reduce the recycling of these practices and ideologies (McMahon & McGannon, 2020a; McMahon, 2013). Researchers should continue to think and theorise around the process of learning and transformation (e.g., stories, conversations), moving towards a deeper understanding of the topics being explored (McMahon & Smith, 2016). In more recent years, researchers and practitioners have been concerned with Relative Energy Deficiency in Sport (Mountjoy et al.,

2014), which has blurred lines with disordered eating in sport due to overlapping symptoms and behaviours, further complicating understandings for athletes and practitioners.

2.2.2 Relative Energy Deficiency in Sport (REDs)

This section of the thesis will delve into REDs and subsequent research. It would be remiss of this thesis to not include REDs because it is closely linked with disordered eating, is highly evident with distance runners, and has received significant attention in recent years within distance running (Langbein et al., 2021). An important aspect of REDs is the role of low energy availability (LEA) and its wide-ranging effects on psychological and physiological wellbeing. LEA occurs when an individual's energy intake does not meet the needs to support optimal physiological functioning after exercise expenditure. As such, REDs refers to a syndrome of impaired physiological functions because of LEA (Mountjoy et al., 2014). Following the updated international Olympic Committees consensus statement in 2023, REDs is defined as:

A syndrome of impaired physiological and/or psychological functioning experienced by female and male athletes that is caused by exposure to problematic (prolonged and/or severe) low energy availability. The detrimental outcomes include, but are not limited to, decreases in energy metabolism, reproductive function, musculoskeletal health, immunity, glycogen synthesis, and cardiovascular and haematological health, which can all individually and synergistically lead to impaired well-being, increased injury risk and decreased sports performance. (Mountjoy et al., 2023, p. 1074).

REDs is a concept first introduced by the International Olympic Committee in 2014 (Mountjoy et al., 2014), adapted from The Female Athlete Triad. The Female Athlete Triad was defined in the 1990s as a collection of issues stemming from under-eating and over-exercising, such as osteoporosis, disordered eating, and menstrual dysfunction (Birch, 2005). In recent years, REDs has replaced the female athlete triad which had a myriad of limitations, one being it was

designed only to include females (Mountjoy et al., 2014). REDs incorporates males and other areas of the body that can be affected because of poor eating and exercise habits (e.g., central nervous system, cardiovascular system). While substantial evidence exists regarding the proposed health and performance effects of REDs, further research is required to develop more nuanced, holistic understandings to expand focus from physical and performance-related consequences, to include interactions with psychological health (Langbein et al., 2021). The adverse psychological effects of high levels of energy expenditure, and poor nutrition are plentiful and include anxiety; depression; addiction; and disordered eating (Carson et al., 2023; Gillbanks et al., 2022; Rice et al., 2016). A recent study by Langbein et al. (2021) qualitatively investigated endurance athletes' psychological experiences with REDs. Within this study, all participants reported negative psychological challenges, including symptoms of depression reported by a large majority of the sample.

Due to the high demands of physical activity, athletes are more susceptible to experience LEA and REDs. Martinsen and Sundgot-Borgen (2013) found LEA is twice as prevalent in athlete populations than non-athlete populations. Furthermore, in a study investigating elite and sub-elite female athletes, almost 80% of participants demonstrated at least one symptom of REDs (Rogers et al., 2021). Sports that emphasise low body fat ideals and lean physiques (e.g., endurance sports), can encourage increased energy expenditure and reduced calorific intake in the belief that it could enhance performance or give an aesthetic advantage (Stellingwerff et al., 2021). Distance runners are at increased risk due to the sociocultural pressures (e.g., 'lighter equals faster') for a thin body ideal and high energy requirements than individuals from other sports (Loucks, 2007; Robertson & Mountjoy, 2018). For example, a study by Stirling and Kerr (2012) found that three quarters of the athletes in their sample reported believing they needed to lose weight for a performance advantage. Having said this, few medical professionals and athletes have a broad understanding of REDs

and the psychological impacts it can present with (Kroshus et al., 2018; Mountjoy et al., 2018). There is also confusion around the terminology used to describe LEA, REDs, and methods to measure its prevalence. For example, females with amenorrhoea can present with depressive symptoms, which are also observed within females with disordered eating, thus making it difficult to identify (Bratland-Sanda & Sundgot-Borgen, 2013). It is also increasingly difficult to recognise the long-term implications of LEA and REDs due to the short-term positive results from performance improvements and social approval. Recent qualitative work has highlighted that within endurance athletes, shorter-term implications (e.g., weight loss and improved performance) can create a negative cycle of under-fuelling and/or overtraining, resulting in symptoms associated with REDs and disordered eating (Langbein et al., 2021). Throughout the research addressed, scholars did not consider injury as a significant component in the development, maintenance, or understanding of disordered eating and REDs, often treating injury as a separate issue rather than an embodied experience that can deeply influence athletes' relationships with food, the body, and performance (Busanich et al., 2016).

2.2.3 Critique of Disordered Eating in Sport Literature

In combination of the abundance of prevalence literature and the risk factor perspective encouraged by Petrie and Greenleaf (2007), disordered eating research has been heavily influenced by positivism (Botha, 2009). Disordered eating literature is dictated by principles employed by medical science, offering a realist view on the world. This realist view has been termed 'the positivist bias' or the 'ghost of positivism' (Papathomas & Lavalley, 2012a). Without discrediting the advancements made by medical research, Botha (2009) argued that these influences have created a field that focuses on causes, clinical features, and treatment outcomes. Rich (2006) further stated that the medical positivistic approach to disordered eating offers little in-depth knowledge of the human experience of disordered eating, which is arguably still the case today. For instance, Perry et al. (2021) found that 83.3% of studies

included in a research review study into mental health of female athletes were quantitative in design, suggesting the knowledge of *who* is gained at the expense of the knowledge of *how* (Papathomas & Lavalley, 2012a). There still remains a lack of literature taking into account athletes' lived experiences of disordered eating and this may be contributing to athletes, coaches, and practitioners limited understanding around athlete's illness experiences.

Due to previous research adhering to an objectivist epistemological stance, disordered eating has been explained and reduced to structures residing in the mind. As a result, the social and cultural influences have not been adequately addressed by scholars (Busanich & McGannon, 2010). There is an implicit assumption that disordered eating arises from individual vulnerability or mental weakness. This individualistic perspective implies that disordered eating is primarily an athlete's personal struggle, assuming the person needs fixing, underplaying the power of sporting cultures (Papathomas, 2018). The reliance of clinical features of disordered eating constructed through medicalised phenomena can be blurred around features that make a 'good' athlete (e.g., perfectionism). This simplistic dichotomy of the medical approaches cannot fully address disordered eating experiences in athletes and reinforces the misconception that disordered eating reflects a personal failing, rather than residing from broader social and cultural issues, such as pressures from coaches, team dynamics, or societal standards of body image (Papathomas, 2018). Even when social (e.g., coaches, teammates) and cultural (e.g., media) influencers have been identified as impacting disordered eating, they have previously been described as objective or modulating factors (Petrie & Greenleaf, 2007). The result being that while studied and acknowledged, they continue to be viewed as separate from the individual, maintaining the individualised nature of disordered eating in sport literature (Busanich & McGannon, 2010).

The dominance of quantitative methodologies that rely on predefined criteria and measurable variables have focused solely on athletes who fit established profiles of being 'at

risk' or those 'most likely' to experience disordered eating, ignoring those who seem to be 'least likely' to experience disordered eating. For example, Byrne and Mclean (2002) found that 31 female athletes from lean sports developed disordered eating and just five from non-lean sports. The main takeaway from this research was that lean sport athletes are at a heightened risk of disordered eating, leaving the five athletes from non-lean sports stories to be ignored. Additionally, prevalence studies have found significantly more female athletes to be at risk of disordered eating than male athletes, which has led to a dominance of researchers focusing on female athletes from lean sports (Sundgot-Borgen & Torstveit, 2010). However, these quantitative methodologies do not recognise the ways in which disordered eating manifests across different populations, leaving 'low risk' groups vulnerable to such behaviours.

To rectify these critiques, there have been calls for more qualitative studies within disordered eating in sport literature (Petrie & Greenleaf, 2007). These approaches can offer a more sophisticated and subjective understanding of the unique lived experiences of athletes with disordered eating (Plateau et al., 2017). Such approaches have been taken up in the last 15 years, for example, Francisco et al. (2012) and Stone (2009) used qualitative approaches in understanding disordered eating in sport, capturing real-life experiences and opening new perspectives on disordered eating. Specifically, McMahon and Dinan-Thompson (2008) produced an autoethnography to address an international swimmer's experience with disordered eating. It allowed for a deep and personal account which addressed social and cultural impacts rather than producing knowledge from the scientific literature. Similarly, Papathomas and Lavalley (2012b) conducted interviews over the course of a year, which uncovered personal stories and experiences of disordered eating which likely would have been left undiscovered using quantitative methodologies. Studies like these acknowledge the human experience aspect of disordered eating, which Rich (2006) stated was missing. This is crucial to help researchers and practitioners grasp the complexity of disordered eating experience,

foster a compassionate approach to treatment and provision, reduce stigma and isolation, and provide individuals with a voice (Papathomas & Lavalley, 2012b).

Despite this increase in qualitative research, there are calls for greater methodological diversity (Perry et al., 2021). Echoed by Vargas et al. (2024) who stated that whilst quantitative forms of inquiry have been pertinent in understanding disordered eating in sport, they provide a narrow base for understanding the complexities of subjective experiences, which would be enhanced by the use of qualitative lines of inquiry (e.g., narrative approaches; Busanich et al., 2014). There is a need to continue to expand ways of knowing and enrich the field of research. For example, Åkesdotter et al.'s (2024) recent study enhanced literacy by presenting the complex phenomenon of disordered eating into creative representations which can be accessed by athletes and practitioners. Developing disordered eating in sport research in this way and creating diverse methodological approaches can assist sport psychologists, coaches, athletes, and other practitioners to better understand disordered eating and to develop relevant, specific strategies to support athletes in recovery. These diverse methodologies, in turn, can improve universal understandings around disordered eating, create a more holistic approach, promote empathy and reduce stigma, and help to ensure interventions are tailored to specific individual needs.

2.3 Injury and Disordered Eating

The topics of sports injury and disordered eating in sport have remained largely separate areas of inquiry, with both individual fields receiving increasing academic interest, but understanding the intersection between the two requires more attention. Previous studies have examined the association between disordered eating and injury risk (e.g., Hamstra-Wright et al., 2023; Kelsey et al., 2007; Ravi et al., 2021) and found that disordered eating is associated with injury occurrence. This understanding is pertinent, but there is little understanding into what happens to the athlete when they become injured, how their eating practices are affected

by this over time, and the lived experiences. Exploring these mechanisms can help to inform more effective interventions and support systems for prevention and recovery (Reardon et al., 2023). To my knowledge, only one research paper (Reel et al., 2018) has been published in which the scholars discuss injury and disordered eating behaviours as a combined line of inquiry. They found that injury can result in control of food intake and reduction of calories. Athletes reported fearing weight-gain and controlling their diet through restricted eating, purging, or other disordered eating practices. It was further reported that involuntary time away from training can lead to concerns about weight and body image, as well as feelings of self-consciousness following weight-gain. However, these researchers only conducted interviews on females, adding to the misconception that disordered eating is predominantly a female disorder. Moreover, they viewed injury and disordered eating as isolated events, rather than ongoing psychological challenges which failed to capture the complex and multifaceted impact that both issues can have on athlete's mental health. Injury and disordered eating should be looked at as interconnected issues that interact over time, with this perspective, research can account for longer term issues, such as ongoing patterns of unhealthy eating, which could pave way for more comprehensive and integrative approaches to recovery (Rollo et al., 2021).

Athletes often experience negative emotions when they are unable to exercise, when their exercise routine is impacted, or if they cannot exercise for weight or shape reasons. These are often factors associated with compulsive exercise and eating pathology (Taranis et al., 2011). Langbein and colleagues (2021) found that in a number of their participants (mostly sub-elite endurance runners) the onset of REDs and unhealthy eating practices was injury. One athlete stated that they cross trained "like a demon" for hours a day in the gym due to not being able to run. This persistent behaviour could be a result of exercise addiction, also known as exercise dependence. Exercise addiction represents a need to perform exercise with intent; otherwise, imagined negative consequences of not exercising arise. It can lead to detriments to

physical or psychological wellbeing (Cook et al., 2014). Exercise addiction comprises of primary versus secondary concepts: primary exercise addiction occurs without association to an eating disorder, while secondary exercise addiction accompanies an eating disorder; a behaviour used for weight control (Freimuth et al., 2011).

Exercise addiction can intensify the relationship between disordered eating and injury due to overcompensating for exercise lost during injury. This overcompensation can result in athletes exercising despite professional advice not to or exercising more than has been advised (Reardon et al., 2023). Symptoms of exercise addiction can include using exercise to regulate emotions, loss of control, distress, anxiety, and withdrawal symptoms (Lichenstein et al., 2021). Compensatory exercise is as a result of athletes engaging in exercise to compensate for the effects of food intake on weight or shape (APA, 1994). Mond and colleagues (2006) found that following a significant reduction of exercise (e.g., when injured) athletes reported feelings of guilt and this resulted in disordered eating symptoms. Identifying compulsive and compensatory exercise during injury may improve the identification of disordered eating in sport (Holland et al., 2014). The act of compulsive exercise with a disregard for injury or during rehabilitation can be a result of high athletic identity, causing conflict between ‘what is’ and ‘what should be,’ increasing anxiety and symptoms of exercise addiction (Hall et al., 2022).

Injured athletes have reported that they feel like they do not ‘deserve’ food if they are not exercising due to injury (Putukian, 2016). Eating is often viewed as a reward for exercise and injury acts as a justification for increased food reduction (Langbein et al., 2021). Restricting calorific intake and similar behavioural responses can trigger disordered eating (Putukian, 2016). This has been previously reported in the literature but not been at the sole focus. For example, sporting injury was reported by athletes in a study by Arthur-Cameselle et al. (2017) to cause conscious restrictive dieting in order to avoid weight-gain. It has been further suggested that there is a transactional relationship between food and exercise, in which

athletes view eating as a reward for intense exercise and sporting injury as a justification for food restriction or disordered eating behaviour (e.g., purging) (Gulliver et al., 2012). Moreover, Langbein et al. (2022) qualitatively explored the psychological recovery from REDs in endurance athletes and found that athletes recalled their symptoms to have developed through maladaptive thoughts towards fuelling and exercise, stemming from injury and being unable to train. Within this same study, it was reported that injured athletes' triggers to disordered eating practices included comparisons of friend and team-mates eating habits and social gatherings. This could suggest that injured athletes compare themselves (physically) to their team-mates who are not injured and feel they need to compensate in other ways due to not training (e.g., restricted eating, eating alone).

Athletes that require a higher calorific intake when training are more likely to develop disordered eating habits when they are forced to stop (e.g., injury) or if sports have an 'ideal' body type (Greenleaf, 2002; Vargas & Winter, 2021a). For example, female distance runners are often associated with a thin body ideal, and injury can disrupt their ability to maintain this ideal due to changes in activity levels and physical appearance. This shift can lead to altered eating behaviours due to athletes attempting to regain or preserve the perceived "ideal" body shape (Cooper & Winter, 2017; Greenleaf, 2002). If an athlete is already at a heightened risk of developing disordered eating (e.g., through sport type and societal expectations) and they develop problematic responses to injury, such as restrictive eating, it is likely that these behaviours will worsen and cause more problematic eating behaviours or disorders (Putukian, 2014). Furthermore, while not competing, the impact of coaches' comments around athlete appearance or perceived pressure to perform well on return to sport is associated with disordered eating symptoms (Kong & Harris, 2015).

So far, a number of problematic responses to injury have been discussed regarding disordered eating. However, it has been previously found that injury can have a positive impact

on eating and recovery from disordered eating. For example, Papathomas et al. (2015b) conducted a life history analysis of a male footballer who had had an eating disorder. It was found that the role of injury positively impacted his recovery. The time away from sport allowed the athlete to deal with daily life stressors and reduce binge eating behaviours. Furthermore, some athletes who had developed disordered eating throughout their sporting career had improved symptoms upon transition from sport (Reardon et al., 2023). The exploration of any potential protective factors, such as whether experiencing an injury could encourage athletes to reevaluate harmful behaviours or foster healthier habits, remains under-researched. This gap highlights an area for future investigation to assess whether specific interventions around injury recovery might also address disordered eating tendencies.

In summary, injury has been highlighted as a risk factor for disordered eating in athletes (e.g. Ravi et al., 2021), and as a bi-directional relationship, disordered eating has also been found as a risk factor for injury in athletes (e.g., Langbein et al., 2022). However, they remain as two separate areas of inquiry and only previously explored within professional dancing (Reel et al., 2018). Reel et al. (2018) suggested an interdisciplinary approach should be considered when exploring the relationship between injury and disordered eating. The importance of sport psychologists and nutritionists' collaboration to help athletes during injury rehabilitation has been brought to our attention by Rollo and colleagues (2021), who highlighted some aspects of how sport psychology and sports nutrition can be integrated in injury rehabilitation and the return to play process. However, this interdisciplinary approach requires additional research on *if* it facilitates a more effective injury recovery process than single discipline approaches. Furthermore, injury and disordered eating should continue to be explored within a range of sporting disciplines and understood as ongoing psychological challenges, not one-off isolated events (Reel et al., 2018). This can be achieved through the use of stories, extending richness, and understanding subjective experiences over time. Lastly, the limited knowledge available

around the lived experiences of injury and disordered eating contributes to the limited knowledge available within practice. Therefore, researchers should create accessible findings that can be readily used within real-life settings and professional practice. This would enhance education to equip practitioners with more actionable insights to better understand and support athletes, fostering more prevention and recovery strategies tailored to real-life challenges (Rollo et al., 2021; Wells et al., 2020).

2.3.1 Injury and Disordered Eating: Distance Running

Psychology of sport injury and disordered eating research has demonstrated that lean-sport athletes or sports that have an ‘ideal’ body type are more vulnerable to disordered eating. (Mancine et al., 2020; Reel et al., 2018). Examples of lean sports include dancing, swimming, diving, and long-distance running (Martinsen et al., 2010). More recently, both fields of study have started to take into account sociocultural factors impacted by sport type, due to the different demands of the sports environment (Mancine et al., 2020). Distance runners have notoriously heightened awareness and preoccupation with their bodies (Busanich et al., 2014), making them vulnerable to problematic eating practices and exercise behaviours. Not only are athletes’ welfare impacted but also in some cases disordered eating behaviours have led to death. For example, distance runner Mary Wazeter attempted suicide following obsessions over food and anorexia (Papathomas & Lavalley, 2006). Long distance running has an unspoken culture that the perfect ‘runner body’ is characterised by thinness. A qualitative analysis study investigating image, diet, and well-being in high performing female distance runners identified that the culture and environment of long-distance running contributed to a desire to achieve a thin body ideal (Carson et al., 2021). This thin body ideal internalisation combined with sport-specific risk factors (such as injury) led to body dissatisfaction and disordered eating symptoms (Anderson et al., 2016).

Research which combines the fields of disordered eating and injury is sparse (Reel et al., 2018). Much of the previous research around distance runners and eating practices has been focused on exercise dependency and athletic identity. This research was also conducted from objectivist frameworks, ignoring complex social, cultural, and personal factors (e.g., Gapin & Petruzzello, 2011; Gorrel et al., 2020; Turton et al., 2017; Zeulner et al., 2016). The overriding consensus being that compulsive exercise within distance runners strongly influenced disordered eating symptoms. The study by Turton and colleagues (2017) found that females with a higher athletic identity were positively associated with levels of weight control exercise. Whereas male runners were found to not exercise for weight management purposes. This study suggested future work should examine eating disorder psychopathology when athletic identity is challenged, such as due to injury. Adding to the developing interest around eating practices and distance runners, Busanich et al. (2014) conducted a qualitative exploration comparing elite male and female distance runner's experiences of disordered eating through narrative analysis. This study found that the runners drew upon the performance narrative when threatened by moments of perceived failure, resulting in disordered eating behaviours. Injury was alluded to within this research but was not the main focus, leaving gaps in understanding.

Additional research can be found from Hall et al. (2022) who qualitatively explored the embodied experiences of injured endurance runners. It was found that injured runners conformed to a 'pushing the limits' narrative which was mediated over years of participating and interacting with the long-distance running culture. During rehabilitation, the runners maintained their running identity by submitting to dominant 'running body' narratives. Russell and Weise-Bjornstal (2015) suggested that long-distance runners minimise injury distress by cross-training, with the goals of maintaining fit bodies and feeling 'in control.' These behaviours align with compensatory exercise strategies often seen in occurrence with disordered eating (Mond et al., 2006). Hall and colleagues also suggested that injured runners

rely on a restitution narrative, where the plotline follows, “yesterday I was healthy, today I am ill, but tomorrow I will be healthy again (Frank, 1995, p.77). Whereas other runners saw injury as an opportunity to transform and adapt. Similarly, Collinson and Hockey (2007), were both experienced runners and they found throughout injury they initially drew upon the restitution narrative. But towards the end of the injury, they had shifted to being more cautious and careful, rather than being invested in race times or positions. They became more appreciative of the overall experience of running, reflecting a broader narrative transformation, potentially encouraging healthier relationships with running, reducing behaviours such as overtraining or disordered eating.

In a similar vein, Hall and Rhodes (2023) explored endurance runners repositioning of injury experiences with an embodiment framework. They suggest that injuries represent *physical failings* which impact the way an athlete responds to and relates to their bodies. It is argued that a medical narrative, one that suggests injury alienates the body, can be resisted by endurance runners as they navigate injury. By understanding the body within the psychology of sport injury and disordered eating in sport, researchers can begin to understand how an individual’s relationship with their body can impact injury experience. For example, Russell and Weise-Bjornstal (2015) found runners often prioritise maintaining their fit bodies throughout injury, putting the body as the focal point of injury experience. This focus can highlight how body ideals and an individual’s relationship with their body can influence behaviours such as excessive cross-training or disordered eating.

These studies provide useful insight into the injury experiences of distance runners, but the relationship with eating or nutritional practices remains underexplored. By bridging the discipline of psychology of sport injury with a nutritional viewpoint could provide practitioners, coaches, and athletes with a more contextualised understanding of injury and disordered eating, and how sociocultural factors impact an athletes’ thoughts, feeling, and

behaviours towards food, injury, and exercise. Mancine et al. (2020) argued that ancillary staff (e.g., medicine physicians, coaches, physiotherapists) that have contact with athletes should share roles in identification and management of athletes with nutritional problems. Rollo et al. (2021) further suggests this collaboration would be invaluable in developing a more holistic approach to addressing disordered eating among athletes. Such collaboration can integrate psychological, physiological, and nutritional insights, offering a nuanced understanding of the complex factors influencing disordered eating. Moreover, focusing on athlete sub-groups, as Mancine et al. (2020) recommended, would allow researchers to identify variations in how disordered eating manifests across different sports, genders, and competitive levels. This would enable the creation of tailored interventions that reflect the specific challenges and cultural norms of these sub-groups. In practice, these advancements could guide sport psychologists, coaches, and dietitians in designing more effective prevention and recovery programs that address the diverse needs of athletes while fostering healthier environments within sport. Taking these points into account, this thesis is extending current sport psychology research by exploring injury and disordered eating experiences of distance runners and encouraging disciplines to bridge knowledge and understandings to aid injured athletes' prevention, treatment, and support around eating practices. Furthermore, this research will continue to explore social and cultural contexts, and embodied realities of athlete injury experiences, alongside eating practices, to minimise the individualistic nature of previous sport injury literature (Wadey & Day, 2022).

2.4 Narrative Inquiry

To explore social-cultural contexts and embodied realities of sport injury and disordered eating experiences, this thesis aims to continue to broaden our “ways of knowing,” and extend our “analytical gaze” to beyond the inner working of an athlete (Wadey & Day, 2022, p. 3). This can be done through the lens of *narrative inquiry*. Narrative inquiry is a psychosocial

approach concerning the examination of stories (Frank, 2013). Attention is placed upon what the story tells, the effect the story has, and who experiences these effects (Smith & Caddick, 2012). Narrative inquiry is supported by the philosophical assumptions of interpretivism, committing to the assumption that there is no one true reality ‘out there’ independent of us and realities are multiple, mind-dependent, and created (Smith & Sparkes, 2009). It also holds the belief that knowledge is socially constructed and subjective, therefore, seeking out personal experience stories. Thereby, ‘truth’ or what we accept to be true is a result of socially conditioned agreements and there is no one ‘objective truth.’ In concert with these assumptions, narrative inquiry suggests that as humans we live storied lives and to give meaning to our experiences we formulate and share stories (Douglas & Carless, 2006). Through a narrative lens, Frank (2013) argued that the narratives that circulate within our cultures inform our understanding of health and influence how we make sense of our health experiences. Moreover, narratives available to us in our ‘cultural menu’ have the ability to act *on*, *in*, and *for* people (Smith, 2013). In other words, narratives can shape how we interpret our experiences, influence our behaviours and decisions, and provide a framework through which we understand ourselves and others. Through a narrative approach, we are able to explore meanings individuals construct within their experiences and place a nuanced perspective to explore injury and eating practices in sport because it is “through narrative [that] we define who we are, who we were and where we may be in the future” (Crossley, 2000, p.67). With this understanding, narrative inquiry can explore the relationship between an individual’s experiences, and the formulation of those experiences through a social and cultural structure (Carless & Douglas, 2013). This is particularly relevant to research on injury and disordered eating, as it allows for in-depth exploration of how athletes construct meaning around their experiences. By analysing personal stories, researchers can begin to uncover how certain narratives influence thoughts, feelings, and behaviours around the psychological and social dimensions of injury and disordered eating.

It is important to expand upon what narratives are and how they differ from a story to “recognise the uniqueness of each individual story, while at the same time understanding how individuals do not make up stories themselves” (Frank, 2010, p. 119). Broadly speaking, we understand a narrative to be the template or scaffolding that a story relies on. It can be thought of as a sociocultural plotline that individuals draw upon to construct events that unfold sequentially over time (Frank, 1995). On the other hand, a story refers to a specific tale people tell, it often has central characters and a ‘complicating action’ or ‘critical moment’, requiring the character to respond or act (Frank, 2010). A story is constructed from the narratives available within an individual’s social and cultural relations (the ‘cultural menu’) (Smith & Sparkes, 2009). In simple terms, people tell stories, not narratives. However, the distinction can be difficult as “narratives only exist in particular stories, and all stories are narratives” (Frank, 2013, p. 224).

There are a number of basic assumptions that inform or justify narrative inquiry (Smith & Sparkes, 2009). First, humans are storytellers and subsequently live stories lives. In other words, humans express themselves through storytelling and make sense of their lives and experiences. To expand, narratives are a means to which humans can narrate their experiences and provide an overarching plotline. They make an individual’s actions comprehensible by identifying their significance and contributions (Polkinghorne, 1995). It is about the ‘road’ or ‘map’ of their story rather than where it leads, identifying the significance and connection of events. With this understanding, meaning is created through narrative and storytelling can be a means to generate meaning in a coherent format (Riessman, 2008).

Second, narratives are conceptualised as being both personal and social. The narratives which people tell are individualised and unique. The personal aspects of storytelling include one’s emotions and feelings and gives an expression of human agency (Smith & Sparkes, 2006). However, as alluded to by Smith and Sparkes (2009), narratives are not wholly personal.

They are not ‘natural’ or constructed from the mind of an individual. They are social and cultural creations. For example, individuals tell tales of their experiences and illicit their emotions and feelings, but the stories told are socially and culturally constructed. Narratives that are told within society and those made available to individuals (i.e., within a ‘narrative menu’) act as resources to construct, frame and interpret experiences (Frank, 2010). Thereby, they can contribute to the construction of lives and the shaping of experiences over time. With this in mind, narrative inquiry can highlight an athlete’s internal struggles and emotional responses, while identifying the broader cultural and athletic norms, working to uncover the complexity of injury and disordered eating experiences.

Frank (2010) highlights that narratives can work *on, for, in, and with* people. Narratives that shape and constrain others are often termed ‘master narratives’ (Smith & Sparkes, 2009). Master narratives are “culturally shared stories that guide thoughts, beliefs, values, and behaviours’ that overrule all other stories” (Syed & McLean, 2022, p.8). For example, the medical model provides a master narratives of mental ill-health, which shapes how mentally ill individuals are understood. A medical narrative assumes biological or psychological causes of mental illness, ignoring cultural and social factors (Frank, 1995). Although the medical model can provide a coherent story to live by, it lacks *narrative authenticity*; the degree to which the story aligns with the lived experience. Rejection of certain mental illness narratives can be through the telling of counternarratives, that challenge the views of the medical model. However, telling stories that do not fit in with the commonly accepted can lead to people telling inauthentic stories or not telling their story at all (Vargas et al., 2024).

Lastly, narratives are embodied, and we tell stories *in, through, and out* of our bodies (Frank, 2010). As Smith and Sparkes (2009) depict:

Our lives hinge on our bodies; we depend on them; engage with the world and the people around us with them; live in and through them; do things with and to them; exist as and for them; experience having and being them; feel them; and are them.

Thus, storytelling is an embodied activity. The body projects its personal and subjective realities onto other bodies and societies. At the same time, narratives within society are inscribed into bodies. Narrative inquiry can, therefore, help to reveal the relationship between bodies and stories as they interact with sociocultural surroundings (Douglas & Carless, 2006). As suggested earlier in this thesis, including the ‘fleshy,’ corporeal bodily experiences, researchers can begin to explore individual relationships with their body and how these perceptions influence thoughts, feelings, and behaviours during injury (Hall et al., 2022). In doing so, the sensory, embodied and lived experiences can be foregrounded. A primary concern within this thesis is to ensure these lived experiences are well represented in and through the research process. As such, McMahon and McGannon (2016, p. 98) stated that “when lived experience is represented well, it can evoke the emotional texture of human experience and help us hear the heartbeats of others.” Narrative inquiry provides this much needed access to human lived and embodied experience like no other.

2.4.1 A Narrative Approach to Psychology of Sport Injury and Disordered Eating in Sport

Narrative inquiry has the capacity to create and contextualise meanings athletes attribute to their injuries over time, illustrating how behaviours are shaped (Smith & Sparkes, 2009). Further, it affords the opportunity to explore multiple meanings, giving the chance for individuals to share their own story in their own words (Riessman, 2008). With this in mind, narrative inquiry is well suited to exploring embodied experiences (e.g., injury, disordered eating). In recent years, narrative research is gaining popularity within the field of sport and psychology (e.g., Smith, 2010). It has been used to explore areas such as sports injury (Everard

et al., 2021), disordered eating in sport (Busanich et al., 2014; Papathomas & Lavalley 2010, 2012b, 2014), and career transition in sport (Douglas & Carless, 2009a). Narrative inquiry was also used by De Bruin and Oudejans (2018) to explore body image in relation to eating disorders in female athletes. They found negative body evaluation and comparisons with others to cause disordered eating behaviours. Researchers of the psychology of sport injury and disordered eating in sport often turn to narrative as a result of a continued move towards interpretivism, from a traditionally post-positivist field. (McGannon et al., 2021). This draw to narrative research can be explained by its ability to draw from personal experience but also understand the social and cultural constructs (Williams, 2020). Researchers studying narrative are committed to studying individual's lives and experiences across time (Smith, 2010). The use of narrative has highlighted the increased potential to see people as situated within a complex social and cultural world, turning the analytical gaze away from the athletes 'inner world' towards sociocultural contexts (Busanich et al., 2012; Smith & Spakes, 2006).

There are a number of reasons to use narrative inquiry when considering injury and disordered eating. In the first instance, it is argued that narrative inquiry emphasises interpretative assumptions, enabling a richer, more nuanced understanding of individual's lived experiences, especially in fields traditionally dominated by scientific and medical approaches, such as disordered eating in sport (Papathomas & Lavalley, 2014; Petrie & Greenleaf, 2007). Narrative inquiry, therefore, provides a possible means to further understand how athletes experience disordered eating and injury by uncovering the subjective and complex interplays of social and cultural factors through stories. Second, stories are crucial in making sense and communicating an individual's past, present, and possible futures. By focusing on stories, narratives provide rich insights into the subjectivity of past and present behaviours, and future intentions which can facilitate researchers in charting human experience over time (Smith & Sparkes, 2009). This capacity of narratives could enable the diachronicity of injury and

disordered eating experiences by adding a historical depth to reveal consequences of past events that may have been previously ignored (Goodson & Gill, 2011). Moreover, such exploration extends our ability to view injury and disordered eating as ongoing events, rather than isolated experiences and investigate the longer-term impacts of athletes' injury and disordered eating experiences. This perspective will acknowledge the continuous nature of both injury and disordered eating, exploring how they shape athletes' identities, behaviours, and emotional states in the longer term (e.g., Russell & Wiese-Bjornstal, 2015).

Third, narrative inquiry can unearth social, relational and cultural influencers of human lives across time. Smith and Sparkes (2009) stated that "a person's own story and their experiences is shaped, facilitated, and constrained by narratives that circulate within the culture that he or she is immersed" (p.5). In other words, the culture we immerse ourselves in can shape our lives and the stories we tell (Smith & Sparkes, 2006). This is because narrative inquiry sheds light on *what* people say, and also *how* people say it, allowing for the broader social and cultural contexts to be explored (Riessman, 2008). With regards to injury and disordered eating experiences, illuminating this sociocultural dimension can encourage researchers and practitioners to take seriously the broader contexts which shape athletes' experiences (Papathomas & Lavalley, 2012b; Smith & Sparkes, 2009). Fourth, narratives are an ideal means for communicating experiences, emotions and meanings people attach to behaviours and actions. Narrative inquiry acknowledges that interactions with others construct meanings and experience. Within disordered eating and injury experiences, it can allow for the investigation into how significant others (e.g., coaches, teammates, family members) might impact how an athlete responds or copes with injury and experiences with disordered eating. Therefore, narrative inquiry can provide a rich comprehension into human experiences and emotions with a regard for sociocultural contexts, broadening understanding outside of a scientific, narrow base. This is an appropriate methodology to understand sporting injury and

disordered eating experience, in which both fields have historically been biased towards positivist ways of knowing (Petrie & Greenleaf, 2007; Wadey & Day, 2022).

Fifth, sport injury and disordered eating are bodily experiences grounded in sensory experiences and bodily states. Yet, much of the existing research on the sporting body objectifies the body, neglecting the corporeal experiences of athletes (Hall et al., 2022). Storytelling is an embodied activity in which the body projects its personal and subjective experiences onto other bodies and into society. We come to know our own and other's bodies through the stories in which we tell (Williams, 2020). Thus, the body is always connected through narrative and therefore, narratives are embodied. Stories are told in, out of, and through the body, but also narratives are inscribed onto our bodies from society (Smith & Sparkes, 2009). With this view, an embodied narrative inquiry can bring forth the lived, fleshy experiences and explore how narratives shape and are shaped by bodies (Smith, 2007). As such, narrative inquiry is considered methodological 'gold standard' when it comes to exploring complex phenomena that is associated with embodiment (Thiel et al., 2019). By examining embodied narratives (e.g., trust in their bodies post injury, feeling betrayed by their body), researchers can explore how athletes feel and interpret their bodies through personal, social, and cultural influences across time, allowing for a deeper, more nuanced understanding of injury and disordered eating experiences.

Lastly, narratives enable researchers to communicate often complex knowledge in ways that can be accessed by a variety of audiences outside of academia (McMahon & Smith, 2016). By using personal stories and creating credible characters and plots that are authentic, engaging, and reminiscent, narratives can engage wide audience bases through a valuable format of communication. Moreover, narrative inquiry can focus on specific mechanisms underpinning particular phenomenon in a way other approaches may not be able to (Smith et al., 2015a). For instance, this approach enables the exploration of emotional, cognitive, and

social processes that drive behaviour and responses, making it particularly beneficial for uncovering the complex, multi-layered nature of athletic experiences related to injury and disordered eating. In light of this, narratives can be used to communicate complex and unexplored athlete experiences of injury and disordered eating. By communicating knowledge in more accessible formats that can be taken up within practice, sport injury and disordered eating research can continue to bridge the knowledge-to-practice gap within sport psychology (Evans & Brewer, 2022; Middleton et al., 2024).

2.4.2 Previous Narrative Research: Psychology of Sport Injury and Disordered Eating in Sport

This section of the thesis includes previous literature that has used narrative inquiry to understand the psychology of sport injury and disordered eating in sport, building on the last section of *why* it is an effective approach. Within the psychology of sport injury literature, narrative research was first introduced by Brock and Kleiber (1994) who investigated the illness experience of injured elite collegiate athletes. They highlighted the relevance of narratives for clinical practice and how the stories followed a particular pattern from ‘participation in sport and injury’ to a ‘retrospective influence of injury on life.’ This was one of the first influential studies into understanding the role narrative can play in guiding service providers to support injured athletes. Building on this knowledge, Smith and Sparkes’ (2002; 2004) and Sparkes and Smith (2003) used narrative analysis to understand male experiences of spinal cord injuries (SCI) in sport. The authors brought attention to three narrative types (restitution, quest, chaos; Frank, 1995) that the men used to construct their life stories. They illustrated how narrative practices are framed by both personal and cultural conventions of telling, how sociocultural narratives are pertinent in constructing or reconstructing a body-self relationship and expanding who we are in the present and who we might be in the future (Smith

& Sparkes, 2004). Their work served as an impetus for others to approach future research through a narrative lens.

A decade later and still building upon understandings of injury experience through narrative analysis, Russell and Wiese-Bjornstal (2015) examined the psychosocial experiences and responses of long-distance runners who had experienced microtrauma injuries. They found that participants injury narratives occurred over three distinct phases (pre-injury, onset, outcome) and had different psychological responses at each phase. This study built upon the temporal responses to sport injury (Brock & Kleiber, 1994), although operated from an individualised lens, ignoring relevant sociocultural contexts that impact injury experience (Smith & Sparkes, 2008a). Research began to progress from a “thick individual and thin social relational perspective” to a “thin individual and thick social relational perspective” (Smith & Sparkes, 2008a, p.7). The early influences such as, Allen-Collinson and Hockey (2001), who explored the lived-body experiences of injury through a narrative approach and highlighted broad sociocultural narrative resources (e.g., blame, perseverance), which drove the field towards more rich understandings, averting the analytical gaze away from the athlete, towards external influences. More recently, McGannon et al. (2022) drew upon media research to understand the sociocultural context of athlete retirement due to injury. The media was explored as a cultural site that correlates stories and conveys meanings (e.g., injury is normal), and values (e.g., win at all costs) that impact athlete’s lives. Highlighting narratives offered from sociocultural contexts (e.g., Spencer, 2012; Tamminen et al., 2022) points to the notion that athletes have access to a limited number of narrative resources to frame and interpret their injury experiences. Moreover, the dominant cultural ideals of dealing with injury (play through pain), stigmatises and legitimatises injury experiences, silencing injury experiences that do not fit within certain narrative types (Ronkainen & Ryba, 2017).

Against this backdrop, enriching and expanding upon narrative understandings of injury, Everard et al. (2021) explored the diverse ways in which track athletes make sense of injury experiences. Six narrative typologies were identified that athletes drew from to make sense of their injury experiences: Resilience, Merry-Go-Round, Longevity, Pendulum, Snowball, and More-to-me. The results of this study were pertinent in broadening our sociocultural understandings around sport injury and expanding opportunities available to athletes to enable them to make sense of their experience in diverse ways, away from the dominant ‘performance’ narrative. The performance narrative represents a view that prioritises performance over health and wellbeing, in which pain, dedication and sacrifice are accepted in order to achieve success (Douglas & Carless, 2006). Everard et al. (2021) extended the view that injury is an expected outcome for participation in elite sport by exploring diverse ways of experiencing injury that may have previously been silenced. The authors of this study encouraged future researchers to push the boundaries of narrative analysis and focus on materiality and the non-human world (Feely, 2020). For example, how do injured athletes’ material world unite with the narrative typologies presented? (Everard et al., 2021). In light of this, this current programme of research aims to take into account the injured athlete’s body as a consideration of materialism and how nutritional practices impact the body, and thus impact injury experience. In order to achieve this, the fields of psychology of sport injury and disordered eating in sport must both be considered (see chapter three).

Within the context of disordered eating literature, previous researchers have been especially empathetic towards positivist ways of knowing, limiting our understandings to medicalised approaches (Papathomas, 2018). Adopting a narrative lens to disordered eating in sport has really only begun within the last decade with Papathomas (2011) conducting his thesis titled “Disordered Eating in Sport: Narrative’s Turn.” In which he argued that viewing disordered eating in sport through a narrative lens and in a collaborative manner highlights that

“the varied roles of significant others can be acknowledged and attended to” (p. 29). Using a narrative approach, the focus of research can shift from internal explanations of disordered eating in athletes to the meanings that underlie and construct athlete’s experiences (Busanich et al., 2016). Within Papathomas’ thesis he conducted four studies (Papathomas & Lavalley, 2014; Papathomas & Lavalley, 2012b; Papathomas et al., 2015a; Papathomas & Lavalley, 2006) that have been pertinent to progressing disordered eating in sport research towards interpretivist approaches. For example, Papathomas and Lavalley (2014) conducted over seven hours of life history interviews with one participant over eight months and explored how the performance narrative framed experiences of starvation. When they experienced low perceptions of achievement, disordered eating behaviours occurred as a form of accomplishment. The act of restricting food or controlling body weight can provide a tangible marker of success, especially when other avenues of achievement (such as athletic performance) feel out of reach. The narrative of performance is thus redefined, not by athletic success, but by the strict management of their physical form, and eating behaviours are framed as a form of self-discipline and control, which can feel like an accomplishment despite the negative consequences (Papathomas & Lavalley, 2014).

Within this research, the stories provided rich descriptions of subjective disordered eating experiences that would otherwise have gone unnoticed. Moreover, their study in 2006 conducted a life history analysis of a male athlete (Mike) diagnosed with bulimia nervosa. He engaged in over 11 hours of semi-structured interviews, and a key contribution of this study was identifying the role Mike’s narrative had on helping him to understand and give meaning to his experiences. Mike’s narrative led to him accepting his illness, committing to recovery, and looking forwards to the future (Papathomas & Lavalley, 2006). These studies helped to inform the notion that culturally formed narratives can influence eating practices and aid the development of theorising athlete disordered eating away from medicalised perspectives

(Papathomas & Lavalley, 2014). These studies were pertinent to disordered eating research in moving away from the medicalised perspectives of symptomatology towards the construction of alternative insights that include human experiences.

Following suit, Busanich et al. (2012; 2014; 2016) used narrative inquiry to understand distance runner's experiences with disordered eating, detailing the complex aspects of embodiment that athletes experience. Busanich et al. (2016) explored embodiment using a narrative approach through more creative, visual, and *embodied* ways. From this, two narratives were identified: the 'transformative' narrative and the 'rollercoaster' narrative. The study extended previous literature by understanding the construction of meaning around the body, food, and exercise aside from just the performance narrative. This study recommended that sport psychologists should work closely with other practitioners and coaches to allow for more diverse meaning-making processes to better support athletes health and wellbeing. They further suggested that distance runners should be further explored in relation to disordered eating away from medical and positivist approaches (Busanich et al., 2016). Extending the use of stories to study disordered eating meanings and experiences in sport, McGannon and McMahon (2019) used published autobiographies of two elite athletes to explore the sociocultural influences on disordered eating and recovery over time. They identified narratives that framed key turning points within the stories. First, 'body and relationship turning points' which highlighted how disordered eating practices were constructed within the context of achieving an ideal body type, framed by the performance narrative. Second, 'emotional and body acceptance turning points' which demonstrated a shift towards a personal growth narrative, questioning the narrow perspective of the performance narrative. This study enhanced the field of disordered eating in sport by showing value of studying stories as theoretical, pedagogical, and methodological resources. This study solely focused on female

athletes. They suggested future researchers could explore female and male stories of disordered eating struggle and recovery.

Narrative scholarship underscores the pertinence of narratives in understanding athlete's experiences with disordered eating by mediating their thoughts and feelings, with their social and cultural worlds. They encourage athletes to think *with* their stories, which works to humanise experience (Frank, 2013). The research mentioned has been pertinent to our understandings around disordered eating in sport through a narrative lens. The narratives identified within research can be used to deconstruct dangerous ideologies that exist within sporting cultures (e.g., 'slim to win') through increasing the number of narrative typologies available (Goodson & Gill, 2011). Providing athletes, coaches, and practitioners access to stories offers an accessible and engaging way to transfer knowledge created in research into practice (Everard et al., 2025). Moreover, the use of narrative can initiate self-reflection and serve as an educational tool (McMahon, 2020).

2.4.3 Tensions in Narrative Inquiry

It needs to be recognised that there is no one 'right way' to carry out narrative inquiry. Coffey and Atkinson (1996) stated that "there are no formulae or recipes for the 'best' way to analyse the stories we elicit and collect" (p. 80). This can be seen as a strength of narrative inquiry as there are endless possibilities for analytic strategies. Without a set of steps or rules to follow, narrative inquiry allows for the movement of thought (Frank, 2010). Movement of thought can encourage the analyst to go in directions that have not previously been explored, provoking new ways of seeing things. However, narrative inquiry, like many other approaches, has its limitations. First, it can often be difficult to identify actual stories to analyse, as stories might flow into each other which are often not discrete. Or some stories may be thin and feel truncated meaning identifying a story can become challenging (Smith, 2016b). However, according to Polkinghorne (1995), interviews with participants may not come away with a

coherent story but instead a number of scenes, characters, and plots that can seem relatively unrelated but as a whole are incredibly meaningful. Second, for some, narrative inquiry can suffer from ‘narrative exceptionalism’ referring to a belief that narrative is a distinctive form of behaviour. Although Frank (2010) argued that narrative is distinctive and fundamental for human growth. Third, viewing stories as the totality of participant experience could, if one is not careful, result in the human experience being lost and the person fading into the background. Fourth, often narrative inquiry and the stories told are collected from a one-off interview, which can reduce the amount of information collated and limit the type of relationship developed between researcher and participant. Lastly, exchanging stories and placing them into a larger narrative can impose meaning on participants’ lived experiences. These stories will, to a degree, be influenced by the researchers’ interpretations of their story and experience (Bell, 2002). Within an interpretivist paradigm, experience is co-constructed, and experiences can be misrepresented. Denzin and Lincoln (2005) defined this as the ‘crisis of representation’ and the implications of speaking authentically of another’s experience. This can lead to moral and ethical concerns, as such the manner in which the participants experiences are conveyed should be well represented.

A number of researchers have provided thought-provoking accounts of such representation crises, namely Kiesinger (1998) and Cavallerio and colleagues (2020). The former discussed the challenges with writing about women’s lived experiences with eating disorders. They stated that “the sentences we construct, the images we paint with our words, the characters we depict...are the products of our own experience as well as the products of the relationships we foster and share with our participants” (p. 89). These thoughts are applicable to interpretivist and relativist standpoints. From this perspective, analysis should allow for participants’ constructions of experience and meaning making to live alongside my personal thoughts. Similarly, Cavallerio and colleagues discussed feeling haunted by ethical

responsibilities and the fear of wrongly representing coaches and athletes' injury experiences. Challenging questions arose such as: "Am I a good researcher?", "Is this story right?" (p.52-55). I would argue that asking yourself these questions throughout the writing and research process can help to remove unethical misrepresentations. From a relativist standpoint, representation must attempt to give voice to the storyteller but also allow for the researchers own voice to live alongside it and accept that each helps to inform the other.

Another tension of narrative inquiry is highlighted by Book et al. (2024) who conducted a critical review of narrative research in sport and exercise science including 51 research articles. They concluded that researchers demonstrate inconsistent terminology, there is inconsistency behind the term's 'story' and 'narrative.' There was concern over the narrative types identified being overly specific and might in fact be a storyline, rather than a narrative type. In this view, if anything is considered a narrative, the term 'narrative' becomes meaningless. This review also suggested that narrative inquiry offered blurred lines between other qualitative methodologies (i.e., thematic analysis), and the differentiation is somewhat unclear. Ways to move forward included engaging with narrative theory within the discussion sections, considering when a story ends and a narrative begins, and for researchers to consider metanarratives, narrative types and context situated narratives (Book et al., 2024).

Taking into account these tensions, this thesis aims to expand on and enrich narrative understandings of injury and disordered eating in sport as combined entities. By combining the two fields of interest, this thesis aims to make a novel and nuanced contribution to the psychology of sport injury literature by taking into account food/nutritional practices. It will also explore the diverse ways in which distance runners make sense of their injury experiences and eating practices over time. Drawing upon the innovative work by Frank (1995; 2010; 2013), Smith and Sparkes (e.g., 2002; 2004; 2006; 2008; 2012a), Sparkes and Smith (e.g., 2003; 2009; 2014a), Douglas and Carless (e.g., 2006; 2009) disordered eating in sport narrative

researchers (e.g., Papathomas & Lavalley, 2006; 2014; 2012b; Busanich et al., 2012; 2016; 2014) and previous sport injury narrative researchers (e.g., Brock & Kleiber, 1994; Everard et al., 2021; McGannon et al., 2022), this thesis aims to identify and foreground the narratives that underpin athletes' experiences of injury and disordered eating. Moreover, this thesis aims to translate these experiences into accessible and engaging formats (e.g., stories) to disseminate findings beyond academics, enhancing the practical applicability of research findings. Lastly, this thesis will advance understandings of the applied value of stories in bridging disciplines to better support athletes health and wellbeing around injury and disordered eating.

2.5 PhD Aims and Rationale

Drawing on the literature reviewed in this chapter, it is evident that previous researchers have often examined disordered eating and sport injury in isolation, overlooking how these experiences intersect and are shaped by sociocultural and embodied factors. This gap highlights a need for more narrative-based approaches that can illuminate the complexity of athletes' lived experiences and inform more collaborative research and practice. As such, the aims of this PhD are now outlined. The first aim is to provide a novel and nuanced understanding of athletes' experiences of sporting injury and disordered eating. This thesis will begin to bridge the fields of the psychology of sport injury and disordered eating in sport to provide a broader understanding of the topic at hand. Study one (chapter three) will explore the social and cultural meanings around sporting injury and disordered eating, recognising the lived experiences of athletes using narrative inquiry (Frank, 2010). This study will offer new perspectives to the psychology of sport injury literature by acknowledging nutritional practices and continuing to understand injury from social-cultural and embodied perspectives. After exploring athletes' lived experiences with injury and disordered eating, the second aim of this thesis is to address how we can use narrative inquiry and creative non-fiction to represent athlete lived experiences. Answering this can help to expand on perspectives of these experiences (Williams,

2020). The use of creative analytical practices (e.g., non-fiction stories) can aid communication of findings in an accessible manner (Middleton et al., 2024).

The third aim of this PhD is to explore how these creative non-fiction stories work *on*, *for*, and *with* participants by engaging with the storied experiences to cultivate a more inclusive understanding of the difference ways in which athletes experience injury and disordered eating (see chapter four). The fourth aim of this thesis is to enhance the communal responsibility of injury and disordered eating by drawing upon knowledge translation and narrative pedagogy (Goodson & Gill, 2011). Study three (chapter five) will share and discuss the non-fiction stories within pedagogical encounters with athletes, coaches, and practitioners. In doing so, this study can provide rich and empirical understandings of how stories can be used to bridge the gap between theory and practice by increasing the accessibility of research findings. Moreover, this study aims to work *with* stakeholders (athletes, coaches, practitioners) addressing the future uses of the stories, for example, to bridge disciplines and encourage multi- and interdisciplinary approaches to injury and disordered eating. Collaborative ways of working have been repeatedly called for by researchers (Mancine et al., 2020; Rollo et al., 2021; Wells et al., 2020) to aid prevention, treatment, and support for athletes around injury and disordered eating. The final aim of this PhD is to explore the challenges and insights gained through researcher reflexivity studying sensitive topics and how they can be documented and shared meaningfully (see chapter six). In doing so, it is the hope that future researchers, in particular, neophyte researchers, can learn from my own experiences and reflections.

2.6 Summary

Within this chapter, I have reviewed and critiqued the literature that underpins the empirical and conceptual ideas related to the fields of the psychology of sport injury and disordered eating in sport, both of which are essential to contextualise this thesis. I have outlined the psychology of sport injury models and discussed the literature pertaining to

athletes' responses to sport injury. I went onto outline sport injury literature in relation to distance running, before delving into disordered eating in sport literature. This review underscored the importance of bridging the two fields of understanding by critiquing literature from both areas of inquiry. The review ended with key narrative research that pertains to the underpinning of the ideas related to this present programme of research. This thesis aims to continue to develop current understandings around the psychology of sport injury by showcasing a broader, more nuanced understanding of the athlete's injury experiences in conjunction of eating practices over time. By approaching this thesis through a narrative lens, it can facilitate the interpretation of athletes' injury and disordered eating experiences through both sociocultural and embodied perspectives. In doing so, this thesis can expand upon current literature by moving the analytical gaze away from the athlete, towards more external influences. In this light, the phenomenon of injury and disordered eating can continue to move away from viewing injury and disordered eating as a psychological 'problem' athletes have due to their own thoughts and feelings, towards viewing them as a shared responsibility influenced by multiple levels of analysis. This PhD will develop findings in accessible and engaging formats (e.g., stories), and examine the impact these have *on*, *for*, and *with* athletes. The use of stories will be examined in contributing towards bridging disciplines to better understand injury and disordered eating experiences. Lastly, this thesis will contain researcher reflections on working with sensitive topics as an early career academic and address how these reflections can be shared in a meaningful manner. Overall, this PhD seeks to provide novel contributions to the sport psychology literature by acknowledging the interplay between injury and eating practices from sociocultural and embodied perspectives to better support athletes' health and well-being through practical application of knowledge.

Chapter 3: Distance Runners' Stories of Sport Injury and Disordered Eating

3.0 Abstract

The fields of the psychology of sport injury and disordered eating in sport have thus far been explored in isolation, with few researchers investigating how they impact each other over time. In light of this, this chapter sought to integrate these two isolated bodies of research in order to support the health and well-being of distance runners. Aligned with narrative inquiry, this chapter aimed to story distance runners' experiences of sport injury and disordered eating across their athletic careers and extend the literature by identifying the sociocultural narratives and embodied experiences that shape their stories. Ten regional to international level distance runners participated, who had experienced a range of injuries throughout their career (e.g., acute, chronic, overuse, career-ending). A total of 28 interviews were collected alongside visual materials (i.e., photographs) to facilitate participants telling their stories. Data were analysed using dialogical narrative analysis (Frank, 2010), to explore not only *what* is said in the stories but also what stories *do* for and to people. Data was represented through creative non-fiction. Five stories were constructed that illustrate the complex and nuanced relationship between sport injury and disordered eating over time: *Is it good for me?*, *I knew I'd gone too far*, *Maybe it wasn't too late for me?*, *Is this what normal feels like?*, and *I love food too much*. Overall, this chapter bridges the fields of sport injury and disordered eating. The stories highlighted the sociocultural practices that influenced the distance runners' embodied experiences. This chapter also provided pedagogical resources (stories) that can promote a shared understanding across interdisciplinary practitioners who aim to work collaboratively to support athletes' health and well-being.

3.1 Introduction

Sport injury and disordered eating are two meaningful, impactful, and timely issues experienced by distance runners (Kakouris et al., 2021; Mancine et al., 2020). On the one hand, distance runners have been identified to frequently sustain injuries from overtraining and load on the body (e.g., Everard et al., 2021; Videbaek et al., 2015). On the other, disordered eating has been identified to be highly prevalent in distance runners (e.g., Busanich et al., 2012; Papathomas & Lavalley, 2006). Although these two issues have both been identified to impact athletes' physical and psychological health and the sustainability of their careers (e.g., Gervis et al., 2022; Ghoch et al., 2013), few researchers have explored how they impact each other over time. Aligned with recommendations for future research provided by Rollo et al. (2021), the purpose of this research was to provide a novel perspective which integrates athlete experiences of both sport injury and disordered eating, to ultimately help support the health of distance runners' and the sustainability of their careers.

Until now, researchers exploring the psychology of sport injury and disordered eating in athletes have predominantly labelled these two issues as 'personal' problems, thereby, locating the problem as internal to the individual athlete. The historical dominance of medicalised approaches has framed both sport injury and disordered eating as individual weaknesses, with the primary focus of research being on the deficits within the individual's mind. In other words, priority is given to understanding the "inner" workings of the athletes, the ways in which they think, feel, and interpret situations (Papathomas, 2018; Wadey & Day, 2022). The result of this medicalised approach is that athletes are seen to not be thinking 'correctly' and therefore the focus of literature has been on recommending and prescribing interventions to change athletes' mindsets to prevent or recover from injury and disordered eating (Ivarsson et al., 2017; Petrie & Greenleaf, 2007). While this research contributes to our understanding of how applied practitioners might work with athletes in practice, it is important

to recognise that it does not consider how the broader social-cultural conditions contribute to the issues and how they could change to help support athletes' health. Therefore, our understandings of the sociocultural processes by which an individual comes to take on meanings and experiences remain largely unexplored and unchallenged, leaving a critical gap in our understanding (Busanich et al., 2016). This dismissal is surprising considering that sport injury and disordered eating are both considered as much social and cultural in nature as they are personal, and the sociocultural contexts may significantly shape an athletes' subjectivity and lived experience (Busanich et al., 2012; Williams, 2020).

While researchers have considered the impacts of sport injury and disordered eating on athletes from a medical perspective, there remains little understanding about their subjective embodied experiences. For example, distance runners often push their bodies beyond physical limits, spurred on by questionable social norms (Hall & Rhodes, 2024). At this point, the body remains unproblematic and an unconscious thought. However, pushing the physical body to its limits can result in injury and disordered eating. Both of which can cause bodily pain and distress to occur with consciousness snapping back to the body. This body consciousness experienced can feel unfamiliar and alien, with the body becoming an object of unfamiliarity (Lev, 2021). While we are beginning to understand the sociocultural discourses that are resisted or reinforced through runners' experiences of injury (e.g., Hall & Rhodes, 2024), less is known about the corporeal experiences of athletes, and the extent to which both injury and disordered eating alters their experience of their body. To understand this, we need to acknowledge that the body is not merely a passive object but has an active interaction with sociocultural processes and how they influence athletes' psychological experiences (Frank, 2013; Hall et al., 2022). Given that sport injury and disordered eating are both embodied experiences, the primacy given to athletes' thoughts, feelings, and behaviours externalises the body, positioning it as *object*, meaning that the body is externalised, reinforcing division between the mind and body (Hall et

al., 2022; McMahon et al., 2012). Attempting to move beyond this disembodied portrayal of injury and disordered eating and bring the body ‘back’ into literature, will prevent research from remaining “heavily theorised, detached, distant, and lacking in the intimate connection to the lived experiences” (Hall et al., 2022, p. 629).

One research tradition that can provide insights into the sociocultural landscape (Everard et al., 2021; Williams, 2020) and embodiment (Busanich et al., 2016) of experiences is *narrative inquiry* (Smith & Sparkes, 2009). Narrative inquiry enables researchers to explore complex individual, social, and cultural construction of athletes’ bodily experiences (Smith, 2013). This exploration is made possible through the use of stories which individuals construct by drawing from, or being limited to, narratives that are made socially and culturally available to them (Frank, 2013; Smith & Sparkes, 2009). For clarity in terminology, a *story* is a tale people tell about themselves or others, whilst a *narrative* is a culturally available resource (Smith & Sparkes, 2009). Implicit with this view, narratives are personal as much as they are social and cultural, as such, how a story is told is dependent upon the sociocultural narratives which the individual is exposed to over time (Smith & Sparkes, 2009). Moreover, narratives are inherently embodied (Frank, 2010). According to Frank (1995; 2013), in making sense of our experiences, we tell stories *about* our bodies, but also *out* and *through* our bodies. As such, the body is central to whatever story is told and becomes crucial in the kind of story told (Sparkes & Smith, 2014a). Therefore, bringing the body ‘back’ into research and understanding the corporeal, fleshy experiences, narrative inquiry can provide a medium through which to explore the role of sociocultural contexts in sport injury and disordered eating, but also the discourses made around the body, uncovering the nuanced and subjective realities of injury and disordered eating experiences.

Framed by narrative inquiry, the aim of this study is to understand the integrated experience of sport injury and disordered eating over time. Building on recommendations by

Wadey and Day (2022) and Papathomas (2018), this study aims to further enrich our understanding by considering sociocultural contexts that can shape how athletes' think, feel, and behave around injury and eating. By doing so, not only will this study enhance our understanding of athlete health and career sustainability, but also how we can promote dialogue and foster a shared understanding amongst practitioners (e.g., nutritionists, sport psychologists) to enable them to work collaboratively (Reel et al., 2018). The importance of disciplinary collaboration was echoed by Podlog et al. (2018) who provided guidance for injury education through collaboration with sport medicine providers (i.e., psychologists, nutritionists) to help support injury prevention and treatment. Yet, despite these contributions, we still do not fully understand the dynamic interplay between sport injury and disordered eating, and how the embodiment of sociocultural processes influences their occurrence and experience (Busanich et al., 2016).

3.2 Method

3.2.1 Philosophical Underpinning

In line with the philosophical assumptions of narrative inquiry (Frank, 2013), this research is underpinned by ontological relativism (i.e., reality is multiple, created, and mind-dependent) and epistemological constructionism (i.e., knowledge is constructed and subjective). Through a social constructionist perspective, emphasis is placed on both the personal and sociocultural frameworks from which stories are drawn. People actively construct stories, but they are limited by the stories available to them from their social and cultural contexts which they are exposed to over time (Smith & Sparkes, 2009).

3.2.2 Sampling and Participants

Following ethical approval, a criterion-based purposive sampling strategy was used to recruit participants (Sparkes & Smith, 2014b). The selection criteria included being over 18 years of age, UK based, previously or currently competing in distance running (1500m to

marathon and have experienced at least one sporting injury in their career. Participants were not required to identify as someone of a history with disordered eating for a number of reasons. First, not including this criterion would broaden the scope of the research by capturing diverse experiences (Currie, 2010). Second, many athletes experience a range of problematic eating behaviours, yet do not know if they fall within the spectrum of ‘disordered eating’ or do not receive a formal diagnosis. Lastly, the term ‘disordered eating’ is highly stigmatised (Papathomas, 2018), which could have deterred people from participating. In line with these reasons, disordered eating was not included as part of the inclusion criteria, however, the study was advertised to potential participants that their eating practices would be discussed. In total, ten athletes (seven female, three male; $M_{\text{age}} = 25.7$) agreed to participate in this study that included one international, two national, and seven regional level runners. We recruited athletes across a range of competitive levels, due to researchers such as Perry et al. (2021) suggesting the majority of research on mental health is on elite athletes, leaving experiences of athletes from other competitive levels unheard (Ronkainen & Ruba, 2020). Three athletes were retired and seven were current athletes at the time of interviews. Participants had experienced a range of sports injuries including overuse (e.g., tendinopathies), acute (e.g., muscular sprains), and career-ending (e.g., stress fractures).

3.2.3 Procedure

Data collection spanned eight months and involved two methods: life story interviews and visual methods. In line with narrative inquiry, life story interviews were adopted to invite participants to tell stories about their lives and how they have lived over time (Atkinson, 2007). A life story interview is defined as drawing on one’s experiences, assuming individuals construct their identities through the stories they tell about themselves (McAdams et al., 2006). All participants were interviewed online at least twice, with eight out of 10 participants interviewed on three occasions. Two participants did not complete the third interview due to

time constraints and personal struggle with injury. Aligning with research such as Smith (2013) and Everard et al. (2021) multiple interviews took place to allow the researchers to analyse data collected from the first interview, and based on results, probe deeper, ask follow-up questions, and invite participants to reflect on their interpretations within the second interview. The initial interview was introductory and unstructured, giving space to engage with the participant and allowing them to voice their experiences in their own words, at their own time (Riessman, 2008). To promote storied data, probes were used with the aims of encouraging storytelling, such as “can you describe an instance where that might have happened?,” “can you tell me a story about that?”

During this interview, all participants were asked to bring a visual representation, including but not limited to photographs, newspaper clippings, and physical objects that reflected their experience(s) with injury and eating to the second interview. There were multiple reasons for using visual materials. First, the use of visual materials aligns with calls for a continuation of more diverse forms of explorations, rather than solely relying on verbal expression (Busanich et al., 2014; Papathomas & Lavalley, 2014; Ronkainen & Ryba, 2020; Williams, 2018). Second, visual materials have been found to offer a more powerful means to capture emotion (Gillies et al., 2005; Mannay, 2021), enabling participants to relive and revisit their experiences. Ellis and Bochner (2000) termed this an “emotional recall” strategy, suggesting “if you can revisit the scene emotionally, then you remember other details” (p. 752). Thereby, visual methods enable researchers to not only visualise participants' experiences but also feel and sense them. Third, visual materials can serve as a buffer for discussing sensitive topics like disordered eating, providing participants with a focal point to aid in expressing their stories and emotions (Ronkainen & Ryba, 2018). Liddon et al. (2019) found that creative approaches, such as visual methods, encourage greater emotional expression, particularly in males, compared to verbal techniques. Lastly, visual methods can extend the time participants

engage reflectively with the subject matter, offering deeper insights and understanding (Mannay, 2021).

All 10 participants brought one or more visual representation to the second interview, which comprised of mainly photographs, with one participant bringing finisher medals, and three bringing web articles/blog posts. Prompts were used to explore thoughts and feelings around the visual materials to provide a deeper insight, such as “what does this image/medal mean to you?,” “tell me a story or memory that was evoked when findings these materials,” “can you remember how you felt at that time?” In response to the articles/blogs, questions around these included “how did you feel when you wrote this?” “Is this reflective of where you are now?” “How do you feel reading this?” Attention was placed on participants non-verbal reactions to the visual materials, for example “you frowned when looking at that picture, can you explain to me why?” Questions about the visual materials were also assisted by the first author being an ‘emic’ (Berger, 2015) or a person of insider knowledge, having previously been involved in distance running. This ‘insider’ status was felt to increase the trust and openness of participants to share experiences and vulnerable information (Carless & Douglass, 2013; Dwyer & Buckle, 2009).

The final interview built upon the previous two and involved sharing the findings from the previous interviews, their interpretations and reflections, with the aim of adding richness and further discussion (Smith et al., 2015b). This enabled the findings to be refined and further discussed by the research team. A total of 28 interviews were conducted, lasting between 40 and 80 minutes, with > 25 hours of interview data in total. All interviews were conducted by myself and took place online to accommodate for geographical distance and sporting or work commitments of participants. Given the topics discussed, online interviews were deemed appropriate as authors such as Batey and Szedlak (2024) have suggested that participants can

find online interviews less emotionally demanding when discussing trauma or sensitive topics due to feeling more comfortable in a familiar environment.

3.2.4 Data Analysis and Representation

The data were analysed in two phases. First from a *story analyst* approach and second from a *storyteller* approach (Smith, 2016a). To begin, all interviews were transcribed verbatim and verbal accounts were read through several times to become familiar with the data, how the stories were structured, and to ‘think with’ the stories presented (i.e., narrative indwelling). As a story analyst, a dialogical narrative analysis was used to analyse participants stories. This type of analysis examines “what is told in the story - the story’s content - and what happens as a result of telling that story – its effects” (Frank, 2010, p.71-72). Dialogical narrative analysis is not only concerned with what is said in the stories but what stories do *for* and *to* people. Stories are, therefore, actors in people’s lives, and can act by shaping our understandings of ourselves and the world (Frank, 2010). Importantly, storytelling is dialogical, it involves an interplay between multiple voices and perspectives, shaped by social and cultural contexts (Smith & Sparkes, 2009). For this study, dialogical narrative analysis allowed for an exploration of how athletes’ stories are constructed, negotiated, and influenced by broader sociocultural narratives, offering deeper insights into the relational, dynamic, and embodied experiences of injury and disordered eating.

As a story analyst, following the suggestions of Leavy (2020), evocative and emotional words (e.g., “rock bottom”), phrases (e.g., “distance running bubble,” “skinnier equals faster,” “I never want to go back there”), and key narrative turning points were noted. Next, stories were loosely coded to identify narrative themes and patterns within the data. A set of dialogical questions were then considered to illuminate the social and cultural dynamics in the stories and highlight the effects the stories had on the storyteller’s lives (Frank, 2010). Including resource questions (e.g., what resources shape how the story is being told?), circulation questions (e.g.,

who tells which stories to whom?), affiliation questions (e.g., to whom does a person's story connect them?), identity questions (e.g., what stories give people a sense of who they are?), and function questions (e.g., what does each story do for and on the person?). In line with epistemological assumptions and Riessman's (2008) suggestions, for the visual materials we considered our own and the participants' interpretations, recognising that different individuals will have subjective interpretations of the visual stories, thereby, thinking *beyond* the surface of the text.

Once the first stage of analysis was completed, the role of the storyteller was adopted, in which the story is considered to be an analysis *in* itself (Smith & Sparkes, 2009). Research has predominantly been done through the sole position of story analyst (Book et al., 2024), connecting data using conventions of the realist tale (Sparkes, 2002b). Rather, positioning as a storyteller can create more meaningful representations of participants' lives and experiences, whilst delivering accounts of culturally situated injury and disordered eating experiences (Cavallerio, 2022; Sparkes & Smith, 2014b). An effective way to *show* the story rather than *tell* it is by using creative non-fiction storytelling to recreate lived experience in a way that can recreate personal and social meanings, bringing experience to life in embodied ways (Smith, 2016b). Creative non-fiction allows a story to be told based upon the empirical data, along with the adoption of techniques from fictional literary to deliver facts in a way that can provide the reader with a deeper understanding of phenomenon (Cavallerio, 2022). The use of dialogical narrative analysis aided the process of story development, as the non-fiction composite stories were based upon the researchers' interpretations of the interview data. From an ethical standpoint, the act of storytelling protected the identities of the participants but still had the impact of raw and real data. Further, the stories constructed can reach multiple audiences and are not only suitable for academics but also have the potential to impact athletes, coaches, and wider communities of people (Smith et al., 2015b).

To create the non-fiction stories, a number of techniques offered by Smith (2016a), Smith et al. (2015a), and Cavallerio (2022) were drawn upon: (1) conduct a narrative analysis, (2) develop a story purpose, (3) seek verisimilitude, (4) draw on senses, (5) show rather than tell, (6) select and develop characters, (7) develop a plot and set the scene, (8) write engagingly. The writing process began by extracting direct quotations from the participants that best represented the larger narratives being drawn from and identified during the first phase of analysis. As well as participants own words, the visual materials, and the events represented through these were considered. The next step was to develop the purpose of the stories (i.e., the complex interplay of the experiences of injury and eating) and a plot (i.e., capturing the themes identified in dialogical narrative analysis). It was then sought to enhance verisimilitude by writing in a way that represents the experiences of participants that resonated with their version of the truth in the creation of the stories. The language of the subculture and my knowledge of running was used to select common terminology. Drawing on the senses, showing rather than telling, and thinking with the body enabled the stories to be written in engaging and evocative ways that can resonate and provoke emotion with participants and wider audiences. The intent of using creative non-fiction was to facilitate new understandings into how athletes social and cultural interactions shape the larger narratives in which they engage. Where possible, direct quotes from the interviews were used; however, for engagement and literary purposes, fictional writing techniques, such as crafting a story plot, were integrated to enhance engagement and create vivid, relatable depictions of athletes' experiences. For example, moments of dialogue and description were crafted to highlight key instances or turning points.

3.2.5 Constructing the Stories

The five creative non-fiction stories were constructed through an iterative process that combined close engagement with the interview transcripts, reflexive writing, and feedback from critical friends. Below, I outline the stages of this process.

First, following a dialogical narrative analysis (Frank, 2010), I began coding the interview transcripts for moments that captured athletes' embodied experiences of injury and disordered eating (e.g., dialogue with coaches, body image concerns, negotiations over food and training). A dialogical narrative analysis enabled me to highlight not just *what* was said, but *how* it was said. The analysis phase guided how I moved from raw interview and visual material into crafted stories. This approach helped me to consider what the stories did for the participants. For example, a dialogical question I asked myself was: "what kind of identities are these athletes constructing for themselves?" Some positioned themselves as 'disciplined' and 'committed,' while others described objectifying the body and feeling 'broken.' These identity positions influenced how I shaped the voices of the composite characters. For instance, one participant may navigate the tension between being a 'good athlete' and recognising the harm of disordered eating, while another might describe being silenced while conforming to a culture that normalises constriction. Another dialogical question I asked myself was: "how do these athletes' position themselves and their experiences in relation to others?" This led me to weave dialogue and descriptions of interactions into the stories, rather than focusing solely on internal thoughts.

While answering dialogical questions, I extracted quotations from the transcripts, which captured emotion and metaphorical tensions. I did not aim to include every striking phrase but instead looked for quotes that captured key identity claims or turning points (e.g., "I felt like my body wasn't mine anymore."). I also chose quotations that expressed emotions vividly (e.g., shame, frustration, pride) and quotations that could resonate across multiple participants. These quotes served as 'seeds' around which the stories could grow. For example, one participant

said, “I didn’t even really allow myself to drink much water at night because I was weighing myself the next day. I wanted to be as light as possible.” This became a central quote to form the plotline for Sara’s story: is it good for me? A story of self-starvation and being a victim to the performance narrative. Moreover, one participant said, “I was lucky to have people that supported me, that sat me down as age 13 and said your goal is not to be good now, it’s not to be good as a junior, wait until your older and fully developed.” This quote became central to forming the plotline for Holly’s story: I love food too much. Where the plotline centred about challenging the performance narrative. There were some quotes that were insightful but did not ‘fit’ the flow or tone of the emerging story, so these were kept in the analysis but not in the final crafted piece.

Following dialogical questions and selecting quotations, plotlines began to emerge. I had to ask myself: “what is happening here?” “What is at stake?” “Where is the story moving?” Plotlines and characters were developed by tracing the ‘arc’ of common experiences. For example, onset of injury → pressures around food and the body → interactions with others → recovery or unsolved struggle. These arcs mirror narrative structures common in illness and injury stories (e.g., Busanich et al., 2016; Everard et al, 2021; Frank, 1995) but were shaped by data collected from the interviews. The plotlines were also shaped by the visual materials provided by participants. The visuals often contained symbolic elements that participants did not always articulate in words. For example, one photograph of an underweight participant with crutches suggested a powerful link between fragility, food restriction, and injury. The visuals helped me construct story scenes with richer sensory and symbolic detail, moving beyond transcripts alone. Moreover, some of the visual provided were photographs presented in a timeline, which resembled their ‘journey.’ For example, the participants timeline influenced the beginning to middle to end structure of the stories, often where recovery was not linear.

Rather than present each athlete individually, I created composite characters to protect anonymity and to highlight patterns across experiences. Decisions about which elements to combine were guided by the dialogical narrative analysis. For example, multiple participants spoke of restrictive eating and feeling the need to ‘deserve’ food, so I wove those together to create a character navigating both pain and pressure. I was careful not to fabricate experiences, but to merge similar narratives so that the characters reflected shared truths. I was mindful not to follow the traditional plotline of ‘bad to good,’ which reflects the restitution narrative (Frank, 1995). This common plotline, where bad comes to good, was not reflective of the experiences portrayed within the interviews but is often the storyline ‘easiest’ to consume. I chose to create composite characters rather than force participant experiences into one to ensure that the plurality of experiences was honoured. This decision was also shaped by relational context: some quotes worked powerfully together when they highlighted tension between athletes and external support, or between personal identity and cultural pressures.

The stories went through multiple drafts. Early versions were closer to patchworks of quotes, while later versions became more fluid narratives with descriptive and connective prose. For example, an early version of Sara’s story: Is it good for me? Was made up of several direct quotations from participants, I wove these into a continuous scene, using sensory detail to create flow:

I’ve always been competitive. I would say I’ve got quite an addictive personality, which was maybe my downfall. I always wanted to be considered like an athlete and that’s in terms of look, personality, everything. Once you taste that little bit of success, it can be quite an addictive feeling. I became obsessive around wanting to be a better runner, I wanted to eat like an athlete would eat and that just became like I’m going to miss this out, I’m going to miss that out. I would train myself into the ground, I had this theory that I had to run at least 10 miles a day or my day wasn’t successful. As you can imagine,

injury exacerbated these obsessive feelings. It kind of felt like I was spiralling quite a lot and my whole perception of what eating properly was became so deranged. When I couldn't run, I turned to cross-training and would just smash it out as much as I could. I would say my exercise behaviours are worse when injured in regards to its more erratic, it's not driven towards training but due to more like calories controlling. I think often this behaviour can be disguised as being a dedicated athlete but also I think once you've realised you want to do more, it's very hard for someone to stop you. I'll always find a way of doing more. It always goes back to the feeling that I need to exercise and if I can't, then I can't eat. When I'm injured it's often the time where the demons will come out. You get that sort of dialogue and the voice that tells you to eat less, do more, tell you that the reason you're injured is because you're too heavy. I guess these sorts of thoughts are almost made worse with certain comments. I remember when I was injured when I had a stress fracture... I was in a boot, I couldn't go to the gym, I was cycling excessively, as per usual, and even then, like he [coach] just said, something like 'oh well, you know you're getting softer'. I was like, 'what do you mean?' And he was like, 'well, you don't look as strong as you were in the summer, you need to go back to the gym.'

My supervisors (critical friends) provided critical feedback, encouraging me to move beyond transcript 'cut-and paste' towards stories that conveyed the feel of the experience. I then sought advice from scholars who have previously used creative non-fiction to represent experience. For example, Cavallerio (2022) and Smith (2016a) who suggested that one should draw on the senses and think *with* the body to show rather than tell. A later version of the same story demonstrates how I was trying to show rather than tell:

The past three years have been harder since the injuries began. Harder to keep looking and feeling like a runner should. My broken foot weighing me down like a ball and

chain. The doctors say that it should be in a boot, that I should be resting, but they don't understand, they don't even specialise in sport. If I were to miss just one day of exercise, a dull ache makes its way through my chest, my lungs burning. It's like I can feel my muscles disentrancing, my body expanding, the fitness seeping out of me.

A sharp pain shoots through my temple, but I force myself to keep going. I'm not done yet. Coach's words echo through my mind, his face flashing in front of me; brows lowered, eyes narrow, his upper lip raised in disgust.

You're getting softer.

We were in the park when it happened, my teammates chatter surrounding me as we jogged the warm-up. The gravel crunched under my feet with every step and the afternoon summer breeze was warm against my face.

'I'm doing at least ten miles a day,' I heard a voice speak from ahead. She's one of the fastest in the group, her flat stomach on display as she eased further ahead.

Christ, I thought, I better be doing that too.

Within this draft, I was mindful of using dialogue and setting the scene. However, after discussions with my supervisory team, I decided I still needed to write more engagingly and 'set the scene.' The later drafts added more fictional elements, while still seeking verisimilitude and being true to participants' experiences. I continued to ask dialogical questions which helped me avoid fragmented 'quote dumps' and instead create coherent arcs. The near-final stories were then shared with the original participants. I constructed the stories into a magazine style format for engagement purposes, and this was shared with participants. Their reflections confirmed that, although not their exact stories, the composites resonated and authentically represented the emotional and embodied realities that had lived. For example, one participant said, "this is exactly what it was like." More reflections from participants can be found in chapter 4.

3.2.6 Methodological Rigour

From a relativist perspective, there is no single, universal set of criteria for evaluating qualitative research. Quality is context-specific and reflects the aims, methodology, and epistemological assumptions of a study (Smith & Sparkes, 2009). In arts-based research, traditional criteria associated with trustworthiness (e.g., credibility or dependability) can be problematic, as they often assume procedural reproducibility rather than interpretive and co-constructed knowledge. Therefore, I have selected criteria for rigor that reflects the specific purposes of this study:

- 1.) Meaningful coherence: This criterion was chosen to ensure that each story was internally consistent, plausible, and focused. It reflects the need for the stories to achieve their intended purpose: representing the complexity of athletes' embodied experiences of injury and disordered eating in a way that readers can follow and understand.
- 2.) Engagement: Engagement was prioritised because the stories are intended to evoke emotional and intellectual responses. By capturing readers' attention and empathy, the stories encourage deeper reflection on the lived experiences of athletes, which aligns with the pedagogical and knowledge-transfer aims of the study.
- 3.) Evocation and illumination: This criterion was included to assess whether the stories provoke thought, invite dialogue, and illuminate aspects of experience that might otherwise remain invisible. It reflects the goal of moving beyond mere description, enabling both researchers and practitioners to recognise embodied experiences and consider their implications for practice.
- 4.) Worthiness of topic and substantive contribution: Finally, this criterion ensures that the stories address issues of significance and make a meaningful contribution to understanding injury and disordered eating. It was selected to demonstrate that the

research is not only methodologically rigorous but also relevant, ethically meaningful, and capable of informing future scholarship and practice.

By explicitly selecting and applying these criteria, I aimed to balance rigour with creativity, showing that the stories are coherent, engaging, illuminating, and substantively valuable, rather than merely faithful reproductions of interview transcripts. This approach demonstrates quality in a way that is both philosophically consistent with a relativist perspective and methodologically appropriate for creative, narrative-based research.

Furthermore, the study sought to enhance rigour through researcher reflexivity involving in-depth immersion of data by spending multiple hours analysing the visual materials and the transcripts. Throughout the interviews, a reflective journal was kept facilitating the interview and analytical process (Ortlipp, 2008). Insights included reflections on how participants said or reacted to certain stories and ways in which the interview itself could be improved. I used poetry to facilitate and ‘make sense’ of these reflections (see chapter six). In addition, weekly meetings were held with the research team to reflect and discuss each interview, the data collected, and the construction of knowledge (Smith, 2018; Sparkes & Smith, 2014a). My supervisory team acted as ‘critical friends’ increasing the rigour of the data collection process. This was particularly pertinent when offering alternative interpretations from outside of the distance running culture, which challenged my assumptions and beliefs throughout data collection and analysis. For example, questions included: “How did you reach that conclusion?” “Have you considered alternative ways of looking at this?”

3.3 Results

Five creative non-fiction stories were developed titled: *Is it good for me? I knew I’d gone too far, maybe it wasn’t too late for me? Is this what normal feels like, and I love food too much*. For engagement purposes, these were presented in a magazine style format. The written copies of the stories can be found within the appendix.



INJURY & DISORDERED EATING

CREATIVE NON-FICTION
STORIES

FREYA DAVIS



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This booklet contains 5 non-fiction stories based on the experiences of 10 individuals who compete or have previously competed in distance running events. They focus on injury experiences in relation to eating practices and behaviours. Please note, the stories are not based on one individual but a collection of experiences.

It is encouraged to read all of the stories to highlight the different range of experiences.

It is important to note that the stories shown are limited to a select few individuals and are not representative of all distance runners experiences. Symptoms of disordered eating, present differently for each person.

TRIGGER WARNINGS:

These stories contain real life experiences of disordered eating and injury, which may be difficult to read.



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SARA'S STORY

IS IT GOOD FOR ME?

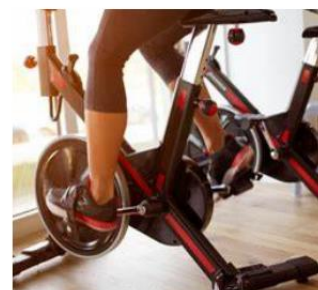
As I look down at the pool of sweat on the floor, my body screams at me to stop, but I won't let it. Not today. Hunger gnaws at my empty stomach yet I keep my eyes trained firmly on the exercise bike screen, watching the number of calories burned climb higher and higher, 7, 56, 247, 554. I shut my eyes, grit my teeth and push harder. I've been cycling for sixty minutes already and as I glance up I notice the sunrise through the windows. Today, I arrived at the gym before any of the other runners, I wanted to be alone. Alone with my own thoughts, away from the gaze of the others.

My pedals slow, the pain in my foot strikes and reminds me why I am here, why I cannot run. I pick up the pace and push even harder. Another sixty minutes later, I notice that Claire the new runner to the group is sitting on the bike next to me. I quickly try and improve my dishevelled appearance and wonder how long she had been there for. As she is pulling off her worn navy blue hoodie and dumping it beside her, I look at her in awe in the large mirror ahead of us. She's tall and skinny, but still strong. Her crop top revealing defined abs. She pedals effortlessly, leg muscles toned and pumping, her breathing remaining constant as her speed increases. I turn to glance at myself. I look weak and tired. My stomach remains covered by my baggy t-shirt. As I look at back at Claire she reminds me of my younger self, a version of me I want to get back to.

"EAT LESS, DO MORE."

Injury after injury, that's how it's been for the past three years. Harder to keep looking and feeling like a runner should. My broken foot weighing me down like a ball and chain. 'Stop exercising, rest, and let your body and broken foot recover,' the doctor had said. **But they don't understand, they don't even specialise in sport.** Missing days just isn't an option. Even missing one day, I feel my weight increasing, the fitness seeping out of me. Without running, I struggle to focus. I lose where I am. I lose my structure. I lose, well, me. My pedals begin to slow again but my coach's words echo through my mind, his face flashing in front of me; brows lowered, eyes narrow, his upper lip raised in disgust. 'You're too heavy, you're getting softer. Eat less, do more; eat less, do more.' I push harder on the bike as the memory comes rushing back, my legs beginning to shake.

We were in the park when I broke a bone in my foot, my teammates chatter surrounded me as we jogged the warm-up. The gravel crunched under my feet with every step and the afternoon summer breeze was warm against my face. 'I'm doing at least ten miles a day,' I heard a voice speak from ahead. She's one of the fastest in the group, her flat stomach on display as she eased further ahead. Christ, I thought, I better be doing that too. Even with the extra miles that I had been sneaking in, it didn't feel like enough, my stride not long enough, my footing too heavy. There's pressure to keep up with the front group, to prove I deserve to be there, to make coach notice me. If you aren't at the front, you'll never make it. Only one person will get that fast time. Only one person will get that sponsorship deal. I hear a voice whispering in my ear, it told me **I didn't deserve to be running next to them, that I was bigger than everyone else.** It's okay, I told myself, I haven't eaten anything else since that banana for breakfast. Bananas have only 105 calories, and I won't have anything else until dinner.



The first rep felt like horses being released from their starting pens, everyone straining to get to the front. The reps continued, my vision blurred. On the third rep, my shins and feet ached, but I gritted my teeth, pushing myself forwards. **I was good at ignoring how much it hurt.** I had been doing it for a while. I glanced at coach to catch his eye to witness my effort but he was laughing with Claire. I used to smile and laugh too, not so much now. Harder and harder I pushed. Suddenly, I felt completely depleted and drained of energy. I felt weak. The others still all looked strong, lean, running effortlessly. Five miles were left, I reminded myself of the extra training I had done, the meals I had skipped from restricting my diet. I kept pushing, my breathing turning ragged, my heart pounding. A searing pain surged from my foot up my left leg. 'Crack!' I tumbled to the ground, the gravel tearing open my skin. A cry clawed its way out of my throat, hot tears threatened to spill over my cheeks. I bit my cheek to stop myself from crying.

"I WANTED TO PUNISH MY BODY."

To my surprise, a few of the other runners stopped. 'Are you okay?' one of the girls asked but her gaze remained on the other runners who surged ahead. 'I'm fine,' I replied. 'Keep going. Don't worry about me.' They turned and continued running without so much as a glance back. I knew it was bad, it felt different than the other injuries I'd had. I limped back to the start and kept my head down. **I avoided looking over at coach and kept blinking to keep the tears at bay.** 'What have you done now, Sara?' I heard him grumble. I said nothing. 'You're too heavy, you're getting softer. Eat less, do more; eat less, do more.' I still said nothing. He turned away to face the others.



Morning came and my nightmare was a reality. Patches of purple and yellow had blossomed over my foot, a thick lump appearing above my toes. I pulled back my covers, hissing as I stepped on the ground. What was I supposed to do now? It's like I was lost in the ocean, the waves pulling me out further, the bulge on my foot weighing me down. Water seemed to fill my lungs, a searing pain spreading through my chest. I brushed the tears off my face, swallowing down the sick I could feel rising in the back of my throat as I made my way to the bathroom and climbed on the scales, 50kg. **Still too fat.** I limped to the kitchen and threw out my loaf of bread and box of honey nut cereal. If it's not there then I can't eat it. This was what I had to do to keep running. I didn't have any other choice, right? A voice rings in my ear to eat less, do more, the reason I'm injured is because I'm too heavy. Each day has been the same since, all 82 of them. The first thing I do when I wake up is weigh myself and stare at my body in the mirror. I look at my stomach from the side, running my hands along it to make sure it's flat. I look at my thighs, measuring the gap between them. I feel my hips, pinch my face. I look skinner but I feel exhausted. I drag myself to the gym anyway.

"YOU'RE TOO HEAVY."

That evening, I didn't bother cooking dinner. I didn't deserve it after not completing the session. **You've failed,** I thought. I wanted to punish my body for letting me down. My stomach growled, but I told it to shut up. I allowed myself some water and got ready for bed. I looked at myself in the bathroom mirror and hardly recognised my reflection. Dark smudges had settled beneath my eyes, and my face had lost its usual pink tinge, now a chalky white. I pulled at my skin, studying my sharpened jawline, my sunken cheeks, my thin neck. But it wasn't enough. An image of Claire appeared in my mind. I'll never look like her. I blew my cheeks out, holding in a frustrated scream. **I know I can't go on like this, I know I'm damaging my body.** I haven't had a period in 8 months. I reached for my hair brush and pulled out of the clumps of hair that had fallen out during brushing. I looked up and blinked away the tears. I crawled into bed, squeezing my eyes shut as I tried to ignore the throbbing ache in my foot and the cramping of my starving stomach. Would I be able to run tomorrow? What about the day after? How long would it take to recover? It wasn't until the early morning that my mind started to quiet and the pain subsided enough for me to fall asleep.

An echoing voice startles me back to reality and the memories fade. The sun has fully risen and a glare shines brightly into the gym. I glance back to the exercise bike screen, taking note of the calories burned, 2034. My hair stuck to my sweaty forehead, indents on my upper thighs from the bike seat, my inner thigh chafe seeping. Claire was gone, I didn't even see her leave. 'Wow, Sara! You're still here. Good for you!' A teammate calls to me as I slow my pedals to a stop. Is it good for me?

ALISHA'S STORY

I KNEW I'D GONE TOO FAR

It was a scorching hot day, the hottest day of the year they'd said on the radio. It was only 10am but already I could feel the sun beating down on my red hot skin. I found myself a quiet spot in the shade next to the track, the grass tickled my legs as I sat and pulled out the tape from my rucksack.

As I slid off my trainer I thought about the girls I'd seen on the way here, in summer dresses and flipflops, sunglasses atop their heads. They were probably on their way to a day in the park for a picnic or off to the pool. Here I was, with my bruised and bloody feet well hidden beneath stained sports socks. I stare at my battered feet and start unwrapping the tape. I wince, the back of my ankle throbbing as I start to wind the tape around. The tendon swollen, red, and sore to touch. The tightness of the tape feels like it's holding my world together. Come on, I think to myself, you can do this. I reached into my pocket and pulled out the pack of paracetamol, taking the last two. As I walked to warm-up, a searing pain ran through my achilles, warning me to stop. The pressure of my shoes against it felt like it was on fire. 'Shit' I muttered, 'I don't know what to do.' I glanced behind me as I looked at my coach, but as usual he was busy chatting to everyone else around. I dug my fingernails into my palm, I could feel the heat warming my face. I finally caught his eye, nodding towards my foot, but he just gave me a small smile before turning back to the person next to him. I took a deep breath and pushed on, fuelled by adrenaline and painkillers.

"I DISGUSTED MYSELF."

I wish I'd said no to racing, I wish I'd spoken up, I wish I'd taken care of myself, but instead I said nothing and now I'm paying the price in rest and rehabilitation. I felt like this injury was my fault and for the first few weeks I turned to food for comfort. I missed the regularity of running, the feeling of my feet hitting the ground, the way it made my thoughts quieten and my body feel as if it were floating. Instead of springing out of bed and going for a run I was now faced with breakfast tv and an hour of scrolling through my phone. Usually, I would eat breakfast before I ran but now, I was eating a bowl of cereal, getting hungry an hour later, eating a second or third bowl, and a few bags of crisps all before lunch.

Things started to change one day when I caught myself opening the fridge and just staring blankly at the almost empty shelves. I don't know why I did it but I grabbed a block of cheese, chopped it up into slices and ate the whole thing as my lunch. Still hungry, I searched the cupboards, ripped open a pack of strawberry yoghurt cereal bars and ate all three before I got ready for work. **This isn't me,** I thought, catching a glimpse of my reflection in the kitchen window. My face felt fuller now, my once-defined jawline gone, my high cheekbones lost under a layer of fat. I reluctantly tugged at the skin on my stomach, my upper arms, under my neck. Pulled at the tightened waistband of my jeans. I disgusted myself. What has happened to me? I carefully chose outfits each morning to hide the extra pounds I had gained. Forgiving leggings, a loose top. I remember at a family brunch, bracing myself as I walked through the door. My aunt glanced up at me, her gaze lingered. 'You're looking well!' she said with an overly enthusiastic smile. I forced back a smile, knowing all too well what my aunt really meant was that I looked fat. I noticed it from some colleagues too, small comments masked as compliments but carrying a sting that cut deep.



Not wanting these insecurities any longer, I started taking control over what I ate, how much I exercised, and how I looked. **The change was sudden.** I stopped eating the cheese and the cereal bars, instead chose fruit and fat free yogurt. I went to the gym twice a day, multiple times a week. Inspired by seeing other girls sweating on the treadmill and admiring their flat stomachs, skinny arms and legs, averting my gaze away from my own reflection. **I poured over the pictures online** of my running friends at races and training. I wanted to get back to that, to lose the weight I'd gained over this injury. It was all I could think about, it was all I could fill my time with. Can I fit in an extra gym session? What 'healthier choices' can I make?

"I DIDN'T KNOW WHO TO TURN TO."

4

The 'you're looking well' comments turned to 'you look great!' Which of course made me eat less and exercise more. I kept doing the rehab exercises the physio gave me on top of all the additional gym work. Unsurprisingly my weight kept going down. **Yet as my weight plummeted, so did my mental health.** I knew I'd gone too far when I was out of breath from going up the stairs, when I would only allow myself half an apple because a whole one was too many calories. But I didn't know who to turn to, who would understand. I hadn't reached out to my coach since the race and nor had he, what was the point? I stopped replying to my friends messages, knowing they wouldn't want to see me like this. I wouldn't be fun to hang around with anyway.

"SMALL COMMENTS MASKED AS COMPLIMENTS BUT CARRYING A STING THAT CUT DEEP"

I sat one morning on the physio's couch while he treated my achilles and my stomach gave an uncomfortable growl, echoing through the silent room. 'Sounds like you need some breakfast,' he smiled. I smiled back and nodded. **I wanted him to ask more, I needed him to open up that conversation, but he moved on.** I wish I could have done the same. My mind raced with conflicting thoughts, the overwhelming desire to be honest about what this injury has done to my physical and mental health against the fear of disappointing my coach and family who had devoted so much time to my training. The days turned into weeks; my energy continued to decrease. It felt as if I were in a tunnel, the darkness engulfing me, I couldn't see the light at the end. The exercise routines became tortuous, each session a reminder that I couldn't run, a reminder of my deteriorating state.



Finally, I made the decision to see my doctor. I stood in front of the mirror, my pale face staring back at me and rehearsed what I would say. I would describe my relentless exhaustion, the constant hunger, the way my heart quickened every time I went to eat a meal. I hoped desperately they would understand. 'So, what seems to be the problem?' My doctor asked, her voice flat, her gaze trained on the computer screen as she scrolled through my file. 'Uh, well. I, um.' I stopped, wiped my sweaty palms on my trouser leg. My courage faltered, did I deserve to be here, was I that sick? 'I'm just tired all the time. I'm probably a bit stressed.' She turned to face me, her eyes flicking over my thinning frame. 'Yes, just cut back on the exercise and make sure you rest.' I nodded, feeling a surge of hopelessness. **They didn't see the whole picture, they didn't understand.** I was placed on a waiting list to see an eating disorder specialist but it was clear my needs were not deemed urgent. I was just a runner who'd lost some weight to them.

Months dragged on. My friends and colleagues continued the well-meaning compliments, with which I responded with forced smiles. The wait list seemed endless and I grew more desperate for someone to see me, to hear my cries for help. One afternoon, a letter from my GP arrived, a specialist would see me the following week. A mix of relief and anxiety flooded through me. When I finally sat in the specialists office, I took a deep breath and began to speak. I opened up about everything- the drive to exercise, the fear of eating or gaining weight, fears of my injury never healing. The words tumbled out of my mouth and for once, I saw genuine concern and understanding. My shoulders loosened as a weight was lifted off me. For the first time in a long time, I saw the light at the end of the tunnel. They gave me a plan including therapy, nutritional guidance, a gradual return to exercise chart. Slowly, I began to build a healthier relationship with food and exercise. I began to enjoy movement and listened to my body's needs rather than try to suppress them. I began messaging my friends again, opening up to my coach, letting people back in.

"I FELT AS IF I WERE IN A TUNNEL, THE DARKNESS ENGULFING ME."

Months slowly past and I was ready to lace up my training shoes. The pain in my achilles no longer present and a sense of anticipation creeping into my chest. I started with a gentle jog, focusing on the rhythm of my breathing, the feeling of my feet hitting the pavement. **It was no longer about burning calories; it was about reconnecting with myself.** Each step forward felt like a triumph. I'd been through too much to take being pain-free, the rush of endorphins, and having energy for granted. Returning to running felt like reclaiming a part of myself I had lost through injury, a reward for speaking out and finding help. I felt the temptation to push my body, to go faster. The drive within me to get back on the start line.



AARON'S STORY

MAYBE IT WASN'T TOO LATE FOR ME?

My feet pounded rhythmically against the tarmac, each step a testament to my relentless dedication. The early morning fog clung to the ground, adding a ghostly aura. To any passersby, it would seem like pure determination and discipline. But for me, it was a daily ritual driven by an unspoken fear of losing fitness and gaining weight.

I glanced at my watch, my heart sank as I realised the pace was a few seconds off what I'd set myself. My breath came in short gasps, my feet burned, my body screamed for rest. But rest was a luxury I could not afford. I pushed harder, willing my aching body to go faster. I looked at the ground ahead of me and surged on, I could feel the blood rushing to my head. My energy wavered as I had denied myself breakfast that morning but it made me feel light, fast. A sharp pain shot through my foot. I ignored it, pushing on, convincing myself it was just another minor discomfort. But as I willed myself on further, the truth was undeniable. The diagnosis was a stress fracture in my navicular.

If I couldn't run, I needed to lose weight, then I could get back in shape faster. **The forced rest period was torture.** Confined to crutches, I watched my competitors online beat my times, overtake me in the ranks. I knew to keep myself fit and lean, I needed to cross train. My obsession with staying lean and fast began to morph into something darker. It used to be about skipping a dessert here, a smaller portion there. But the forced rest made my meals become **meticulously calculated affairs, each calorie scrutinized and often deemed unnecessary.** Each meal plugged into MyFitness Pal to make sure I was burning more than I was eating. I wanted my cheekbones to be defined, my ribs visible, my stomach sinched. I spent what felt like every waking moment in the gym. The aircon off and long sleeves on to make sure I sweated out the calories from my chicken and rice the night before. Twice a day, every day, I was cross training. No one was holding me back. No one telling me to stop. So, I didn't.

My parents grew concerned but their attempts to help were met with resistance. They didn't understand, how could they? My dad would ask if I'd eaten lunch, I would lie and say I had. I was fine, I thought. I know what I'm doing. I remember we went on a family holiday. My whole day had centred around an evening meal out. I made sure I hadn't eaten lunch and cross trained for longer that morning. The evening air was warm when we arrived at a restaurant in the town, my girlfriend laughing and joking with my parents but I felt on edge, jittery at the prospect of my evening not having been in my own control. I picked up the sticky menu and saw the number of calories in each dish, my palms began to sweat. My head whirled as I decided which main had the least calories in. I sat mostly in silence picking at my nails. When the salmon and vegetables were placed in front of me, the smell wafted up my nose, the heat of the plate made my face pink. All eyes were on me, waiting for me to have a fork full. **I can't eat that, it'll make me fat,** I told myself. Without a further thought, my chair scraped across the floor, I got up as quickly as I could and ran out of the restaurant. It had felt like I had no air in my lungs and I couldn't catch a breath. I ruined the holiday, upset my family but I could still only think about getting back to the gym at 8am sharp the next day. The following few weeks, my girlfriend would say how she was struggling with my behaviours, that she needed psychological help if she were to stay with me. The cogs in my brain began to turn. Maybe I didn't know what I was doing after all.

"IF I COULDN'T RUN, I NEEDED TO LOSE WEIGHT, THEN I COULD GET BACK IN SHAPE FASTER."



6

By the time my injury healed, **I was a shadow of my former self: thinner and weaker.** I returned to running with vengeance, determined to reclaim my former glory. I thought by being lean, skinny, light, I would be fast, like I'd never had time off. I lined up against my competitors on the start line and visibly looked leaner than the others. As the gun went, each step felt heavier, each kilometre more gruelling than the last. I managed to drag myself over the line, my vision barely clear enough for me to see straight. I could sense people's eyes on me, lingering on my thin frame. This isn't what I wanted. A few weeks past of the same. Exhausting, slow runs, my energy fading each day. Then, my second injury struck. The pain in my back was like a creature gnawing on bone, I could barely walk without wincing in discomfort. I clutched my back and could feel the bones protruding out of my fatless skin. 'You have a stress fracture in your sacrum,' the doctor had said. My heart sank as I felt a wave of frustration. I nodded, trying to keep my composure, but inside, I was screaming. Did I deserve this? How could I get back to running now? I wept until my t-shirt was sodden, my eyes bloodshot red. That was what rock bottom felt like. The doctor never asked about my diet or my training, I hoped they would. **I knew I needed help.** I knew I needed to do something different.

The doctor warned me if I carried on, my bones would weaken, I could get osteoporosis. I wouldn't be able to run anymore. I need to be able to run. I no longer wanted pitying gazes or injury diagnoses. **But I had dug myself a hole so deep, I needed help to get back out.** With a mix of hope and desperation, I sought out a new coaching setup. Someone who could help me rebuild my strength and my relationship with food and exercise. Someone who understood me. It wasn't an easy process, it took time to find a coach that was willing to sacrifice the time and effort. A coach who believed I could come back stronger. He was different than any I'd worked with before. He emphasises balance and rest. 'You've got what it takes. We'll get you more help.' Coach had reassured me, his tone firm with conviction, it sparked hope within me. Maybe it wasn't too late for me? I thought.

***"I THOUGHT BY BEING LEAN,
SKINNY, LIGHT, I WOULD BE
FAST."***

I turned to Instagram and I found solace in sharing my journey with others, countless voices reached out to me, which gave me hope and a purpose to keep going. They shared their stories of eating disorders and injuries. It helped to know others had gone through similar. I wasn't alone. My coach put me in contact with a nutritionist and a psychologist. **Together, we slowly unravelled the toxic patterns I had built around food and training.** For the first time in a long time, I had felt positive. Five weeks of complete rest passed by. It wasn't easy, the voice in my head telling me I shouldn't be eating as much, to exercise more. To quieten it, I spent time away from running, with my family and friends. I slowly started to enjoy food, not be repulsed by the smell or taste. I began to notice that when I am heavier, I have more energy running. No longer did I recoil at the sight of a chocolate bar or a bowl of pasta, nor did I feel guilt or the need to punish myself for indulging. I didn't look back.

The time came when I was able to race again. The morning wind slapped me in the face as I stood on the start line, I kicked the road surface with my trainers. My heart pounded in my chest with a mixture of nerves and excitement. I'd done the training, I'd recovered from two stress fractures. I scanned the crowd and noticed my coach and parents were watching on. I hadn't toed a start line in over a year and a half and the last time I raced, I was frail, powerless, undernourished, and injured. I've come a long way since then. A year ago, my old self would have missed breakfast to be as light as possible for the race. I would have looked at everyone else on the start line and thought they were leaner than me, that they would beat me because I was too big. I would have felt self-conscious in my shorts and vest. But now, I had pasta, porridge, and a banana in my system, I felt confident, energised and ready.



CALLUM'S STORY

IS THIS NORMAL LIKE?

Injury is what changed things for me. I thought I'd be just a runner for my whole life. I didn't think I wanted anything different.

I have always been the skinny guy that ran, up until I couldn't. Running became serious for me at 14 years old. I was training 6 days a week and my parents drove me all over the country to competitions. I was getting faster, winning races. I wore the right clothes, bought the latest trainers, I ate the right food, and I trained hard. I copied the older runners at my club, they were faster than me and looked the part. Their rib cages on display, collarbones defined, long lean legs. **I wanted to be like that.** So, I stopped eating what most other kids liked to eat at my age: chocolate, crisps, ice cream, and even bread. It wasn't long until my vests got baggier and began to swamp me. My arms looked like twigs, my face became gaunt. But despite this, the faster times came and I learned that **the skinner I was, the faster I run.** As I got faster, people started to notice me. Parents of the other runners and coaches started to say things like, 'you look like a proper runner now,' 'you'll make it some day!' I even got invited to extra training sessions with the older guys. I felt a part of something exciting.

Months passed, my times were still getting faster, my weight still decreasing. I feared each mealtime, thinking I'd put on weight and get slower. Teachers began pulling me aside at school asking, 'Callum, are you okay?', their looks grew more and more concerned. I was cold all the time, I even wore gloves in class to keep my hands from turning blue. I remember the exact day my life changed: It was a Friday, my parents kept me out of school and took me to the doctors. It was then that I heard the word that changed everything: Anorexia. **What? I'm not sick I thought, 'isn't that something girls get?'** I questioned. My parents' faces were etched with worry. They decided I needed to take the rest of the year off school. Suddenly, my world shrank. No more running, no more exercising. Instead, I was forced to consume foods that I had grown to hate. I felt misunderstood. 'I am a runner,' I'd remind people. The older guys weren't ill but they looked like I did, they didn't eat bread and cereal. But if I wanted to run again, I had to do what the doctors said. I needed to put on weight. My mum quit her job to stay home with me, dedicating her days to ensure I followed the strict regime laid out by the eating disorder specialists who visited weekly. Everyone fussed over me like I was fragile, I didn't understand the gravity of the situation. I was fine. Week by week, month by month, the number on the scales climbed. Returning to running was my goal, but I wanted my life back. So, I kept doing as I was told. I ate what was put in front of me and steadily increased my weight. It was far from easy. I felt like a prisoner in my own body. Trapped. **I clutched onto the hope of returning to running.**

WHAT FEELS



Fast forward six years, I was now living with other runners at university and back competing regionally. Food was still a burden for me but at least it was under control. I forced myself to eat at certain times of the day to stop myself skipping meals, haunted by the fear of slipping back into my eating disorder. Living with runners brought a new dynamic, we were all making our own sacrifices to get to the top. **They understood the relentless drive, the discipline it took to be a runner.** Everything revolved around running. There was no escape. We lived in this 'bubble.' Each day was the same, we would wake up and run, eat, and repeat. Meals were meticulously planned fuel stops essential for performance- plain pasta dishes, rice, limited fat, limited calories. Despite the camaraderie and shared ambitions, there was an underlying tension. Each of us battling our own demons. The routine was comforting yet suffocating. I began craving more for my life, questioning what else was out there but I was a runner, this was what I was made to do, wasn't it?

"I FELT LIKE A PRISONER IN MY OWN BODY."

It was the 1st June 2023 and I was on a hard 20km training run with a few of the guys. I was picking up the pace and with every stride, pain that started off as a slight twinge was getting worse and worse. It felt like electricity shooting down my back, my right leg giving away under my weight. I kept going until the pain was too much, until I could hardly lift my foot off the ground. I walked back with my head hanging low, gaze focused on the ground ahead. 'Nerve damage,' said the physio. 'You need to rest.' My heart skipped a beat because I was so driven by routine, it's what kept me in check. Now I couldn't run, **how would my day's look? Will my meal times change?** My palms broke out in sweat, my head thrummed.

Being stuck in the running 'bubble,' injury was tough. The other runners were kind at first. They shared their own stories of injury, but after a few months, they started to change around me. I was 'the injured one,' expected to be sidelined. Forgotten about. With the nerve pain, I couldn't even go to the gym or walk without pain. It wasn't the done thing to just rest. I started going out with friends from my course, I needed to get out of the house, away from everything running. I was still eating at meal times, trying to build a routine for myself. But without being able to exercise, I started to put on weight which I despised. My cheeks felt rounder, my jeans tighter. I hated it. **It wasn't who I was, I was the skinny runner.** I didn't want to be around the other runners, I no longer felt like one of them. I felt lost. Running had been my salvation, until now.



Four weeks into my injury, I went to class. I got there early to miss the others going for their morning runs. There was this student, Darren, who I'd become quite close within the past few weeks. I remember him coming up to me and saying, 'Hey, Callum. How's it going? You don't look great. What's up?' I didn't know how to reply. 'I'm still injured,' I murmured. 'Ah, that's rubbish. Sorry to hear that.' I said nothing. 'By chance, are you looking for accommodation? I only ask because four of us have found a five-bed house and we're looking for someone else. No worries if not, just thought I'd ask.' I looked up, 'Umm, yeah, actually.' 'We don't run or anything but I think you'll fit in just fine,' he replied. It was in that moment, that **I knew I needed a change. I needed to get away from being surrounded by runners, find a new routine.** To see what else life has to offer. I smiled slightly at the chance to move away from the identity I'd clung onto for so long.

"I DON'T KNOW WHAT THE FUTURE HOLDS."

My parents drove down the following week to help me move. We went into the new house and it immediately felt different. A guitar hung on a wall, posters of bands scattered around the place, footballs left in the garden. The fridge was bursting with food, pizza boxes left on the side from what appeared to be last night's dinner. When my parents left, I went to sit with the others. The couch sagged slightly in the middle, crumbs lay on the table, but it felt good, I felt instantly at ease. 'Right, before we start the film, what snacks does everyone want?' Darren shouted. The table was soon filled with bowls of crisps, chocolates, sweets. Darren held out a tub of ice cream towards me. Everything inside me told me that I didn't need to eat all this, I was injured, I wouldn't be able to burn off the calories. I didn't usually eat at this time of day. Temptation drew me in and I opened the tub, and with each mouthful, I felt more relaxed, more awake. Watching them all eat, they didn't seem to care about the calories. They weren't looking at me in horror. Is this what normal feels like? I thought.

"I WAS THE SKINNY RUNNER."

From that night, I regularly went out with my new housemates. We went to gigs, ate in restaurants, enjoyed food. No one asked when I would be running again, they didn't pressure me to exercise, or eat a certain way. It felt exhilarating. With every day, I was learning new things about the world outside of the running 'bubble.' I was still injured, but I felt okay with that now. I wanted to get back to running but I don't think it'll be the same as before. **I don't know what the future holds, but for now, I'm happy to be where I am.**

HOLLY'S STORY

I LOVE FOOD TOO MUCH

I slowly climbed out of bed, just as the sun started to peek through my curtains. The pain in my knee had woken me a few times in the night and my darkened under eyes were proof of my tiredness. 'Eurgh,' I thought as I looked in the mirror and rubbed my face with the heel of my hands to wake myself up and get ready to go.

I limped down the stairs, carefully avoiding putting weight onto my bad knee and hobbled into the kitchen. The pain in the mornings was always the worst, where it had stiffened up overnight. I began cooking my usual breakfast: scrambled eggs on toast with avocado, tomato, and a side of beans. Breakfast is the most important meal of the day after all. Once I cleared my plate, I grabbed my backpack and made my way out the front door.

It was a warm spring Saturday morning down at the track, my black jacket absorbing the sun's warmth, a comforting embrace against the cool May breeze. Our club was fortunate to be able to train here, the stadium grand, the red tartan of the track bright and springy underfoot. I made my way to the stands to watch my teammates do their drills and stretches, noticing that the pain in my knee subsided as it got moving. They smiled and waved as they noticed me walking by. I waved back enthusiastically and brushed specs of dirt and dust from the seat before sitting down. I pressed my thumb to the tender spot on my knee and took a deep breath. 'Only a few more weeks,' I whispered to myself. Coach had encouraged me to come to the sessions at the track so **I still felt involved**, to remind me it was just a temporary setback but it felt lonely up here, watching my teammates getting fitter and faster without me.

Running had always been more than just a sport for me, it was where I found my confidence, where I truly **connected to my body**. At school, I was teased for being 'too skinny,' girls telling me that I needed to eat more, my knees too bony. When I started running my body changed, it became bigger and more muscular. When I looked in the mirror, I didn't hide my figure with a baggy jumper. I could see myself getting stronger and it felt really good. **I knew I needed to eat more** to fuel and look after my new, toned body.

"I COULD SEE MYSELF GETTING STRONGER AND IT FELT REALLY GOOD"

It had been three weeks of no running so far, tendinitis in my knee stubbornly persisting despite my best efforts to rest. I knew better than to rush back if it wasn't ready. It was instilled in me from a young age that your body is a machine and with any machine it needs to be able to function properly. To function, it needs to be looked after. **I'd been giving my body what it needed: rest and fuel.** Three big meals a day with snacks in between, making sure I never felt hungry.

Watching my teammates from my spot in the stands, I had an overwhelming feeling of nostalgia. I missed competing with my friends, the nerves and adrenalin on the start line. I missed the routine of training each day. I knew to get back to that, I needed to look after my body. The pain in my knee makes it difficult to do any form of exercise, so I haven't pushed it. I've been completely resting the last few weeks and to be honest, it's been a good opportunity for my body to feel recovered after the last competitive season. **I feel refreshed** and am actually excited to be able to run again. My heart beat a little harder at the prospect of being back on track.



10

Unzipping my backpack, I pulled out some left over carbonara from last night's dinner and a protein shake to have as I watched. I'd always loved food. I look forward to meal times. The process of making food, smelling it cook, and relishing in enjoying it afterwards. My family are big foodies, always encouraging me to eat more, especially since being injured. My dad, a former runner, often **reminds me how important food is for recovery**, it's kind of been ingrained in me. I'd never think twice about missing a meal or going on any diets, I love food too much. Through this injury, I've been trying to eat just as much as when I'm running, or even more. I think of the injury as a warning sign, my body needed more from me. I don't want to let it down.

From my spot in the stands, I could see coach rallying the team. She is also a firm believer in food is fuel and often organises team meals. I remember one dinner a few months back, we gathered around her kitchen table after a gruelling practice, plates filled with pasta and garlic bread as we raised our glasses to good food and great friends. The dinners usually happen once a month, we just end up spending the evening eating and laughing at nonsense. I've had the same coach since I started running at age 11 and we've had these meals as long as I can remember. My parents often come along too, everyone gets along really well, I wouldn't change it for the world. Running is an individual sport but with a support network like mine, it feels like a team effort.

*"YOUR BODY IS A MACHINE AND
WITH ANY MACHINE IT NEEDS TO
BE ABLE TO FUNCTION PROPERLY."*



'Holly, you look deep in thought,' a voice interrupted. I looked up to see Emily, one of my teammates, standing beside me, brow furrowed in concern. 'Just thinking about getting back out there,' I said with a wry smile. Emily sat down next to me. 'We miss you on the track, but you're smart to take the time off, I wish I had your discipline.' Coach's whistle blew, signalling the end of the warm up. Emily gave my shoulder a reassuring squeeze and retreated to the track for the rest of the session. 'See you later tonight for team dinner,' she shouted back to me over her shoulder. 'Can't wait!' I replied.

*"I THINK OF THE
INJURY AS A
WARNING SIGN."*

I watched her jog back over to the group, her spiked shoes scraping on the gravel before making it back to the soft tartan. I thought about when Emily had been injured a few months ago. She would spend hours in the gym cross training and often missed our group dinners. We would reach out but I think she found the time off running difficult. I see it more as an opportunity to refresh my love for the sport, to spend the extra time with family, to nourish my body and let myself recover. **Injury is part and parcel of the sport**, it's what makes us stronger. But seeing other runners online doing so much exercise when they are injured can make me feel guilty, like I'm lazy or missing some big secret to get fitter and faster. But I ignore it, my journey is my own. 'Only a few more weeks,' I repeated to myself.



SUPPORT AND HELPLINES

If you recognise yourself in these stories, experience similar symptoms or behaviours, or feel like you need additional support, a list of helplines are shown below.

BEAT Eating Disorders:

<https://www.beateatingdisorders.org.uk/get-information-and-support/get-help-for-myself/i-need-support-now/helplines/>

Eng tel: 0808 801 0677

Anorexia and Bulimia Care (ABC)

<https://yippy.health/profile/talk-ed>

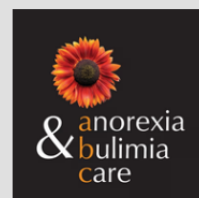
support@anorexiabulimiare.org.uk

Tel: 03000 11 12 13

Mind

<https://www.mind.org.uk/>

Tel: 03001021234



Contact Freya Davis (Author):

151643@live.stmarys.ac.uk

3.4 Discussion

The aim of this study was to explore distance runners' experiences of sport injury and disordered eating throughout their athletic careers. In doing so, this study provides insight into sociocultural discourses that shape these experiences, highlighting how athletes reinforce, resist, and challenge dominant narratives within the distance running culture. Using narrative inquiry (Frank, 2010), I was further able to explore the embodied experiences of injury and disordered eating at intrapersonal, interpersonal, and cultural levels. Unlike more traditional forms of narrative analysis, where data is represented through researcher generated themes, I used creative non-fiction stories as the main form of data representation. An assumption from a storyteller approach is that the story should "speak for itself" without researchers providing detailed commentary. Put another way, "... the beauty of a good story is its openness- the way you or I or anyone reading it can take it in and use it for ourselves." (Coles, 1989, p. 47). Therefore, readers are encouraged to form their own reflections on the stories by thinking with them (Frank, 2010). Yet, the following interpretations are provided for the stories in the spirit of inviting dialogue, which should be considered as matters of opinions and no more 'correct' than the reader's own interpretations. Narrative theory, Frank's (1995; 2013), and Leder's (1990) work on the body are drawn upon to help form my interpretations. To conclude, potential pedagogical uses of the stories are discussed to consider how they could support injured athletes, coaches, and practitioners in the future.

At an intrapersonal level, the stories illustrate how injury and disordered eating experiences have profound impacts on athletes' cognitions (thoughts), emotions, and behaviours; the extent to which they are impacted, is influenced by how the athletes feel and experience their bodies. For example, the stories reveal how injury disrupts the expectation of bodily control; the loss of control felt over one's body can evoke feelings of alienation, helplessness, and resentment to the body or injured parts of the body. In Sara's story, she wanted

to “punish” her body, while in Alisha’s story she described her body as feeling “alien,” emphasising the disconnect and estrangement that can occur when injured. Leder’s (1990) concept of the dys-appearing body provides a useful framework for understanding these feelings of disruption. Leder explains that the body typically recedes from conscious awareness when functioning smoothly, it does not stand out as an object of experience, instead remaining in the background. As opposed to this dys-appearing state, Leder depicted that when the body stops working the way that it should or is familiar (e.g., when injured), it becomes present, a conscious awareness. Leder (1990, p. 87) further suggested the body “may emerge as an alien, a painful prison or tomb in which one is trapped,” a sentiment echoed in the stories where athletes feel out of control: “I felt as if I were in a tunnel, darkness engulfing me.” In response to this estrangement from the body, athletes often search for ways to restore a sense of familiarity and control.

The loss of control and alienation of one’s body following injury can lend itself to compensatory behaviours such as disordered eating (i.e., restrictive dieting). In particular, Sara’s and Aaron’s stories illustrate how restrictive eating, and compensatory exercise can become mechanisms for maintaining a sense of agency and athletic identity when injury threatens their embodied sense of self. Similarly, Collinson and Hockey (2007) found that throughout injury, a distance runner’s identity becomes threatened and vulnerable and thus to maintain or manage their running identity they sacrifice their health and well-being in the form of excessive exercise during injury and restrictive dieting. Additionally, the stories reveal that the compensatory behaviours were driven by body unfamiliarity. For instance, Alisha experiences unfamiliarity around injury through not feeling like herself: “I disgusted myself. What has happened to me?” Resulting in compensatory behaviours to change her appearance, “I started taking control over what I ate, how much I exercised, and how I looked.” These compensatory behaviours, while aimed at restoring order and control, deepen the disconnect

from the body. Athletes begin to externalise their body, detaching themselves from bodily experiences such as hunger cues. For example, in Sara's story, she recounts: "My stomach growled, but I told it to shut up," illustrating how the body is perceived as external and separate from the self. As Bourke (2014) suggested, the body becomes something to be fought and defeated. Leder (1990) asserts that in time of body unfamiliarity or a dys-appearing state, the body can come to appear as the "other" and not as one's "self" (p. 70). This is similarly reflected in Sparkes and Smith (2005) research on disability and impairment, where individuals describe the body as a 'battleground,' with the impairment being referred to as the 'enemy' to be beaten. The stories thus underscore how, when the body fails to align with what it 'should be doing' or 'should look like,' athletes may objectify or punish it. These findings challenge dominant research that frames disordered eating as solely aesthetic, or performance driven. Instead, they foreground the deeper existential disruption caused by injury and the drive to reclaim control, offering a more nuanced conceptual lens for understanding the interconnection between injury, embodiment, and disordered eating.

Interpersonally, the stories reveal how interactions with coaches, parents, teammates, health professionals (i.e., doctors), and sport practitioners (i.e., physiotherapists) impact athletes' injury and disordered eating experiences. While previous researchers have identified external pressures from sporting environments, these stories add depth by capturing the emotional nuances and implications in these interactions. For example, pressure from the coach in Sara's story to "eat less, do more" significantly impacts Sara's behaviour to exercise through pain and restrict her diet. The external pressures athletes can face align with Frank's (1995) concept of the disciplined body, in which athletes internalise control and regulation, adhering to external expectations and ideals. The social dynamics presented in the stories, including coach's focus on weight and the normalisation of such pressures in distance running, creates a crisis of body control. The disciplined body experiences unpredictability and loss of routine

through injury, and as Frank (1995) described, the body becomes monadic, it understands itself as separate and alone. Presented in Sara's story, "I wanted to be alone. Alone with my own thoughts, away from the gaze of the others." Moreover, the stories align with Frank's concept of the mirroring body, in which athletes see themselves through the perceptions and judgments of others, reinforcing feelings of body dissatisfaction. For example, Callum receives praise from older runners and coaches, reinforcing his restrictive behaviours around food to benefit performance. This example highlights how bodily experiences can be constructed through social interactions, where approval from others can solidify harmful practices as normative or even admirable. Such accounts align with Hughes and Coakley's (1991) assertion that excessive conformity to cultural ideals exacerbates disordered eating behaviours.

Parental influence was also shown in the stories to be crucial to an athletes' injury and disordered eating experience. For example, In Aaron's story, his parents' concerns about his eating habits were met with resistance, highlighting the tension between external support and an athlete's internalised norms. Similarly, Alisha's story demonstrates how well-intended but harmful comments from family and colleagues (e.g., "you look well") can contribute to body dissatisfaction around the time of injury. Additionally, the stories expose the dual role of teammates, who can both normalise harmful behaviours and be a positive support system. For example, the overriding pressures to be the "fastest in the group" can lead to engagement in unhealthy behaviours to prove self-worth. The stories demonstrate how social environments do not always challenge unhealthy norms but reinforce them through silence, avoidance, and shared behaviours. However, they also show the positive impact of peer support, with athletes benefitting from teammates who normalise recovery and well-being throughout injury. For example, in Holly's story, her coach emphasises that "food is fuel." Overall, these stories illustrate how social relationships can reinforce or counter harmful norms underscoring the need for those who work in sport to critically reflect upon the stories we tell and endorse.

Following suit of Carless and Douglas (2009, p. 24) “we believe that there is a collective need for those of us who work in sport and exercise to take seriously – and critically reflect upon – the stories we tell and endorse.”

Culturally, the stories highlight the pressures within the running community to achieve an ideal body type through the glorification of extreme training and fuelling. Evident in the stories is the notion of “skinnier equals faster,” with emphasis on achieving a “flat stomach,” “defined abs,” which perpetuates unrealistic body ideals, contributing to body image issues and food restriction, particularly around injury. The normalisation of restrictive eating and training through injury within this culture creates an environment where disordered eating behaviours around injury are not only accepted but also encouraged, leading to prioritisation of performance over health. This closely aligns with the performance narrative, which promotes an ideal of dedication, sacrifice, and relentless pursuit of excellence (Douglas & Carless, 2009a). The stories demonstrate how adherence to this narrative throughout injury, where the body cannot perform as it once could, can lead to what Frank (1995) termed ‘narrative wreckage.’ The performance narrative no longer aligns with what the body is capable, and athletes can be left feeling lost and hopeless. Exemplified in Sara’s story, “it’s like I was lost in the ocean, the waves pulling me out further.” The performance narrative played out within the stories through intensifying the disconnect experienced between the self and the body, for instance athletes can be aware they are damaging their bodies yet continue to do so for performance: “I’m damaging my body. I haven’t had a period in 8 months.” As Frank (1995) explained, the body becomes dissociated when one feels they have the wrong body or if their body cannot do what is expected of it. The stories call for the dominance of the performance narrative to be redressed, which can only be achieved by storying diverse environments, roles, and beliefs. The benefit of having multiple stories is to illustrate the alternative narratives that individuals can align with aside from the dominance of performance.

While the performance narrative dominates, it does not wholly determine an athlete's injury and disordered eating experience. Individuals have agency in whether they choose to submit to, resist, or challenge specific discourses. However, this agency is limited and resisted by dominant cultural norms that shape sporting environments. For instance, Callum tried to make sense of his experiences, rebuilding a new sense of self by distancing himself from the running "bubble". As Seymour (2002) stated: "...a person may abandon or rework an earlier life script: the 'cleaned slate' may enable the person to reconstitute him or herself in a more purposeful manner" (p. 139). Aligning with Smith's (2013) concept of an emergent narrative and Cavallerio et al. (2017) concept of the making sense narrative, an athlete can draw from alternative narratives and progress towards recovery. The process of regaining body familiarity is shown to be marked by a shift in perspective, moving from seeing the body as an enemy to recognising it as a site for care and recovery. For some athletes, this shift involves developing a more intuitive relationship with food and exercise, moving away from rigid control and towards self-compassion (Hall & Rhodes, 2023).

Alternatively, the stories show the possibility of challenging the performance narrative, offering a contrasting perspective where food is viewed as essential to performance and well-being. An individual can resist cultural narratives by telling and living counter-stories, highlighted as: "I don't buy that story. It oppresses me. Now you're going to hear what I have to say about who I am" (Nelson, 2001, p.171). According to Nelson (2001), counter-narratives are "tools designed to repair the damage inflicted on identities by abusive power systems" (p. 13). They are acts that set out to challenge and resist stories that identify to certain cultures. Exposing athletes to a narrative that rejects the dominant performance and "slim to win" narratives, it can have "revelatory, liberatory, therapeutic, and transformative possibilities for some individuals and communities" (Smith & Sparkes, 2008a, p. 233). The stories emphasise the possibility of a restitution narrative, following the plotline "yesterday I was healthy, today

I am ill, but through eating good food, tomorrow I will be healthy again” (Frank, 1995). It provides a sense of hope, seeming to say, “I’m fine, my body is injured, but it will be fixed soon.” However, these storylines are not common compared to the dominant performance narrative and remain silenced within high performance environments due to sociocultural pressures ingrained within sport (Carless & Douglas, 2013; Everard et al., 2021). This counter-narrative may be liberating for some people and help reconstruct identities by expanding the cultural repertoire of the stories available to draw from. However, not everyone can embrace a counter-narrative because it requires support from those around to enable the story to be listened to (Smith & Sparkes, 2008a). For example, Aaron’s story demonstrates how the exposure to narratives aside from performance enables athletes to reconstruct their story. Being a part of a different coaching set-up exposed him to other ways of thinking. As Everard et al. (2021) suggested, shifting to a longevity narrative can result after years of injury or a change in environment or coaching set-up. Embodiment of the longevity narrative promotes the idea of “training smart” and listening to the body’s needs.

The stories draw attention to significant gaps in recognising and addressing disordered eating in the context of sport injury, highlighting important practical recommendations for those working with athletes. For example, in Alisha’s story, her initial concerns are dismissed by her doctor. Similarly, her physiotherapist did not pick up on her evident hunger and weight-loss. These findings highlight how health professionals and practitioners may lack awareness or training to identify disordered eating during injury. The lack of recognition demonstrates institutional gaps in interdisciplinary care, where responsibilities of different practitioners (i.e., doctors, physiotherapists, coaches) are often siloed, preventing a holistic approach to athlete care. The stories suggest that disordered eating around the time of injury is often normalised or overlooked within distance running cultures, reinforcing the need for greater collaboration between disciplines.

3.5 Conclusion

This study extends our understanding by illustrating the complex interplay between injury and disordered eating in a sporting culture, highlighting both the risks and potential for recovery. It also heeds calls to explore female and male athletes' journeys of disordered eating struggle and recovery, as previous researchers have been heavily based on female athletes only (Busanich et al., 2014). Moreover, this is the first study to use creative non-fiction stories as a method for analysing the social and cultural influences of injured athletes and their views on food intake and eating practices. Drawing on the work of Frank (1995; 2013) and Leder (1990) to understand how the stories presented have provided an insight into the potential effects on intrapersonal, interpersonal, and cultural factors impacting experience. The intention of this study has been to challenge sociocultural concepts within distance running to understand the ways in which the performance narrative has been embodied, challenged, and resisted, impacting injury experience and disordered eating behaviours.

It is in the hope that this study revealed the benefits of using creative non-fiction stories in action and how it would be an effective pedagogical resource. These stories could be (a) used as useful resources for coaches, athletes, and practitioners to illustrate the lived experiences of injury and disordered eating, (b) used to counteract the negative social norms associated with the toxic culture of "skinnier equals faster" and the view that food and exercise have a transactional relationship (Langbein et al., 2022), and (c) emphasise the need for interdisciplinary approaches that address the multifaceted nature of sport injury and disordered eating. The stories are written in an evocative manner to create an empathetic understanding of the experiences and provide the reader with an alternative lens through which to engage with and understand eating practices around sporting injury in more nuanced ways. They can therefore expand the narrative menu available to athletes but also be a useful tool in practice. The stories invite readers to develop different ways of knowing in relation to their own

experiences (i.e., as an athlete, coach, practitioner) and how to better support, recognise, and prevent unhealthy eating practices around the time of injury.

3.6 Summary

This chapter integrated two bodies of literature to address the complex interplay between injury and disordered eating within distance running. Framed within narrative theory and taking a thick social-relational perspective, five non-fiction stories were constructed from the experiences of ten regional to international level distance runners. The stories presented were the collective experiences of these runners with added fictional elements for engagement purposes. The stories were titled: *Is it good for me? I knew I'd gone too far, maybe it wasn't too late for me? Is this what normal feels like?* and *I love food too much*. This chapter extends previous literature by merging the fields of the psychology of sport injury and disordered eating in sport in order to better understand the complex and multifaceted nature of these challenges. The stories illustrated the intrapersonal, interpersonal, and cultural impacts that influence athlete experience, while also bringing the body 'back' into research. This chapter provided pedagogical resources that can be used to challenge current social norms and the dominant narrative of performance and be used as a useful resource to illustrate lived experiences of injury and disordered eating. In doing so, the stories highlighted the lack of interdisciplinary collaboration, and the need for more collaborative ways of working to support athletes going forward. The next chapter builds on this by exploring how the stories worked *on*, *for*, and *with* the original participants.

Chapter 4: “I Feel Sorry for My Old Self”: Witnessing Stories of Injury and Disordered Eating

4.0 Abstract

The persistent knowledge-to-practice gap in psychology of sport injury (Evans & Brewer, 2022) and disordered eating research (Bennett, 2021) has prompted calls to translate findings into more accessible, engaging formats for broader audiences (Fullagar et al., 2019). Beyond considering multiple audiences in dissemination, researchers can also involve participants during data analysis and production (Tracy, 2010). Sharing and dialoguing with the original participants, known as ‘member reflections,’ affords opportunities for questions, critique, and feedback, but also holds pedagogical value by encouraging critical thinking, reflection, and enabling participants to engage more deeply with their own and others’ experiences (Braun & Clarke, 2013). Building on the previous chapter, this study used member reflections to explore how participants received and interpreted the stories. By acknowledging and communicating lived experience, the participants became ‘witnesses’ of the stories. In doing so, this chapter explored how the stories worked *on*, *for*, and *with* participants (Frank, 2010). Data was analysed using reflexive thematic analysis. Guided by narrative theory (Smith & Sparkes, 2009), four themes were identified: *Cautionary Tales*, *Sympathetic Imagination*, *Restoring Body-Relatedness*, and *Representing the Absent Other*. This study extends the previous chapter by showing how witnessing storied experiences of injury and disordered eating can invite meaning making, deepen understanding of the self, and foster empathetic connections with both the self and others. Further, it highlights the benefits and costs of sharing stories that are grounded in sensitive and/or traumatic experiences. It is the hope that this study further extends understandings of the use of creative non-fiction in enabling research to be more socially and culturally accessible (Middleton et al., 2024).

4.1 Introduction

Despite researchers increasingly acknowledging the importance of knowledge translation, few actively share their findings with the audiences most impacted by them. (i.e., research end-users). Within the field of sport psychology, much research remains confined to academic journals, limiting its reach and impact on athletes, coaches, and practitioners (Leggat, 2020). With limited transferability of knowledge outside of academia, there remains limited progress on the application of theory into policy and practice (Evans & Brewer, 2022; Fullagar et al., 2019). Consequently, end-users (i.e., athletes, coaches, practitioners) have reported a lack of understanding around the actions and/or dialogue that could influence athletes' experiences with disordered eating (e.g., Plateau et al., 2014; Sandgren et al., 2023) and sport injury (Short & Tuttle, 2020). To rectify these knowledge to practice gaps, scholars have heeded calls to engage more meaningfully with their audiences, ensuring that knowledge is not only produced but also disseminated in ways that foster understanding, dialogue, and change (e.g., Åkesdotter et al., 2024; Everard et al., 2025; Jackman et al., 2024; McMahon, 2013). However, scholars need to consider how knowledge might be effectively disseminated, to whom, and to what effect (Smith et al., 2015a) to ensure that research findings are not only accessible but also meaningful, actionable, and capable of fostering positive change within professional practices.

One concept that is yet to be embedded in the sport psychology literature when considering research dissemination is 'witnessing,' which is a process that enables experiences to become acknowledged and communicated (Dean, 2020). It has been described not only as an act of acknowledging a trauma or significant event has taken place but also coupled with the desire to share this knowledge with others (Goodman, 2012). Oliver (2001) posed the inter-subjectivity and necessity of witnessing when they stated: "We learn to talk to ourselves - to *think* - by talking to others. Our experience is meaningful for us only if we can imagine that it is meaningful to others." (p. 83). Additionally, witnessing bridges the past and the present,

placing the traumatic or significant experience within a realm of knowing, sharing, and understanding. The act of witnessing one's own story or another's story can be profound, offering opportunities for reflection, (re-)interpretation, and meaning making (Jolly, 2011). Stern (2012, p. 59) argued that to truly comprehend our experiences, we must witness them to be "able to grasp, know, and feel what we have experienced." Through this process, we come to know and understand our own experiences by seeing them reflected through the eyes of another. By positioning participants as witnesses, they can better understand what oneself or others have gone through, fostering empathy, connection, and critical reflection (Stern, 2012). By integrating witnessing into research dissemination, researchers can also create more ethical, relational, and impactful ways of translating knowledge by ensuring that participants' experiences are not only represented but also respected (Stern, 2012). Moreover, witnessing can enhance the impact of research by making findings more accessible and emotionally resonant (Goodman, 2012).

One audience that has received particularly limited attention and could benefit from the act of witnessing is the original participants themselves (Sparkes, 2002b). While researchers often collect and analyse participants' stories, the process of returning the research findings for reflection and discussion has been relatively superficial (Tracy, 2010). For example, though scholars may share their findings with participants at the end of their research, this is afforded limited space and attention in academic publications. This brevity reduces the depth of knowledge gained, as participants can bring valuable insights into their own stories, offering perspectives that can enhance the authenticity and applicability of research findings (Tracy, 2010). Engaging participants in witnessing their own stories (and others), seeing how their own experiences have been represented, interpreted, and/or shared, could facilitate deeper engagement with the research, while ensuring that research is ethical and relational (Smith & McGannon, 2018).

An approach that offers an opportunity for witnessing, ethical and relational knowledge translation, and reflexive elaboration of results is member reflections (Braun & Clarke, 2013; Tracy, 2010). Member reflections is a process of sharing research findings with the original participants and inviting their interpretations. Braun and Clarke (2013) describe member reflections as a relational approach that enables opportunities for “reflexive elaboration” of findings *with* participants (p. 285). Rather than positioning participants as mere sources of data, member reflections position them as co-creators of knowledge, offering a “practical opportunity to acknowledge and/or explore *with* participants the existence of contradictions and differences in knowing” (Smith & McGannon, 2018, p.108). Engaging participants through member reflections can offer several key benefits. First, member reflections incite additional insight and elaboration of data from that of initial data collection, enabling participants to identify gaps in the research findings and offer more nuanced interpretations. Second, member reflections foster ongoing collaboration between researchers and participants throughout the research process. As Frank (2010, p. 99) argued, “the dialogical interviewer is there to learn from the participant.” As such, member reflections prompt researchers to recognise participants as experts in their own stories, giving them a sense of autonomy, which ensures that their voices remain central to the research process. Third, member reflections serve an important ethical function by maintaining transparency in the research process. Sharing the research findings with participants demonstrates what has been ‘done’ with their stories, fostering a sense of connectedness between researcher and participant (Smith & McGannon, 2018). This approach helps to build trust and respect, ensuring that participants feel acknowledged and valued. Fourth, member reflections enhance the credibility of qualitative research. Tracy (2010) suggested that this process ensures the researcher has “got it right,” providing an opportunity for reflexive elaboration. Through member reflections, researchers can assess whether participants find the research meaningful, whether they agree with its representations, and

whether they engage with or challenge its interpretations. Lastly, member reflections encourage participants to engage with the findings on a deeper level, promoting them to think *with* the research rather than just about it. By using the act of witnessing within member reflections, we can enhance the impact of research, making it more relevant and accessible to both participants and wider audiences (Smith & McGannon, 2018). In doing so, we can continue to bridge the knowledge-to-practice gap within sport psychology (Evans & Brewer, 2022) and beyond.

Against this backdrop, the relational process of sharing research findings with participants has proven critical in uncovering tensions, challenges, and reflections, leading to more in-depth understanding and theorisation. For example, Cavallerio et al. (2020) unearthed several issues that arose during member reflections. Such as, participants reported feeling hurt, embarrassed, unhappy, and wrongly represented. In unearthing these issues, Cavallerio et al. were able to inspire future researchers to gain a more in-depth understanding of relational ethics, referred to as “an ethical self-consciousness in which researchers are mindful of their character, actions, and consequences on others” (Tracy, 2010, p. 847). For example, in this current study, I have positioned the participants as witnesses of their own experiences, enabling them to create a space where research dissemination through member reflections becomes a mutual, participatory process, where they can voice any concerns, thoughts, and feelings. Member reflections are particularly relevant given their potential in fostering relational ethics, co-construction of knowledge, and witnessing by engaging participants in the process of reviewing and responding to their own storied experiences (Tracy, 2010).

In the previous chapter, five creative non-fiction stories were crafted in an accessible and evocative manner suitable for broad audience bases. With the hope being that they can increase understanding around the lived experiences of athletes around injury and disordered eating. Indeed, stories can “do” things *on*, *for*, and *with* us (Frank, 2010). They can act in ways which guide our actions and future possibilities, show the complex relationship between

disordered eating and injury, and show different narrative typologies that the athletes can draw from. Stories can show us “what is,” but they can also show us “what could be” (McMahon & McGannon, 2020b). While the previous chapter focused on the construction of stories, this chapter explores how those stories were received by their original storytellers. Through member reflections, this study aims to continue to bridge the knowledge-to-practice gap by sharing the creative non-fiction stories with the original participants positioned as witnesses to their own stories. It is in the hope that this chapter unveils how the stories can work *on*, *for*, and *with* participants, and explore the potential of sharing the stories in unearthing their practical applicability. In doing so, this study not only advances theoretical discussions around the translation of knowledge via member reflections but also offers an example for how researchers can engage more ethically with those whose stories shape their work.

4.2 Method

4.2.1 Philosophical Underpinning

Informed by narrative theory that suggests individuals’ stories are socially and culturally constructed (Frank, 2013), this study is underpinned by a relativist ontology, whereby reality is believed to be multiple, created, and mind-dependent, and a subjectivist epistemology. The construction of knowledge is believed to be subjective and constructed through interactions between researcher and participant (Smith & Sparkes, 2012a; Smith & Sparkes, 2008a). Through this epistemology and making use of narrative inquiry, new possibilities for alternative meanings and perspectives can be explored.

4.2.2 Procedure

Following university ethical approval, five creative non-fiction stories that were crafted within the previous chapter were shared via email with eight out of the 10 regional to international distance runners that participated within the previous study. One participant chose not to take part due to time constraints, while another felt they were unable to engage with the

stories as they were not in the right mindset following a recent injury. Specifically, the participant thought the stories would be too difficult to read, as they might evoke unwanted emotions and memories. To help contextualise this current study, a brief outline of the stories follows:

- Sara's story: Describes how unhealthy comparisons with teammates, negative comments from coaches, problematic cultural norms, and embodiment of the performance narrative can lead to disordered eating symptoms. Injury is viewed as a negative experience that exacerbates starvation behaviours.
- Alisha's story: A story of body dissociation because of sporting injury. Episodes of binge eating followed by extreme weight loss. It is a story of redemption, self-awareness, and recognising the signs to seek help.
- Aaron's story: A progressive storyline, beginning with an unhealthy drive to stay lean to maintain performance and rebound as soon as possible following injury. A turning point is met through his second injury, whereby, moving towards a longevity narrative helped rebuild his relationship with food and exercise.
- Callum's story: Follows the concept of an emergent narrative. A history of Anorexia widens his view on injury and a previous conformity to the performance narrative is beginning to be resisted. Injury is begun to be seen as an opportunity to live with multiple identities.
- Holly's story: A counter-narrative, whereby, the athlete is able to resist dominant narratives towards injury and eating and have a more balanced and long-term view of health, well-being, and performance. It is a relational story highlighting the importance of remaining connected to others throughout injury.

The five stories were crafted from the collective experiences of the 10 distance runners who took part in the previous study. They were drafted to show polyphony, the capacity of

voices to join as one, this enables the reader to resonate with aspects of each story (Frank, 2010). The stories were designed to capture the internal monologue of injured athletes around their eating practices while demonstrating interactions with specific others (e.g., a coach). To promote polyphony, the characters within the stories showed a variety of experiences of responding to the dominant narrative of performance, reflecting on how they brought meaning to injury and disordered eating over time. Full details on how the stories were developed, along with the stories can be found in the previous chapter.

In this study, the participants had the choice to listen to audio recordings (recorded by five different voice actors) in the format of Mp3 files or read the stories prior to the interview. The stories were formatted by myself in a magazine-style layout to enhance reader engagement (see chapter 3). Interviews were considered an appropriate method for conducting member reflections, as they facilitated the co-construction of knowledge between interviewer and interviewee, allowing for in-depth exploration of participants' perceptions and emotions (Poucher et al., 2020). Interviews also structure a space for 'witnessing' by making the participant's experiences explicit to the interviewee and interviewer (Jolly, 2011). An audio format was deemed necessary due to evidence of increase resonance with the stories, enhanced information recall, and emotion evoking (Smith et al., 2015a). The participants were given at least seven days, dependent on their time constraints, to read and/or listen to the stories before they took part in an interview. Although an audio format was acknowledged as valuable, most participants chose to read the stories ($n = \text{six}$), one participant read and listened to the stories, and just one participant chose to listen to them. The one participant who listened to the story found it beneficial for their dyslexia, while the others who read them preferred to read at their own pace and take notes. All five stories were shared with the participants to ensure their experiences were not confined to a single story. In line with Everard et al. (2023), participants

were encouraged to read all the stories to provide an opportunity to reflect and engage with aspects of each story that might resonate with aspects of the participant's own experience.

Once the participants had listened and/or read the stories, an interview took place online at a time that suited them. Online interviews have previously been found to offer an increased sense of familiarity for the participants to talk about traumatic or sensitive experiences in their own environments (Reisner et al., 2018). The interviews began with informal conversation and questions such as, "how have you been since we last spoke?" The conversation then moved onto the stories, where I gave a brief summary of each story to aid with recall. Although, the majority of participants had hand-written notes they had made containing their thoughts and perceptions of the stories. Following a summary of each story, I asked open-ended questions, such as "what are your main take-aways from this story?" and "what parts of this story could you relate to and why?" Clarification and elaboration probes were used throughout to promote richer data. For example, "what did you mean by this?", "can you explain that further?" During the interviews, I took advice from Cavallerio et al. (2020) and gained an in-depth understanding of relational ethics. I remained respectful and empathetic towards the participants throughout the interview by allowing them to share their reflections and interpretations of the stories at their own pace without pressure or judgement. I also provided the participants with the opportunity to take breaks, withdraw, or skip questions if they needed to at any point. Each interview lasted between 30 and 52 minutes, was recorded, and transcribed verbatim.

To further uphold relational ethics, following each interview I actively engaged in reflexivity (McGannon & Metz, 2010). I practiced forms of embodied reflexivity, whereby, I was committed to articulating "the embodied experience of research – the feel, sight, and sound of it" (Turner & Norwood, 2013, p. 696). Through understanding my 'embodied self,' I was able to reflect on and talk about my bodily experiences and how I *felt*. For example, I reflected on how I felt nervous to discuss the stories that I had written in case the participants responded

negatively towards them. As a result, this nervousness resulted in me feeling embarrassed to talk about the stories I had spent so long crafting. This apprehension was also present within the interviews, noticed by my increased heart rate and temperature. As the interviews went on, my nerves became less as I began to recognise the benefits of the participants witnessing their own experiences through the stories (i.e., they expressed gratitude for capturing their experiences so authentically). By embracing elements of embodied reflexivity in between interviews, I was able to enhance my interview technique and strategies for the following interviews. For example, I became more aware of using sensory questions (i.e., asking participants how they *felt* during/after engaging with the stories).

In addition to embodied reflexivity, I continuously reflected on my position as a researcher and how my interpretations and responses might have shaped conversation within the member reflections. This approach helped with how I conducted the interviews as they went on. For example, I adapted my questioning style from more direct inquiry into one that was more open-ended and reflective, enabling participants to express their experiences in their own way. Additionally, I maintained an ongoing awareness of my own biases and assumptions through intersubjective reflexivity (Finlay, 2002), ensuring that my responses were always respectful and non-judgemental as I carefully considered the impact of each question on the participant's emotional well-being. It is important to note my 'insider' status (Berger, 2015) as a former distance runner who had encountered several injuries over a number of years. Within hindsight, my experiences impacted the dialogue between myself and the participants due to common knowledge and shared experience (McMahon & Dinan Thompson, 2011). The familiarity of dialogue helped when conversing with the participants and sharing a common ground. Through sharing some of my own experiences, participants seemed more open and forthcoming with their feedback and interpretations on the stories. However, it was challenging to separate my interpretations of the discussions with my previous experiences as a distance

runner. To address these challenges, I engaged in reflective discussion with my supervisory team, who acted as ‘critical friends’ (Smith & McGannon, 2018). These discussions were helpful to offer alternative interpretations to participant responses and explanations to responses I had not yet considered. They posed challenging questions such as, “why do you think they responded in that way?” and “why do you think you felt that way?” This further enabled me to view alternative interpretations of the data (Smith & Sparkes, 2012b), reflect on my interviewing practices, and challenge myself to think *beyond* the data. Once all the member reflections had taken place, I continued to adopt a relational reflexive ethics position by critically reflecting on how the stories resonated with each participant and whether any adjustments were needed to be made to honour their lived experiences. A more thorough understanding of my reflexivity and poetic representations of these can be found in chapter six. To protect participant confidentiality, pseudonyms were used and all identifiable information removed.

4.2.3 Data Analysis

Data was analysed using reflective thematic analysis (RTA; Braun & Clarke, 2019; 2021). RTA was deemed the most appropriate form of analysis because it acknowledges the potential for inductive (data-driven, e.g., participants responses to the stories) and deductive (theory-driven, e.g., using pre-existing narratives as a lens to interpret data) analysis. It can enhance our abilities to capture underlying semantic and latent meanings, processes, coding, and theme development (Braun & Clarke, 2021). Coding is recognised as a subjective process and involves six phases: *familiarisation; coding; generating initial themes; reviewing and developing themes; refining, defining and naming themes; writing up* (Braun & Clarke, 2019). These phases were closely followed throughout analysis. First, familiarisation of data was enabled through immersion, whereby, the datasets were read and re-read. Second, initial codes were created to capture significant meanings relevant to the research questions, such as “stories

expand imagination” and “stories provide perspective.” The transcripts and the reflexivity journal were used to generate and consult codes. Following this, the codes were collated to form overarching themes, such as “representing the absent other.” As themes cannot exist separately from the researcher (i.e., they are generated from research values, training, experience), they were reviewed and refined by weekly supervisory meetings, where alternative interpretations were given. Further, theory was used to form the overarching themes and to build depth to analysis and discussion. The themes were organised to capture participant engagement with the stories, and how they can “do things” for the athletes. The final phase involved the write-up, whereby, a number of participant quotations were selected, with novel findings presented in a coherent manner.

4.2.4 Methodological Rigour

Guided by a relativist approach to assessing qualitative research rigour (Smith & Sparkes, 2020; Smith et al., 2014), the following criteria were selected to evaluate the quality of the member reflections study. Each criterion was chosen to align with the study’s aim of ethically representing participants’ experiences while generating meaningful insights for practice.

- 1.) Credibility: Credibility was prioritised to ensure participants had the opportunity to evaluate the accuracy and fairness of the researcher’s interpretations. Through member reflections, participants engaged with the stories, providing feedback on whether they felt represented authentically, whether the stories were believable, and whether the narratives appropriately captured the nuances of their experiences. This criterion was central because the study sought to honour participants’ voices and validate the interpretations that shaped the final stories.
- 2.) Resonance: Resonance was emphasised to capture the extent to which the stories engaged participants intellectually and emotionally. By positioning participants as

‘witnesses’ to their own experiences, the study enabled them to relate to multiple aspects of each story and reflect on the broader meaning of their lived experiences. Resonance was chosen because the stories were intended not just to describe experiences, but to facilitate reflection, dialogue, and deeper understanding.

- 3.) Usefulness: Usefulness was selected as a criterion to ensure the study generated knowledge with practical and applied value. This was achieved by discussing with participants how the stories worked on and with them, and by exploring recommendations for future practices, policy, and educational applications. Prioritising usefulness allowed the research to extend beyond academic insight into applied impact.
- 4.) Sincerity and transparency: These criteria were included to demonstrate reflexivity and openness about the research process. Reflexivity was enacted through ongoing journaling and discussions with critical friends, who provided alternative perspectives and encouraged reflection on subjective assumptions, interpretations, and potential biases. Transparency was also enhanced by documenting how participants’ feedback directly informed revisions of the stories.

By deliberately selecting and applying these criteria, this study ensured that the member reflections process was ethically rigorous, meaningful to participants, and capable of generating insights that were both credible and actionable.

4.3 Results and Discussion

4.3.1 Cautionary Tales

This theme represents how participants engaged with the stories as reflective mirrors, prompting them to look back and re-live their past experiences of injury and disordered eating. This retrospective engagement highlights stories as cautionary tales, relaying what *was*, but also prompting recognition of how far they’ve come. Retrospective engagement can be understood through the lens of embodied remembering (Sutton & Williamson, 2014), where

past experiences are recalled not only mentally, but physically and emotionally. The act of engaging with the stories appeared to evoke visceral reactions in some participants. During the member reflections, I observed subtle shifts in posture and behaviour, participants took deep breaths or removed layers of clothing like jumpers, as if to reduce a rising body temperature. These bodily reactions demonstrate how our bodies can record, store, or cue memories, an indication that the stories were physically *felt*. In this regard, narratives are an embodied act which can help to give meaning to bodily changes (Sparkes & Smith, 2014a). Through somatic responses, participants accessed memories they may have not previously verbalised, facilitating reflection and re-interpretation of those experiences. Sophie (pseudonym) admitted, “for certain stories, I was like damn, I remember that time or that’s literally how I felt. Some of the stories were strange to hear out loud, I wouldn’t have been able to say that - it was nice to hear.” In this way, inviting participants to bear witness to their own embodied memories enables them to re-live and revisit their past experiences.

For some participants, engaging with the stories promoted embodied reactions such as, distress and unease, with a sense of being stuck in the past and unable to move forwards. One participant expressed that due to the stories written in a way that feels “too close,” using internal monologue and vivid language, it was difficult to maintain an emotional boundary between themselves and the stories. Rather than facilitating reflection, the stories instead promoted a form of re-experiencing or re-traumatization (McMahon & McGannon, 2024). When discussing Aaron’s and Alisha’s story one participant was drawn back to distressing memories, resulting in feelings of frustration and anger. Amy stated:

I’m not going to lie I found some of them quite difficult to read. It is sometimes difficult to read stuff like that because it just brought back some feelings that I’ve maybe had previously being injured. They’ve not been nice places, and it does kind of evoke painful emotion. I’m in a place still at the moment where I resent running quite a lot. I

found the environment incredibly bad for me and I'm still in a place where I haven't forgiven running yet. Some of these stories, it kind of is just invoking like this emotion in me, where I still feel a bit angry about the whole situation, if that makes sense. But maybe I'm not over it yet.

I followed this quote up with, “Can you describe the emotions you feel?” Amy went quiet for around 20 seconds, where I observed her staring blankly into space, then she repeated, “Yeah, just angry.” As McMahon and McGannon (2024) suggest, traumatization can lead to stress, pessimism, negative thoughts, trouble concentrating, and fatigue. The lack of distance between the participants’ own experiences and the stories can be retraumatizing if participants are not emotionally prepared or supported. The member reflections presented in this theme raise important pedagogical and ethical considerations: who is ready to read the stories? Can we ensure they are received with care and support? These questions were discussed with my supervisory team as we considered the potential of the stories to serve as cautionary tales. We discussed the value of the stories in helping others recognise potentially harmful behaviours, such as restrictive dieting and training through injury. Yet, this potential is dependent on how and when the stories are shared. McGannon et al. (2023) recommend that the pedagogical value of stories should be taken seriously with resources and/or support in place for those who witness emotional stories.

For other participants, they were able to distance themselves from the stories and their past experiences. Participants’ embodied responses included a sense of presence in the current moment (i.e., “I’m not in that place now,” “I’m relieved I don’t feel that way anymore.”) with the stories becoming cautionary tales to avoid in the future. Participants described feelings of sadness and discomfort expressing desire to avoid getting back into old habits and not wanting to “go back there.” At the same time, their reflections carried a sense of relief and recognition of progress. For example, Tom reflected:

They really like took me back kind of thing rather than anything else like almost gives me like a weird feeling... I think it's quite good because then sometimes it reminds you how far you've come. I really don't to go back to that place as well. For me, reading takes me back, but then makes me think I just really don't want to be in that headspace again.

This extract demonstrated how the stories worked *for* participants through recognising the value of hindsight in re-living past experiences. Sophie was also able to reflect, “I read these stories and think about how many more life experiences, how many more friends I’ve got now. I see how far I’ve come.” In comparison to losing friends and having limited life experiences in the depths of injury and disordered eating. Witnessing the stories enabled participants to make sense of their past experiences with greater clarity and self-compassion. The stories invited a sense of ‘looking back in order to move forward,’ with the participants being able to provide perspective on their past experiences knowing what came after. When discussing Sara’s story, Tom was able to relate and reflect on his experiences, “I get an overwhelming sense of sadness, it takes me back to how it was. I remember my body screaming out that I was hungry like in the story and then telling myself I wasn’t.” In this way, participants were able to provide a sense of closure on the past and remember how different life is now. The stories “do things;” they facilitate reflections in listeners, potentially expanding the conditions for them to think and feel (Frank, 2010). Ultimately, this member reflection raised my own awareness of recognising that the same story can cause harm and/or healing, depending on when it is received, and who receives it.

4.3.2 Sympathetic Imagination

This theme captured how participants engaged empathetically with the stories, allowing them to emotionally relate to and imagine the experiences of others. Frank (2010) described sympathetic imagination as the capacity to imaginatively enter another person’s world, to feel

with them, and to allow oneself to be moved or transformed by that encounter. Through witnessing the stories, participants developed a deep sympathy and understanding of the challenges other athletes face around injury and disordered eating. Many also resonated with the internal monologues and emotions portrayed, facilitating moments of recognition and empathy across different, yet related, lived experiences. For example, Hana noted:

Some of them [the stories] were quite shocking and upsetting but they help to show that the experiences are very different and equally how people deal with it is different. I think it helps to give a bit of emotion because it makes you feel like you're reading about somebody real, even if it's not somebody you know.

Hana went onto express how reading another person's experience left her thinking "I suppose I relate to that, and then actually, no, that wasn't what I experienced. It makes you reflect on the challenges and highlights the range of experiences people have." Moreover, by inviting the participants to witness the stories, they were able to make empathetic and imaginative connections between themselves and the characters in the stories, enabling them to experience the stories in emotional and bodily ways. As Gareth reflected, "The one about Aaron was literally like reading my life story, it was so relatable. The language used around the eating out part was weird because that is literally exactly how I used to think and feel."

Sympathetic imagination aligns closely with the concept of witnessing, wherein individuals not only read or listen to an experience but acknowledge and validate that experience. Through the act of witnessing, stories cultivate sympathetic imagination by prompting the participants to see from the perspective of different characters (Frank, 2010). Therefore, the stories worked *for* and *on* participants by advancing and enhancing empathetic forms of understanding (Sparkes, 1999). For example, Jane expressed that with having a limited experience with disordered eating, she was unable to resonate or understand certain aspects of the stories, "I didn't relate to parts of them, but they did evoke emotion. It was more

about what they were thinking which was the emotional and beneficial part.” Jane also voiced that Sara’s story “did shock me” and if her coach was like Sara’s it would “have blown my mind.” Crucially, the stories extend the upper boundaries of tellability (Ochs & Capps, 2001), giving space and language to experiences that are often silenced or difficult to articulate. By telling the unspeakable or ‘hard-to-say,’ the stories voiced experiences that are often deemed ‘untellable’ or unacceptable to hear. Extending the boundaries of what people are willing to hear serves two purposes. First, it allows for broader recognition of the diverse experiences of others, deeming their experiences worthy of being heard. Second, it challenges the reader to reflect on their own thoughts and behaviours by acknowledging alternative perspectives. In this way, stories such as Sara’s can warn against the dangers of that storyline (Frank, 2010).

The member reflections enabled me to recognise that the stories can invoke discussion and extend the boundaries of what people are willing to listen to (Smith & Sparkes, 2008a). In addition, having more than one story to read and interpret, expands one’s sympathetic imagination by making different character’s compelling and relatable (Frank, 2010). For example, when referring to Alisha’s story of receiving help, Amy stated that “she had this massive sort of relief from it, whereas I didn’t feel like I had a sense of relief as such.” This quote illustrates how engaging with another’s story can foster an empathetic understanding of one’s own experience. Amy was able to reflect on the different emotional responses, imaging what it was like to be the other. Further exemplified by Tom who admitted that after reading Holly’s story, “I wish it was like that for me.” This quote illustrates that are encountering another’s story can evoke moments of longing, where Tom was coming to terms with his own experience, reflecting on what was absent in his own past. However, it is important to note that stories can also limit one’s sympathetic imagination by making the perspective of one character too compelling (Frank, 2010). When readers become overly aligned with a single voice, it may be challenging to imagine experiences that diverge from their own. This was evident when

Gareth reflected on Aaron's story, "the way it's written is spot on, it's so relatable...it's like going in my own mind." As Frank reminds us, sympathetic imagination requires a willingness to engage in unfamiliar experiences and consider alternative ways of thinking and feeling.

4.3.3 Restoring Body-Relatedness

This theme captured how engaging with the stories invited participants to (re)negotiate with their bodies, moving away from the dissociation that often accompanies injury and disordered eating (see chapter three). For example, for many of the participants, injury and disordered eating created a rupture in how the body is felt and understood. Frank (2013) suggests that when there is a loss of bodily control (i.e., through injury), the self can become dissociated from the body. In this way, the body becomes something to be controlled, rather than an integrated part of the self. However, through the act of witnessing, the stories worked *with* the participants by prompting reflection on how they have reassociated with their bodies. Frank (2013) describes the concept of body association as the process of reconnecting with the body in meaningful, self-affirming ways. Participants expressed a shift in perspective, moving from seeing the body as a tool for performance, toward recognising it as an integral part of the self. For instance, Sophie recognised that:

I don't listen to that voice in my head now, but I could probably still tell you there was 105 calories in a banana because that's what I'd have for breakfast. I'm like, do you not remember the shell of a human that you were? After reading these stories I realise my mindsets changed since then, I make sure that I'm fuelled enough, I make sure that I'm recovering, my body is a lot stronger.

The above reflection suggests that through the act of witnessing the stories, and in turn, witnessing their own experiences, Sophie began to recognise a more integrated sense of self and embodied reconnection. Moreover, she was able to move from being dissociation from her body to a state of association where she is now more aware of her body's requirements. Sophie

further reflected, “I eat when I feel hungry now,” unlike in the past where she would ignore her body’s response to hunger. Therefore, the stories worked *with* the participants by recognising the reconnection with the self and the body. As Sparkes (1999, p. 18) argued, “the stories we are told, and the stories we learn to tell about ourselves and our bodies, are important in terms of how we come to impose order on our embodied experiences and make sense of events and actions in our lives.” Sophie went onto express that “I feel sorry for my old self, like sad for my former self.” Through witnessing the stories, Sophie was able to engage in a ‘reflexive project of the self’ (Sparkes, 1996). In other words, she was able to recognise how her sense of self has changed as she has become more associated with her body’s needs.

It is important to recognise that bodies are not simply associated or dissociated, and the continuum is not linear. Frank (2013) pointed out that as long as the body is healthy (i.e., not injured), associating the self with the body seems easy. However, injury and/or disordered eating will threaten this association. In saying this, Gareth admitted, “I still don’t trust my body. I’ve completely forgotten what it’s like to have a normal relationship with food and running.” Gareth’s reflection illustrates a lingering dissociation, where his body is not a reliable part of the self. By engaging with the stories, participants were able to see that such feelings are not fixed endpoints and body-relatedness can be restored. Gareth went onto note that, “I think the end of the story [Aarons] showed that he’s on his way. I didn’t read it and think he is completely recovered, but it alluded to the fact that maybe making a few changes can have positive impacts going forward.” Although Gareth has not fully re-associated with his body, by witnessing Aaron’s story, he was able to understand that a different body-relationship might be possible. As such, witnessing stories work not just by changing or recognising one’s sense of self, but can guide others to reconstruct their body-self relationship (Frank, 2013).

During this member reflection, I experienced a mix of emotions, I felt pride in witnessing how far some participants had come, yet sadness in how past selves were

remembered and objectified. Sophie and Gareth's reflections surfaced the ensuring impact of past experiences on embodied sense of selves. In these moments, I was mindful of relational ethics, approaching the conversation with empathy and care. I listened attentively and validated participant's responses, recognising the vulnerability in sharing such personal reflections.

4.3.4 Representing the Absent Other

This theme recognised how participants, through witnessing stories that were not their own, were invited to move beyond their personal, embodied perspectives and engage with lived experiences that challenged their assumptions. The act of witnessing another's story, especially one that deviated from their own experiences, became a way of encountering difference, opening space for narrative imagination (Sparkes, 2002b): the capacity to imagine what it might be like to live in someone else's world. For example, when participants who had previously struggled with disordered eating read Holly's story: I love food too much, which reflected a positive relationship with food and encouraged rest during injury, their immediate reaction was one of disbelief. Amy, for instance, responded, "There are actually people like this, really? I don't know what runner has ever done this." Such reactions promoted critical reflection between myself and my supervisory team. I began to question why some participants found Holly's story so implausible? Why was there a need to distance themselves from it? I became acutely aware of their scepticism observed in tone, body language, and repeated statements such as, "I can't believe that." These reactions suggested how deeply internalised cultural norms remain about food and recovery within distance running (i.e., skinnier equals faster). In engaging with Holly's story, several of the participants momentarily stepped into an unfamiliar perspective, one that understood food as fuel and encouraged rest and recovery. Such beliefs are not dominant within the distance running culture, with the participants having experienced the rath of the performance narrative, where sacrifices over health are made for performance gains (Douglas & Carless, 2009a). However, as Sparkes (1999, p. 25) suggested,

through stories, “we are taken into the intimate, embodied, world of the other in a way that stimulates us to reflect upon our own lives in relation to theirs.” In saying this, Amy went onto say that “it was really nice to hear that someone responds that way.” Suggesting that the stories worked *on* the participants by broadening understanding of others’ experiences. As Barone (1990) suggested, stories can act as an occasion for conspiracy, where readers can locate themselves within stories and understand what has previously been neglected – “if the reader, although cautious and wary, ultimately resonates with the interior vision of the text and is persuaded by its usefulness, he borrows it for his own” (p. 314). Through this occasion of conspiracy, the reader can represent absent Others and make connections to their own and the bodies of others (Sparkes, 1996; 1997). Holly’s story in particular, acted on participants encouraging them to consider a potential alteration of behaviours in the future. Exemplified by Jemma who said, “the stories definitely improved my awareness. I can resonate with certain parts, and you can see things you might have ignored...it makes you more aware of your behaviours going forwards.”

The telling of and listening to stories also enabled participants to engage in narrative imagination and experience “what it might be like to walk in the shoes of a person other than oneself” (Andrews, 2007, p. 510). In this way, Gareth admitted:

It’s frustrating to be honest, it genuinely is. The main thing I think is imagine how class things could have been if I’d been like I am now. Not that I’m completely recovered but I just mean this mentality 10 years ago, life would have been so different.

This reflection suggests that the stories provided a shift in Gareth’s perspective from what was to what could have been. As Phoenix and Smith (2011) argued, stories have the capacity to hold listeners attention by arousing imaginations. Counter stories, such as Holly’s story, “can arouse people’s imaginations concerning how their lives might have been different and the possibilities that still lie open to them” (Phoenix & Smith, 2011, p. 636). That being said, the

stories can get under people's skin and as Frank (2010) put it, people get *caught up* in the stories and this can impact how people think, know, and perceive. Upon hearing Gareth's reflection, I was saddened for how he was mourning for what could have been. Looking back, I realise I could have redirected the conversation towards the possibilities of the future. As stories not only illuminate what was but also hold the potential to reorient what could be (Frank, 2010). Without imagination, individuals can get restricted in a world as they know it, which is a very limiting place to be (Andrews, 2007). As such, the stories could be shared with a variety of audiences so others can draw on them and/or find different ways of approaching injury and subsequent eating behaviours.

With the ability of stories to stimulate one's narrative imagination (Douglas & Carless, 2008), Gareth goes on to suggest that the stories would be beneficial for people who are unaware of the challenges and issues of injury and disordered eating:

When I speak to people about these issues, they don't really get it. They don't understand the depths of the issues and really what you can think. People just view it as you eat, you don't eat, you get smaller, you start eating more, you get bigger, and then you're fine. It's not like that at all. When I read the stories, I thought everyone should read this and they'd understand, they'd understand the depth of thinking.

This aligns with what Sparkes (1997, p.38) described as "living outside of ourselves," to perceive and engage with experiences that are often marginalised or overlooked. Moreover, Sparkes described this as "breathing together" (p. 38), capturing the potential to amplify absent or silenced voices. Thus, sharing stories can empower individuals by helping them make sense of their experiences within wider, culturally established narrative frameworks (Oliver-Álvarez et al., 2024).

4.4 Conclusion

This chapter has explored how creative non-fiction stories grounded in the lived experiences of injury and disordered eating were received and interpreted by the original participants through the process of member reflections. Witnessing the stories invited participants to reflect on their own and other's experiences. The themes of *cautionary tales*, *sympathetic imagination*, *restoring body-relatedness*, and *representing the absent other*, illuminate the various ways in which the stories worked *on*, *for*, and *with* participants. The study explored the potential of witnessing, enabling participants to revisit their past selves and acknowledge how far they have come. The stories also afforded the opportunity to witness unfamiliar perspectives, foster empathetic understanding, and expand one's narrative imagination. Importantly, the stories served pedagogical purposes, acting as resources for critical reflection and emotional resonance. Therefore, by sharing stories through member reflections, this study continues to bridge the research to practice gap (Leggat, 2020) by translating knowledge in an accessible and engaging way. Moving forwards, sport psychology researchers, practitioners, and coaches might consider how sharing or 'witnessing' stories could be advantageous for reflection, resonance, and collaboration (McMahon et al., 2018). This research also raises important ethical considerations. It prompts us as researchers, to think carefully about how and when participants are invited to revisit difficult past experiences. The monological communication, as Frank (2010) suggested can be static and speak *at* not *with* people. Therefore, the benefits and costs of sharing the stories should be considered when using in an educational scenario. This study is an exciting base in which to generate applied opportunities in research around witnessing stories, for instance when designing policy change or wellbeing interventions. It is hoped this study will open up further conversations to different audiences to apply what we know into practice to help athletes live meaningfully and speak openly.

4.5 Summary

In this chapter, I have explored how participants engaged with and responded to stories of injury and disordered eating. Through member reflections and the concept of witnessing, the findings illuminated the emotional and relational impacts of storytelling. Moreover, this chapter recognised the importance of reflexive ethics and how through conducting member reflections, researchers can recognise the values of respect and participant autonomy. A thematic analysis identified four key themes: (1) cautionary tales, (2) sympathetic imagination, (3) restoring body-relatedness, and (4) representing the absent other. This chapter builds upon the previous one by recognising the significance and potential of witnessing storied experiences. It also provides a foundation for the next chapter, which explores the practical application of these stories by sharing them with potential research end-users. In light of this, the following chapter will examine how sharing these stories with athletes, coaches, and practitioners can facilitate knowledge translation and meaningful discussions in applied settings.

Chapter 5: Exploring the Role of Stories in Multi- and Interdisciplinary Approaches to Sport Injury and Disordered Eating

5.0 Abstract

This thesis thus far has extended our theoretical understanding of sport injury and disordered eating. However, a critical gap remains between theory and practice. Therefore, in building upon the previous chapters, the purpose of this chapter was to explore how stories could be used to bridge disciplinary boundaries and encourage multi- and interdisciplinary ways of working around complex issues. Aligned with narrative pedagogy (Goodson & Gill, 2011), seven focus groups were conducted with 25 participants (i.e., athletes, coaches, and practitioners). A reflexive thematic analysis was used to analyse the dataset. Three themes were identified: *stories allow for complexity*, *stories are educational*, and *stories are collaborative*. These themes highlight the practical value of stories as a resource for communicating complex issues, enhancing education and awareness, and supporting ongoing professional development aimed at fostering multi- and interdisciplinary collaboration. Overall, this chapter contributes to research that is continuing to bridge the knowledge-practice gap by providing an innovative resource to extend knowledge, understanding, and reframe perceptions of current practices around sport injury and disordered eating. Moreover, this chapter showcases the pedagogical and collaborative potential of storytelling as a means to promote reflexive practice, foster interdisciplinary dialogue, and support more holistic approaches to athlete support.

5.1 Introduction

Sport injury and disordered eating are two pressing concerns within sport psychology, both of which present complex and challenging issues (Ghazzawi et al., 2024; Kakouris et al., 2021). Despite their interwoven nature, these issues have thus far been explored in isolation from distinct disciplines (e.g., sport psychology, physiology, sport nutrition). For example, research on sport injury has primarily focused on biomechanical, physiological, and psychological challenges (e.g., Ivarsson et al., 2017), while studies on disordered eating have often centred on prevalence and psychological risk factors (e.g., Walter et al., 2022). There are multiple strengths of siloed approaches, such as providing a space of comfort for researchers within their disciplinary ‘homes,’ enabling focused expertise and deep theoretical advancements in a specific field (Sparkes & Smith, 2016). Indeed, within the fields of sport injury and disordered eating, distinct disciplinary approaches have provided insights and valuable knowledge into the risk factors, preventative measures, and treatments concerning both injury and disordered eating practices (e.g., Stoyel et al., 2021; Wiese-Bjornstal, 2019).

While single discipline approaches have benefits to the fields of sport injury and disordered eating, both areas present multifaceted challenges within sport psychology, necessitating a comprehensive understanding that transcends traditional disciplinary boundaries (Sparkes & Smith, 2016). Woods et al. (2021, p. 2) described how a lack of integration encourages “confined and insular thinking.” Research conducted from the perspective of a single discipline, with their own theories, methods, and ideas, is described as a monodisciplinary way of working (Repko et al., 2020). A monodisciplinary way of working affects both research and practice by narrowing our ability to fully understand the relationship between sport injury and disordered eating. For example, while sport psychology may address the mental health aspects of an athlete’s experience, it may overlook nutritional factors that exacerbate or mitigate these issues. Similarly, nutritionists may not fully appreciate the

psychological dimensions that influence an athletes' eating behaviours (Rollo et al., 2021). This lack of integration can lead to contradictory messages for athletes, coaches, and practitioners, resulting in confusing and conflicted guidance (Cardinale, 2017). It has recently been recommended that complex issues such as sport injury and disordered eating require more integrative and comprehensive approaches studied from different disciplines (Bekker, 2019; Hess et al., 2019). Acknowledging the complexity of athlete well-being and positioning the athlete as a 'complex system,' instigates the need for interdisciplinary ways of working, where siloed approaches cannot fully understand the multifaceted nature of athlete well-being (Newell, 2001). There are many ways in which disciplines can work together, prompting a growing demand for evidence (i.e., empirical research, professional practice) to inform the most appropriate way to address complex issues.

To consider more diverse ways of working and to expand perspectives that address complex phenomena, multi- and interdisciplinary approaches can be considered. Multidisciplinary refers to collaboration among scholars from various disciplines (e.g., psychology, physiology, nutrition) but that have their own disciplinary perspectives, fixated on "their piece of the puzzle" (Burns & Collins, 2023, p. 1878). In other words, this approach lacks integration of knowledge, methods, and findings with little communication between disciplines. Using these partial views through which to explore an entire phenomenon can become problematic, as Montuori (2013) stated, "unlike academic disciplines, life does not break down into neat categories and disciplines, and we ignore them at our own risk" (p. 46). Taking this into account, an interdisciplinary approach refers to a collaboration between two or more disciplines, whereby a problem(s) is defined, followed by an appropriate approach to solving said problem(s), and evaluating the impact of interventions (Doherty, 2013). As Nissani (1997, p. 209) explained, "many complex or practical problems can only be understood by pulling together insights and methodologies from a variety of disciplines." It is important to

remind ourselves, that none of these approaches are superior to one another, it is however crucial to be open to working in diverse ways (Sparkes & Smith, 2016).

The openness to expand evidence-based practice has been ongoing since the 1980s to more recent years (e.g., Rollo et al., 2021). Yet, interdisciplinarity discussions largely remain theoretical, with a significant lack of applied interdisciplinary research (Alfano & Collins, 2021; Brewer, 2020). For example, theoretically, in the context of sport injury, a biopsychosocial model that incorporates physical, psychological, and social factors to enhance rehabilitation strategies promotes interprofessional communication and collaboration, ensuring that rehabilitation is tailored to the individual needs of athletes (Müller et al., 2023). Similarly, a systematic review highlighted that interdisciplinary research in sports science can provide a holistic understanding of performance by combining insights from exercise physiology, psychology, and biomechanics (Piggott et al., 2019). However, the understanding of *how* interdisciplinary ways of working can be achieved within professional practice remains limited (Rollo et al., 2021).

Scholars have been working to advance beyond theoretical understanding by integrating disciplinary knowledge, ideas, and theory into practice (Schofield et al., 2020). For example, interdisciplinary approaches have been successfully implemented in educational settings, where the integration of content, definitions, and theories across disciplines enhances student learning opportunities (e.g., Song et al., 2021). Similarly, in healthcare (e.g., Doherty, 2013), collaboration with stakeholders beyond academia, such as community organisations, has led to more impactful research outcomes and informed policy development. The implementation of interdisciplinary approaches in other fields (e.g., sport psychology) has lacked sufficient evidence-based research, resulting in a notable gap in understanding and application. However, recently researchers have begun to explore its value. For instance, Rollo et al. (2021) highlighted the importance of integrating concepts, theories, methods, and

techniques from sport psychology and nutrition to enhance injury management. Moreover, Tranaeus et al. (2024) noted that while interdisciplinary research is growing, there remains a need for greater collaboration between disciplines to strengthen both research and practice in addressing multifaceted and complex issues. Given that most existing work relies on monodisciplinary approaches, researchers now need to explore how multi- and interdisciplinary, evidence-based research can further enhance practitioner knowledge and practices, ensuring they are well-equipped to support athlete health and well-being. (e.g., Rollo et al., 2021).

Against this backdrop, the current chapter aims to explore the potential shortcomings of siloed approaches and illustrate the benefits of multi- and interdisciplinary ways of working when addressing complex phenomena. By using the stories crafted in chapter three, which draw from multiple disciplines such as coaching, nutrition, and physiotherapy, this study responds to calls for integrating storytelling into applied sport psychology to enhance athlete care (Arvinen-Barrow et al., 2020). Storytelling offers an accessible and engaging way to share complex lived experiences, making disciplinary knowledge more tangible and applicable across fields. Research has shown that stories can enhance empathy, facilitate knowledge translation, and promote collaboration with others (Douglas & Carless, 2009b; Jackman et al., 2024). Specifically, this chapter aims to explore how stories could be used to bridge disciplinary boundaries and encourage multi- and interdisciplinary ways of working. By bridging the gaps between various fields, researchers and practitioners could have a more holistic and comprehensive understanding of these issues to enhance athlete support and well-being, developing knowledge and skills to navigate the complexities of these issues.

5.2 Method

5.2.1 Philosophical Positioning and Methodology

An interpretivist paradigm underpinned this study, which has a relativist ontology (i.e., realities are created, multiple, and mind-dependent) and social constructionist epistemology (i.e., knowledge is constructed and subjective) (Poucher et al., 2020). This positioning shaped the data co-construction and the process of interpretation. Aligning with this philosophy and research aim, this study was guided by narrative pedagogy (Goodson & Gill, 2011). This method is an educational tool in which stories are shared with participants to enhance dialogue and generate new understanding around the phenomena being discussed. Goodson and Gill (2011) suggest that by engaging with narratives (i.e., reading a person's experiences through a story), and exchanging narratives with another (i.e., changing personal stories), pedagogic encounters (i.e., learning opportunities) and sociocultural change occurs. As such, narrative pedagogy requires individuals to reflect, revisit, and participate with others to generate original understandings and new ways of thinking (McMahon et al., 2018). The reasons for using narrative pedagogy are threefold: (a) aligning with the study's research philosophy it assumes that knowledge and experiences are constructed through sharing of stories (Goodson & Gill, 2011), (b) it enables an exploration of the use of stories in action, how narratives act *on*, *for*, and *with* participants when shared and discussed. If the reader is able to think, feel, and embody the unique experiences of another person, it can promote engagement with reflection, conversation, and initiate future actions or change (Pelias, 2018), and (c) narrative pedagogy encourages collaboration in group settings, where participants can compare stories and interpretations, develop understandings and insights, and identify challenges (Goodson & Gill, 2011).

5.2.2 Sampling Criteria and Participants

Following university ethical approval, participants were recruited using a purposive sampling strategy to recruit participants. Criterion-based sampling was used to recruit participants who met the following inclusion criteria: (a) club to international level athlete, (b)

currently or previously participated in distance running (1500m to marathon), and (c) over 18 years old. Athletes were recruited for this study to ensure that the research remained athlete-centred, prioritising their lived experiences and perspectives. To extend the scope of the study beyond athletes, explore the value of sharing stories with practitioners and coaches, and ensuring the research had practical relevance, the following participants were also recruited: (a) distance running and endurance sports coaches, and (b) practitioners from diverse disciplines that have worked within distance running and/or across other sports (i.e., triathlon, tennis, football, ballet, cricket). In total, 25 participants were recruited from the United Kingdom, including 10 athletes (six female, four male), seven endurance coaches (three female, four male), eight practitioners (four female, four male) inclusive of: two sport psychologists, two nutritionists, two physiologists, one physiotherapist, and one strength and conditioning coach. This sample was chosen to align with the research aim and respond to recent calls for greater interdisciplinary research, emphasising the importance of sharing knowledge and collaboration across multiple disciplines (Brewer, 2020). Given that interdisciplinary ways of working are increasingly being encouraged, this sample enabled a deeper exploration of how stories can be used to encourage multi- and interdisciplinary ways of working.

5.2.3 Procedure

In line with narrative pedagogy and the aim of this study, focus groups were chosen as the method of data collection (Smith & Sparkes, 2016). Focus groups were deemed an appropriate form of data collection due to the dynamic interplay between participants (Liamputtong, 2011). In particular, online focus group were used to enable sensitive topics to be discussed with participants who may otherwise be unwilling to participate in face-to-face formats (Reisner et al., 2018). Homogenous focus groups were used for both coaches and athletes to mitigate the influence of power dynamics and to enhance the willingness to share

information openly without fear of criticism (McMahon et al., 2018) Whereas, heterogeneous groups (i.e., a range of professionals from different disciplines) were used for practitioners to reflect settings where practitioners can work collaboratively to support athletes (Hill et al., 2021). During the focus groups, I took on a several roles. First, I acted as the ‘chair’ or moderator, which involved but not limited to asking questions to guide discussion and encouraging participant involvement. Second, I sought to build rapport by creating a non-threatening and empathetic environment. Third, I monitored discussion, keeping conversations on topic, listening, and prompting for further information (McMahon et al., 2018). To align with the principles of narrative pedagogy, the focus groups were participant-led with encouragement of discussion between group members rather than between moderator and participants (Liamputtong, 2011). A pilot focus group was conducted first to ensure wording, questions and the structure of the interview were logical and effective. Subsequently, the focus groups followed a semi-structured question guide. The key questions and information were presented on a PowerPoint presentation (see Appendix H), which was integrated but used intuitively as to not overwhelm participants with information.

Narrative pedagogy has three separate stages (Goodson & Gill, 2011): (1) Narration: preparing and sharing narratives of individual’s lived experiences (e.g., stories), (2) Collaboration (after initial sharing), questions and challenges are posed to better understand the role stories can have on encouraging collaborative ways of working (e.g., in what ways can the stories contribute to shared understanding?) and, (3) Location: links are made between the individuals and the story. For example, identifying how the coaches and practitioners currently work and if their way of working aligned with the stories. Each of these stages were conducted throughout the focus groups. First, the aims of the focus groups were highlighted, and it was emphasised that there are no wrong answers. A short icebreaker (e.g., “introduce yourselves one by one and briefly state your experience”) was included to encourage all participants to

contribute from the onset. Next, the participants were encouraged to share experiences, be respectful of others, and be open-minded to learn from the other group members. After introductions and initial discussions, participants listened to an audio recording of one of the stories. The specific stories and the order in which they were presented varied between the focus groups. Listening to aural versions ensured a shared experience, allowing everyone to engage with the story simultaneously. Researchers suggest that audio storytelling can be more impactful than written formats in fostering audience connection with the plot, characters, and themes, enhancing emotional engagement and comprehension (e.g., Fullagar et al., 2019; Smith et al., 2015b). Once the participants had listened to the story, the following questions were used to begin conversations around the stories and their potential impact: “what are your thoughts/feeling as you listened to the story?”, “how do you think the athletes felt during this experience?”, “have you seen or heard of any similar experiences?”, “do you resonate with the story or parts of the story?” Each focus group listened to two to three stories due to time constraints and repetition of discussion points. To discuss benefits and challenges of multi- and interdisciplinary ways of working and the applied considerations of the stories, further questions were asked: “how do you currently work within a multidisciplinary team?”, “could these stories be used to bridge disciplines?”, “could you embed these stories into practice?” Additional clarification and elaboration probes were used to enable expansion upon responses to elicit richer data, including, “what do you mean by this?”, “can you explain that further?” Once the participants responded to these questions and additional discussions that came up, the next story was presented and so on.

Following this, summarising questions were asked, such as “is there anything else you wish to discuss that we may have missed?” The written versions of the stories formatted as a magazine article for engagement purposes (see chapter 3) were sent to participants following the focus group to encourage immersion with all of the stories in their own time. All focus

groups were recorded and transcribed verbatim. Overall, seven focus groups were conducted online lasting 63 and 115 minutes. Each focus group was made up of three to five participants. The recommended size of a focus group is six to 12 participants, however, when discussing sensitive topics and to enable engagement from each group member, smaller group sizes are favourable for allowing greater articulation of opinion (Côté-Arsenault & Morrison-Beedy, 1999; Liamputtong, 2011).

5.2.4 Data Analysis

Reflexive thematic analysis was employed through an interpretive lens to analyse the dataset (Braun & Clarke, 2019). Reflexive thematic analysis was deemed the most appropriate form of analysis due to its limited restriction to pre-existing codes, its accessible nature to the educated general public, and the themes generated can be useful for informing policy, which is an important consideration for this study. Initially, each transcript was read and re-read multiple times to establish data familiarity, with the aim of gaining participants' perceptions, opinions, and experiences relating to the stories capacity to extend multidisciplinary ways of working. Following the familiarisation process, initial codes were generated to organise data into meaningful groups. Bold statements, paragraphs, and sentences were highlighted throughout the transcripts to inform the generation of semantic and latent codes. A semantic code identifies the content of the data, what is actually said and how it is phrased. For example, the semantic code, "*limited role clarity*" was applied to the following extract, "*What are all of our roles? What are we all supposed to be doing in our roles? Or what can we do within our roles?*" Latent coding was also used, which go beyond just the surface of the text, are more reflexive, and consider what might underpin it theoretically. For example, the latent code "*lack of knowledge and education*" was attributed to the following extract, "...you had to start to do your own research because it wasn't coming from your coach or part of the programme." Next, codes were then sorted into potential themes (e.g., "*stories are educational*") to be reviewed

against the dataset and transcripts to be refined multiple times before they were finalised. A brief description of each theme was shared with the supervisory team enabling further interpretation and to ensure they were distinct from one another. Illustrative quotes from each theme were gathered and also shared. The write-up process was considered the final phase of analysis with edits to themes emerging as the write-up progressed.

5.2.5 Methodological Rigor

Guided by established approaches to judging rigour in qualitative research (Sparkes & Smith, 2009), several criteria were selected as most appropriate for this study. Each criterion was deliberately chosen to align with the study's aim of exploring interdisciplinary collaboration through the use of stories.

- 1.) Dialogue as a space for debate and negotiation: This criterion was prioritised because focus groups were used to create a collaborative environment where athletes, coaches, and practitioners could engage in meaningful discussion. The dialogical space allowed participants to challenge, negotiate, and co-construct interpretations of the stories, reflecting the study's pedagogical and applied aims.
- 2.) Engaged embodiment as a condition for change: This criterion reflects the study's interest in how stories could stimulate social, personal, and professional change. By considering participants' embodied responses and reflections on the stories, the research could explore how narrative engagement might influence practice, encourage reflection, and support interdisciplinary collaboration.
- 3.) Rich rigor: Richness of data was ensured through an information-rich sample and the application of strong theoretical constructs to guide interpretation (Smith et al., 2014). This criterion was selected to strengthen the depth and credibility of the findings while maintaining alignment with interpretivist principles.

- 4.) Transparency: Transparency was achieved through the use of critical friends, who acted as sounding boards to provide feedback on data collection, methodological choices, interpretations, and potential researcher biases. Reflexive journaling complemented this, allowing systematic documentation of key discussion points, quotations, and analytical decisions. This approach enhanced the clarity and traceability of the research process.
- 5.) Focus and meaningful coherence: Maintaining focus and coherence ensured that discussions and interpretations remained aligned with the research aims. These criteria helped structure analytical decisions, keeping the findings coherent and intelligible while retaining the richness of participants' contributions.
- 6.) Resonance: Resonance was emphasised to assess how effectively the stories evoked engagement, reflection, and dialogue among participants. By considering whether the narratives provoked thought, stimulated discussion, and supported naturalistic generalisations, this criterion captured the applied impact and transferable value of the research.

By selecting these criteria, rigour was enacted not as procedural compliance but as a reflection of the study's interpretivist and constructionist commitments, ensuring that findings were credible, coherent, and capable of fostering dialogue and interdisciplinary learning.

5.3 Results and Discussion

The following themes explore how the stories crafted in this thesis can be used to encourage multi- and interdisciplinary ways of working by presenting injury and disordered eating as relational and complex experiences. Three interrelated themes are outlined and discussed: *stories allow for complexity*, *stories are educational*, and *stories are collaborative*. Overall, these themes attend to the temporal aspects of storytelling: (1) how stories convey information, (2) how they integrate diverse perspectives, (3) how they challenge traditional

disciplinary boundaries, and (4) how they can be operationalised to promote interdisciplinary agendas. The themes highlight the applied value of storytelling as a pedagogical resource that emanates knowledge but also fosters collaboration and critical reflection across disciplinary boundaries.

5.3.1 Stories Allow for Complexity

Stories play a crucial role in embracing and communicating complexity, making them a valuable resource for interdisciplinary collaboration. By capturing context, raising awareness of systemic issues, and reflecting on their own practices, the stories helped participants move beyond rigid disciplinary boundaries and foster more integrative ways of working. Participants highlighted how the stories humanised athletes' experiences, offering emotionally resonant portrayals that highlight the complexity of athletes' lived experiences. For example, one coach stated:

To hear them talking and you know it's from real experiences, but I can see the individuals who've been and done that over the years and watch them do it to themselves...These stories tell the reality of what actually happens. We're almost too kind to people in the sense that we don't tell them the reality of what is happening, but these stories are great because they do that.

This quote underscores how the stories bring forward the unfiltered realities of athletes' experiences, allowing complexities to emerge that might otherwise be hidden or softened in other contexts. The participants point out that often, people are "too kind" and avoid confronting uncomfortable truths, but the stories bypass this by presenting experiences in an authentic, unedited form. Importantly, because the stories are not tailoring their accounts for specific audiences and "tell the reality of what actually happens," the stories expose tensions and challenges that practitioners might otherwise overlook (Parry & Johnson, 2007).

Alongside presenting an unvarnished depiction of athletes' experiences, the stories also illuminate the complexity of injury and disordered eating by situating them not as isolated events or individual failings, but as issues embedded within a broader social and cultural environment. For example, participants recognised that the stories shed light on the complexities of sporting pressures, norms, and practices and how these can influence an athlete's experience. To illustrate one sport nutritionist noted, "What strikes me is a lot of it stems from environmental factors. It all paints a story of how behaviour is influenced." Similarly, Everard et al. (2025) found that video narratives raised the 'social consciousness' of injury, which prompted a greater communal responsibility towards an athlete's injury experience. As Dowling (2012, p. 39) suggested, "individual stories say something not only about us as individuals but equally something about the context in which we live and work." Within this study, the stories raised awareness of the broader social-cultural and institutional contexts which influence how an athlete comes to think, feel, and behave around injury and food. For example, one coach reported:

What is shocking about it is that you can picture when they're talking about certain things, you can picture not just the athletes, you can picture the coaches that they're talking about, you can picture the parents. The scary thing about it is that it has gone on in the sport for so long and it has been a taboo. The stories force us to recognise the wrongdoings in the system. Especially in the first story, it's not just about solving the athlete's issues. What about the coaching? That's the snake's head. If we address problems higher up, maybe fewer athletes will suffer further down.

This reflection recognises not only the context-rich accounts of injury and disordered eating which highlights the complexity of athlete experiences but also how the stories challenge assumptions. Engaging with the stories can encourage openness to new ideas and ways of thinking. As depicted above, the stories force us to recognise broader social and cultural

influences on athlete experiences, moving away from placing sole responsibility on the athletes (Wadey & Day, 2022). In doing so, the stories push beyond simplistic or linear explanations, drawing attention to systemic issues, such as coaching behaviours and sporting ideals. Therefore, the stories offer a medium through which the complexity of disordered eating and injury can be meaningfully engaged with. As Douglas and Carless (2008, p. 44-45) noted, “providing storied accounts which resist simplistic solutions to complex and messy realities appears to be a successful way to enhance reflection and critical thinking.”

By raising awareness of systemic issues, the stories facilitated participants in reflecting on *how* and *why* these issues manifest in the realities of sport. By evoking empathy, resonance, and responsibility the stories prompted practitioners and coaches to reflect around how their own practices may contribute to or alleviate athlete distress around injury and disordered eating. For example, one coach reflected:

It really hurt me a lot to hear that. We are so aware as a coach how much pressure we put on the athletes. Yet to hear that [Alisha’s story], that resonated with me and I’m 100% going to be double-checking at the next session who’s talking to us or who’s isolating themselves a bit.

In reflecting upon their own practices, the participants were then able to recognise the limits of what they could address alone and the importance of drawing on the expertise of others. The coach’s realisation which was prompted by the emotional resonance of Alisha’s story, led to an awareness that athlete well-being is not just an individual or disciplinary responsibility. The same coach went on to state that, “My first thought after hearing the story was that this isn’t something we can solve as a coach-athlete pair alone. I’m well aware of how unempowered I am as a coach.” In reflecting on the limitations and boundaries of their own professions, the participants were then able to recognise the importance of multi- and interdisciplinary learnings to address issues of complexity.

In highlighting the importance of interdisciplinary practice, the stories invited critical engagement with the often-overlooked spaces between disciplines. Rather than reducing the complexity of injury and disordered eating to single-discipline solutions, the participants recognised how the stories examined multiple perspectives and how they interact. To illustrate, one sport psychologist noted that, “the stories heighten the complexity of all of the different people involved...We could actually be doing some quite contrasting things across disciplines.” The stories work to highlight the complexities of athlete well-being and the importance of collaborative approaches by showing rather than telling. By addressing athletes as complex systems, the stories provided the participants with rich, nuanced resources that help to interpret and respond more efficiently to the challenges of injury and disordered eating.

Overall, this theme illustrated how the stories create a space in which complexity is not only acknowledged but embraced. This encouraged participants to look beyond the individual athlete and consider wider social and cultural factors that shape athletes’ experiences. In doing so, the stories highlight the need for a wider, more integrated duty of care, one that recognises the limits of single discipline approaches and calls for interdisciplinary learning and collaboration to support the complex realities of injury and disordered eating in athletes.

5.3.2 Stories are Educational

This theme explored the educational value of stories in ‘stretching’ practitioners and coaches beyond the confines of their ‘home’ disciplines. The participants alluded to three ways in which stories can be educational and prompt pedagogical discussions that could encourage multi- and interdisciplinary ways of working. First, by raising awareness of the complexities of injury and disordered eating through an accessible and emotionally resonant format, the stories encouraged participants to reflect on their individual knowledge gaps. For example, participants acknowledged a desire to improve and recognise the shortcomings of their knowledge bases. To illustrate, one sport psychologist reported:

The education around this topic is fairly minimal and sometimes I would feel a bit embarrassed to say that even though I have the role as a sports psych, I don't necessarily know a huge deal about how to deal with these issues because I haven't necessarily been taught it and there isn't much in terms of workshops. Having these stories provides a space to actually learn a bit more about it.

This reflection highlights how the stories prompted participants to critically examine the boundaries of their own knowledge. The practitioner's admission of embarrassment underscores that even experienced professionals are still carrying unspoken uncertainties or insecurities around complex topics such as injury and disordered eating. The stories present as an accessible way to learn and reflect on topics such as these. Additionally, recognising their own boundaries, participants were more open to working collaboratively. As one coach acknowledged, "It would help to really try and get a multidisciplinary team together, to have a clear strategy in place. There needs to be better holistic care and support." Such insights echo existing critiques of monodisciplinary approaches, which often lead to compartmentalised understandings of care and fragmented support structures (Dalton et al., 2022). Moreover, the use of stories prompted reflexive practice, which is increasingly recognised as a useful tool for professional education and development (Douglas & Carless, 2008). Reflexive practice involves a critical self-examination of one's assumptions and knowledge within wider systems. The admission from one sport psychologist, "I don't know a huge deal about it," signifies a reflexive insight prompted by engagement with the stories. In this way, the stories prompted participants to recognise knowledge gaps and reconsider the boundaries of their expertise.

Second, in identifying individual knowledge gaps, the stories stretched coaches and practitioners to see beyond the boundaries of their profession and the benefits of multi- and interdisciplinary approaches. As acknowledged by one sport psychologist who reflected: "I'm guilty of this, I think we all are, as in I can read all the literature which is always from a sport

psych domain... I don't tend to read outside of my own discipline." Here, the stories acted as a catalyst for interdisciplinary curiosity, prompting the practitioner to question the limits of their professional silo and to recognise the value of engaging with diverse forms of knowledge. In this way, the stories not only provoked individual reflection but also fostered an openness to collaborative learning across professional boundaries. As Sparkes and Smith (2016) argued, assuming responsibility for grasping 'alien' concepts is essential for cultivating interdisciplinary understanding and enhancing care.

In recognising individual knowledge gaps, participants also highlighted how the stories revealed the confusion and uncertainty that often exists between roles, prompting them to consider assumptions outside of their main scope of practice. Dialogue between two sport psychologists captures this uncertainty:

I still don't think it's that clear cut what we can do, or what we should or shouldn't be doing. I wouldn't say we get much education, I've almost done a lot more off my own back...there's not a lot in our education, let alone in terms of what other practitioners are doing because I don't necessarily know how a sports nutritionist would tackle it, how could we actually complement each other.

In response, another sport psychologist added:

I agree with all that's been said. I also think these stories are a really good way to create discussion because the theme of education has been touched on a few times during this conversation and around needing to upskill ourselves and educate ourselves in different areas, but also understanding what are all of our roles? What are we all supposed to be doing in our roles? What can we do within our roles? Having these conversations around what comes from the stories, that's pretty important.

This dialogue underscores the educational potential of the stories, particularly in prompting consideration of collaborative ways of working and fostering dialogue and reflection around

multi- and interdisciplinary approaches. Engaging with the stories created an opportunity for the two sport psychologists to reflect not just on their own roles but also on how their roles intersect with others', prompting them to ask critical questions that moves toward interdisciplinary learning. In this sense, the potential of stories in improving interdisciplinary discussion aligns with the principles of narrative pedagogy (Goodson & Gill, 2011), which suggests that stories foster reflexive conversations and creates opportunities for building a shared understanding.

Lastly, the stories are pedagogical in that they encouraged participants to reflect on how the stories can be operationalised for individual learning, but also to foster interdisciplinary education and collaboration. The recognition that "we can have lots of interesting conversations around this but where does change actually happen?" points to the need to translate discussion into action, specifically into cross-disciplinary approaches. Participants offered concrete suggestions for how the stories could be readily implemented into practice to foster interdisciplinary learning. Many proposed incorporating the stories into continued professional development (CPD) workshops, discussions, and team meetings, where practitioners from different disciplines could come together to reflect on the stories as case studies. For example, a sport psychologist suggested that:

This might be a great thing to do for CASES or an organisation that has different disciplines involved. To put on a CPD event and have more of these opportunities to discuss across disciplines because I don't think we do it enough.

This recognition highlights the potential of storytelling within professional education, encouraging coaches and practitioners to reflect critically, adopt more holistic approaches, and prioritise athlete-centred approaches (Miller & Kerr, 2002). Such observations align with previous research by Douglas and Carless (2008), who found that coaches engage with stories by questioning assumptions, summarising insights, and incorporating new understandings into

their practice. More recently, Winter and Collins (2024) highlighted how sport psychologists acknowledged limitations within their professional training, particularly in adequately recognising and addressing the seriousness of mental health concerns in sport. Thereby, supporting the importance and potential of storytelling in professional development education.

Other participants in this study emphasised the value of embedding the stories into formal training and educational curriculum, particularly within national governing bodies coaching qualifications. To illustrate, within a coaches focus group there was discussion around the coach education pathway and how we could implement the stories:

How much of the coach education pathway is actually understanding the demands placed on the athletes? How much of it discusses recovery and fuel? I don't see a lot in the curriculum around recovery and the importance of recovery and fuelling.

Another coach responded with:

If you go through the coaching qualifications, there's no education around what happens if an athlete gets injured. How do I set cross training? How do I work with a physio to prescribe the right exercises? How do I work in a triage of different people to get the athlete what they need to get back on track?

A third coach responded with:

Do they even need to be cross training if they are injured? These stories are prime examples of the importance of rest and recovery. They could be used in part of our education in understanding how we can push this information and work with the likes of physios and other professionals.

The first coach replied:

The actual coaching qualification pathways that are delivered by the national governing body aren't good enough. If you just went to that, you would absolutely, categorically

not be prepared for any of this...Taking this [the stories] into a CPD circuit, there is a place for this.”

The coaches were collectively reflecting on key gaps in their formal education, particularly around athlete recovery, injury management, and interdisciplinary collaboration. The stories prompted the coaches to not only recognise how existing qualifications might fall short but also to consider how educational practices might be improved with the use of these stories. The stories can ‘prepare’ coaches for the realities of some athletes’ experiences, while including the value of working across disciplines with physiotherapists, nutritionists, and psychologists. Everard et al. (2025) suggested that narratives can foster interpersonal connections through pedagogical encounters and thus hold potential to promote interdisciplinary learning by creating shared spaces where practitioners from different fields can reflect together and exchange perspectives. Such encounters can help recognise diverse ways of working and encourage multi- and interdisciplinary collaboration to improve the quality of athlete support. Building on this, participants emphasised the need for sport-specific educational resources tailored to the realities of athletic populations. The stories used in this study respond to that call, offering a context-rich and emotionally resonant resource through which practitioners can reflect on their own practices. In doing so, this research extends previous work by illustrating how storytelling not only prompts individual reflexivity but also fosters collaborative understanding across disciplinary boundaries, ultimately enhancing holistic and integrated approaches to athlete health and well-being (Douglas & Carless, 2008). However, participants underscored that for these efforts to be beneficial, organisations need to create intentional spaces and time for practitioners and/or coaches to engage with the stories collectively, ensuring that the insights they provoke translate into meaningful interdisciplinary practice.

5.3.3 Stories are Collaborative

This theme captured how stories can bridge disciplines in practice and encourage collaborative ways of working. While the educational aspect of stories draws attention to knowledge gaps and disciplinary divides, their collaborative value is acknowledged by participants in how practitioners can learn *with* the stories and *from* one another. Participants alluded to three keyways in which stories are collaborative. First, they invite multiple interpretations. The stories served as a collaborative resource through which coaches and practitioners from different disciplines could bring their own expertise to interpret, reflect, and learn from one another. Rather than privileging one disciplinary lens, the stories invited multiple interpretations and responses, encouraging interdisciplinary dialogue. For example, a physiotherapist's initial reaction focused on injury and exercise behaviour, drawing from clinical experience: "You do tend to see those behaviours around injury with individuals dealing with disordered eating, they tend to ramp up their exercise. Whereas others with a healthier approach towards food tend to ramp down." In contrast, a sport physiologist responded to the same story with an emphasis on holistic care: "I suppose the stories highlight the importance of nutrition, blood work, hormonal status, how they feel, their relationship with training." This participant went on to articulate the value of collaboration, noting how the stories created space for "sharing ideas and theories, asking questions you otherwise might not know the answer to." Apparent in these reflections is the diversity of how the stories can be interpreted, illustrating how stories can foster an environment of co-learning, prompting professionals to draw from and challenge each other's assumptions, and to collectively engage with the complexity of injury and disordered eating. Previous researchers have suggested that stories stand in contrast to more traditional, scientific forms of knowing, where communicating multiple perspectives is less likely (Sparkes, 2002a). In this way, the stories afford opportunities for professionals to engage with the same material through their disciplinary lenses, contributing to a more integrated understanding. However, inviting multiple perspectives may

also present challenges. In the context of collaborative working, this may risk confusion around roles and responsibilities. Thus, while stories provide a valuable starting point for interdisciplinary engagement, their use should be accompanied by official training that adequately prepares practitioners with the knowledge and appropriate professional guidelines (Winter & Collins, 2024).

Second, the stories prompted collaborative discussion. The stories sparked conversations where the participants were able to reflect together and began to recognise the value of shared responsibility and understanding. This is exemplified by one sport psychologist:

I'm trying to think where have I been in a space where I've even had that conversation to understand what everybody's roles are, so you know, these stories could be really good in terms of bringing professions like different professionals in from different kind of specialisms... having those conversations around what's impactful and what comes from the stories and how can we learn from them, how they fit into our organisations.

As illustrated by the above participant, stories can operate in the intersections between disciplines. By surfacing gaps in interdisciplinary communication, the stories expose the need for more integrated approaches around the complexities of athlete health and well-being (Bekker & Clark, 2016; Bittencourt et al., 2016). In this way, stories become a shared resource through which experiences, concerns, and practices can be discussed collaboratively. This is further exemplified in the following dialogue between a variety of practitioners:

Sport physiologist:

Every now and again, much like in the stories, we get an individual that is very complex and challenging, it takes a lot of energy and bandwidth to work individually. I would feel much more comfort having a team because of the burden as a practitioner, where

it helps to be able to discuss multiple avenues and approaches. It's never one-dimensional.

Physiotherapist:

I also think it [the stories] highlights that the scope of practice is quite important as well. If you had the power of a team, you could kind of discuss when you feel that you are not the best service for that individual at the time. As a nutritionist, I might feel the individual needs for psychological intervention and so having extended training is useful to be able to have professionals to discuss with.

Sport nutritionist:

I agree. If you sense something below the surface, being able to discuss that with a colleague or someone who's a bit more detached from it can confirm or not confirm what your thoughts are. Just having someone else that you can balance off is really helpful.

This conversation illustrated how the stories encouraged collaborative discussions by emphasising the importance of shared responsibility and collective problem-solving. Spiller et al. (2015) argued that engaging with worlds and ideas that one might not encounter in their own disciplinary context should be encouraged. In saying this, the stories can bring attention to the limits of working in isolation and helps practitioners recognise when collaboration is needed.

Lastly, participants suggested that the stories are collaborative by creating a shared language across disciplines. Participants described how the stories, through their use of "everyday language," made complex issues more accessible and relatable across professional roles. For example, one physiotherapist noted that the stories "can be accessible for individuals beyond academia," reducing barriers for those who might otherwise feel disconnected from research. Similarly, another physiotherapist emphasised that the stories would be "really useful

for healthcare professionals that haven't come from a sporting background, to ask the right questions, use the right language." In this way, the stories acted as a collaborative resource that can be interpreted across different disciplines while providing a common point of reference. By creating a shared vocabulary and framing lived experiences in accessible terms, the stories enabled professionals from diverse backgrounds to communicate more effectively, ask more informed questions, and engage in deeper interdisciplinary dialogue. Sparkes and Smith (2016) argued that for those involved in sport psychology research to communicate effectively, they need to become multilingual in the terminology used across disciplines and stories afford the opportunity to do this.

Overall, this theme demonstrated the collaborative nature of stories in bridging disciplinary divides and fostering interdisciplinary dialogue. By inviting multiple interpretations, initiating collaborative discussion, and generating a shared language, the stories encouraged multi- and interdisciplinary collaboration through mutual understanding. Although, the theme also acknowledged the potential challenges that come with multiple perspectives. As such, while stories provide a valuable foundation for collaborative engagement, their full potential is best realised when embedded within broader frameworks of interdisciplinary training and professional development (Morss et al., 2021).

5.4 Conclusion

This chapter has highlighted the potential of stories in encouraging multi- and interdisciplinary ways of working within the context of sport injury and disordered eating. The findings demonstrate that stories offer a valuable means for athletes, coaches, and practitioners to engage with complex phenomena, provide a shared language across disciplines, and highlight gaps in professional education. Importantly, the stories enabled coaches and practitioners to re-evaluate their roles, question current practices, and consider how they might work alongside colleagues from other disciplines. In saying this, I am not claiming that

interdisciplinary ways of working is the only way to address complex issues, however, it can play an important role in developing collaboration to enhance professional practices.

This study extends previous literature by offering a shared platform of dialogue and showcasing stories of athletes' injury and disordered eating experiences in providing a means to clarify roles, recognise knowledge gaps, and cultivate a more cohesive approach to athlete well-being. As a CPD resource, the stories presented can be used to facilitate reflective practice and enable practitioners and coaches to engage with the complexities of injury and disordered eating in a more holistic manner. Whereby, each discipline can learn something away from their 'home' discipline, expanding their curiosity to knowledge beyond their disciplinary boundary. To conclude, this study advocates for the integration of stories within interdisciplinary training programmes and ongoing professional development to exemplify more diverse ways of working other than monodisciplinary and siloed approaches when addressing complex phenomena. Moving forward, embedding story-based approaches into education could play a crucial role in fostering disciplinary collaboration and promoting athlete-centred care that prioritises health and mental well-being over performance. Future researchers could use a complexity lens and take into account the complex nature of such issues in sport, focusing on what works for whom, when, where, and why, taking consideration of how disciplines interact and influence each other (Bekker & Clark, 2016).

5.5 Summary

In this chapter, I have expanded current understanding of interdisciplinary collaboration by exploring how stories can serve as a practical resource for fostering more holistic ways of working when addressing sport injury and disordered eating. Through a reflective thematic analysis of seven focus groups, three key themes were identified: *stories allow for complexity*, *stories are educational*, and *stories are collaborative*. The findings underscore the value of stories in encouraging collaborative ways of working through opening

up collaborative dialogue, fostering a shared language, ‘stretching’ practitioners beyond their ‘home’ disciplines, and by allowing for complex phenomena to be presented. This chapter emphasised the value of stories in encouraging multi- and interdisciplinary ways of working, offering coaches, practitioners, and healthcare professionals’ deeper insight into how storied experiences can cultivate a more cohesive and collaborative approach to athlete care. Ultimately, these findings contribute to advancing current knowledge, promoting a more integrated and responsive framework for addressing complex athlete well-being concerns. The following chapter is a confessional tale, offering insights into reflections and challenges encountered throughout this research.

**Chapter 6: “How do we know when we have gotten it right?” Poetic Confessions of a
Neophyte Researcher**

6.0 Abstract

Within sport psychology, a significant amount of qualitative research has been conducted on sensitive topics, yet the researcher's vulnerabilities and concerns are scarcely disclosed within journals and articles. Following on from the previous chapters of this thesis, the study delves into my experiences as a neophyte researcher exploring the sensitive topics of disordered eating and injury experiences of distance runners. The aims of this chapter were twofold: (1) to openly discuss and reflect on my experiences to protect future researcher's well-being, (2) to illustrate the challenges encountered during the research process. The process of reflexivity through reflexive journalling, member reflections, and the use of 'critical friends' led to the development of a confessional tale. I felt compelled to write a confessional tale to openly explore the emotional and ethical challenges of facing sensitive topics, providing transparency in my reflexivity while bridging the gap between research and research vulnerability. I expressed my confessional tale in the form of five poems titled: *Shadows Linger*, *A Tinted Lens*, *Promise of Change*, *The Uncertain Path*, and *Beyond Words*. The interpretations of the poems are examined in relation to the complexities of conducting sensitive interviews, the benefits and challenges of researcher-participant relationships, the ethical considerations of research that does not yield immediate impact, and the moral responsibility of ensuring adequate participant support. This study extends current sport psychology research by providing poetic interpretations of the research process from a neophyte qualitative researcher, offering recommendations and highlighting the lessons I have learned, to advise or guide researchers in similar positions. It is in the hope that by being vulnerable and disclosing my challenges and perceptions of my research experience, the poems can also lead to more insights to benefit future researchers and enhance the research process.

6.1 Introduction

“Here I am. This is what happened to me, and this is how I felt, reacted, and coped.

Walk in my shoes for a while.” (Sparkes, 2002b, p. 59).

The psychology of sport injury and disordered eating research has historically been dominated by a positivist paradigm, meaning knowledge is believed to be observable, quantifiable, and verified (Papathomas & Lavalley, 2012a; Ronkainen & Ryba, 2017). This research has been and will continue to be pertinent to our understanding around sport injury and disordered eating, by generating insights into the risks, responses and intervention strategies to prevent and support athletes. However, it has done little to extend our understanding of lived experiences and the sociocultural contexts that shape them (Wadey & Day, 2022). To embrace these alternative ways of knowing, recently there has been a shift in both fields of research towards a more interpretivist standpoint, where knowledge is viewed to be multiple and socially constructed. This shift in paradigm acknowledges the social and cultural contexts, positioning the researcher towards understanding the lived experiences of participants. In this case, exploring lived experiences often unearths potentially damaging practices and devastating responses following injury and disordered eating, which would be left unexplored and under challenged using positivist methodologies. Therefore, through an interpretivist lens, the researcher becomes more engaged in participatory practices to fully immerse themselves within the data and beyond to obtain rich and in-depth understandings (e.g., Cavallerio et al., 2016).

Despite this shift, both fields of research have and will continue to embrace multiple paradigms to develop diverse methodological insights and support the delivery of effective interventions (Finch, 2011). Yet, with the growth of interpretivism comes the increase in vulnerability of researchers due to the emotional and ethical challenges qualitative researchers may face when delving into sensitive and personal topics. For example, due to the philosophical

belief that knowledge is co-constructed, qualitative researchers may fully immerse themselves in the research process (Sparkes & Smith, 2014b). This deep engagement with participants, especially around sensitive topics or areas (e.g., disordered eating) exposes researchers to harrowing stories and witnessing distress among participants. In a recent study, Batey and Szedlak (2024) illustrated the emotional turmoil of listening to upsetting stories: “I think we had an idea that it was going to be hard. I don’t think we realised how hard. How traumatic.” (p. 5). Research around sensitive or traumatic topics has been defined as: “research that demands a tremendous amount of mental, emotional, or physical energy and potentially affects or depletes the researcher’s health or well-being” (Kumar & Cavallaro, 2018, p. 648). Despite this burden, there has been little research undertaken that shares the full research process, including the challenges encountered along the way (Mallon & Elliott, 2019). By enhancing our knowledge and understanding around the challenges and emotional turmoil experienced during research, we can work to protect future researchers and enhance research processes to better cater for these difficulties.

Researcher vulnerability has been acknowledged in bereavement research (Berger, 2021), trauma-informed research (McMahon & McGannon, 2024) and interdisciplinary research (e.g., nursing, education, health, psychology) (Clift et al., 2023). Even with this increased acknowledgement, researcher well-being arguably still takes a backseat behind prioritising participants. To reiterate, McMahon and McGannon (2024) suggested that equal focus should be given to the protection of researchers and participants around sensitive topics. These recent calls to better protect researchers and improve the research process have spanned over decades, indicating that change is still needed today. Many believe that adopting an emic perspective and deeply engaging with participants during sensitive research is especially important, however, there are often implications on researcher wellbeing (Dickson-Swift, 2022). For example, Cavallerio et al. (2020) encountered resistance among participants

reflecting back on experiences of overuse injuries. Subsequently, this caused her to lack confidence in her work and question the truth around her storytelling. Moreover, Rogers et al. (2019) reported challenges when undertaking a physical activity intervention in psychiatric hospitals. They found difficulties balancing distance with patients, guilt, and insubstantial ethics board preparations. These studies were imperative in shifting attention away from how qualitative research *should* be done towards how it is *actually* being done, whilst reporting these in journals and articles for other researchers to learn from and relate to (Smith & Waddington, 2013). In light of this, we can begin to modify research processes in order to better prepare and protect researchers from emotional turmoil. Dickson-Swift (2022) argued that there should be more holistic, formalised, and supportive structures in place for all research team members and ethics committees to enhance well-being and self-care. Congruent with previous recommendations, Dickson-Swift et al. (2007) encouraged researcher training and supervision around dealing with vulnerability, emotional exhaustion, and dealing with untold stories. Moreover, they emphasised the importance of equipping researchers with appropriate contact details and sources of professional advice and support.

Against this backdrop, understanding the broader emotional impact on researchers involved in sensitive research is said to be becoming “difficult to ignore” (Lee & Lee, 2012, p.47). Yet, despite growing awareness, few studies have explored the effects on researchers and the emotional risks of qualitative research in these areas (Mallon & Elliott, 2019). This gap may stem from historical perceptions of vulnerability as problematic or undesirable (Clift et al., 2023). Early research underscored the need to recognise researcher vulnerability and establish safety recommendations, calling for a broader understanding of emotional risk across various qualitative approaches (Dickson-Swift et al., 2007). Mallon and Elliott (2019) reinforced this, by emphasising the need to “acknowledge and manage the potential impact of this work on the researchers” (p. 14). By addressing these risks, we can develop guidance that

both safeguards' researchers and enhances the integrity of qualitative research in sensitive fields. Through illustrating challenges incurred and insights gained, the research process can be enhanced by learning from past mistakes, reflecting on challenges encountered, and providing alternative ways to address these challenges in the future (Mallon & Elliott, 2019).

One method that has the potential to help facilitate both mitigating emotional risks of research and enhancing future research processes is confessional tales. According to Sparkes (2002b), a confessional tale draws on personal experiences that draw attention to the methodological and ethical issues encountered in the research process. By bringing ourselves into the research, we can convey a sense of reflexivity which demonstrates how we, as researchers, can shed light on ways in which we interpret and conclude our findings. Plummer (2001, p. 208), suggested "reflexivity offers greater awareness of the research subject, how research knowledge is produced, and a greater sense of the personal, social, and cultural means of building research knowledge." The use of a confessional tale is a methodological strategy that promotes the creation of reflexive knowledge (Douglas & Carless, 2010). Such reflexive knowledge can act as useful resources in raising questions around ethical practices in qualitative research, and prompt consideration of how researchers might respond to these questions through learning from those gone before (Sparkes, 2002a). The quote at the start of this piece of writing: "Here I am. This is what happened to me, and this is how I felt, reacted, and coped. Walk in my shoes for a while" (Sparkes, 2002b, p. 59) encompasses the importance of intimacy between researchers and readers, encouraging personal growth through reflection on one's perspectives, uncertainties, and areas for development as a researcher.

Given the pedagogical potential of stories and text, researchers have advocated for the construction of more stories that highlight the discomforts of qualitative research, helping others better prepare for these realities in their own work (Mallon & Elliott, 2019). This aligns with earlier calls to explore the potential challenges associated with researching sensitive topics

and identify strategies that can help mitigate these difficulties (Dickson-Swift et al., 2007). Early career researchers, in particular, experience unique reflections. For example, Mallon and Elliott (2019) found that PhD students reflected on career vulnerability and fear of being perceived as unprofessional. Engaging in reflexive practice as a neophyte researcher has been further recommended to recognise any potential prejudices, biases, assumptions, and learn from any mistakes early on in one's career. By sharing challenges and lessons learned, researchers can stimulate dialogue around the importance of researcher reflexivity and self-care (Brain et al., 2024). These 'research journeys' offer valuable advice, recommendations, helping neophyte researchers navigate the processes and complexities of qualitative research.

Taking these points into account, this confessional tale explores my experience researching sensitive topics as a neophyte qualitative researcher. Building on the work of Dickson-Swift et al. (2007) and Mallon and Elliott (2019), this chapter aimed to present these experiences in an evocative and meaningful way, by using poetry to invite readers to engage with and interpret the complexities of studying sensitive issues. To my knowledge, no confessional tales have yet examined the process of conducting research on disordered eating and the psychology of sport injury. This piece is the first to openly reflect on the challenges of investigating sport injury and disordered eating, offering insights through poetic expression. The confessional tale concludes with lessons learned over the research process which could inform researchers and supervisors on the researcher vulnerabilities associated with undertaking sensitive research and guide them on what can be done to manage these risks whilst minimising ethical and moral implications.

6.2 Researcher Background

As an early career researcher, I am currently undertaking a PhD in Sport and Exercise Psychology in the UK. This research degree will lead to me being qualified as a doctoral level academic. During the process of writing this confessional tale, I am in my third year of study

and have concluded data collection. Prior to this PhD research, I had conducted undergraduate and postgraduate research on the psychological experiences of sport injury, and I had limited academic knowledge concerning disordered eating in sport. My interests originated from my participation in distance running from around the age of seven. For ten consecutive years of participating at club to regional level, I was oblivious to the true impacts of eating or food consumption on performance and maintained a moderately healthy diet. In hindsight, my nutritional intake was not meeting the demands of my energy output, and I had no menstrual cycle until the age of seventeen, I was always seen as ‘small for my age.’ From seventeen onwards I had begun to suffer from numerous long-term injuries that impacted my overall mental health and well-being. I began to notice that food and body weight were at the forefront of my mind when exercise was limited. I often had conflicting thoughts such as, “should I eat that if I’m not running?”, “is it normal to put on weight throughout injury?” The longer I was away from training and competition, the more research I undertook around eating practices and injury experiences. I wanted to understand if my experiences could be considered ‘normal’ or were others experiencing similar.

Over the years, I have observed various eating practices that may have contributed to injury, prolonged recovery, or led to severe disordered eating. Therefore, I knew these stories existed and they had not yet been explored, a gap persisted in what I had personally experienced and what was available within the literature. I was troubled by the lack of research that portrayed both healthy eating practices around injury but also the extreme accounts of disordered eating and how individuals respond to eating around sporting injury. I found the objectivist, clinical and highly analytical nature of research on disordered eating failed to convey the sense of how athletes make sense of their lives. The expert voices of athletes who have experienced injury and disordered eating were strikingly absent. These concerns led to my academic pursuits and research interests being framed by an interpretivist paradigm. When

it came to deciding a topic for my PhD research, it was at this point that I revisited the above concerns and understood what particularly interested me, subsequently leading me to this current PhD thesis. Furthermore, throughout the beginning stages of my research, I found that there was a lack of stories from other researchers within existing sport psychology literature whom I could draw information and advice from with regards to researching sensitive or trauma informed topics. I wanted to add to the small body of literature out there that lifts the veil on what happens and what is *felt* during the research process.

6.3 Research Context

At the beginning of 2024, I began data collection through life story interviews and visual methods in regional to international distance runners (see chapter three). The aims of the study were to explore the lived experiences of these athletes with regards to their injury(s) and eating practices, through a sociocultural lens. Being an ‘emic’ or a researcher with insider status, I recruited individuals whom I knew met the inclusion criteria of my research and, this had a snowball effect to other individuals that were interested in the study. I began hearing the participants’ stories, their journeys of recovery from injury and disordered eating. Hearing athletes’ stories both from perspectives of current and retired athletes, was an emotional experience for both the participants and myself. Through the use of life story interviews, the athletes also engaged with visual methods. The majority of participants provided photographs of significant events throughout their careers which related to the study. While these photographs could not be shared due to ethical reasons, the photographs were an important catalyst for participant reflection on their injury experiences and relationships with food and exercise. The study findings highlighted cultural and social norms, behaviours, and beliefs that influenced how the athletes approached food, eating, and exercise. Data was represented through a creative analytical practice (CAP) in the form of creative non-fiction stories. To write and refine these stories, I fully immersed myself in the participant experiences to understand

their emotions, feelings, and behaviours. I developed five creative non-fiction stories to present findings in a way that could be accessed by non-academics, encourage reflection, and evoke emotion. After writing the stories, I presented them back to the participants through member reflections to get their opinions and views on how they had been represented, and provide an opportunity for questions, feedback, and critiques. Once myself, the participants, and my supervisors were happy with the stories, I created written and audio versions; the written version was developed into a magazine-style booklet for engagement purposes and the aural versions were created using different voice actors and saved as MP3 files.

From September 2024 through to February 2025, these audio story versions were subsequently shared with athletes, coaches, and practitioners through focus groups (see chapter five) in order to gain further knowledge and understanding of injury and disordered eating, discuss what we can do next with the stories to promote change, and discover how stories can be used to bridge disciplines. Much like with the interviews, challenging conversations were had and reflected on. Throughout the focus groups, I started to become more aware of the nature of the research and how it had potential to present ethical and moral issues requiring reflexivity on my part. I realise, in hindsight that I had a lot to learn about myself as a researcher and how I could have done things differently whilst investigating sensitive topics. Reflexive strategies have been found to reinforce the importance of self-responsibility in managing researcher vulnerability and emotional risk (Mallon & Elliott, 2019). As such, during and following all data collection, I noted down reflective thoughts and relevant conversations that I had with my supervisory team. This chapter will focus on the challenges and lessons I learnt throughout the data collection process in exploring injury and disordered eating experiences. The process of producing my confessional tale will now be discussed.

6.4 Conducting the Tale

The process of conducting reflections for the confessional tale included individual reflections recorded in personal diaries, also known as ‘reflexive journalling,’ member reflections, and the use of ‘critical friends.’ My reflexive practice began whilst conducting interviews in which I reflected immediately after each interview within a personal diary (i.e., introspective reflexivity). More in-depth reflections began when conducting member reflections where I was presenting my interpretations (through stories) of the participants challenges with injury and eating. I started to reflect on how my personal experiences may have influenced the questions asked, my interpretations, and analysis. For example, being from a distance running background, I was researching people from my own culture, the culture in which I had immersed myself in for over ten years. It is suggested that researcher interpretations are influenced by their own personal experiences. Richards (2008) points out that often research subjects are not chosen by accident. With this point in mind, I began to question, did I influence the type of participants that came forward? How did I present the research to participants? To answer these and move on, I continuously reflected on my own experiences and if these helped or hindered the data collection process going forwards.

To note down these thoughts and reflections, I began to use a reflexivity journal throughout data collection. As embodiment has been a re-occurring theme throughout this thesis, I attempted to use ‘embodied reflexivity’ (e.g., Chadwick, 2017), whereby, I was committed to articulating my ‘embodied’ experience of research by reflecting on the “feel, sight, and sound of it” (Turner & Norwood, 2013, p. 696). I attempted to create a more body-centred approach to reflexivity through the use of memory. This involved me writing memories from my embodied experience of research (e.g., the emotions I felt at certain stages of research). I would ask myself how I *felt* at certain times, and I’d draw from sensory prompts to articulate my responses (e.g., voice recordings). This type of embodied reflexivity allowed me to note down the ups and downs of the research process, examine, and critically consider how

I had been influencing the research and how the research has been impacting me (e.g., emotionally). I reflected on the research process and used the journal as an outlet of my feelings. I also noted how participants reacted and used language throughout the interviews, how they responded to the images or visual materials, and my own thoughts, interpretations and use of language. Reflexivity calls for turning a socially constructed lens towards oneself in attempt to find the answers to questions such as, “what do I know?” and “how do I know what I know?” (Carolan, 2003). By asking myself these questions, I could express my frustrations with the distance running culture. For example, a quote from my journal reflected on some of the more harrowing stories and I noted how I *felt* hearing such stories.

I’m not even surprised to hear what Becca (pseudonym) has been through; it isn’t the first time I have heard someone detail such shocking events. Hearing her thoughts and how she is affected still to this day is something I won’t forget quickly. Did I respond appropriately? Did she seem okay? Should I have asked more? I feel slightly emotional and overwhelmed.

In addition to reflexive journalling and member reflections, I incorporated the use of ‘critical friends’ (i.e., intersubjective reflexivity) through weekly conversations with my supervisory team, each of whom provided expertise in sport psychology and qualitative research methods. My supervisors played a critical role in challenging my reflections, thoughts, feeling, and behaviours while collecting data, which on reflection, I may not have entirely appreciated at the time. For example, they often asked challenging questions, such as “why do you think they responded in that way?” Moreover, questions such as “how are you introducing yourself to the participants?” required me to think about myself as a researcher and how I was conducting myself to get the best out of myself and the participants. It has been found that opportunities to talk about emotions and share particular challenges are helpful in protecting researchers from emotional strain and turmoil (Mallon & Elliott, 2019). Engaging with this form of

intersubjective reflexivity enabled multiple explanations and interpretations of the data to be expressed, which in turn enhanced analytic choices and reflexivity (McGannon & Smith, 2015).

Due to the insightful contributions that my own and my supervisors' reflections had on my practices, I started to acknowledge the potential that these reflections could have with a wider community of academics and researchers. I then began by refining the key reflections that I felt were most important and insightful, subsequently these were saved in written form. Over time, I realised I wanted my reflections to have a lasting impact upon possible readers. I wanted them to be open for interpretation by others. With this in mind, I decided to provide a novel contribution to research by portraying my confessional tales through poetry. Referring back to embodiment, I considered how we can push embodied analysis further than merely talking about embodied experiences through the creation of themes, but to think about the corporeal experiences of analysis and reflexivity. While I had never experimented with poetry nor had I felt comfortable engaging and exposing myself to such a genre, weaving my experiences together in a coherent way resulted in the use of poetic representation. The process involves communicating my experiences in a condensed form that encapsulates and illuminates my thoughts, feelings and reflections. Leavy (2015, p.64) explained, poetry includes space for breaths and pauses, to "evoke a snippet of human experience that is artistically expressed as in a heightened state." Sparkes and Smith (2014b) described poetic representations as having the ability to create emotion evoking and open-ended connections between the researcher and the audience in a way that can recreate experience. Poems enable the reader or listener to feel something and respond to the use of words. Further, poetic representations can be interpreted differently, allowing them to be viewed in complex and nuanced ways. Richardson (2000) argued that "settling words together in new configurations lets us see and feel the world in new dimensions. Poetry is thus a *practical* and *powerful* method for analysing social worlds" (p.

933). Implicit with this quote, I was able to use the process of constructing the poems to gain greater clarity of my reflections and deepen my understanding of the emotional and ethical complexities of researching sensitive topics. Through poetry, I was able to process of experiences, uncover new insights, and convey the nuances of my research process in a way that more traditional academic writing often cannot. With this in mind, I was able to use poetry as a way to explore language and evoke what cannot be articulated. The poems give readers access into the ‘backstage’ contexts of the research by using the genre of the confessional tale (Sparkes, 2002b). Adhering to previous calls in literature, I use poetic representation to critically reflect on my own experiences of collecting stories within sensitive topics and highlight the challenges encountered by an early career academic (Brain et al., 2024) exploring sensitive topics (Mallon & Elliott, 2019). The poems were shared with my supervisory team on several occasions to make sense of the reflections and my interpretations of these reflections in a safe and supportive environment. My institutional ethics committee did not consider this research, therefore, ethical approval was not sought and granted.

6.5 Reflections

The main challenges and reflections are presented through poems titled: *Shadows Linger*, *A Tinted Lens*, *Promise of Change*, *The Uncertain Path*, and *Beyond Words*. Some reflections are best expressed through the poems themselves. However, I do offer my own interpretations on what the poem is communicating and how they could be useful for future research and practice. Through the poems and reflections, using extracts from my reflective journal, I began to see the importance of (1) the methodological challenges faced by early career researchers exploring sensitive topics, (2) the role in which researchers can take when working with people around sensitive or traumatic experiences. Each poem ends with recommendations for neophyte researchers and this confessional tale concludes with the key

lessons I have learned and recommendations for researchers, which may be helpful for other early career qualitative researchers.

6.5.1 Shadows Linger

Gathering truths, thoughts unsaid,
Wrestling battles fought inside my head.

Did my caution cast a shroud,
The depths of voices, disallowed?

Afraid of labels, judgement's light,
Did I fail to see their true fight?

The injured body, the broken bone,
Were thoughts left to remain unknown?

In my hands, their stories heard,
In every carefully chosen word.

A common challenge expressed amongst researchers and that I experienced myself, is the inability to retain elements of emotional detachment whilst listening to the harrowing and emotive stories (Batey & Szedlak, 2024). I found my thoughts lingering long after each interview around if I said the right thing or acted in the correct manner. I had to often remind myself that I am doing this research to share stories that have previously been silenced, and it can be helpful for the participants to speak out about their experiences. However, is it wrong to become emotionally attached? As a researcher, I would argue that the more we feel for our participants stories, the more we engage and the 'richer' data we generate, but are we then left vulnerable to emotional harm? On occasion, managing my own emotions and feelings became evident within the data collection process. I often became cautious about probing too much or

asking potentially difficult questions to the participants for fear of causing them emotional distress. I elaborated within my reflexive journal:

I find myself feeling guilty for opening up wounds. Wounds that might be healed completely or that still are red and raw. Some of them [the participants] have been through so much and I don't want to keep bringing up bad memories. I can see the pain in their faces, the distress at recalling information. I know I need to hear what they have to say but I have to take into account their feelings.

The persistent feelings of guilt have been previously referred to as an “ethical hangover,” (Lofland & Lofland, 1995, p. 28) whereby, the researcher wants to hear the story and gather data but feels a sense of unease or betrayal for ‘using’ participants as a means to an end. Ultimately, I was protecting my own feelings whilst also being sensitive to the feelings of my participants. However, if I swiftly moved on from certain difficult topics or refrained from probing for more information, I could have acted in further silencing their story. In hindsight, I recognised the need to critically reflect on my actions and acknowledge that I should have taken every possible step to minimise harm to participants while also striving to create meaningful benefits (Sparkes, 2024). Hearing and telling difficult stories can be both therapeutic and painful, making it essential to carefully consider the potential distress to participants alongside the value of sharing these experiences (Andersen & Ivarsson, 2016). Andrew (2017) reminds us that we need to be aware of our motives as researchers and ask ourselves *why* are we choosing to tell this story? What are my motives behind hearing and exposing this story? In answer to these questions, I realised that in exposing these difficult experiences, the stories can act to challenge oppressive social and cultural conventions, breaking the silence, and opening up needed conversations. In hearing difficult stories and having challenging conversations enables us as researchers to reclaim the voices of those previously silenced. However, it is important to note that the participants willingly shared their

stories as a way to make sense of their experiences, feel heard, and contribute to broader conversations around disordered eating and injury.

Another reflection to confess was my perhaps overly cautious choice of questions or language could have made the participants feel as if they couldn't speak more openly about their experiences. I reflected in my journal:

I said to a participant today that I wouldn't keep bringing up their past eating disorder because I knew it was uncomfortable. I wish I didn't say this. What if they wanted to talk more about it and in me saying that stopped them opening up? In the future, I need to find a balance between being empathetic whilst also being open to communicating challenging stories. Perhaps, I should have given more autonomy to the participant and let them decide how much and what they tell me. Remember, silence doesn't always need to be filled.

According to Frank (1995, p. 103), "in a world so permeated by contingencies that turn out badly...relationships with others have become dangerous." With this view, consequently, those who hope to help or respond to a physically or mentally ill person never actually know what to say or how to act, leaving them faced with ethical and moral obscurities. This was the case for me, not wanting to reopen wounds, I was unsure on how to act or what to say, leaving me emotionally conflicted. I felt because I have never experienced any severe disordered eating myself, that I was in no position to speak about it, but in reality I was not trying to be an expert, I was listening to their story and allowing their story to be heard. In saying that "we don't have to keep talking about this, I know it's upsetting" was in effort to empathise with the participant, however, my monological voice was sustaining the boundary between myself and the participant, shutting down potential dialogue. I unintentionally finalised their story by trying to protect them from further harm (Smith et al., 2009). This realisation came with the more interviews I conducted, I began to listen more, hearing what the participants wanted to say,

what parts of their story they wanted to me to hear. With this came the consciousness that I am not only studying the participants, but spending time with them, playing a part in their life and their story. I began to speak with them, my voice remaining distinguishable, meaning dialogue remained unfinalised (Smith et al., 2009).

As an ‘emic’ or person with insider knowledge, I was continuously reflecting on how I responded to certain stories and if I was too accepting of the sporting culture. For example, within distance running if you become injured and cross train, it is highly common to be in the gym or on an exercise bike for hours longer than you would run. This would not be considered normal behaviour outside of this environment, but I just accepted this as a rational behaviour for injured athletes, when actually it could be damaging. Simon (2000) emphasised that sports reinforce values in the culture and socialises participants into accepting them. Therefore, sports can promote or reinforce values that might not be accepted outside of sporting cultures. The use of ‘critical friends’ were especially beneficial in this aspect. As cultural outsiders they were able to challenge my thoughts and behaviours, offering new interpretations to consider, aiding the analytical process. Moreover, as the interviews went on, I began to reflect on if I was totally engaged with each interview. Especially towards the last few, when topics became repetitive as I was reaching data saturation. However, because I had made the interview unstructured, leaving participants to have more autonomy over the situation, I was able to find discussion and conversations that were new. I also was more comfortable to share my own personal experiences, in which the interviews became more conversational. Taking this poem into account and the subsequent interpretations, I would recommend future researchers or neophyte researchers exploring sensitive topics to remind themselves of their ‘why.’ *Why* are you undertaking this research? *Why* is this research of importance? Having an understanding of your ‘why’ will help to put into perspective the difficulties encountered when hearing

challenging stories. Furthermore, be prepared for emotions to be elicited by yourself and the participant when personal, in-depth stories are shared.

6.5.2 A Tinted Lens

An insider's lens through which I see,
Questioning if my view is distorting me.

My own past remains in my head,
In stories they share, and those unsaid.

Does my language build a wall,
Disguising truths they'd share, if heard at all?

For each story, a tale unique,
Deserves to be heard, they are ready to speak.

May I find the grace to see,
Where their paths diverge from me.

This poem represents the challenges I encountered around 'boundaries' and the implications of crossing such boundaries. For example, having already known some of the participants and becoming close with a few, I had to remind myself of my position as a researcher. Smith et al. (2009) questioned, "how close is too close to research participants and how far is too far?" (p. 343). I felt that creating a closeness between myself and the participants would enable richer data to be collected, that the interviews would be more comfortable and relaxed. In hindsight, I befriended my participants in the hope I could better understand their experiences. I showed myself as vulnerable by sharing some of my own stories and this did reduce any power-dynamic originally created by a researcher-participant position, however, did I cross the line and become too close to my participants? I reflected further in my journal:

We [a participant and I] spent over 30 minutes catching up about our lives rather than talking about the research. I know this made them feel a lot more comfortable in the situation and it did for me too. It was nice to get to know a person on a deeper level before trying to engage in challenging conversations. They wanted to talk, and I let them.

Smith et al. (2009, p. 346) suggested “researchers may necessarily turn attention to the quality and patterns of interaction and the ethical ideals of respecting difference while striving for understanding.” In light of this reflection, I am thankful of the closeness I obtained with my participants in a relatively short amount of time, I think this is one of the main reasons some participants opened up to me in the way that they did. Day and Thatcher (2009) emphasised the importance of building rapport with participants in understanding their lives in as much detail as possible. If I was thought of as an outsider, I would have purely been an onlooker. Even though we often only have a brief presence in our participants lives, I believe this places us as researchers in a position of an instant confidant (Warr, 2004). I was conscious that sharing aspects of my own story would “merge” our voices and impact the way in which participants responded, whereas this acknowledgement of shared experience created a safe space not to share the same identities but to share affinities. The dialogical space between us was maintained (Smith et al., 2009).

As a previous distance runner, I am aware of the language, terminology, and unwritten rules of the culture which made communication with the participants easy and straight forward. In reflection, having experiences with injury and understanding the running ‘bubble’ made it easier for the participants to open up to me. However, due to this inner knowledge, the participants could have been holding back or saying what they thought someone in their culture would want to hear. For example, feeling the need to ‘play the part of an athlete’ (Carless & Douglas, 2013). This involves expressing their story in a way that fits the dominant cultural

narratives or ‘master narratives.’ In reflection, I believe I was too accepting of the master narrative of performance and ‘win at all costs’ mentalities in which I experienced throughout my years as a runner. However, accepting the dominance of these restricts the capacities for alternative storylines to emerge. My acceptance of the master narratives risks alternative stories from being silenced due to fear of being ostracised (Douglas & Carless, 2009a).

Moreover, this poem reflects on how boundaries can limit or sustain dialogue and monologue (Smith et al., 2009). During one specific interview, the participant was talking about their current injury and how they are having to take time off. I said in response: “...you can recover and get better.” In saying this, I unknowingly finalised the conversations and limited future avenues of dialogue. I interfered with their rights to tell their own tale, one that may have lacked a plot or coherence. With hindsight, I realise that my response aligns closely with Frank’s (1995) assumptions that recovery and restoration are the inevitable goals. People are naturally drawn to the narrative of restitution, however, not all experiences follow the plotline ‘bad to good.’ My act of finalisation could have foreclosed their options to live or tell their story in a different way. According to Smith et al. (2009), shifting from monologues that finalise a person towards dialogic words that do not finalise them can encourage further dialogic relations. For example, in the second interview with the same participant, they stated they would be out of training for another three weeks, I went onto say “let’s hope so” this enabled an opening for them to follow the conversation and engage with the dialogue, instead of saying “I’m sure it’ll be fine”, which would act as a closing statement. I was able to honour the uncertainty of injury and remain unfinalised. An empathetic stance is important to understand the other person better, however, we must be aware of the limits of empathy. As the interviews progressed, I became more aware of misinterpreting the participants views and needs, being cautious to not ‘over rapport’ (Mackenzie & Scully, 2007). For neophyte researchers like me, I would recommend being cautious around the language used when speaking with participants,

being cautious around the theories of dialogue and dialogic relations. As Smith et al. (2009, p. 356) put it, future researchers should “...take seriously the relationships in which they engage, how they orientate to boundaries, and the consequences this may have for themselves and others.”

6.5.3 Promise of Change

Their eyes shine, hopes seem bright,
In worlds where cultures cling so tight.

Promises I cannot bestow,
For winds of change are often slow.

Although the steps might feel small,
Every leap forward matters to us all.

While I cannot shift the tides,
I walk with them, stories allied.

This poem describes my feelings of guilt around carrying out research that will not necessarily have an immediate impact or change on the culture, as Christians (2005) put it: “Human worthiness is recognised as non-negotiable, and where it has been violated or lost, we are under moral obligation to restore it.” (p. 159). Throughout data collection, I felt as if I was making empty promises to my participants, that this research would be a catalyst for organisational, cultural, political, and social change. I noted in my journal:

I could see the hope in his eyes at the prospect of this research helping others avoid going through what he went through. He was expressing the ease in which people (i.e., coaches and athletes) could change their behaviours and subsequent cultural pressures. In reality, I can’t promise that this research will change people’s attitudes. The cultural values are deeply embedded, a few stories won’t make much difference.

Within this extract, it is clear I was experiencing an episode of self-doubt. Patnaik (2013) illustrated how self-doubt can ensue when you begin to question work credibility and if your voice as a researcher will be heard. This is a challenge that can exist as an early career researcher, like myself. I further doubted myself and the credibility of my work following a focus group I conducted with a number of coaches. Towards the end of the discussion, one of the coaches made a comment in which I strongly agree with:

...if I'm like being brutally honest, I think they've existed for a long time, and I think people will still just choose to ignore them and that is the issue. It comes down to the individual choice, those stories hit home with me, but they don't scare me. They don't intimidate me. They just hit home because I feel sad...So I think if we are to change things, I think it has to be significant change because yeah, I also think that's a significant change from the top and good role models and in the right way. And it could, it could potentially happen, but we still will always have this issue, always.

I came away after hearing this feeling disheartened because what I am doing did not feel like enough. If we want change to occur, it had to be something substantial and these stories, like the participant said, have been heard before. I began to question, “well, why am I doing this?”, “what’s the point?” To answer these questions, I found the process of reflexivity to be helpful, I could look back on previous thoughts and feelings that had been positive, which in turn reminded me of my ‘why,’ for example, some participants would express their gratitude for enabling them to tell their stories. Moreover, I was continually encouraged by other participants, who showed their appreciation towards the work that is being conducted (e.g., “I think what you’re doing is really great”).

Previous researchers have highlighted that they can become discouraged when undertaking research on sensitive topics because of the inability they have to influence the impact of research, beyond that of a study being published (Mallon & Elliott, 2019). Although,

they went onto suggest that this was not a universal feeling, and many researchers felt they could take on a greater role in creating impact within practice. I personally began to overcome this feeling of hopelessness by taking on responsibility outside of academia (e.g., conducting webinars) and sharing my emotional reactions with my supervisors. I noted in my journal:

I want to become more involved outside of the research...it eases some of the guilt I feel because I feel like I can actually go onto do something (e.g., talks, disseminating research).

I would, therefore, encourage other neophyte researchers to be open and honest with those around them. By struggling to understand my role as a researcher, I was able to turn to my supervisory team, family, and partner for encouragement and guidance. Through being ‘open’, my experiences and feelings were normalised. I became to understand that my feelings of guilt were not because I was incapable of making significant changes, but because change takes time. Overtime, I began to become increasingly aware that these insecurities and feelings of doubt are normal, and it is important to acknowledge and accept these feelings. As Appaneal (2020, p. 226) stated, “showing compassion towards oneself frees us up to empathise with others in shared difficult experiences.”

6.5.4 The Uncertain Path

From dark to light, paths remain unclear,
Not every end is free from fear.

When stories shift from bad to good,
Should we pause and question if we should?

In stories raw,
The truth remains unsure.

In reflection, I can start to see,

The varied paths of their journey.

Not all lead to redemption,
Perhaps shaped by perception.

This poem represents the true realities of individuals struggling with psychological challenges associated with injury and disordered eating. Favoured stories of redemption and restitution or stories that follow the plotline of ‘bad to good’ are not always common and actually we should ‘lift the veil’ on the darker sides of sport (Everard et al., 2023; Prior et al., 2024). When my participants engaged with the stories, many resonated with aspects of the more upsetting parts, the aspects you don’t often hear (e.g., ignoring your stomach growling, hair falling out due to lack of nutrition). Often these types of stories that they resonated with have a lack of tellability. A lower boundary of tellability refers to a story that is sufficient to the listener and can be heard, the upper boundary is where the story is deemed no longer tellable (Ochs & Capps, 2001). The upper boundary of tellability often involves stories that are upsetting and unacceptable to hear. Usually, when a story moves towards this upper boundary, individuals can dismiss any resonance with it. However, in this case, the more difficult stories made some of the participants feel seen and heard. It was almost refreshing for them to see it written or spoken out loud. Although, I then found it somewhat confusing when a number of participants during reflection of the stories and athlete focus groups wanted more ‘positive’ experiences, stories that had ‘happier’ endings. I had to gently remind them that I wrote the stories based on experiences that I heard and cannot make up more stories based on experiences that I did not encounter. Nevertheless, I felt as if maybe I should have created a more positive story, I began to think that I was being pessimistic and maybe I was failing to see the optimistic or positive aspects of experiences. I reflected in my journal:

Lily made it very clear that the stories were ‘depressing’ and that I could make up one that is slightly more ‘positive’ that could resonate with more people. She expressed her concerns over the stories being at the extreme end of the spectrum and are almost too farfetched to be believable. But these are the experiences I heard, if I were to create more positive stories, they would be inauthentic to my data.

This leads onto the debate around: *who owns the story?* If my participants wanted to have a more positive story, should I have been more concerned with bring forth more ‘positive’ aspects of their experiences? However, as the author of the stories, I was reminded by Bochner and Ellis (2016, p. 147) that “It’s your story, and you get to decide how to tell it and what to tell, but along with that privilege comes additional responsibilities.” I am simply writing my interpretations from collective experiences. This polyphonic approach to storytelling enabled the stories to be more authentic by using multiple voices, creating a more realistic representation of experiences (Winkler, 2018). This eased my mind when I questioned changing elements of the stories because the additional voices produce stories that are more real and true. I decided to keep the stories as they were, Sparkes (2024, p. 7) pointed out that “the ethical burden and responsibilities of interpretation and representation, as well the as the consequences of decisions made along the way, belong to the author and should not be deflected onto those who inhabit the stories told.” Furthermore, member checks and reflections have been questioned when balancing claims of the ‘right to be heard’ and ‘oppressive silencing’, we are reminded that member reflections should be treated with caution when participants might try to avoid harm to themselves by wanting a more ‘positive’ story, silencing difficult experiences that are often untold (Sparkes, 2024).

Ultimately, this reflection enabled me to recognise the importance of not diluting the challenging or ‘untellable’ stories to make them more accessible to readers but to embrace the stories that do not follow the plotlines of ‘bad to good’ because what if a story doesn’t get to

good? Mental health disorders are serious conditions where many experiences are thrown ‘under the rug’ or suppressed to follow the more dominant plotlines of restitution because this is what people want to hear (Frank, 1995). Sharing and hearing more challenging stories in which individuals can resonate with can show they are worthy of being heard and enabling more individuals to share them. By identifying hard to hear stories that don’t always end in a happy ending can enrich our theoretical understandings and resist cultural norms. Frank (2010) reminds us that endings are never assured, we can never predict an ending to a story, and stories keep moving and breathing.

This poem also draws our attention to the debates around: *when should we challenge if a story is true?* Conducting member reflections (see chapter four) highlighted that participants questioned if certain stories were true, with one participant stating: “does that actually happen?” Upon reflection, I was reminded that there is never one story, one truth, or one interpretation. Each individual recalls their own experience to be the ‘truth’ and stories are always told from a particular point of view that may differ from another. The ethical challenge raised within this reflection is who has the final responsibility for the overall interpretation? Which takes me back to the quotation above: “It’s your story, and you get to decide how to tell it and what to tell, but along with that privilege comes additional responsibilities” (Brocher & Ellis, 2016, p. 147). However, the overarching question that remains is: how do we know when we have gotten it right? Pelias (2019) stated that “writing about others, particularly those who have shared experiences with you, is always an ethical test” (p. 132). Ultimately, as a neophyte researcher, I would recommend future researchers to understand and explore the upper boundary of tellability (i.e., untold or often silenced stories) and embrace the platform you are providing for participants to share their voices and for their stories to be heard, whether you believe them to be true or not.

6.5.5 Beyond Words

I have a duty of care, I must be there,
To offer help when they feel ready to share.

But is a helpline's unknown voice,
Enough to support their courage and brave choice?

In sharing stories of pain and fear,
They may need more than just words to hear.

For their stories, both happy and tough,
Will my support ever be enough?

This poem represents the moral and ethical consequences I felt when conducting the research. I became quite naïve throughout the research process about how my participants could have felt around disclosing their stories and having difficult conversations they may never have had. After creating the stories, it was important to me to take them back (through member reflections) to the participants so they could see what their involvement in the study was doing. I wanted them to have a say in what was told and to make sure they felt represented in the stories. Until these member reflections, I had not really thought about the difficulties they faced when speaking out, especially stories deemed to be 'untellable.' A number of participants expressed the difficulty they experienced when reading the stories and seeing their experiences written or read aloud. The distress I could see on some of their faces was an eye-opener for me and I began to question if I had done enough. Furthermore, when conducting the member reflections, I failed to take into account the current mindsets and situations of the participants, with one participant unable to read the stories due to distress with currently being injured. I reflected in my journal:

I knew the stories could be distressing for the participants, but I didn't think about if the athletes might have regressed in terms of 'recovery' or if they were mentally stable enough to read the stories. I thought the process would be straightforward for participants. I should have been more considerate of what they might be going through in the present time.

I was then left with the guilt of sending the participants the stories and just expecting that it would not be a problem for them to read them. I'm not sure if I did enough following this interaction, after they said they couldn't read the stories, I cannot help but think I should have been there to help. This raises questions around the timing of dissemination, when is a good time for participants to read the stories? Pelias (2019) pointed out that as writers in qualitative research we must protect those we write about and take responsibility for our words. It is almost impossible to predict how one will respond or interpret a story once it is read and received by the reader. Frank (2010, p. 35) argued that once a story is released "those who have received it have it as theirs and will use it as they will, with the story lending itself to each of these uses but also shaping each use." This raises ethical challenges in being left unsure if sharing stories is worth the potential upset of even just one person (Turner, 2013). I reflected in my journal:

How am I supposed to know how one person will react to a story compared to another?
What if the stories upset, anger, confuse, or offend someone? Alternatively, what if they comfort, appease, or help someone else? How as writers and researchers can we be sure our research practices are ethical?

A similar concern was raised by Tullis (2021), who suggested that research and ethics committees fail to consider ethical responsibilities after data collection has ceased. This leaves the sole responsibility of the care and consideration of participants to the researcher. As an early career academic, I was left uncertain about how to go about providing this support. I looked towards my supervisory team and existing research for advice and with this I realised that if

you have abided by all the ethical considerations and attended to the participants throughout data collection in a respectful way that limits any harm, there is not much more you can do as a researcher. As a neophyte researcher, this was hard for me, I had to remind myself that I am not a qualified psychologist, life coach, or counsellor and therefore, by providing the correct helplines and steps to find help if needed, I couldn't really do any more. This poetic representation is somewhat reminiscent of Sparkes' (2024) research, who reminds us that as researchers we must make every effort to minimise harm to participants, whilst maximising benefits. However, emotional responses are difficult to predict. As a neophyte researcher, I would recommend going back to your 'why' and becoming more aware of your motive for creating research that could potentially cause harm. More often than not, we are not able to grasp our emotions until after we have completed our work and had time away to reflect (Sparkes, 2024).

6.6 Conclusion

The confessional tale represented in the form of poetry in this chapter provided a real and honest account of what I experienced, thought, and felt during the data collection process as a neophyte researcher. The presentation of my experiences are by no means finalised or absolute, they are solely 'mine.' By sharing these experiences, it is the hope that these poems "project an image that reshapes our conception of some aspect of the world or that sheds light on aspects of the world we have not seen before" (Barone & Eisner, 2012, p. 152). In other words, I hope that this novel account of confessions and reflexivity lifts the veil and invites readers to have a broader understanding of some of the challenges faced when conducting qualitative research, inviting readers to form their own interpretations and reflections, in the hope that future research processes can be enhanced. Art based research, such as poetry has the depth to invite the reader into an experience, make connections to their own experiences, and reflect (Barone & Eisner, 2012). By writing these confessions and reflections, I have exposed

elements of myself as a researcher and as a person, which in turn has made me feel vulnerable. However, it has served as an outlet for me to voice the ethical and moral dimensions of my research that I have encountered. In doing so, I have learnt a number of lessons about the research process and myself as a researcher which I will now share whilst revealing what these lessons can offer to other researchers. First, I now understand the importance of taking care of myself as a researcher, engaging in self-care, and understanding the embodied impact of work. I took on board recommendations from Vincett (2018) for self-care strategies, for example I began utilising support networks (i.e., supervisors, family, partner), I read more practitioner resources, I continued writing in my reflexive journal, and I prioritised my free time to do activities I enjoy (i.e., reading fiction). In a similar vein, I learnt to expect that some interviews will elicit emotional responses and to not be ashamed or worried about this, this allowed me to shed my 'cloak of vulnerability' and accept and acknowledge my feelings (Appaneal, 2020; Mallon & Elliott, 2019). These insights can benefit future researchers by highlighting the necessity for self-care, emotional preparedness, and reflexivity within the research process. By normalising researcher vulnerability and emphasising the value of support systems, future researchers will be better prepared to navigate the emotional challenges of qualitative research with greater self-awareness. However, researchers should not have to rely on informal support networks (i.e., friends, family, colleagues). Instead, formalised support should be made available. This could be in the form of a peer support programme, bringing together neophyte researchers and/or mentors to act as professional confidantes (Dickson-Swift et al., 2007).

Second, I have learnt to understand the importance of self-responsibility as a researcher. By this I mean, taking responsibility for my own actions and taking responsibility for the words and stories I subsequently share (Sparkes, 2024). I will continue to be very understanding of how emotions have been managed throughout the research process. In saying this, I am thankful for the member reflections I conducted, in which the participants have an opportunity

to feel represented and heard within the stories, without this I would have lacked the encouragement and ‘blessing’ to share the stories to wider audiences. Although, I would strongly recommend early career researchers to take into account the timing and potential impact the research could have on participants, and ask yourself “what is at stake for your participants?” (Cavallerio et al., 2020, p. 59). This lesson serves as a reminder to other researchers, especially those of early-career status, of the ethical responsibility involved in sharing data and participants’ stories. It underscores the importance of balancing academic goals with a sensitivity for the emotional and relational aspects of research. Future researchers could use this lesson to prioritise participant well-being and carefully considering the timing and impact of dissemination. Moreover, this lesson raises awareness of the issues that research into sensitive topics can raise and prompt advancements of ethical approval processes. For example, there could be a section when granting ethical approval on how the researcher plans to handle the responsibility of the research and researcher self-care. Research institutions could work harder to maintain awareness of researcher risks and make more effort to mitigate the dangers.

Third, I have learnt to consider how language is used throughout the research process, all the way from recruitment to data representation. Throughout the process, I have acknowledged that the language I used could have interfered with an individual’s right to tell their story, for example by saying “you don’t have to talk about it.” This language, although it was empathetic and coming from a place trying to protect the participant, it could have finalised their response (Smith et al., 2009). Similarly, I learnt the importance of the language utilised when representing participant experiences through data analysis and representation. I wanted the stories told to be authentic and true, whilst also knowing it was important for the participants to be kept anonymous. Therefore, my choice of data representation (creative non-fiction stories) reflected this lesson and was based on understanding and listening to how

participants wanted their experiences to be represented. In saying this, it is important to respect your participants' interpretations and your own subjective interpretations as a researcher (Bochner & Ellis, 2016). This lesson encourages other researchers to be mindful of their words, through recruitment, data collection, and data representation. To further enhance the research process, institutions could provide more thorough guidelines on the type of language used, especially for qualitative researchers exploring sensitive topics. By adopting a reflexive approach to language use, we can continue to create a space for participants to share their stories while underscoring the importance of ethical considerations (i.e., anonymity). This awareness further encourages a participant-centred approach to research, ensuring stories are told and shared with care and integrity.

Lastly, I have learnt the importance of identifying a safe environment to share interpretations, beliefs, and reflections. I learnt to be as open and honest as I can with those around me which helped me to find my role as a researcher and to understand my 'why.' In conclusion, I draw attention to the main theme within this confessional tale: the importance of reflection. To reflect upon and openly discuss how we negotiate qualitative research and the challenges we encounter, helps to recognise and negotiate the complexities experienced. In writing this confessional tale has, in itself, been a transforming process. I have given voice to my experiences and emotions through poetry in the hope that my own experiences as a novice researcher can guide others through their 'research journeys.'

Table 1. Summary of Lessons Learned and Recommendations

Lessons Learned	Recommendations to Enhance Research Process
Understanding the embodied impact of researching sensitive topics	• Recognising the value of researcher self-care. • Research institutions could offer more 'formal' support (e.g., peer support programmes), rather than relying on informal support networks (i.e., family, friends, colleagues).

	• Encourage debriefing sessions with your supervisory/research teams to offload any concerns or feelings. • Leave adequate space between interviews to process information and to recognise signs of burnout.
Taking responsibility as a researcher	• Institutions could enhance ethical approval processes to contain a section on how researchers plan to handle the responsibility, the feelings of guilt, and researcher self-care. • Taking into account timing of researcher and the impact of dissemination on both the researcher and participants.
Consider type of language used	• Institutions could provide a more accessible set of guidelines to be used by neophyte qualitative researchers researching sensitive topics. These guidelines would help to identify the type of language used throughout recruitment, data collection, and data representation. • These guidelines would also cover issues relating to researcher responsibility, assessing risk, and participant safety.

6.7 Summary

In this chapter, I used the genre of the confessional tale in the form of five poems titled: *Shadows Linger*, *A Tinted Lens*, *Promise of Change*, *The Uncertain Path*, and *Beyond Words* to explore my experiences as a neophyte researcher investigating injury and disordered eating experiences for the first time. Each poem was centred around a point of reflection I had made throughout the research process. For example, the inability to retain elements of emotional detachment, the blurred boundaries of becoming close with participants, having guilt around not making an immediate change, the difficulties of hearing distressing, often silenced stories, and questions had around supporting participants throughout the research process. Following each poem, I offered my own interpretation of the poem, drawing from theoretical knowledge.

I concluded by offering lessons I had learnt throughout and recommendations to future researchers to protect themselves against harm and ways to enhance the research process. I hope that I offered an honest, emotive account of my experiences that acknowledged the challenges of researching sensitive topics as a neophyte researcher.

Chapter 7: Overall Discussion

7.0 Overview

In this thesis, I have developed a novel and nuanced understanding of the sociocultural and embodied meanings that athletes attribute to their experiences of sport injury and disordered eating. By combining two previously distinct areas of research and constructing five creative non-fiction stories based on athletes' sport injury and disordered eating experiences, this PhD contributes to the growing body of work seeking to enhance the practical applicability of qualitative research findings. The aim of this chapter is to synthesise the critical insights developed throughout the thesis and demonstrate how this programme of research has advanced current understanding, contributed to methodological innovation, and informed applied practice. First, I begin by summarising the key components and findings of the thesis. This is followed by outlining the theoretical and empirical contributions of the research. Next, I discuss the methodological developments and practical implications, along with suggestions for how to implement the findings from this PhD into practice. This chapter and thesis as a whole concludes with discussing avenues for future research, as well as offering some final reflections on the research process and my concluding thoughts.

7.1 Thesis Summary

This thesis set out to explore the complex and often overlooked relationship between sport injury and disordered eating among distance runners. Motivated by a lack of integrated approaches, the research aimed to develop a more holistic and nuanced understanding of athletes' experiences by drawing on sociocultural and embodied perspectives. By foregrounding and storying these experiences, this thesis further aimed to disseminate the stories beyond academic audiences with the aim of bridging the persistent gap between research and practice. Across four interconnected studies, this thesis offers both theoretical and applied contributions, while incorporating creative methods of representation and reflexive practice.

The first study in this thesis (chapter three) used a narrative inquiry approach (Frank, 2010) to explore how regional to international distance runners experiences injury and disordered eating over time. Distance runners were chosen as the population of interest because of both the high prevalence of injury and disordered eating. Distance running has a culture ideology of “skinnier equals faster” and a normalisation of injury, which is framed by the performance narrative (Douglas & Carless, 2009a). To counter this normalisation, life-story interviews were conducted within 10 regional to international (sub-elite) distance runners over eight months. Visual materials were used in conjunction with interviews to make methodological contributions and reduce reliance on verbal articulation of experience. Data were analysed using Dialogical Narrative Analysis (Frank, 2010), to explore not only what is told within an individual’s story, but the effects of this story, *how* this story is told, and the narrative resources in which they drew from (i.e., their ‘narrative menu’). Following analysis, a storyteller position was undertaken, in which five creative non-fiction stories were developed based on a combination of athlete experiences over time. The stories were titled: *Is it good for me? I knew I’d gone too far, maybe it wasn’t too late for me? Is this what normal feels like?* and *I love food too much*. Interpretations of each story were discussed, alongside the potential use of these stories to broaden athletes’ perspectives and understandings around injury and eating practices. The stories provided the conceptual foundation for the remainder of the thesis.

The second study (chapter four) expanded on the first and extended literature by addressing the know-do gap present within sport psychology. Following recent calls to translate findings into more accessible and engaging formats, and seeking input during data analysis and representation, this chapter conducted member reflections with the original participants. By positioning the participants as ‘witnesses’ of the stories, the aim of this study was to understand how the stories can “do” things *on*, *for*, and *with* the participants. With the hope that this understanding helped guide actions and future possibilities of the stories. Conducting member

reflections offered an alternative way to think, feel, and behave, exploring how the participants engaged and responded to the five different experiences within the stories. By conducting member reflections, I was reminded “the dialogical interviewer is there to learn from the participant” (Frank, 2010, p. 99), and this study further enabled any changes to the stories based on participant feedback. Using narrative theory as a lens to interpret findings from the member reflections, data was analysed using Reflexive Thematic Analysis (Braun & Clarke, 2019; 2021). Four primary themes were identified: *Cautionary Tales*, *Sympathetic Imagination*, *Restoring Body-Relatedness*, and *Representing the Absent Other*. Overall, this study provided a novel understanding into how storied experiences of injury and disordered eating can do things *on*, *for* and *with* athletes. It enabled me to critically consider the future uses the stories and problematise the challenges of subjective storytelling. Moreover, this study enabled me to engage with relational ethics. By positioning the participants as ‘witnesses’ to their own stories, research dissemination through member reflections became a space where participants could voice any concerns, thoughts, and feelings in relation to reviewing their own storied experiences. This study was used to (a) refine the stories to make sure they were representative of athlete experiences, (b) guide the dissemination of the stories to wider audiences (i.e., athletes, coaches, practitioners).

Building and expanding upon the scope of the previous chapters, the third study in this thesis (chapter five) aimed to address how the stories could be used within practice. Up until this point in the thesis, the fields of the psychology of sport injury and disordered eating in sport had been advanced theoretically, but a gap remained in understanding how the stories might be applied to settings outside of academia. The purpose of this chapter was to explore how stories could be used to bridge disciplinary boundaries and encourage multi- and interdisciplinary ways of working. Aligned with narrative pedagogy (Goodson & Gill, 2011), seven focus group interviews were conducted with 25 participants including athletes, coaches,

and practitioners (i.e., sport psychologists, nutritionists, physiotherapists). Reflexive Thematic Analysis (Braun & Clarke, 2019; 2021) was used to analyse the data set. Three themes were identified: *stories allow for complexity*, *stories are educational*, and *stories are collaborative*. This chapter illustrated the practical value of the stories in serving as a possible resource for continued professional development and educational workshops. Moreover, it highlighted the potential benefits of multi- and interdisciplinary ways of working when addressing the multifaceted and complex nature of sport injury and disordered eating, while addressing knowledge gaps and the need for role clarification. In doing so, this study foreground the use of stories as a novel resource to encourage collaborative ways of working around injury and disordered eating.

The final study in this thesis (chapter six) comprised of a confessional tale which explored the impact of qualitative research on myself as an early career or ‘neophyte’ researcher, due to the emotional vulnerabilities experienced when working within sensitive topics. I reflected upon the process of being an ‘emic’ (Berger, 2015) or researcher with ‘insider status’ of distance running. This was a novel research study which heeds calls to understand the emotional turmoil of researchers from a range of backgrounds and methodological approaches (i.e., focus groups). Moreover, this confessional tale extended previous research by confessing through poetry, demonstrating how we, as researchers, can have a greater awareness of how research knowledge is produced, and the possible impacts on both yourself as a researcher, but also the participants. Five poems were created to represent my main challenges and reflections: *Shadows Linger*, *A Tinted Lens*, *Promise of Change*, *The Uncertain Path*, and *Beyond Words*. By sharing these poems and lessons learned, it is the hope that they stimulate researcher reflexivity and dialogue around the complexities of working as a qualitative researcher within sensitive topics, in addition to being a neophyte researcher. The poems and subsequent interpretations can be used to guide researchers on what can be done to manage

these risks, minimise ethical and moral implications, and take care of oneself as a researcher. Moreover, this chapter ends with recommendations to enhance qualitative research processes in the future, so other PhD students and early career researchers can benefit and learn from my experiences.

7.2 Knowledge Contributions

This section discusses the contributions that this body of research has made to current knowledge and conceptualisations. This programme of research sought to develop a rigorous and novel understanding of athletes' injury and disordered eating experiences, through the use of creative non-fiction storytelling. In doing so, this thesis has made several important contributions to the literature. First, this research has contributed new knowledge by expanding theoretical understandings of sport injury through the integration of eating practices and behaviours, an area that has been largely overlooked in sport psychology. By bridging two research domains, this thesis offers a more conceptualised understanding of injury and disordered eating. This contribution responds to ongoing calls within sport psychology literature, such as Wadey and Day (2022) to advance and enrich theoretical knowledge of sport injury. Their work highlights the need to move beyond solely intrapersonal accounts, and this thesis answers that call by offering a multifaceted understanding that incorporates sociocultural and embodied dimensions. Drawing on the findings from chapter three, this thesis offers a broad, nuanced, and holistic account of athletes' lived experiences of sport injury and disordered eating. By continuing the momentum of narrative research within sport psychology, chapter three which was guided by narrative inquiry (Frank, 2010), highlighted the importance of uncovering the personal, sociocultural, and embodied dimensions of these experiences, areas that have previously been underexplored.

Building on this understanding, this thesis led to the creation of five original non-fiction stories (i.e., *Is it good for me?*, *I knew I'd gone too far*, *maybe it wasn't too late for me?* *Is this*

what normal feels like? and *I love food too much*), which offer new conceptual insights into how sport injury and disordered eating experiences intersect. These stories extend the sport psychology literature by combining two traditionally separate into a more comprehensive, holistic framework. Through these stories, the thesis identified overarching sociocultural plotlines that connect athletes' psychological experiences with broader systemic and cultural factors within distance running. In doing so, the stories illuminate how athletes' relationships with their bodies, injuries, and food are shaped not just by internal struggles but by wider sociocultural and interpersonal pressures. By situating individual experiences within these broader plotlines, the research provides a deeper and more contextually sensitive understanding of the complex interplay between injury and disordered eating.

Second, this thesis advances empirical knowledge by capturing the complex, context-specific lived experiences of distance runners, an area that has been previously underexplored. By presenting these experiences through creative non-fiction stories, the research fostered deeper empathetic engagement among athletes, coaches, and practitioners, offering new ways to understand and respond to the challenges faced by distance runners (see Chapter three). To date, there has been, to my knowledge, no research attributed to understanding the lived experiences and/or storied perspectives of injury and disordered eating. By writing non-fiction stories, the lived experiences of distance runners could be shared in an innovative, thought provoking, and engaging way. By raising awareness of critical issues, such as the normalisation of overtraining and undereating within distance running, this research highlighted the need for strategies that address injury and disordered eating beyond an intrapersonal focus. Furthermore, the stories and associated pedagogical discussions (see Chapter five) generated empirical insights into how a deeper understanding of athletes' lived experiences can challenge and inform current practices, ultimately leading to more effective support for athlete well-being. In doing so, this thesis provides a novel contribution by demonstrating how stories can be used to

encourage multi- and interdisciplinary collaboration, highlighting the value of integrated approaches when addressing complex health issues in sport.

Third, examining athletes' experiences of injury and disordered eating through the lens of narrative inquiry deepens our understanding of how these issues evolve over time. Unlike previous research (e.g., Reel et al., 2018), which often treated injury and disordered eating as isolated events, this programme of research highlighted their interconnectedness and the significance of subjective turning points (see chapter three). By exploring these experiences over time, this research adds historical depth while also considering future implications. The narratives constructed within this thesis capture pivotal moments, memories, and conversations that may have shaped the trajectory of athletes' experiences. These stories offer valuable insights into the short- and long-term impact of injury and disordered eating on athletes' well-being, mental health, and career longevity. By sharing these perspectives with athletes and their social networks, this work encourages critical reflection on the potential risks and consequences of certain behaviours, fostering greater awareness and more informed decision-making within sporting environments.

Fourth, previous sport psychology researchers have somewhat neglected the physical body. Research on the sporting body has continued to view the body as an *object*, ignoring the fleshy, corporeal experiences of athletes (Hall et al., 2022). As such, scholars have argued that as injury and disordered eating are both embodied experiences, researchers should bring the body 'back,' focusing on its intimate connection to lived experiences. Within this thesis, the studies have moved beyond the disembodied portrayal of injury and disordered eating by taking the primacy away from athletes' thoughts, feelings, and behaviours, which externalises and objectifies the body. For example, chapter three drew upon embodied interpretations of how athletes came to experience narrative typologies in, through, and out of the bodies (Frank, 2010). While chapter four looked into how the body responds to hearing stories, notably their

storied experiences of injury and disordered eating. Taking embodied and sociocultural factors into account, this research has advanced literature that deemed the impacts of sport injury and disordered eating to reside in the mind. The focus of much literature has been on the athletes' "inner worlds," emphasising their cognitions and behaviours, rather than challenging external factors and understanding bodily responses. Focusing on the inner working of the athlete can place blame upon the individual and position the psychological challenges as problems to be fixed. This thesis extends these viewpoints by taking into account the lived experience of athletes, understanding the 'bigger picture.'

Lastly, this thesis has focused heavily on research reflexivity. By incorporating a confessional tale through poetry, this these demonstrates how reflexivity can be both analytical and expressive, offering deeper insight into the complexities of researching sensitive topics like injury and disordered eating. By openly reflecting on the emotional and ethical challenges encountered throughout the research, this thesis has extended knowledge on researcher subjectivity and encourages future researchers to also engage in self-reflection. By reflecting throughout the research process, this thesis provided lessons learned and recommendations for researchers to protect both themselves and participants. In addition, this thesis has taken embodied reflexivity into account by acknowledging my own emotional and bodily presence in researching sensitive topics. In doing so, an embodied perspective offers a more relational and ethically engaged approach to knowledge production in sport psychology research.

7.3 Methodological Contributions

This section discusses the methodological contributions and highlights the novel and diverse methodological decisions made during this thesis (i.e., visual materials, member reflections, stakeholder engagement, reflexivity, and poetry). First, answering calls for more visual methods of data collection in sport injury research (Day & Humphrey, 2020), this thesis made methodological contributions to the literature by adopting visual materials (i.e.,

photographs) alongside life-story interviews to understand athletes' experiences of injury and disordered eating (chapter three). In doing so, this research was able to enhance emotional recall of experiences and offer participants a way to story their experiences away from the sole reliance of verbal articulation. As suggested by Phoenix (2013), the inclusion of visual materials in research is not merely illustrative but can actively 'do' things by eliciting richer, more embodied responses from participants. Incorporating photographs into interviews, for example, can generate more vivid, emotionally resonant discussions than traditional verbal methods alone. Visual materials offer participants an alternative mode of communication, enabling the expression of complex, embodied feelings and experiences that might otherwise remain inaccessible (Phoenix, 2013). Furthermore, spanning data collection in the first study over three interviews on separate occasions developed a comprehensive understanding of athlete experiences from significant life events to everyday experiences. This builds upon previous research within sport psychology, which has been reliant on one off interviews, thus missing the evolving, relational, and temporal dimensions of lived experience (Day & Humphrey, 2020).

Second, the innovative representation of data through non-fiction stories (Sparkes, 2002a) makes a significant contribution to the literature by transforming athletes' lived experiences into accessible and engaging formats that are ready for dissemination in both academic and applied settings. This narrative approach moves beyond conventional methods of data representation, such as thematic analysis or purely descriptive accounts, by immersing readers in the depth and complexity of athletes' experiences. Through storytelling, this research captures the emotional, social, and psychological dimensions of injury and disordered eating in ways that traditional academic writing often fails to convey. Furthermore, this approach enhances the impact and reach of research by making findings more accessible to a wider audience, including practitioners, athletes, coaches, and policymakers. By presenting data in a

compelling and relatable format, creative non-fiction fosters empathy and critical reflection, encouraging those in sport environments to recognise and address the risks and challenges associated with disordered eating and injury. Additionally, this method aligns with the increasing push for knowledge translation in qualitative research, demonstrating how innovative forms of representation can bridge the gap between academia and real-world practice while still maintaining academic rigor (Sparkes & Smith, 2009).

Third, answering calls to work *with* participants, rather than on them (Leggat et al., 2021), and to gain insights from the original participants during data analysis and representation, this research conducted member reflections (chapter four). Member reflections worked to generate further insight into athletes' experiences, alongside heeding calls to understand the role of non-fiction stories in working *on*, *for*, and *with* participants (Middleton et al., 2024). As a result, the member reflections uncovered the possible future uses of the stories, guiding the following dissemination study. Moreover, the inclusion of member reflections and positioning the participants as 'witnesses' underscores the importance of ethical research practices when undergoing qualitative research. By inviting participants to engage with and provide their thoughts, feeling, and interpretations, the second study not only validated the authenticity of the stories but also made sure participants felt their experiences were adequately represented. Taking account of the importance of ethical research heeds calls from Cavallerio et al. (2020), who suggested researchers should gain more in-depth understandings of relational ethics.

Fourth, to continue bridging the ongoing know-do gap within sport psychology, chapter four highlighted the use of non-fiction stories in translating and disseminating athletes' experiences of injury and disordered eating. By exploring end-users' perspectives of the non-fiction stories, this thesis illustrated *how* the stories could be used within practice. Moreover, chapter five went onto highlight *how* the stories can be used to bridge disciplines, following

the calls for sport psychology to explore more interdisciplinary ways of working (Brewer, 2020). Together, these insights demonstrate a methodological contribution to the sport psychology literature by evaluating the use of creative non-fiction and providing sport injury researchers with the evidence base to explore the translation and dissemination of their research into forms that are accessible and engaging to end-users. Additionally, the exploration of stories as a tool to bridge disciplines is an innovative methodological contribution to literature by providing a novel means into guiding sport psychology towards more collaborative ways of working.

Lastly, the inclusion of the confessional tale in the form of poetry (Sparkes, 2002b; see chapter six) represents a methodological innovation that foregrounds researcher reflexivity, heeding calls for more reflexive accounts of doing research as a neophyte researcher (Cavallerio et al., 2020). Within chapter six, I (a neophyte researcher) presented an honest and critical account into the processes that spanned across the studies within this thesis, including data collection, analysis, and disseminating. By sharing personal reflections on the challenges of researching sensitive topics and lessons learned, this work contributes to the growing recognition of researcher reflexivity within sport psychology. In particular, the poetic form offers a creative avenue for exploring and conveying emotional dimensions of the research process and offering alternative avenues for interpretation, thereby, enriching the methodological contributions from this body of research. The confessional tale can be used as a resource or tool for researchers and students who are or may undertake qualitative research, further reiterating the methodological contributions of this body of research.

7.4 Practical Contributions

The findings of this research have direct implications for practice, particularly in addressing the know-do gap within sport psychology by enhancing the translation and dissemination of research beyond academic circles. The use of non-fiction stories as a method

of knowledge translation demonstrated a powerful way to increase the impact and accessibility of research findings, making them more relevant and engaging for athletes, coaches, and practitioners. First, by presenting the research findings in both audio and written formats allows for greater accessibility and emotional engagement. By immersing audiences in the lived experiences of athletes through storytelling, these formats foster deeper understanding and empathy, which can drive meaningful reflection and behaviour change in sporting environments. Second, translating the stories into a magazine-style product (see chapter 3) provides a tangible and practical resource that can be readily integrated into professional practice. This approach ensures that key insights reach those directly involved in athlete care, such as sport psychologists, nutritionists, physiotherapists, and coaches, enabling them to recognise and address the risks associated with disordered eating and injury more effectively. In doing so, sharing the stories contributes to the reduction of stigma around disclosing stories that are often silenced and/or ignored, and challenges the sociocultural contexts in which contribute to ongoing psychological challenges concerning injury and disordered eating experiences.

This body of research makes a significant practical contribution in highlighting the potential of interdisciplinary practice and how distinct disciplinary fields could work collaboratively to address complex issues such as disordered eating and injury in athletes. Traditionally, within research and practice, disciplines such as sport psychology have largely operated in silos, limiting the holistic understanding of athlete well-being. Over the last decade, there have been multiple calls for a more multi- and interdisciplinary approach to sport psychology (e.g., Leggat, 2020). However, researchers thus far have discussed theoretical advancements of interdisciplinary working with little to no applied research or understanding. Throughout this research, the benefits of interdisciplinary collaboration and ways of working have been addressed, in relation to sport injury and disordered eating. In a practical sense, the

thesis has advocated for more interdisciplinary ways of working when taking into account the complexity of sport injury and disordered eating. Chapter five addressed the shortcomings of monodisciplinary ways of working in sport when addressing complex phenomena (i.e., impact of role clarity). There was an overriding consensus that practitioners should be open to more collaborative ways of working, in which the roles of practitioners are made clearer, boundaries are not crossed, and athlete care is promoted. Moreover, by integrating insights from a diverse range of disciplines (see chapter five), this research highlighted the benefits of shared knowledge, language, and interdisciplinary ways of working. The use of creative non-fiction stories as a form of knowledge translation further facilitates interdisciplinary engagement, providing a common ground for practitioners and coaches from different backgrounds to reflect on athletes' lived experiences. The stories work by not only bridging theoretical gaps between disciplines but also in equipping practitioners with a practical resource to engage with and learn from. However, despite the evident benefits of interdisciplinary ways of working, challenges remain in fostering communication and coordination among professionals from different fields. For example, this thesis focused on regional to international level distance runners, where the support that this level of athlete may receive is minimal in terms of collaborative care. Therefore, there are structural and financial barriers that exist within sporting organisations that can hinder integrated care (Carrad, 2019). Future researchers could explore strategies for fostering interdisciplinary practice, ensuring practitioners are equipped with cross-disciplinary knowledge.

Lastly, the inclusion of the body in this thesis offers important practical implications for athlete care, education, and interdisciplinary practice. By foregrounding the embodied experience of injury and disordered eating, this research moves beyond cognitive and medicalised models to consider how these challenges are physically and emotionally lived. An embodied perspective enables coaches, practitioners, and health professionals to better

empathise with athletes and respond in ways that honour the complexities of their lived experiences. It supports the development of trauma and the body-informed practices (Seubert & Viridi, 2024), where risk factors (i.e., overtraining or food restriction) can be identified and addressed. This thesis further advocates for practices that promote listening to the body and provides a resource (stories) to help athletes articulate and make sense of their embodied experiences. This thesis also provides practitioners and coaches with insight into the importance of language around the body and ways to facilitate conversation around injury and disordered eating.

7.5 Applied Considerations

While the previous section outlined the practical contributions of this research, namely how the stories and research findings can inform sport psychology and interdisciplinary practice. This section turns attention to the applied considerations. By applied considerations I refer to the practical contexts in which the research might be implemented, and how insights developed throughout this thesis can inform practice. Underpinned by the Multilevel Model of Sport Injury (MMSI; Wadey et al., 2018), I have expanded upon the previous chapters and will discuss the applied value of the non-fiction stories across multiple levels, including intrapersonal, interpersonal, institutional, and cultural and policy to further address the actionable pathways for athletes, practitioners, organisations, and policymakers.

7.5.1 Intrapersonal

At an intrapersonal level, this programme of research underscores the value of storytelling in helping athletes make sense of their own experiences and navigate the challenges of injury and disordered eating. Within chapter four, the participants were positioned as ‘witnesses’ of their own stories, which enabled the participants to reflect on their own experiences, develop their knowledge, and in some ways apply to knowledge in practice. In saying this, the stories represent a promising approach for sport psychology practitioners and

alike to initiate conversations with clients around the challenges of injury and disordered eating. As Frank (2010) suggests, words are performative, they give shape to the meaning of experience in a person's life. With each telling of a story, there is possibility to become authors of new and preferred stories for ourselves. Drawing from narrative therapy, which is informed by a social constructivist perspective, viewing individuals as authors who can create meanings in their lives (Polkinghorne, 2004), this approach involves facilitating individuals to construct their own stories. As an intervention strategy, narrative therapy explores how language is used to construct individual experiences and interpret how one's experience in the world can be understood (Freedman & Combs, 1996). It involves bringing awareness to the cultural, social, and political contexts that a problem may be based off. Within the context of sport injury and disordered eating, the stories crafted as part of this thesis, could act as templates to aid individuals in constructing their stories. The stories could help raise athlete's awareness of the type of culturally imposed plotlines they are internalising and bring forth the notion that their story is not solely a personal construction but is also a product of their social and cultural contexts. Moreover, given there are five non-fiction stories with a variety of different turning-points and narrative underpinnings, they also have potential to enable athletes to compare their stories with multiple others. In the context of sport injury and disordered eating, practitioners (i.e., sport psychologists, physiotherapists) could use the stories crafted in this thesis (e.g., Holly's story: I love food too much) as alternative stories to offer opportunities to create an alternative storyline for the athlete. However, this is not necessarily a straightforward process and involves ongoing conversations to be able to integrate the contents of the athletes' old story with the new story (Polkinghorne, 2004).

Narrative therapy is goal directed (Polkinghorne, 2004). Once an individual has constructed their own story and identified the dominant problem that shapes their story (i.e., a dominant cultural norm), their story can be open for deconstruction and externalisation. White

and Epson (1990) state that once a person sees the problem as external from their identity, the opportunity for change is afforded. This change can take the form of reframing, resisting, or protesting the problem and negotiating the problem in other ways (Polkinghorne, 2004). In this sense, the problem becomes objectified, and the individual is separated from the problem. In other words, the individual is not the problem, the problem is the problem (White, 2007). In the context of sport injury and disordered eating, practitioners could help problematise and raise awareness around the implications of the performance narrative, where sacrifice is deemed necessary for success (Douglas & Carless, 2006) or dominant social norms such as 'skinnier equals faster.' White (2007) suggests that therapeutic conversations around externalising a problem can be translated into visual charts to represent their challenges and showcase possibilities for change. Part of this process could include practitioners following a map-making process by using the stories developed within this thesis that have a redemptive plotline (e.g., Aaron's story: Maybe it wasn't too late for me) to help an athlete progress to more positive and effective ways of coping around injury and eating. Given the potential of stories to uncover sociocultural issues and enable athletes to regain autonomy over their experiences, narrative therapy and the concept of externalisation present exciting avenues for future researchers and practitioners to consider as interventions for athletes with injuries and/or disordered eating.

7.5.2 Interpersonal

At an interpersonal level, this research highlights the potential of stories to foster collaboration and reflection through discovery-based storytelling (Stone, 2005). As explored in Chapter five, the use of narrative pedagogy and the creation of non-fiction stories provided opportunities to deepen understanding of athletes' behaviours and lived experiences over time. These stories offered a reflective space where athletes could critically engage with their own experiences, encouraging discussion of the underlying factors that contributed to their

challenges. By using non-fiction storytelling within safe, open, and collaborative environments, this research demonstrates how athletes and their support networks can engage in meaningful dialogue that promotes shared understanding and supports well-being. As suggested by Richardson (2000) storytelling is a method of analysis, enquiry, discovery, and interpretation, affording the possibility to stretch the limits of imagination. In these instances, athletes could use these stories to gain greater self-awareness, recognising patterns in their experiences that may not have been apparent before. The stories could be used as a way for athletes to externalise their challenges and reframe their personal struggles while reducing feelings of isolation and stigma. Sport psychologists, coaches, and practitioners alike might consider using storytelling workshops that offer a space to share stories to encourage expression and dialogue around injury and disordered eating challenges. Drawing from narrative pedagogy, individuals could communicate and exchange stories within a group to help develop new understandings through reflection and collaboration with others. The stories in this thesis, could serve as a starting point for individuals to engage with and revisit. Douglas and Carless (2009b) argued that others' responses to a story include an opportunity for solidarity, especially when exploring or reflecting on stories often silenced or ignored. In a group-based, educational environment, individuals are able to engage in 'reflective conversations' (Schön, 1987), considering broader social and cultural impacts that could be challenged. In this case, a sport psychologist or coach could facilitate a discovery-based storytelling workshop that educates athletes and/or parents around instances such as injury rehabilitation, the importance of fuelling, and resisting dominant narratives of performance. In this sense, the stories can be used to educate athletes, parents, and coaches around the impact injury can have on eating practices and vice versa. This could help individuals navigate their own experiences while also receiving the correct support from coaches and parents. This could be highly beneficial considering that parents of athletes' have reported having access to limited

knowledge and resources around injury (Bell et al., 2020) and disordered eating (Stoyel et al., 2021).

7.5.3 Institutional

This thesis contributes to institutional knowledge by challenging the fragmented structures that are often dominant in athlete care. Current sport structures at a club and sub-elite level often operate within disciplinary silos (Tranaeus et al., 2024), with sport psychologists, physiotherapists, nutritionists, and coaches working independently rather than as an integrated team. By highlighting the interconnected nature of sport injury and disordered eating, it calls for institutions, such as national governing bodies, universities, and sport organisations to adopt a more integrated understanding of the prevention, management, and recovery of injury and disordered eating. This research, therefore, encourages institutions to move beyond isolated disciplinary approaches to more collaborative frameworks.

Methodologically, this research introduces reflexive innovations that have direct implications for institutional research ethics, researcher training, and curriculum development. Within chapter six, the confessional tale and reflexive practices included in this thesis serve as exemplars for institutions training early-career researchers in how to handle the emotional and ethical complexities of researching sensitive topics. Institutions could incorporate these examples into research ethics modules or PhD supervision handbooks. Additionally, I have included recommendations to enhance the research process, which could offer practical guidance to institutions around policy development within research. For example, the confessional tale within this thesis underscores the importance of a robust ethical approval process, one that explicitly considers researcher well-being and provides clearer guidance around managing emotionally demanding topics. Moreover, I also recommended institutions to provide more accessible guidelines that could be used by neophyte researchers. These guidelines could be inclusive of appropriate language to use when researching sensitive topics

and information around researcher responsibility, participant safety, and assessing risks. The poems crafted as part of the confessional tale could be used within these guidelines to enable researchers to interpret and reflect on their own practices throughout the research process.

From a practical standpoint, this research provides actionable pathways for institutions to integrate creative, story-based resources into their operations. As highlighted in chapter five, the stories crafted within this thesis could be used in coach education programmes or practitioner CPD sessions to provoke dialogue and collaborative reflection. For example, practitioners working in silos could discuss how they would support an athlete like Sara from the story ‘Is it good for me?’ in resisting or challenging the performance narrative to focus on health over performance. These stories help dismantle siloed thinking by offering shared case studies that practitioners from varying professions can discuss together. This collaborative discussion would enable early identification and signposting for further support for the athlete. The stories also support institutional change in language use, encouraging professionals to move away from performance dominated discourse towards more athlete-centred, health first communication. This could not only shift the athletes’ perception away from the dominant performance narrative but also increase the practitioner’s sensitivity towards the dangers of using language that can reinforce harmful practices, such as restrictive eating throughout injury.

In encouraging collaborative approaches to the prevention and management of sport injury and disordered eating, it is essential to acknowledge and address a significant gap in professional training, which was alluded to within chapter five, where sport psychologists, strength and conditioning coaches, and physiotherapists reported often receiving minimal cross-disciplinary knowledge. As such, there is an institutional need to embed interdisciplinary principles into both initial training and ongoing professional development across all domains of athlete support (Winter & Collins, 2024). Where applicable, the stories developed in this thesis could be used as a recourse to ‘upskill’ practitioners by deepening their understanding of

how psychological and sociocultural factors influence injury and disordered eating. In conclusion, the stories expand institutional communicative repertoire, encouraging more nuanced, compassionate, and thought-provoking conversations with athletes and other practitioners.

7.5.4 Cultural and Policy

At a cultural level, this research calls for shifts in coach education, practitioner training, and organisational policies to manage sport injury and disordered eating. As identified within chapter five and in the section above, coaches and practitioners (i.e., sport psychologists, physiotherapists) receive limited education on recognising the psychosocial impact of injury and disordered eating. This gap in knowledge and training can lead to missed opportunities for early intervention and, in some cases, the reinforcement of harmful behaviours relating to weight management and/or injury recovery. To address this, this research advocates for changes to the curriculum of coach qualifications and practitioner training programmes to incorporate storytelling. Within distance running, contemporary examples as to how cultural changes can occur in response to athletes' stories are illustrated in a recent example of Mary Cain. Mary Cain told her story about abuse within the Nike Oregon Project, including detailed accounts of weight-shaming and cultural pressures to lose weight. Her storied account led to increased awareness of disordered eating in running, shifts in coaching and training culture, and policy changes leading to greater accountability measures for athlete welfare. This example is one of many and illustrates how stories can challenge dominant ideologies, foster critical reflection, and push for systematic change. Considering the potential of storytelling in fostering cultural and political change, the stories can bring marginalised issues to the forefront, creating a powerful platform for advocacy and policy changes. By giving voice to underrepresented concerns, the stories can prompt policy makers to rethink and expand the criteria they use to allocate funding and support. In this way, storytelling serves as not only a resource for raising

awareness but also an advocate for systematic change, influencing both the cultural and policy landscapes surrounding athlete well-being. One practical way to implement storytelling into education is through webinars and workshops designed for coaches and practitioners such as, sport psychologists, physiotherapists, and nutritionists. These sessions could use the stories crafted within this thesis as case studies to help professionals engage with athlete experiences, moving beyond theoretical discussions to applied learning. However, even after the incidents of Mary Cain, Carson et al. (2021) acknowledged the continued need for cultural changes within collegiate distance running due to the entrenched cultural norms that emphasise leanness among athletes. These findings highlight the importance of ongoing storytelling to continue to advocate for a broader welfare system that protect athletes from harmful challenges that can occur throughout injury and disordered eating.

7.6 Future Research Directions

There are several ways in which future researchers could build on or expand upon the research conducted within this thesis. Within this section of the thesis, I discuss the avenues for future research in further addressing knowledge, methodological, and practical gaps in literature. The first future avenue of research involves broadening the scope of participant populations. Indeed, as the sole population of interest in this thesis was distance running, with the stories being developed based on distance runners' experiences, there could be limited transferability to other sports, especially team sports (i.e., rugby, hockey). Taking this into account, future researchers could look to consider wider sporting populations that may not necessarily be notoriously known for their disordered eating prevalence. For example, rugby has a high injury rate, but little is known about eating practices and/or disordered eating behaviours. Additionally, although this research included both male and female athletes (chapter three), there is still a dominance of research on female athletes around disordered eating in sport. Therefore, future researchers should continue to explore male athletes'

experiences of injury and disordered eating and continue to understand the meanings constructed to injury and how they differ from that of female athletes. Furthermore, the studies within this PhD were conducted on participants from the UK, operating within a Westernised philosophy. Expanding upon the studies in this thesis, future researchers could explore how athletes experience injury and disordered eating cross-culturally, and the cultural variations of the narratives drawn upon to understand or create meaning to experience. In summary, future researchers could consider expanding the ‘who,’ by targeting more diverse sporting populations, gender, and cultural backgrounds, to build more inclusive and representative understandings of injury and disordered eating in sport.

A second future avenue to consider lies in deepening current understandings of the sensory and embodied dimensions of injury and disordered eating experiences. While this research drew upon the embodied perspectives of athlete experiences with injury and disordered eating, future scholars could more explicitly incorporate multisensory approaches, such as sound, touch, taste, and smell, to access the full depth of athletes’ embodied realities. This aligns with calls in qualitative research (e.g., Sparkes, 2009) to attend more closely with the sensuous sporting body. Engaging the senses may enrich the data collected, offering a more nuanced account of how athletes experience pain, recovery, and performance. Moreover, this approach would provide an account of how athletes perceive and react to their physical experiences, enabling a fuller appreciation of the complexities of embodied identity and the interplay between mind and body in sports contexts. To support this, researchers might draw from other disciplines such as somatic psychology and the creative arts to design methodologies that better capture these felt experiences. For example, collaborating with movement therapists or sound designers could enable innovative ways to represent and analyse bodily knowledge. Such interdisciplinary approaches not only expand methodologically but

also challenge traditional epistemological boundaries within sport psychology, moving towards a more holistic and embodied understanding of athlete well-being.

Third, future research could benefit from expanding the psychological lens beyond just disordered eating to include other prevalent mental health concerns in sport, such as depression and anxiety. While this thesis focused specifically on the intersections of injury and disordered eating, athletes' mental health experiences are rarely isolated; they are often interwoven with broader emotional and psychological challenges that can be exacerbated by injury (e.g., Rogers et al., 2024). Exploring how the likes of depression and anxiety can co-occur with injury and disordered eating could provide a more comprehensive understanding of athlete well-being and uncover theoretical knowledge that is currently underexplored. Integrating insights from clinical psychology or trauma-informed care could also strengthen future research and practice, supporting the development of more nuanced and inclusive interventions that reflect the complexity of mental health realities in sport.

Fourth, although this research has made methodological contributions, there are still future avenues to consider. For example, in exploring athletes' experiences of injury and disordered eating, researchers could expand on the resources created in this PhD by using more creative methods in storying athletes' experiences (e.g., infographics, poetry, body mapping, painting; Sparkes, 2002b). Encouraging a wider use of creative methods enables the participants to express themselves and their experiences in more creative ways, extending literature and moving away from the reliance of verbal articulation. As Day and Humphrey (2020, p. 145) put it, "we must endeavour to provide more creative, nonverbal methods in order to not just hear the injury story but visualise it, read about it, feel it, and sense it." For example, future researchers could consider the use of story completion as a suitable method for exploring ethically sensitive topics (Clarke et al., 2019). Story completion also affords the possibility to foster personal and social change by expanding the 'menu' of stories available to challenge

dominant ways of knowing. Williams et al. (2022) further recommends the use of story completion as a method for accessing new understandings in an innovative and exiting way. The flexibility of story completion could include what participants think or feel about a subject, or how a phenomenon is socially and culturally constructed.

Further methodological avenues to consider include varying ways of collecting data. The research within this thesis used interviews and focus groups that were conducted online, which offers both positives (i.e., accommodating to time and location constraints) and negatives (i.e., restricted the personal elements of transversing, difficulty reading body language) to the research. Taking this into account, future researchers could look into more diverse ways to conduct data collection. One way to do this is through the use of interviews that go beyond one-to-one sedentary interviews and are conducted outside of the usual interview room environment. For example, completing a warm-up with someone within their training environment or eating lunch in a food cafeteria where the athletes might congregate. These types of interview work to not only hear an individuals storied account of events, but to see the connection between a person and a place, help to reduce power dynamics between interviewer and interviewee, and help recount experiences of injury and eating practices (Day & Humphrey, 2020). Additionally, future researchers could further explore the use of art-based pedagogy in communicating athlete experience. For example, songwriting, poetic representations, film making, performance ethnography. Recent research has illustrated the potential of art-based pedagogy to lead to more meaningful conversations and deeper understandings in seeing beyond what is obvious in everyday life (Douglas & Carless, 2024). As Eisner (2008) reminds us, what can be communicated through spoken word does not always represent the limits of an individual's knowledge. For instance, 'felt sense' is difficult or near impossible to communicate in words alone.

Lastly, to extend the impact of this research, future researchers could explore how practitioners across areas such as sport psychology, physiotherapy, coaching, and nutrition actively engage with and implement the storied resources developed within this thesis. While this research has demonstrated the potential of non-fiction stories to foster reflection, interdisciplinary dialogue, and bridge disciplinary divides, their long-term utility and integration into everyday practice remains an important area for future inquiry. For instance, researchers could evaluate how the stories are used in professional development settings or workshops to prompt conversation, raise awareness of complex issues, or offer alternative storylines around injury and food. Future studies could also examine whether and how the stories shift practitioners' language, attitudes, and support strategies over time (Jackman et al., 2024). By working collaboratively with practitioners to co-design implementation strategies or to adapt future resources for different contexts (e.g., schools, sports clubs, national governing bodies), future researchers can help ensure these storied resources move beyond dissemination and become embedded within applied settings. This would enable exploration into the transformative potential of narrative pedagogy and understand its effectiveness in shifting individual's perceptions of their actions and on the world (Goodson & Gill, 2011).

7.7 Reflections

This section offered a reflective account of the broader research process, focusing on the methodological, intellectual, and personal insights gained throughout this doctoral project. While the confessional tale in chapter six provided an in-depth and thought-provoking portrayal of the ethical and relational complexities I encountered, here I have chosen to reflect more on the journey on conducting creative and interdisciplinary research in sport psychology. First, one of the most formative aspects of this research has been working across disciplinary lines, bringing together the psychology of sport injury and disordered eating research. Early in the process, I was struck by the lack of dialogue between these areas, despite their

interconnected nature. Learning to engage critically with the literature across both of these areas, including sociology, health, and nutrition, required me to challenge my own disciplinary assumptions and cultivate a broader intellectual lens. This interdisciplinary engagement not only informed the research questions and analysis but also encouraged a more nuanced understanding of athletes' lived experiences that could not have been achieved through a single disciplinary frame.

Second, choosing to represent the research findings from study one through creative non-fiction storytelling presented both opportunities and challenges. On one hand, this approach enabled me to craft rich, accessible stories that preserved the complexity and humanity of participants' experiences. On the other hand, crafting the stories required continual negotiation between creativity and rigour. On occasion, I found it challenging to balance imaginative representation with fidelity to participants' voices. The process of crafting the stories took a number of months to ensure I had got this balance right. There were continuous conversations had with my supervisory team and over six drafts of the stories were created. Through this process, I developed a deeper understanding and appreciation for the epistemological and ethical weight of non-fiction storytelling. This understanding pushed me to be more intentional in my choices and more accountable in how I shaped participants' experiences into story form.

Third, throughout this thesis, reflexivity became an integral part of the research process – not as a one-off requirement, but it was an ongoing iterative practice. This was especially important given the sensitive nature of the topic at hand and my proximity to the subject matter. Maintaining a reflexive journal, engaging in dialogue with my supervisory team as critical friends, conducting member reflections, and writing a confessional tale helped me remain aware of my interpretive role. These practices enabled me to question my assumptions, revisit decisions, and acknowledge moments of uncertainty and discomfort, which were as

informative as they were challenging. As Berger (2015) argued, remaining reflexive of one's own positioning will help to maintain awareness of themselves in the world they are studying and allows the researcher to consider how they may have benefitted and/or hindered the construction of data and findings. More detailed accounts of my reflexivity can be found within the confessional tale (chapter six). Lastly, this research process has significantly shaped my identity and confidence as a researcher. I have learned to navigate complexity, sit with ambiguity, and value the process as much as the outcome. Importantly, I have come to see research not just as knowledge production but as an ethical and relational practice, something that has the potential to not only inform but also connect, care, and challenge. This evolving understanding will continue to guide my future work.

7.8 Concluding Thoughts

The aim of this programme of research was to extend current understandings around the interaction between sport injury and disordered eating through embodied and sociocultural lenses. In doing so, this thesis has shed light on the often silenced and ignored voices of athletes that have encountered challenges around injury and disordered eating. Moreover, this thesis has provided detailed applied implications of the five non-fiction stories in addressing both personal and sociocultural factors, bringing the body back into literature, and in encouraging multi- and interdisciplinary ways of working. Moreover, throughout this thesis, I have provided recommendations and practical implications for neophyte researchers, coaches, practitioners, and policymakers. In this final chapter, I have summarised the knowledge, methodological, and practical implications that these contributions have made and how we can support athletes around injury and disordered eating in the future. In this chapter I also discussed how the research findings could be implemented into practice and suggested some avenues for future research directions. In conclusion, my hope is that this research will continue to act as a resource for creating a more inclusive sociocultural and embodied understanding of injury and

disordered eating. This thesis invites readers, researchers, and practitioners to engage with the complexities of sport injury and disordered eating and encourage a shift to more collaborative practices that prioritise athlete health and well-being. Moreover, this thesis encourages reflection, not only on the experiences of athletes but also on the roles of those who support and research them. This thesis can act as a reflexive tool, promoting us to examine our own assumptions, biases, and responsibilities.

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Appendices

Appendix A: Ethical Approval Study 1 and 2



05-12-2023

Dear Freya Davis

RE: Investigating Eating Practices Around Sporting Injury Through Narrative Analysis

Thank you for submitting your ethics application for consideration.

I can confirm that your application has been considered by the FSTHS Ethics Committee and that ethical approval is granted until 1st July 2024.

Your Ethics reference number is SMU_ETHICS_2023-24_391.

Please find attached your signed approval form.

Yours sincerely,

Marcelle Fernandes

A handwritten signature in black ink that reads "M Fernandes".

Faculty of STHS Ethics Committee

Appendix B: Participant Information Sheet Study 1



Participant Information Sheet

Please take the time to read in full before agreeing to participate in this study. The participant information sheet and consent form should be kept for the entirety of this study.

1. Research Project Title

“Investigating Eating Practices Around Sporting Injury Through Narrative Analysis”.

You are invited to participate in a series of interviews (2-3) discussing your experiences and stories around sporting injury and eating practices across your sporting career. You can participate within this study if you are over the age of 18, compete or have competed within track, field, or distance running events (up to marathon) regionally, nationally, or internationally, and have experienced at least one injury within your sporting career. These interviews are part of a research project being conducted by Freya Davis, a doctoral student at St Mary's University, Twickenham. Each interview will take approximately 35-60 minutes depending on your time constraints and level of detail you provide. Interviews are likely to be held online unless arranged otherwise. You will participate in at least two interviews, a third can be carried out if you would like to provide further detail and information.

You will be asked to create a timeline prior to the initial interview which can include events you deem to be significant, e.g., milestones, competitions, or significant injuries, etc. You will also have the option to include photographs, drawings, images, or bring other objects such as a sporting medal, which could bring back memories relevant to the research. We will discuss the timeline (and other visual material you provide) and you will be asked a range of questions around your experiences. You will be encouraged to tell your stories regarding injury and eating practices within your sporting discipline, providing as much information as you can. We will draw on social and cultural influences that may be significant to the study.

2. Background and aims of project

Sports that emphasise leanness and endurance, such as distance running, track and field events, have a higher risk of developing unhealthy eating practices (e.g., restricted dieting, bingeing) because athletes may feel pressure to maintain certain body weights in order to perform well. Certain eating practices can lead to more serious conditions. In addition, athletes who experience a sporting injury may also be at a higher risk of altering eating practices because they may feel frustrated with the need to limit their training, fearful of weight-gain, and worried about losing fitness. Therefore, during injury, athletes can feel the need to excessively cross-train or under-fuel and this can cause Relative Energy Deficiency in Sport, also known as REDs, which can increase vulnerabilities to problematic eating practices

(e.g., binge eating). Alternatively, injury can promote healthy eating practices and allow recovery ready to return to sport. The main aim of this study is to explore your stories throughout your sporting career regarding sporting injury and eating practices within track, field, and distance running. You will be required to draw on your own experiences and/or observations in order to help us understand the impact injury can have on eating habits and behaviours over time.

3. Do I have to take part?

No. Your participation in this survey is voluntary. You may refuse to take part in the research or withdraw from the interviews at any time without penalty to you. You are also free to take breaks within the interview and/or skip any questions you do not want to answer. Please note, once your interview data is analysed and included in the write-up it may be difficult to withdraw after this point.

4. Are there any potential risks in taking part?

There is a risk that some questions or reflections may cause emotional discomfort. Parts of the interview will draw on your eating practices in relation to sporting injury. It is your choice if you wish to skip any questions if you feel uncomfortable answering them. It is also your choice not to take part in the interview or to cease participation at any time. If you feel you may need support before or after taking part in the interviews there is a list of mental health and eating helplines at the end of this information sheet. You can also contact the lead researcher of the study for advice on where to seek confidential support.

5. Are there any benefits in taking part?

There will be no direct benefit to you from taking part in this research. We hope the interviews will be a valuable experience for you. Your responses will be used to expand current research and help researchers and practitioners gain a better understanding into eating practices and sporting injury. Findings will guide how best to support injured athletes and highlight any personal, cultural, social, and/or organisational factors that may need to be changed as a result of this study.

6. Legal basis for processing personal data

As part of the project, we will be recording personal data relating to you (e.g., name). This will be processed in accordance with the General Data Protection Regulations (GDPR). Under GDPR the legal basis for processing your personal data will be the official authority of the University. Your name will not be used within the research; pseudonyms will be used to allow for anonymity.

7. What happens to the data I provide?

The data you provide will be kept strictly confidential. Your interview will be audio recorded and transcribed by the lead researcher, and both will be stored in a password-protected file OneDrive stored on St Mary's University servers. Data will be stored on OneDrive for the entirety of the PhD and then will be securely lodged for a minimum of 10 years. Data will be stored in compliance with the Universities Data Management Policy. The data you provide will only be accessible to the research team. No identifying information would be included in

any publications or presentations and your interview and personal data will remain confidential. The use of any direct quotes when writing up results will remain strictly anonymous with the use of pseudonyms and will never be traceable back to you.

8. Future uses of the data

Due to the nature of this research, it is possible that other researchers may find the data to be useful in answering other research questions. If any data is used in this way it is ensured that the data collected is untraceable back to you.

9. Will the research be published?

The research will be written up and be part of the final PhD thesis and it may be published in a scientific journal. Results can also be sent to participants for their own interest; participants would just need to email the researcher. The results of the study may be presented at academic conferences.

10. Who has reviewed this research project?

The ethical approaches of this project have been approved via St Marys University, Twickenham's Faculty Ethics Representative.

11. Your rights

You have the right to request to see a copy of the information we hold about you and to request corrections or deletions of the information that is no longer required.

You have the right to withdraw from this project at any time without giving reasons and without consequences to you up until data is analysed and used within write-up.

12. Whom do I contact if I have concerns about this study or I wish to complain?

If you would like to discuss the research with someone you can contact:

Researcher name: Freya Davis 151643@live.stmarys.ac.uk

Lead Supervisor name: Dr Ross Wadey ross.wadey@stmarys.ac.uk

For complaints and questions about the conduct of the research:

Chair of the Ethics Subcommittee: matthew.james@stmarys.ac.uk

If you have any questions relating to data protection these can be addressed to GDPR@stmarys.ac.uk

13. Additional Support

If you have been affected by any of the questions within this survey or require additional support, there are a number of helplines listed below:

- Beat national helpline

Helplines - Beat (beateatingdisorders.org.uk)

One-to-one chat One-to-One Web Chat - Beat (beateatingdisorders.org.uk)

The helpline can be accessed on 0808 801 0432

- **Anorexia and Bulimia Care (ABC)**

03000 11 12 13

anorexiabulimiare.org.uk

Advice and support for anyone affected by eating problems.

- **Mind**

Provide advice and support if you are experiencing a mental health problem.

Phone- 0300 123 3393. Text- 86463

Thank you for participating in this study!

Appendix C: Participant Informed Consent Study 1

Consent Form



St Mary's
University
Twickenham
London

Name of Participant: _____

Title of the project: Investigating Eating Practices around Sporting Injury Through Narrative Analysis

Principal investigator and contact details: Freya Davis 151643@live.stmarys.ac.uk

Members of the research team: Dr Ross Wadey, Dr Stacy Winter, Dr Melissa Day, Dr Ciara Everard

1. I agree to take part in the above research. I have read the Participant Information Sheet which is attached to this form. I understand what my role will be in this research, and all my questions have been answered to my satisfaction.
2. I understand that I am free to withdraw from the research at any time, for any reason and without prejudice up until data has been analysed and written up by the lead researcher.
3. I meet the following inclusion criteria: over 18 years of age, have or currently compete in track, field, or distance running events (up to marathon) regionally, nationally, or internationally, and have experienced at least one sporting injury within my career.
4. I have been informed that the confidentiality of the information I provide will be safeguarded.
5. I am free to ask any questions at any time before, during, and after the study.
6. I have been provided with a copy of this form and the Participant Information Sheet.

Data Protection: I agree to the University processing personal data which I have supplied. I agree to the processing of such data for any purposes connected with the Research Project as outlined to me.

Name of participant
(print).....

Signed.....

Date.....

If you wish to withdraw from the research, please contact the principal investigator on the contact details above.

Appendix D: Stories

Sara's story: Is it good for me?

As I look down at the pool of sweat on the floor, my body screams at me to stop, but I won't let it. Not today. Hunger gnaws at my empty stomach, yet I keep my eyes trained firmly on the exercise bike screen, watching the number of calories burned climb higher and higher, 7, 56, 247, 554. I shut my eyes, grit my teeth and push harder. I've been cycling for 60 minutes already and as I glance up I notice the sunrise through the windows. Today, I arrived at the gym before any of the other runners, I wanted to be alone. Alone with my own thoughts, away from the gaze of the others. As my pedals slow, the pain in my foot strikes and reminds me why I am here, why I cannot run. I pick up the pace and push even harder. Another 60 minutes later, I notice that Claire the new runner to the group is sitting on the bike next to me. I quickly try and improve my dishevelled appearance and wonder how long she had been there for. As she is pulling off her worn navy-blue hoodie and dumping it beside her, I look at her in awe in the large mirror ahead of us. She's tall and skinny, but still strong. Her crop top revealing defined abs. She pedals effortlessly, leg muscles toned and pumping, her breathing remaining constant as her speed increases. I turn to glance at myself. I look weak and tired. My stomach remains covered by my baggy t-shirt. As I look at back at Claire she reminds me of my younger self, a version of me I want to get back to.

Injury after injury, that's how it's been for the past three years. Harder to keep looking and feeling like a runner should. My broken foot weighing me down like a ball and chain. 'Stop exercising, rest, and let your body and broken foot recover,' the doctor had said. But they don't understand, they don't even specialise in sport. Missing days just isn't an option. Even missing one day, I feel my weight increasing, the fitness seeping out of me. Without running, I struggle to focus. I lose where I am. I lose my structure. I lose, well, me. My pedals begin to slow again but my coach's words echo through my mind, his face flashing in front of me; brows lowered,

eyes narrow, his upper lip raised in disgust. ‘You’re too heavy, you’re getting softer. Eat less, do more; eat less, do more.’ I push harder on the bike as the memory comes rushing back, my legs beginning to shake.

We were in the park when I broke a bone in my foot, my teammates chatter surrounded me as we jogged the warm-up. The gravel crunched under my feet with every step and the afternoon summer breeze was warm against my face. ‘I’m doing at least ten miles a day,’ I heard a voice speak from ahead. She’s one of the fastest in the group, her flat stomach on display as she eased further ahead. *Christ*, I thought, *I better be doing that too*. Even with the extra miles that I had been sneaking in, it didn’t feel like enough, my stride not long enough, my footing too heavy. There’s pressure to keep up with the front group, to prove I deserve to be there, to make coach notice me. If you aren’t at the front, you’ll never make it. Only one person will get that fast time. Only one person will get that sponsorship deal. I hear a voice whispering in my ear, it told me I didn’t deserve to be running next to them, that I was bigger than everyone else. *It’s okay*, I told myself, *I haven’t eaten anything else since that banana for breakfast. Bananas have only 105 calories, and I won’t have anything else until dinner.*

The first rep felt like horses being released from their starting pens, everyone straining to get to the front. The reps continued, my vision blurred. On the third rep, my shins and feet ached, but I gritted my teeth, pushing myself forwards. I was good at ignoring how much it hurt. I had been doing it for a while. I glanced at coach to catch his eye to witness my effort, but he was laughing with Claire. I used to smile and laugh too, not so much now. Harder and harder I pushed. Suddenly, I felt completely depleted and drained of energy. I felt weak. The others still all looked strong, lean, running effortlessly. Five miles were left, I reminded myself of the extra training I had done, the meals I had skipped from restricting my diet. I kept pushing, my breathing turning ragged, my heart pounding. A searing pain surged from my foot up my left leg. ‘Crack!’ I tumbled to the ground, the gravel tearing open my skin. A cry clawed its

way out of my throat, hot tears threatened to spill over my cheeks. I bit my cheek to stop myself from crying.

To my surprise, a few of the other runners stopped. 'Are you okay?' one of the girls asked but her gaze remained on the other runners who surged ahead. 'I'm fine,' I replied. 'Keep going. Don't worry about me.' They turned and continued running without so much as a glance back. I knew it was bad, it felt different than the other injuries I'd had. I limped back to the start and kept my head down. I avoided looking over at coach and kept blinking to keep the tears at bay. 'What have you done now, Sara?' I heard him grumble. I said nothing. 'You're too heavy, you're getting softer. Eat less, do more; eat less, do more.' I still said nothing. He turned away to face the others.

That evening, I didn't bother cooking dinner. I didn't deserve it after not completing the session. *You've failed*, I thought. I wanted to punish my body for letting me down. My stomach growled, but I told it to shut up. I allowed myself some water and got ready for bed. I looked at myself in the bathroom mirror and hardly recognised my reflection. Dark smudges had settled beneath my eyes, and my face had lost its usual pink tinge, now a chalky white. I pulled at my skin, studying my sharpened jawline, my sunken cheeks, my thin neck. But it wasn't enough. An image of Claire appeared in my mind. I'll never look like her. I blew my cheeks out, holding in a frustrated scream. I know I can't go on like this, I know I'm damaging my body. I haven't had a period in 8 months. I reached for my hairbrush and pulled out of the clumps of hair that had fallen out during brushing. I looked up and blinked away the tears. I crawled into bed, squeezing my eyes shut as I tried to ignore the throbbing ache in my foot and the cramping of my starving stomach. Would I be able to run tomorrow? What about the day after? How long would it take to recover? It wasn't until the early morning that my mind started to quiet, and the pain subsided enough for me to fall asleep.

Morning came and my nightmare was a reality. Patches of purple and yellow had blossomed over my foot, a thick lump appearing above my toes. I pulled back my covers, hissing as I stepped on the ground. What was I supposed to do now? It's like I was lost in the ocean, the waves pulling me out further, the bulge on my foot weighing me down. Water seemed to fill my lungs, a searing pain spreading through my chest. I brushed the tears off my face, swallowing down the sick I could feel rising in the back of my throat as I made my way to the bathroom and climbed on the scales, 50kg. Still too fat. I limped to the kitchen and threw out my loaf of bread and box of honey nut cereal. If it's not there then I can't eat it. This was what I had to do to keep running. I didn't have any other choice, right? A voice rings in my ear to eat less, do more, the reason I'm injured is because I'm too heavy. Each day has been the same since, all 82 of them. The first thing I do when I wake up is weigh myself and stare at my body in the mirror. I look at my stomach from the side, running my hands along it to make sure it's flat. I look at my thighs, measuring the gap between them. I feel my hips, pinch my face. I look skinnier but I feel exhausted. I drag myself to the gym anyway.

An echoing voice startles me back to reality and the memories fade. The sun has fully risen and a glare shines brightly into the gym. I glance back to the exercise bike screen, taking note of the calories burned, 2034. My hair stuck to my sweaty forehead, indents on my upper thighs from the bike seat, my inner thigh chafe seeping. Claire was gone; I didn't even see her leave. 'Wow, Sara! You're still here. Good for you!' A teammate calls to me as I slow my pedals to a stop. Is it good for me?

Alisha's story: I knew I'd gone too far

It was a scorching hot day, the hottest day of the year they'd said on the radio. It was only 10am but already I could feel the sun beating down on my red-hot skin. I found myself a quiet spot in the shade next to the track, the grass tickled my legs as I sat and pulled out the tape from my rucksack. As I slid off my trainer I thought about the girls I'd seen on the way

here, in summer dresses and flipflops, sunglasses atop their heads. They were probably on their way to a day in the park for a picnic or off to the pool. Here I was, with my bruised and bloody feet well hidden beneath stained sports socks. I stare at my battered feet and start unwrapping the tape. I wince, the back of my ankle throbbing as I start to wind the tape around. The tendon swollen, red, and sore to touch. The tightness of the tape feels like it's holding my world together. *Come on*, I think to myself, *you can do this*. I reached into my pocket and pulled out the pack of paracetamol, taking the last two. As I walked to warm-up, a searing pain ran through my achilles, warning me to stop. The pressure of my shoes against it felt like it was on fire. 'Shit' I muttered, 'I don't know what to do.' I glanced behind me as I looked at my coach, but as usual he was busy chatting to everyone else around. I dug my fingernails into my palm; I could feel the heat warming my face. I finally caught his eye, nodding towards my foot, but he just gave me a small smile before turning back to the person next to him. I took a deep breath and pushed on, fuelled by adrenaline and painkillers.

I wish I'd said no to racing, I wish I'd spoken up, I wish I'd taken care of myself, but instead I said nothing and now I'm paying the price in rest and rehabilitation. I felt like this injury was my fault and for the first few weeks I turned to food for comfort. I missed the regularity of running, the feeling of my feet hitting the ground, the way it made my thoughts quieten and my body feel as if it were floating. Instead of springing out of bed and going for a run I was now faced with breakfast tv and an hour of scrolling through my phone. Usually, I would eat breakfast before I ran but now, I was eating a bowl of cereal, getting hungry an hour later, eating a second or third bowl, and a few bags of crisps all before lunch.

Things started to change one day when I caught myself opening the fridge and just staring blankly at the almost empty shelves. I don't know why I did it, but I grabbed a block of cheese, chopped it up into slices and ate the whole thing as my lunch. Still hungry, I searched the cupboards, ripped open a pack of strawberry yoghurt cereal bars and ate all three before I

got ready for work. *This isn't me*, I thought, catching a glimpse of my reflection in the kitchen window. My face felt fuller now, my once-defined jawline gone, my high cheekbones lost under a layer of fat. I reluctantly tugged at the skin on my stomach, my upper arms, under my neck. Pulled at the tightened waistband of my jeans. I disgusted myself. *What has happened to me?* I carefully chose outfits each morning to hide the extra pounds I had gained. Forgiving leggings, a loose top. I remember at a family brunch, bracing myself as I walked through the door. My aunt glanced up at me, her gaze lingered. 'You're looking well!' she said with an overly enthusiastic smile. I forced back a smile, knowing all too well what my aunt really meant was that I looked fat. I noticed it from some colleagues too, small comments masked as compliments but carrying a sting that cut deep.

Not wanting these insecurities any longer, I started to take control over what I ate, how much I exercised, and how I looked. The change was sudden. I stopped eating the cheese and the cereal bars, instead chose fruit and fat free yogurt. I went to the gym twice a day, multiple times a week. Inspired by seeing other girls sweating on the treadmill and admiring their flat stomachs, skinny arms and legs, averting my gaze away from my own reflection. I poured over the pictures online of my running friends at races and training. I wanted to get back to that, to lose the weight I'd gained over this injury. It was all I could think about, it was all I could fill my time with. *Can I fit in an extra gym session? What 'healthier choices' can I make?*

The 'you're looking well' comments turned to 'you look great!' Which of course made me eat less and exercise more. I kept doing the rehab exercises the physio gave me on top of all the additional gym work. Unsurprisingly my weight kept going down. Yet as my weight plummeted, so did my mental health. I knew I'd gone too far when I was out of breath from going up the stairs, when I would only allow myself half an apple because a whole one was too many calories. But I didn't know who to turn to, who would understand. I hadn't reached out to my coach since the race and nor had he, what was the point? I stopped replying to my friends'

messages, knowing they wouldn't want to see me like this. I wouldn't be fun to hang around with anyway.

I sat one morning on the physio's couch while he treated my achilles and my stomach gave an uncomfortable growl, echoing through the silent room. 'Sounds like you need some breakfast,' he smiled. I smiled back and nodded. I wanted him to ask more, I needed him to open up that conversation, but he moved on. I wish I could have done the same. My mind raced with conflicting thoughts, the overwhelming desire to be honest about what this injury has done to my physical and mental health against the fear of disappointing my coach and family who had devoted so much time to my training. The days turned into weeks; my energy continued to decrease. It felt as if I were in a tunnel, the darkness engulfing me, I couldn't see the light at the end. The exercise routines became tortuous, each session a reminder that I couldn't run, a reminder of my deteriorating state.

Finally, I made the decision to see my doctor. I stood in front of the mirror, my pale face staring back at me and rehearsed what I would say. I would describe my relentless exhaustion, the constant hunger, the way my heart quickened every time I went to eat a meal. I hoped desperately they would understand. 'So, what seems to be the problem?' My doctor asked, her voice flat, her gaze trained on the computer screen as she scrolled through my file. 'Uh, well. I, um.' I stopped, wiped my sweaty palms on my trouser leg. My courage faltered, *did I deserve to be here, was I that sick?* 'I'm just tired all the time. I'm probably a bit stressed.' She turned to face me, her eyes flicking over my thinning frame. 'Yes, just cut back on the exercise and make sure you rest.' I nodded, feeling a surge of hopelessness. They didn't see the whole picture, they didn't understand. I was placed on a waiting list to see an eating disorder specialist, but it was clear my needs were not deemed urgent. I was just a runner who'd lost some weight to them.

Months dragged on. My friends and colleagues continued the well-meaning compliments, with which I responded with forced smiles. The wait list seemed endless, and I grew more desperate for someone to see me, to hear my cries for help. One afternoon, a letter from my GP arrived, a specialist would see me the following week. A mix of relief and anxiety flooded through me. When I finally sat in the specialist's office, I took a deep breath and began to speak. I opened up about everything- the drive to exercise, the fear of eating or gaining weight, fears of my injury never healing. The words tumbled out of my mouth and for once, I saw genuine concern and understanding. My shoulders loosened as a weight was lifted off me. For the first time in a long time, I saw the light at the end of the tunnel. They gave me a plan including therapy, nutritional guidance, a gradual return to exercise chart. Slowly, I began to build a healthier relationship with food and exercise. I began to enjoy movement and listened to my body's needs rather than try to suppress them. I began messaging my friends again, opening up to my coach, letting people back in.

Months slowly past and I was ready to lace up my training shoes. The pain in my achilles no longer present and a sense of anticipation creeping into my chest. I started with a gentle jog, focusing on the rhythm of my breathing, the feeling of my feet hitting the pavement. It was no longer about burning calories; it was about reconnecting with myself.

Aaron's story: Maybe it wasn't too late for me?

My feet pounded rhythmically against the tarmac, each step a testament to my relentless dedication. The early morning fog clung to the ground, adding a ghostly aura. To any passersby, it would seem like pure determination and discipline. But for me, it was a daily ritual driven by an unspoken fear of losing fitness and gaining weight. I glanced at my watch; my heart sank as I realised the pace was a few seconds off what I'd set myself. My breath came in short gasps, my feet burned, my body screamed for rest. But rest was a luxury I could not afford. I pushed harder, willing my aching body to go faster. I looked at the ground ahead of me and surged on,

I could feel the blood rushing to my head. My energy wavered as I had denied myself breakfast that morning, but it made me feel light, fast. A sharp pain shot through my foot. I ignored it, pushing on, convincing myself it was just another minor discomfort. But as I willed myself on further, the truth was undeniable. The diagnosis was a stress fracture in my navicular.

If I couldn't run, I needed to lose weight, then I could get back in shape faster. The forced rest period was torture. Confined to crutches, I watched my competitors online beat my times, overtake me in the ranks. I knew to keep myself fit and lean, I needed to cross train. My obsession with staying lean and fast began to morph into something darker. It used to be about skipping a dessert here, a smaller portion there. But the forced rest made my meals become meticulously calculated affairs, each calorie scrutinized and often deemed unnecessary. Each meal plugged into My Fitness Pal to make sure I was burning more than I was eating. I wanted my cheekbones to be defined, my ribs visible, my stomach sinched. I spent what felt like every waking moment in the gym. The aircon off and long sleeves on to make sure I sweated out the calories from my chicken and rice the night before. Twice a day, every day, I was cross training. No one was holding me back. No one telling me to stop. So, I didn't.

My parents grew concerned but their attempts to help were met with resistance. They didn't understand, how could they? My dad would ask if I'd eaten lunch, I would lie and say I had. *I was fine*, I thought. *I know what I'm doing*. I remember we went on a family holiday. My whole day had centred around an evening meal out. I made sure I hadn't eaten lunch and cross trained for longer that morning. The evening air was warm when we arrived at a restaurant in the town, my girlfriend laughing and joking with my parents, but I felt on edge, jittery at the prospect of my evening not having been in my own control. I picked up the sticky menu and saw the number of calories in each dish, my palms began to sweat. My head whirled as I decided which main had the least calories in. I sat mostly in silence picking at my nails. When the salmon and vegetables were placed in front of me, the smell wafted up my nose, the heat

of the plate made my face pink. All eyes were on me, waiting for me to have a fork full. *I can't eat that, it'll make me fat*, I told myself. Without a further thought, my chair scraped across the floor, I got up as quickly as I could and ran out of the restaurant. It had felt like I had no air in my lungs, and I couldn't catch a breath. I ruined the holiday, upset my family but I could still only think about getting back to the gym at 8am sharp the next day. The following few weeks, my girlfriend would say how she was struggling with my behaviours, that she needed psychological help if she were to stay with me. The cogs in my brain began to turn. Maybe I didn't know what I was doing after all.

By the time my injury healed, I was a shadow of my former self: thinner and weaker. I returned to running with vengeance, determined to reclaim my former glory. I thought by being lean, skinny, light, I would be fast, like I'd never had time off. I lined up against my competitors on the start line and visibly looked leaner than the others. As the gun went, each step felt heavier, each kilometre more gruelling than the last. I managed to drag myself over the line, my vision barely clear enough for me to see straight. I could sense people's eyes on me, lingering on my thin frame. This isn't what I wanted. A few weeks past of the same. Exhausting, slow runs, my energy fading each day. Then, my second injury struck. The pain in my back was like a creature gnawing on bone, I could barely walk without wincing in discomfort. I clutched my back and could feel the bones protruding out of my fatless skin. 'You have a stress fracture in your sacrum,' the doctor had said. My heart sank as I felt a wave of frustration. I nodded, trying to keep my composure, but inside, I was screaming. Did I deserve this? How could I get back to running now? I wept until my t-shirt was sodden, my eyes bloodshot red. That was what rock bottom felt like. The doctor never asked about my diet or my training, I hoped they would. I knew I needed help. I knew I needed to do something different.

The doctor warned me if I carried on, my bones would weaken, I could get osteoporosis. I wouldn't be able to run anymore. I need to be able to run. I no longer wanted pitying gazes

or injury diagnoses. But I had dug myself a hole so deep, I needed help to get back out. With a mix of hope and desperation, I sought out a new coaching setup. Someone who could help me rebuild my strength and my relationship with food and exercise. Someone who understood me. It wasn't an easy process; it took time to find a coach that was willing to sacrifice the time and effort. A coach who believed I could come back stronger. He was different than any I'd worked with before. He emphasises balance and rest. 'You've got what it takes. We'll get you more help.' Coach had reassured me, his tone firm with conviction, it sparked hope within me. *Maybe it wasn't too late for me?* I thought.

I turned to Instagram, and I found solace in sharing my journey with others, countless voices reached out to me, which gave me hope and a purpose to keep going. They shared their stories of eating disorders and injuries. It helped to know others had gone through similar. I wasn't alone. My coach put me in contact with a nutritionist and a psychologist. Together, we slowly unravelled the toxic patterns I had built around food and training. For the first time in a long time, I had felt positive. Five weeks of complete rest passed by. It wasn't easy, the voice in my head telling me I shouldn't be eating as much, to exercise more. To quieten it, I spent time away from running, with my family and friends. I slowly started to enjoy food, not be repulsed by the smell or taste. I began to notice that when I am heavier, I have more energy running. No longer did I recoil at the sight of a chocolate bar or a bowl of pasta, nor did I feel guilt or the need to punish myself for indulging. I didn't look back.

The time came when I was able to race again. The morning wind slapped me in the face as I stood on the start line, I kicked the road surface with my trainers. My heart pounded in my chest with a mixture of nerves and excitement. I'd done the training; I'd recovered from two stress fractures. I scanned the crowd and noticed my coach and parents were watching on. I hadn't toed a start line in over a year and a half and the last time I raced, I was frail, powerless, undernourished, and injured. I've come a long way since then. A year ago, my old self would

have missed breakfast to be as light as possible for the race. I would have looked at everyone else on the start line and thought they were leaner than me, that they would beat me because I was too big. I would have felt self-conscious in my shorts and vest. But now, I had pasta, porridge, and a banana in my system, I felt confident, energised and ready.

Callum's story: Is this what normal feels like?

Injury is what changed things for me. I thought I'd be just a *runner* for my whole life. I didn't think I wanted anything different. I have always been the *skinny guy* that ran, up until I couldn't. Running became serious for me at 14 years old. I was training 6 days a week, and my parents drove me all over the country to competitions. I was getting faster, winning races. I wore the right clothes, bought the latest trainers, I ate the right food, and I trained hard. I copied the older runners at my club; they were faster than me and looked the part. Their rib cages on display, collarbones defined, long lean legs. I wanted to be like that. So, I stopped eating what most other kids liked to eat at my age: chocolate, crisps, ice cream, and even bread. It wasn't long until my vests got baggier and began to swamp me. My arms looked like twigs; my face became gaunt. But despite this, the faster times came, and I learned that the skinnier I was, the faster I run. As I got faster, people started to notice me. Parents of the other runners and coaches started to say things like, 'you look like a proper runner now,' 'you'll make it some day!' I even got invited to extra training sessions with the older guys. I felt a part of something exciting.

Months passed, my times were still getting faster, my weight still decreasing. I feared each mealtime, thinking I'd put on weight and get slower. Teachers began pulling me aside at school asking, 'Callum, are you okay?', their looks grew more and more concerned. I was cold all the time, I even wore gloves in class to keep my hands from turning blue. I remember the exact day my life changed: It was a Friday; my parents kept me out of school and took me to the doctors. It was then that I heard the word that changed everything: Anorexia. *What? I'm*

not sick I thought, ‘isn’t that something girls get?’ I questioned. My parents’ faces were etched with worry. They decided I needed to take the rest of the year off school. Suddenly, my world shrank. No more running, no more exercising. Instead, I was forced to consume foods that I had grown to hate. I felt misunderstood. ‘I am a *runner*,’ I’d remind people. The older guys weren’t ill, but they looked like I did, they didn’t eat bread and cereal. But if I wanted to run again, I had to do what the doctors said. I needed to put on weight. My mum quit her job to stay home with me, dedicating her days to ensure I followed the strict regime laid out by the eating disorder specialists who visited weekly. Everyone fussed over me like I was fragile, I didn’t understand the gravity of the situation. I was *fine*. Week by week, month by month, the number on the scales climbed. Returning to running was my goal, but I wanted my life back. So, I kept doing as I was told. I ate what was put in front of me and steadily increased my weight. It was far from easy. I felt like a prisoner in my own body. Trapped. I clutched onto the hope of returning to running.

Fast forward six years, I was now living with other runners at university and back competing regionally. Food was still a burden for me but at least it was under control. I forced myself to eat at certain times of the day to stop myself skipping meals, haunted by the fear of slipping back into my eating disorder. Living with runners brought a new dynamic, we were all making our own sacrifices to get to the top. They understood the relentless drive; the discipline it took to be a runner. Everything revolved around running. There was no escape. We lived in this ‘bubble.’ Each day was the same, we would wake up and run, eat, and repeat. Meals were meticulously planned fuel stops essential for performance- plain pasta dishes, rice, limited fat, limited calories. Despite the camaraderie and shared ambitions, there was an underlying tension. Each of us battling our own demons. The routine was comforting yet suffocating. I began craving more for my life, questioning what else was out there but I was a *runner*, this was what I was made to do, wasn’t it?

It was the 1st of June 2023, and I was on a hard 20km training run with a few of the guys. I was picking up the pace and with every stride, pain that started off as a slight twinge was getting worse and worse. It felt like electricity shooting down my back, my right leg giving away under my weight. I kept going until the pain was too much, until I could hardly lift my foot off the ground. I walked back with my head hanging low, gaze focused on the ground ahead. ‘Nerve damage,’ said the physio. ‘You need to rest.’ My heart skipped a beat because I was so driven by routine, it’s what kept me in check. Now I couldn’t run, how would my day’s look? Will my mealtimes change? My palms broke out in sweat, my head thrummed.

Being stuck in the running ‘bubble,’ injury was tough. The other runners were kind at first. They shared their own stories of injury, but after a few months, they started to change around me. I was ‘the injured one,’ expected to be sidelined. Forgotten about. With the nerve pain, I couldn’t even go to the gym or walk without pain. It wasn’t the done thing to just rest. I started going out with friends from my course, I needed to get out of the house, away from everything running. I was still eating at mealtimes, trying to build a routine for myself. But without being able to exercise, I started to put on weight which I despised. My cheeks felt rounder, my jeans tighter. I hated it. It wasn’t who I was, I was the *skinny runner*. I didn’t want to be around the other runners, I no longer felt like one of them. I felt lost. Running had been my salvation, until now.

Four weeks into my injury, I went to class. I got there early to miss the others going for their morning runs. There was this student, Darren, who I’d become quite close within the past few weeks. I remember him coming up to me and saying, ‘Hey, Callum. How’s it going? You don’t look great. What’s up?’ I didn’t know how to reply. ‘I’m still injured,’ I murmured. ‘Ah, that’s rubbish. Sorry to hear that.’ I said nothing. ‘By chance, are you looking for accommodation? I only ask because four of us have found a five-bed house and we’re looking for someone else. No worries if not, just thought I’d ask.’ I looked up, ‘Umm, yeah, actually.’

‘We don’t run or anything, but I think you’ll fit in just fine,’ he replied. It was in that moment, that I knew I needed a change. I needed to get away from being surrounded by runners, find a new routine. To see what else life has to offer. I smiled slightly at the chance to move away from the identity I’d clung onto for so long.

My parents drove down the following week to help me move. We went into the new house, and it immediately felt different. A guitar hung on a wall, posters of bands scattered around the place, footballs left in the garden. The fridge was bursting with food, pizza boxes left on the side from what appeared to be last night’s dinner. When my parents left, I went to sit with the others. The couch sagged slightly in the middle, crumbs lay on the table, but it felt good, I felt instantly at ease. ‘Right, before we start the film, what snacks does everyone want?’ Darren shouted. The table was soon filled with bowls of crisps, chocolates, sweets. Darren held out a tub of ice cream towards me. Everything inside me told me that I didn’t need to eat all this, I was injured, I wouldn’t be able to burn off the calories. I didn’t usually eat at this time of day. Temptation drew me in, and I opened the tub, and with each mouthful, I felt more relaxed, more awake. Watching them all eat; they didn’t seem to care about the calories. They weren’t looking at me in horror. Is this what *normal* feels like? I thought.

From that night, I regularly went out with my new housemates. We went to gigs, ate in restaurants, enjoyed food. No one asked when I would be running again, they didn’t pressure me to exercise or eat a certain way. It felt exhilarating. With every day, I was learning new things about the world outside of the running ‘bubble.’ I was still injured, but I felt okay with that now. I wanted to get back to running but I don’t think it’ll be the same as before. I don’t know what the future holds, but for now, I’m happy to be where I am.

Holly’s story: I love food too much

I slowly climbed out of bed, just as the sun started to peek through my curtains. The pain in my knee had woken me a few times in the night and my darkened under eyes were

proof of my tiredness. ‘Eurgh,’ I thought as I looked in the mirror and rubbed my face with the heel of my hands to wake myself up and get ready to go. I limped down the stairs, carefully avoiding putting weight onto my bad knee and hobbled into the kitchen. The pain in the mornings was always the worst, where it had stiffened up overnight. I began cooking my usual breakfast: scrambled eggs on toast with avocado, tomato, and a side of beans. Breakfast is the most important meal of the day after all. Once I cleared my plate, I grabbed my backpack and made my way out the front door.

It was a warm spring Saturday morning down at the track, my black jacket absorbing the sun’s warmth, a comforting embrace against the cool May breeze. Our club was fortunate to be able to train here, the stadium grand, the red tartan of the track bright and springy underfoot. I made my way to the stands to watch my teammates do their drills and stretches, noticing that the pain in my knee subsided as it got moving. They smiled and waved as they noticed me walking by. I waved back enthusiastically and brushed specs of dirt and dust from the seat before sitting down. I pressed my thumb to the tender spot on my knee and took a deep breath. ‘Only a few more weeks,’ I whispered to myself. Coach had encouraged me to come to the sessions at the track, so I still felt involved; to remind me it was just a temporary setback, but it felt lonely up here, watching my teammates getting fitter and faster without me.

Running had always been more than just a sport for me, it was where I found my confidence, where I truly connected to my body. At school, I was teased for being ‘too skinny,’ girls telling me that I needed to eat more, my knees too bony. When I started running my body changed, it became bigger and more muscular. When I looked in the mirror, I didn’t hide my figure with a baggy jumper. I could see myself getting stronger and it felt really good. I knew I needed to eat more to fuel and look after my new, toned body.

It had been three weeks of no running so far, tendinitis in my knee stubbornly persisting despite my best efforts to rest. I knew better than to rush back if it wasn’t ready. It was instilled

in me from a young age that your body is a machine and with any machine it needs to be able to function properly. To function, it needs to be looked after. I'd been giving my body what it needed: rest and fuel. Three big meals a day with snacks in between, making sure I never felt hungry.

Watching my teammates from my spot in the stands, I had an overwhelming feeling of nostalgia. I missed competing with my friends, the nerves and adrenalin on the start line. I missed the routine of training each day. I knew to get back to that, I needed to look after my body. The pain in my knee makes it difficult to do any form of exercise, so I haven't pushed it. I've been completely resting the last few weeks and to be honest, it's been a good opportunity for my body to feel recovered after the last competitive season. I feel refreshed and am actually excited to be able to run again. My heart beat a little harder at the prospect of being back on track.

Unzipping my backpack, I pulled out some left over carbonara from last night's dinner and a protein shake to have as I watched. I'd always loved food. I look forward to mealtimes. The process of making food, smelling it cook, and relishing in enjoying it afterwards. My family are big foodies, always encouraging me to eat more, especially since being injured. My dad, a former runner, often reminds me how important food is for recovery, it's kind of been ingrained in me. I'd never think twice about missing a meal or going on any diets, I love food too much. Through this injury, I've been trying to eat just as much as when I'm running, or even more. I think of the injury as a warning sign, my body needed more from me. I don't want to let it down.

From my spot in the stands, I could see coach rallying the team. She is also a firm believer in food is fuel and often organises team meals. I remember one dinner a few months back, we gathered around her kitchen table after a gruelling practice, plates filled with pasta and garlic bread as we raised our glasses to good food and great friends. The dinners usually

happen once a month, we just end up spending the evening eating and laughing at nonsense. I've had the same coach since I started running at age 11 and we've had these meals as long as I can remember. My parents often come along too, everyone gets along really well, I wouldn't change it for the world. Running is an individual sport but with a support network like mine, it feels like a team effort.

'Holly, you look deep in thought,' a voice interrupted. I looked up to see Emily, one of my teammates, standing beside me, brow furrowed in concern.

'Just thinking about getting back out there,' I said with a wry smile.

Emily sat down next to me. 'We miss you on the track, but you're smart to take the time off, I wish I had your discipline.'

Coach's whistle blew, signalling the end of the warmup. Emily gave my shoulder a reassuring squeeze and retreated to the track for the rest of the session.

'See you later tonight for team dinner,' she shouted back to me over her shoulder.

'Can't wait!' I replied.

I watched her jog back over to the group, her spiked shoes scraping on the gravel before making it back to the soft tartan. I thought about when Emily had been injured a few months ago. She would spend hours in the gym cross training and often missed our group dinners. We would reach out, but I think she found the time off running difficult. I see it more as an opportunity to refresh my love for the sport, to spend the extra time with family, to nourish my body and let myself recover. Injury is part and parcel of the sport, it's what makes us stronger. But seeing other runners online doing so much exercise when they are injured can make me feel guilty, like I'm lazy or missing some big secret to get fitter and faster. But I ignore it, my journey is my own. 'Only a few more weeks,' I repeated to myself.

Appendix E: Ethical Approval Study 3

Approval Sheet

(This sheet must be signed at all relevant boxes)

Name of proposer(s)	Freya Davis
Name of supervisor(s)	Ross Wadey
Programme of study	PhD
Title of project	Sharing creative non-fiction stories: knowledge translation of experiences with sporting injury and eating practices

Supervisors, please complete section 1. If approved at level 1, forward a copy of this Approval Sheet to the Faculty Ethics Representative for their records.

SECTION 1: To be completed by supervisor.(for student research projects). Doctoral/MPhil applications must be referred to and reviewed by an Ethics Representative at Section 2 below.			
☐ Approved at Level 1. ☒ Refer to Ethics Representative for consideration.			
Name of Supervisor:	Ross Wadey		
Signature of Supervisor:		Date:	05.08.2024

SECTION 2: To be completed by Ethics Representative.			
☐ Approved at Level 1 ☒ Approved at Level 2 ☐ Level 3 consideration is required by Ethics Sub-Committee.			
Name of Faculty Ethics Representative:	Marcelle Fernandes		
Signature of Faculty Ethics Representative:		Date:	27/08/2024

Appendix F: Participant Information Sheet Study 3



Participant Information Sheet

Please take the time to read in full before agreeing to participate in this study. The participant information sheet and consent form should be kept for the entirety of this study.

14. Research Project Title

“Sharing Creative Non-Fiction Stories: Knowledge Translation of Experiences with Sporting Injury and Disordered Eating”

You are invited to participate in this research project exploring the use of non-fiction stories in knowledge translation and action. You will participate in focus groups discussing, 1.) your experiences with injury and eating practices OR your experiences working with injured athletes and understanding their eating practices, 2.) any actions you may take as a result of hearing the stories and how stories can be used to promote interdisciplinary approaches, 3.) your perceptions of using creative non-fiction stories as a method of knowledge transfer. You will have the opportunity to take part in a follow-up one-to-one interview approximately six months after the focus groups to discuss the long-term impacts of the stories. You can participate within this study if you are over the age of 18, compete or have competed within distance running events (up to marathon) regionally, nationally, or internationally OR if you work in a professional discipline with distance runners or athletes from other sports. The focus groups and optional interviews are part of a research project being conducted by Freya Davis, a doctoral student at St Mary's University, Twickenham. The focus group interview will take approximately 60-90 minutes depending on your time constraints. All interviews will be held online unless arranged otherwise. You will only participate in one focus group interview with 4-5 others and Freya as the facilitator, and an optional follow-up interview.

15. Background and aims of project

This is a follow-on study exploring the use of create non-fiction stories as a method of knowledge translation. A previous study within this PhD project explored the injury and eating experiences of distance runners. Five stories were developed by the lead author (Freya) to provoke emotion and represent experiences of the runners in an accessible manner. The stories involve different experiences with injury and how eating was impacted around the times of injury. They focused on social and cultural contexts of the athletes, including interactions with support staff (i.e., coaches, physiotherapists). The aims of this study are to explore your perceptions of these stories (which are available in both written and audio

formats), explore your own experiences with injury or working with injured athletes and knowledge of eating practices. Finally, discuss actions (if any) that might be initiated as a result of reading or listening to the stories and how disciplines could work together to aid athlete wellbeing with regards to injury and eating practices. The focus groups will be an opportunity to encourage collaboration, expressive, emotional, and spontaneous views around the topics. The follow-up interviews will be an opportunity to reflect on any actions taken as a result of hearing the stories.

16. Do I have to take part?

No. Your participation in this survey is voluntary. You may refuse to take part in the research or withdraw from the focus group interview or interview at any time without penalty to you. You are also free to take breaks within the interview and/or skip a question if you do not want to answer. Please note, once your interview data is analysed and included in the write-up it may be difficult to withdraw after this point.

17. Are there any potential risks in taking part?

There is a risk that some questions or reflections may cause emotional discomfort. Parts of the interview will draw on stories that may be difficult to hear and/or your own experiences as an injured athlete or working with athletes. It is your choice if you wish to skip any questions if you feel uncomfortable answering them. It is also your choice not to take part in the focus group/interview or to cease participation at any time. If you feel you may need support before or after taking part in the focus group there is a list of mental health and eating helplines at the end of this information sheet. You can also contact the lead researcher of the study for advice on where to seek confidential support.

18. Are there any benefits in taking part?

There will be no direct benefit to you from taking part in this research. We hope the focus groups and interview will be a valuable experience for you. As a practitioner or coach, the focus groups could be a great CPD opportunity. Your responses will be used to expand current research and help researchers and practitioners gain a better understanding into eating practices, sporting injury, and dissemination of research. Findings will guide how stories can be used as a knowledge translation tool to promote social and cultural changes and how an interdisciplinary approach can be guided by the use of stories.

19. Legal basis for processing personal data

As part of the project, we will be recording personal data relating to you (e.g., name). This will be processed in accordance with the General Data Protection Regulations (GDPR). Under GDPR the legal basis for processing your personal data will be the official authority of the University. Your name will not be used within the research; pseudonyms will be used to allow for anonymity.

20. What happens to the data I provide?

The data you provide will be kept strictly confidential. The focus group will be audio recorded and transcribed by the lead researcher, and both will be stored in a password-protected file OneDrive stored on St Mary's University servers. Data will be stored on

OneDrive for the entirety of the PhD and then will be securely lodged for a minimum of 10 years. Data will be stored in compliance with the Universities Data Management Policy. The data you provide will only be accessible to the research team. No identifying information would be included in any publications or presentations and the focus group interview and personal data will remain confidential. The use of any direct quotes when writing up results will remain strictly anonymous with the use of pseudonyms and will never be traceable back to you.

21. Future uses of the data

Due to the nature of this research, it is possible that other researchers may find the data to be useful in answering other research questions. If any data is used in this way it is ensured that the data collected is untraceable back to you.

22. Will the research be published?

The research will be written up and be part of the final PhD thesis and it may be published in a scientific journal. Results can also be sent to participants for their own interest; participants would just need to email the researcher. The results of the study may be presented at academic conferences.

23. Who has reviewed this research project?

The ethical approaches of this project have been approved via St Marys University, Twickenham's Faculty Ethics Representative.

24. Your rights

You have the right to request to see a copy of the information we hold about you and to request corrections or deletions of the information that is no longer required.

You have the right to withdraw from this project at any time without giving reasons and without consequences to you up until data is analysed and used within write-up.

25. Whom do I contact if I have concerns about this study or I wish to complain?

If you would like to discuss the research with someone you can contact:

Researcher name: Freya Davis 151643@live.stmarys.ac.uk

Lead Supervisor name: Dr Ross Wadey ross.wadey@stmarys.ac.uk

For complaints and questions about the conduct of the research:

Chair of the Ethics Subcommittee: matthew.james@stmarys.ac.uk

If you have any questions relating to data protection these can be addressed to GDPR@stmarys.ac.uk

26. Additional Support

If you have been affected by any of the questions within this survey or require additional support, there are a number of helplines listed below:

- **Beat national helpline**

Helplines - Beat (beateatingdisorders.org.uk)

One-to-one chat One-to-One Web Chat - Beat (beateatingdisorders.org.uk)

The helpline can be accessed on 0808 801 0432

- **Anorexia and Bulimia Care (ABC)**

03000 11 12 13

anorexiabulimiare.org.uk

Advice and support for anyone affected by eating problems.

- **Mind**

Provide advice and support if you are experiencing a mental health problem.

Phone- 0300 123 3393. Text- 86463

Thank you for participating in this study!

Appendix G: Participant Informed Consent Study 3



St Mary's
University
Twickenham
London

Consent Form

Name of Participant: _____

Title of the project: Sharing creative non-fiction stories: knowledge translation of experiences with sporting injury and disordered eating

Principal investigator and contact details: Freya Davis 151643@live.stmarys.ac.uk

Members of the research team: Dr Ross Wadey, Dr Stacy Winter, Dr Melissa Day, Dr Ciara Everard

1. I agree to take part in the above research. I have read the Participant Information Sheet which is attached to this form. I understand what my role will be in this research, and all my questions have been answered to my satisfaction.
2. I understand that I am free to withdraw from the research at any time, for any reason and without prejudice up until data has been analysed and written up by the lead researcher.
3. I meet the following inclusion criteria: I am over 18 years old, compete or have previously competed in distance running events (up to marathon) OR work within a professional discipline (i.e., physiotherapist, nutritionist) with athletes competing in distance running or other sports.
4. I have been informed that the confidentiality of the information I provide will be safeguarded.
5. I am free to ask any questions at any time before, during, and after the study.
6. I have been provided with a copy of this form and the Participant Information Sheet.

Data Protection: I agree to the University processing personal data which I have supplied. I agree to the processing of such data for any purposes connected with the Research Project as outlined to me.

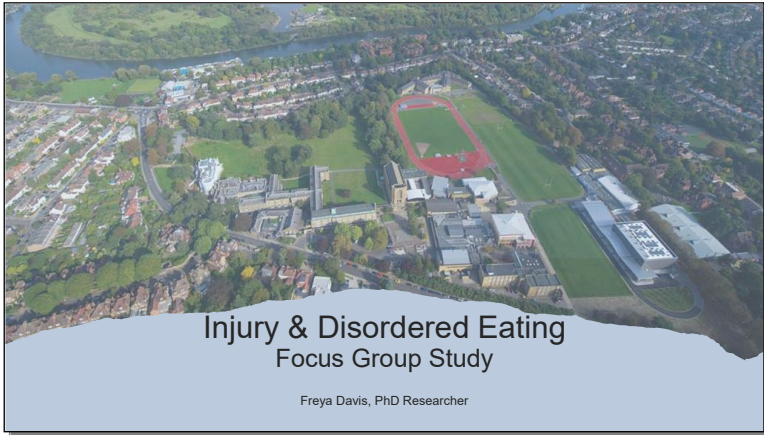
Name of participant
(print).....

Signed.....

Date.....

If you wish to withdraw from the research, please contact the principal investigator on the contact details above.

Appendix H: Narrative Pedagogy PowerPoint Presentation



Injury & Disordered Eating
Focus Group Study

Freya Davis, PhD Researcher

Aims

1.) Explore **your** interpretations of the stories presented.

2.) Discuss what **we** can do with the stories.

Overview

01 Introductions	05 Discussion
02 Story 1	06 Repeat for story 3, 4, 5
03 Discussion	07 Uses of stories, what's next?
04 Story 2	08 Concluding comments

Trigger Warnings

The non-fiction stories contain real life experiences and descriptions of disordered eating which some listeners may find upsetting.

These stories were developed from 10 distance runners' collective experiences. They are not representative of all athletes' experiences.



Sara's story: is it good for me?



Alisha's story: I knew I'd gone too far



Aaron's story: Maybe it wasn't too late for me?



Callum's story: Is this what normal feels like?



Holly's story: I love food too much

- What are your main takeaways or opening impressions from the story?
- Who could this story be told to?
- How do you feel after listening to this story?

Discussion

- Overall experience listening to the stories?
- Overview of the stories- could they be improved? Do they capture real-life experience?
- Could they be a useful resource for you? How could you embed these into practice?
- How might they be used by athletes, coaches, or practitioners?
- Could these stories have an impact on athletes/coaches/practitioners?
- What's next? Where can we go with these stories?

Thank You

If you have any questions or would like further information
on the research, please email:
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Appendix I: Rationale for Rigor Criteria

Table 2. Application of Rigour Criteria Across Studies

Study	Criteria Emphasised	Why Emphasised
One	Meaningful coherence; engagement; evocation and illumination; worthiness of topic; substantive contribution	These criteria foregrounded the need for stories to align with aims, capture the emotional complexity of athletes' lived experiences, provoke reflection, and contribute substantively to discussions of injury and disordered eating.
Two	Credibility; resonance; usefulness; sincerity; transparency	These criteria were chosen because this study centred on participants' recognition of themselves in the stories, ethical sincerity in representation, and transparency in showing how reflections informed revisions. Resonance and usefulness captured how stories "worked" for athletes.
Three	Dialogue as debate and negotiation; engaged embodiment as a condition for change; rich rigor; transparency; focus; meaningful coherence; resonance	These criteria reflected the pedagogical purpose of the study: creating space for practitioners to critically debate, engage with stories in embodied ways, and co-construct insights. Transparency and coherence ensured clarity of process; resonance captured the stories' ability to stimulate applied reflection.
Four	Sincerity; transparency	Reflexive work demanded openness, honesty, and relational ethics. The poems aimed to reveal the ethical and emotional labour of qualitative inquiry.