

# Are Elite Athletes Exploited?

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*Are elite athletes exploited in terms of the health risks they are expected to accept? What are the health risks of elite sport? Are appropriate steps taken to safeguard athletes' health? This essay draws on a study of English professional football which found that players are expected to 'play hurt'. Injured players may be subject to pressures to return to play before they have fully recovered. Information about their injuries may be deliberately withheld from players. Many clubs fail to meet the requirements of health and safety legislation. However, it is argued that the concept of exploitation is not helpful in understanding the situation of professional footballers and that the situation of professional footballers and other elite sportspeople is better understood in terms of the concept of 'risk transfer'.*

## Introduction

In recent years there has been growing concern about aspects of what have been described as exploitative relationships in sport. This concern has typically focussed around participants in sport who may be held to be particularly vulnerable to physical and sexual harassment and violence, or to what has come to be recognized as psychological and emotional abuse. The key groups held to be most at risk are female athletes and, in particular, child athletes, who may be subjected to any of these forms of abuse, as well as to inappropriate and intensive training programmes. [1]

What these groups have in common is that both are seen as vulnerable because of their relatively weak power positions in relation to other, and generally more powerful, groups: women because of the generally unequal power balance between men and women within the wider society and because sport is a major site of male dominance, and children because of the strikingly unequal power relationship between adults and children. The central object of this essay is to examine the situation of another group within sport and to ask whether this group might also be considered to be an exploited group. However, this group, unlike those above, is not normally thought of as being

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either relatively powerless or particularly vulnerable. The group consists of professional and elite athletes.

During the last two decades, the commercialization of sport, particularly as a result of the development of sports sponsorship and the rapidly increasing global television audience for both live and recorded sport, has been associated with huge increases in the financial rewards available to successful sportspeople. In 1995, Michael Jordan's salary from the Chicago Bulls was \$3.9 million, but this was dwarfed by his earnings from product endorsement, estimated to have been in the region of \$40 million. [2] Leading footballers in the English Premiership are reported to be in receipt of salaries as high as £100,000 per week, to which can often be added further substantial earnings from advertising and product endorsement. Given fabulous incomes of this kind, and the celebrity lifestyles which many leading sportspeople now enjoy, it may seem strange even to raise the question of whether elite athletes might be exploited. However, it is important to note, firstly, that not all elite sportspersons receive fabulous incomes. For example, of the 2,600 members of the English Professional Footballers Association, only 800 play in the Premier League; most play for lower division clubs and many will receive incomes little better than, or even worse than, those of many of the spectators who watch them play.

Secondly, and perhaps more importantly, we need to consider whether people might be exploited in ways other than economic. In this essay, we will focus not on economic issues, but on health issues in elite sport and we will be concerned to ask questions such as: what are the health risks associated with elite level sport? Are those who have a legal responsibility (and, some might argue, also a moral responsibility) for the health of athletes – that is the national and international federations and, in the case of professional players, the clubs which employ them – taking appropriate steps to safeguard the health of their athletes? These issues are explored in this essay via an examination of aspects of the relationship between sport, risk and health and, in particular, via a case study of professional football in England.

### **Sport, Risk and Health**

There is now an abundance of evidence to indicate that elite level athletes take – and, perhaps more importantly, *are expected to take* – serious risks with their health. As Young has noted:

By any measure, professional sport is a violent and hazardous workplace, replete with its own unique forms of 'industrial disease'. No other single milieu, including the risky and labor-intensive settings of miners, oil drillers, or construction site workers, can compare with the routine injuries of team sports such as football, ice-hockey, soccer, rugby and the like. [3]

Young is by no means overstating the case; a recent study in England found that the overall injury risk in professional football was 1,000 times higher than the risk of

injury in other occupations normally regarded as high risk, such as construction and mining. [4]

Not only are there major health risks associated with elite sport but it is also clear that there are considerable constraints on players to continue to play when injured and in pain; as Roderick has noted, an important aspect of sporting culture at the elite or professional level involves a ‘culture of risk’, which ‘normalizes pain, injuries, and “playing hurt”’. [5]

Examples of athletes who have continued to compete with painful and potentially serious injuries are almost innumerable. The following examples are taken from three different sports and three different countries with very different sporting cultures. In her autobiography, Olga Korbut, the former Olympic gold medal-winning gymnast, described how, following the 1972 Munich Olympics, the Soviet gymnastics team was taken on a tour of what was then West Germany. Korbut wrote:

During that tour of Germany, the lumbago in my back began to hurt more and more. The novocaine injections took away the pain for a while, but I needed time to rest and heal. By the end of the tour, I walked as though I had a stake in my spine. [6]

She added: ‘My strongest memories of that entire period are fatigue, pain, and the empty feeling of being a fly whose blood has been sucked out by a predatory spider.’

Such incidents were not confined to the now defunct communist systems of Eastern Europe, for examples of athletes continuing to play – and being expected to play – despite painful and potentially serious injuries are commonplace. Consider, for example, the following extract from a pre-match team talk to the English Rugby League team, Wigan, by their coach, John Monie:

There’s just one more thing I want to enforce. It doesn’t matter what’s wrong with you when you’re injured, I want you on your feet and in the defensive line . . . I don’t care if the [physiotherapist is] out there and he wants to examine you and all that stuff. That’s not important. What’s important is . . . you’ve got twelve team-mates tackling their guts out, defending . . . and we’ve got the physio telling a guy to see if he can straighten his knee out.

I don’t care what’s wrong with you . . . if the opposition’s got the ball, I want you on your feet and in the defensive line . . .

There are no exceptions to that rule. So from now on, the only reason you stay down hurt and get attention from the sideline is because there’s a break in play or you’re unconscious – no other reasons will be accepted. [7]

Or consider, from the United States, the following advice given by a team physician to Marc Wilson, a player with the Los Angeles Raiders football team, after he received a painful and serious shoulder injury in the middle of a game:

Marc, I’ve got bad news for you. Your shoulder’s completely blown out. You’ve got a shoulder separation as bad as they can get. It could only be worse if that bone was sticking out through your skin.

. . . So you really can’t hurt the joint any more. We may as well shoot it up [inject it with painkillers] and let you go back out there and play. [8]

Experiences of this kind are commonplace among elite players. As Young, White and McTeer have noted:

Overt and covert pressures are brought to bear on injured athletes to coerce them to return to action. These may include certain 'degradation ceremonies'... such as segregated meal areas, constant questioning from coaches, being ostracized at team functions, or other special treatment that clearly identifies the injured athlete as separate. [9]

Young *et al.* add that: 'Pressure placed on the player to return to action before full recovery is in one sense intended to enhance the team's ability to win, but in the process, the long-term health of the athlete is often given little consideration.' [10]

In the remainder of this essay we examine these health-related issues via a case study of the management of injuries in English professional football. [11] The research reported here was based on semi-structured interviews with 19 current and 8 former players, 12 club doctors and 8 club physiotherapists. Interviews were conducted at Premier League clubs and at clubs in all three divisions of what was then the Nationwide League.

### **Understanding Football Culture: Risk, Pain and Injury**

Playing with pain, or when injured, is a central aspect of the culture of professional football. Young players quickly learn that one of the characteristics which football club coaches and managers look for in a player is that he should have what is regarded as, in professional football, a 'good attitude'.

One way in which players can demonstrate to their manager that they have a 'good attitude' is by continuing to play with pain or when injured. Being prepared to play while injured is defined as a central characteristic of 'the good professional'; in contrast, those who are not prepared to play through pain and injury are likely to be stigmatized as not having the 'right attitude', as malingerers or, more bluntly, as 'poofters'. These points were brought out very clearly by one of the players whom we interviewed, who summed up what a 'good attitude' entails in the following way:

We had a player, I won't mention his name, but he has gone to [another club] now, and he had a fantastic attitude as in, he used to play constantly through injuries and they would get worse and worse. He'd be injured one week and... two weeks later he'd have the injury again. When you get a dead leg, you know, if you start running on it in the first twenty-four hours, you've got no chance, it can get worse... he'd play through to show the management that he had a fantastic attitude. But he was constantly injured. Constantly injured.

When asked how managers react to this kind of behaviour on the part of their players he replied:

They think it's fantastic. Brilliant. He's out there dying for the club. Dying for the club. Now, we have another player here who's from [another country] and his attitude is any little niggle, 'That's it, I'm not playing' ... Everyone's attitude towards him is 'He's a poofter, he doesn't want to play, no heart'. You know, the

manager says in front of the players, 'Look at him over there, he's pulled out of the game again . . .'. It might be because he has genuinely got an injury. Only the player knows. But his title is that he's a f\*\*\*\*\* wuss, you know, he hasn't got the right attitude. But if you go out with an injury and you play for ninety minutes and it's doing you more harm than good, you know, you're Braveheart, you're brilliant.

A related aspect of football culture involves the idea that players who are unable to play as a result of injury and who can therefore make no direct contribution to the team on the field of play, may be seen as being of little use to the club and may be stigmatized, ignored or otherwise inconvenienced. One player told us that some managers 'have a theory that injured players aren't worth spit basically . . . You are no use to us if you are injured'.

Another player described the attitude of one of his former managers towards injured players as follows:

You're not meant to be injured. You should be playing. You get paid to play. He totally ignored you when you were in the treatment room. His attitude was: 'You're no use to me anymore'.

A similar point was made by one of the physiotherapists, who said that some managers took the view that: 'At the end of the day, you're a non-producer, as they say, if you're injured. You're not playing Saturday and you're no good to anyone'.

The lack of sympathy which some managers have for injured players may mean that, on occasions, managers may insist on players training even when they are injured. One senior player said that, following surgery on his knee, he had been advised by his surgeon not to run on hard surfaces before the knee had healed properly, but that his manager insisted that he took a full part in the training programme, which included running on a hard track. The player concerned was the club captain and, he said, the manager insisted that he 'set an example' to the other players. Another player at the same club was made to take part in a full training session despite the fact that the previous day he had cracked a rib in a match and was having difficulty breathing.

### **'Playing Hurt'**

Players learn from a young age to 'normalise' pain and to accept playing with pain and injury as part of the life of a professional footballer. One player described the situation as follows:

Players are so desperately keen to get back that 90 per cent of them come back to play long before they have made a full recovery. I am no different . . . there is desperation to show that you are keen.

One indication of players' willingness to play with injuries came in response to a question in which we asked players how many matches, in a full season, they played without any kind of pain or injury. Many players – and, in particular, senior players, who had often accumulated many injuries over the years – indicated that they played

no more than five or six games in a season entirely free from injury and one senior player said: 'There's not one player goes out to play who's 100 per cent fit'.

Many of the players to whom we spoke described in some detail their own experiences of playing with injury. One player described how he had been given two pain-killing injections before every game from late December until the end of the season in May in order to enable him to continue playing with a broken toe. Another senior player described how, over several months, he had played with pain from a knee injury and, in attempting to compensate for the knee injury by changing his running style, had suffered one injury after another. Asked to describe what it was like playing with pain over several months, he replied:

It was pretty depressing . . . when you are getting up in the morning and you can't walk and all of a sudden you think to yourself 'Jesus, I've got to go to work today'. You know, it's like any job, if you can't do your job . . . so it was kind of one thing on top of another and it's not a good feeling . . . It's frustrating, but you get used to the pain and . . . you keep on playing with the pain. That's the thing, you never say 'No, I'm not doing it'.

Of course, some players take the decision to continue playing while injured in the knowledge that in doing so they risk further injury. *In some situations, however, relevant information about their medical condition may be not conveyed to players, or may even be deliberately withheld as a matter of policy.* A particularly striking example of the latter was provided by a doctor who worked in a club with only a small squad of players and in which, as a consequence, the pressures on players to continue playing while injured are particularly acute. The following is part of the interview with that doctor:

Doctor: I x-rayed somebody's tibia last season, as he had an injury . . . which could have been a stress fracture. I looked at the x-ray and saw an enormous smash on his ankle, a very old injury, but it was a very badly distorted, deranged ankle. He'd suffered a major fracture to his ankle, lower tibia at some stage, the whole thing had fallen half an inch. How can the guy play? So [the physiotherapist] said: 'Don't tell him. Don't tell the player that he's gone and broken his ankle otherwise he'll start being off'.

Interviewer: The player didn't know he'd done it?

Doctor: No, and I haven't told the player that the x-ray showed a hell of a fracture from some stage in the past. I said to him: 'Tell me, have you ever somehow damaged your ankle, have you been having any pains in the last few seasons at all, just out of interest?' So I haven't told him.

Interviewer: But [the physiotherapist] didn't want you to tell the player – why?

Doctor: Well, because he'll be off and will start asking what's wrong with it, and asking if he should retire now. And it decreases his value when you're sold. So it's a bit like a slave market.

Interviewer: How did you feel about not giving the patient information about his own body?

Doctor: I was asking my friends what I should do. What happens when that player actually finds out in 10 years time that that x-ray was taken by me 10 years before and I never told him, and he played on another 10 years, and has bugged his

ankle so badly he can hardly stand on the bloody thing, with arthritis, which he will get?

Nevin and Sik have noted that managers may seek to withhold information from players about the extent of their injuries and may encourage their physiotherapists to do the same. [12] This problem is not specific to English soccer; in the United States, there has been a good deal of litigation concerning informed consent in the field of sports medicine, with a central claim in many cases being that information was withheld, either negligently or intentionally, from athletes about the true nature of their injuries, thereby preventing the athlete from making an informed choice about his/her fitness to return to play. [13] Such situations clearly raise serious ethical issues in terms of the relationship between doctor/physiotherapist and the player-as-patient.

### **Medical Confidentiality**

Confidentiality is almost universally considered to be an essential principle of the doctor-patient relationship. It is however a principle which is often breached within professional football. While some medical staff apply the normal rules of medical confidentiality in their relationships with players, others are prepared to pass on personal information, such as that relating to players' lifestyles, which would normally be considered confidential to the doctor-patient relationship. [14] Given this situation, it is not surprising that some players expressed considerable reservations about revealing confidential information to club medical staff. One player, asked whether he would be happy to discuss a confidential matter with the club doctor or physiotherapist, answered with an emphatic 'No'. He explained:

There is no such thing as confidentiality at a football club. I found that out... something got back to a manager that I had said to a doctor... Well, it should be confidential... it was something [non-medical] I commented on... and it came straight back which I thought was a bit out of order... No, I wouldn't have confidence in anyone.

One ex-player, asked if confidential information about players was ever passed on by the physiotherapist, said:

I think the manager does have certain members of his [medical] staff to listen out to what players are saying in the treatment room... word quickly gets round who you should be careful of saying things to... players do tend to open their hearts out in there when they are on a bed for half an hour or more, or under a machine, and they just talk and things come out and, you know, really if the physio is hearing that type of stuff it should be for his ears only and really shouldn't go any further.

Another senior player described a serious breach of medical confidentiality. In this incident the club doctor was clearly acting as an agent on behalf of the club, and used confidential medical information about a player to advance the interests of the club against those of the player. The player described what happened as follows:

The club doctor, in my opinion, totally compromised his situation. I'd had [an operation] and my contract was up at the end of the season . . . I was approached by [three leading English clubs], Atletico Madrid and Lyon. Three or four weeks later, when I was talking to these clubs, I got summoned to the club doctor's . . . the club doctor called me and said would I go round to his house . . . I arrived there and he was there with the surgeon who did my operation . . . He [the club doctor] said, 'You're thinking about leaving the club this summer?' I said 'Yes'. He said, 'Well, the surgeon has told us that you've only got another year at the most to play football. If we make that common knowledge, no club in the world would pay millions of pounds for you'. I said, 'Well, what are you telling me?' He said, 'Well, if you're thinking of leaving the club and we made that common knowledge, then . . . no-one would buy you'. So . . . I ended up agreeing a new deal to stay.

The incident described by the player had taken place several years previously and, at the time of the interview, the player was still playing for the same club. The player said that he thought the club doctor was probably acting under great pressure, probably from the club chairman, but he added that this did not excuse the doctor's behaviour: 'He was probably under great pressure to do that, but he's done wrong.'

### **Risk, Injury and Health in Professional Football**

The study reported above is just one of many recent studies which have raised concerns about health care issues in professional football in England. For example, two studies found that levels of osteoarthritis among retired footballers were very high and significantly greater than for the general population. [15] A study of five English professional clubs found they were not meeting the legal requirements set out in the Management of Health and Safety at Work Regulations of 1992. [16] A risk assessment of grounds for player safety indicated that only 42 per cent of English clubs achieved an acceptable score. [17] A study of the methods of appointment and qualifications of doctors and physiotherapists in professional football clubs found that half of all club physiotherapists were not qualified to work in the British National Health Service. The same study expressed concern about the limited qualifications and experience of many club doctors, while the methods of appointment of club doctors and physiotherapists were described as 'a catalogue of bad employment practice'. [18]

Together with the research reported here, these studies collectively paint a picture of risk management and health care provision in English professional football that is a matter of serious concern.

### **Are Professional Footballers Exploited?**

As we have seen, professional football is, in terms of the risk of injury, a particularly high risk occupation. Footballers take – and are expected to take – serious risks with their health, for example by continuing to play even when injured. It is also clear that the clubs which employ them and which have a legal – and some might argue also a moral – responsibility for the health of their employees are, in many cases, failing to



meet the legal requirements set out in health and safety legislation, and are failing to carry out proper risk assessment procedures. In addition – and it might be argued that this sheds further light on the way in which clubs regard their responsibilities to players in relation to injuries – it has been calculated that many English clubs spend only about 2.5 per cent of the asset value of their playing staff on medical care; this may be compared with a typical company car fleet where the annual maintenance and insurance costs would be in the region of 20–30 per cent of the value. [19]

It is clear that many of these studies raise serious health-related concerns. But – and here we return to the question in the title of the essay – is it appropriate to conclude that professional footballers – and, by implication, other elite and professional athletes – are exploited?

Certainly it is the case that some of the leading researchers in this field have described the situation of elite athletes in these terms. For example, in his work on pain and injury, Young draws upon hegemony theory to explain how ‘tolerance/consent and exploitation/victimization dynamics are lived out in the context of sports work’. [20] In his early work on the injury and health risks associated with elite sport, Young referred to what he called ‘athletic exploitation’ and ‘workplace exploitation’ in sport. [21] More recently, he has suggested that at the professional level, injury may be understood as the outcome of intricate relationships which involve, among other things, ‘employee exploitation, victimization and abuse’. [22] Nixon similarly refers to the exploitation of athletes in relation to health issues, and seeks to offer some remedies for what he calls the ‘physical exploitation of athletes’. [23] But how useful is it to conceptualize the health risks in elite sport as a form of exploitation of athletes? Let us consider some of the theoretical issues this raises.

The most famous attempt within the social sciences to operationalize the concept of exploitation is undoubtedly that by Karl Marx, for whom a central concern was what he saw as the exploitative nature of industrial capitalism. In volume one of *Capital*, Marx defined the rate of exploitation of labour power under capitalism in terms of the ratio of the surplus value ( $s$ ) of a product to the wages or variable capital ( $v$ ) involved in its production. Thus the rate of exploitation was defined by the formula  $s/v$ . Marx’s definition of exploitation, and in particular his use of an algebraic formula, might seem to suggest, at least superficially, that he is offering a relatively detached, ‘technical’, ‘scientific’ and non-evaluative definition. However, this is not the case. As Joan Robinson, a scholarly and by no means hostile critic of Marx’s economic writings, has pointed out, ‘the terminology which Marx employs is important because of its suggestive power’ (she notes the same could also be said of the work of many other economists). She noted that ‘Marx was very much alive to the importance of suggestion. He shows how even an algebraical formula is not innocent of political implications.’ She continued: ‘Marx’s method of treating profit as “unpaid labour”, and the whole apparatus of constant and variable capital and the rate of exploitation, keep insistently before the mind of the reader a picture of the capitalist process as a system of piracy, preying upon the very life of the workers. His terminology derives its force from the moral indignation with which it is saturated.’ [24]

A central problem with the concept of exploitation, not just in Marx's writings but more generally, is that, as Robinson has noted, it is 'saturated' with moral indignation and, given the history of the concept, it is difficult to see how it can be used in a relatively detached way, that is without simultaneously conveying this sense of moral indignation. Of course, it may be that for some authors the primary objective of their work is to try to stimulate change designed to reduce or eliminate what they consider to be exploitation and, for them, the concept of exploitation may serve, as it did for Marx, as a means of inviting their readers to share their sense of moral outrage. But it is important to recognize that, when this is done, the concept of exploitation is being used, not as a social scientific concept designed to aid our understanding, but as a highly value-laden moral or political concept designed to persuade others of the moral rectitude of the author's position. In this regard, the concept of exploitation has no analytical value or explanatory purchase; rather, it is used as a purely descriptive label which serves simply to signify disapproval of a given pattern of social relationships, in much the same way that Marx's use of the concept served to signify his disapproval of capitalism. Indeed, it might be suggested that the use of an ideological concept such as exploitation tells us rather more about those who use this concept – and in particular their own values and prejudices – than it does about the social phenomena which they claim to be investigating. For example, it is possible to document in a relatively detached way the health risks associated with elite level or professional sport, as we have tried to do in this essay. We would suggest that nothing is added, *in a scientific sense*, by describing the pattern of relationships in which footballers are involved as 'exploitation'. The use of such a label, we suggest, adds nothing to our understanding of the phenomenon, but merely serves to indicate the value position of those who choose to use this label.

If the use of such ideologically saturated concepts simply added nothing, their use could just be dismissed as unnecessary or superfluous. However, where scientific concepts and frameworks are mixed up with more extra-scientific or ideological concerns, this may significantly detract from the quality of the analysis which is offered. For example, in relation to one form of 'exploitation' about which there has been growing concern in recent years – sexual abuse in sport – Lenskyj has claimed that where both parties in a sport setting are female, 'the specific threat of sexual abuse is absent from these coach/athlete relationships'. [25] This is simply wrong empirically. [26] One is, perhaps, entitled to wonder whether Lenskyj might have been more circumspect in her claim had she not been committed to a feminist framework which involves a particular mix of science and political ideology and which offers a particular view of gender relationships.

We are, then, not persuaded that there is a good case, in social scientific terms, for using ideologically saturated concepts such as exploitation, even in relation to issues such as sexual harassment or child abuse. However, there are particular, and more empirically grounded, problems in describing elite sportspeople as exploited for, unlike most child or female athletes who are abused, elite sportspeople would seem for the most part to be more or less willing participants in their own 'exploitation'.

Certainly it is clear from the data on English football that players accept and internalize the value of continuing to play, whenever possible, through pain and injury, and that they learn to 'normalise' pain and injury and to accept playing with pain and injury as a part and parcel of the life of a professional footballer. In this regard, players try to continue to play through injury for any one of a number of reasons, including the fear of losing their place in the team, which is a very real fear for all but a handful of very well-established players. Players will also try to continue playing if the team has a series of particularly important games coming up. But many players also have a strong self-image as professional footballers and a strong sense of professional pride; for many players, playing football is the only job they have ever done and the only job they know how to do, and many players described the frustration which they experience when they are unable to play. [27]

This means that players are not simply constrained by others, such as coaches and managers, to play when injured and in pain, for they are also subject to very strong *self-imposed* constraints. [28] This has also been a consistent finding of studies of pain and injury among athletes in North America. In addition to these self-constraints, athletes are also constrained by their fellow athletes, just as their fellow athletes are in turn constrained by them. For example, Kotarba found that the network of relationships between athletes enabled them to communicate information about how to disguise pain and injuries, since this information could be used against injured athletes to threaten their active playing status. [29] Of course it is the case that, as we have seen, athletes may on occasion be subject to breaches of medical ethics – for example when knowledge about their injuries is deliberately withheld from them – but there is no denying the abundant evidence which suggests that, wherever it is possible to do so, elite athletes themselves normally seek to play through pain and injury, even at the risk of incurring further injury. This undoubtedly makes it more difficult to sustain the claim that elite athletes are exploited.

## Conclusion

We have argued that elite athletes take, and are expected to take, serious risks with their health, and we have drawn on a number of studies all of which have raised concerns about the health and injury risks to players and about the failure of the players' employers – that is the clubs – to meet relevant health and safety requirements and to carry out appropriate risk assessments. Doubts have also been expressed about aspects of the medical care provided to players.

However, we have argued that it is not helpful, in terms of advancing our understanding, to suggest that professional footballers, and by implication other elite athletes, are exploited. We have suggested that the concept of exploitation is too ideologically saturated to be of any sociological value. But how, then, can we more usefully conceptualize the 'sportsnet' – that is the network of relationships between athletes, coaches, managers, administrators and others – which constrains athletes to accept and to normalise the risk of pain and injury? [30]

As we noted earlier, Nixon has, like Young, described athletes as being 'physically exploited'. However, Nixon has also discussed these relationships more usefully in terms of a 'risk transfer' process within the sportsnet. He writes:

When they learn sports roles as athletes and become part of one or more sportsnets, [athletes] are confronted with a culture of risk that is further reinforced by an institutional rationalisation process in the more organised realms of sport. I have theorised that within sportsnets, a 'risk transfer' process occurs to reduce uncertainty among those who control the sportsnet ... That is, administrators and coaches minimise their own financial, commercial, status-related or career-related risk (of failure or losing) by getting athletes to be willing to sacrifice their bodies 'for the good of the team'. Unable to define the boundaries of acceptable risk themselves, athletes assume substantial physical risks as 'part of the game' and absolve management of its responsibility to assure the safety of athletes. [31]

It is our view that Nixon's concept of 'risk transfer' has considerably more explanatory value than does the concept of 'exploitation'. However, we would argue that, in Nixon's own work, the explanatory value of the concept of risk transfer is limited by his reluctance to abandon the concept of exploitation and that it would be more useful if the concept of risk transfer were dissociated from the concept of exploitation. In this regard, we would not concur with Nixon when he describes other members of the sportsnet as 'getting' athletes to be willing to sacrifice their bodies, for his choice of words implies that this risk transfer process is done very consciously and deliberately, almost as part of a conspiracy against athletes; indeed, Nixon refers in this regard to what he calls a 'conspiratorial alliance' of coaches, administrators and physicians. [32] Such an implication of a deliberate conspiracy would seem to go beyond the available evidence. Nixon's failure to make a clear separation between the concept of risk transfer and the concept of exploitation, with the value-laden implications of the latter, is also evident in his suggestion that more powerful members of the sportsnet may 'disregard or exploit athletes in pursuit of their self-interest' and in his uncritical acceptance of Frey's claim that the culture of risk in sport is merely 'an excuse for management not to assume any responsibility for the risks faced only by athletes'. [33] But we would argue that, provided it is clearly dissociated from the concept of exploitation, the concept of a risk transfer process is useful.

In the first place, it would seem that the outcome of the interaction between those in the sportsnet is, in effect, to transfer risk to the athletes, even if this is not part of a deliberate conspiracy to do so. It is important to note that one does not have to assume deliberate intent in this regard, for outcomes which no one planned or intended are, as Elias has pointed out, a commonplace occurrence in everyday social life. [34]

But, secondly, the concept of risk transfer also draws attention to the fact that it is not just athletes who are constrained, for all the others who are part of the sportsnets – coaches, managers, physicians, club owners, et cetera – are, like athletes, also constrained. Of course, the constraints which they experience are not the same as the constraints on athletes. Owners of commercial sports teams may be constrained to make a financial profit, or at least to avoid financial losses. The positions of coach and

team manager are, in many professional sports, notoriously insecure and coaches and managers may be under intense pressure, from fans and club owners alike, to produce a winning team. Physicians, too, may wish to be associated with a successful team for either career or status-related reasons; for example, participation in a winning team may be seen as a testimony to their professional skill, while the loss of several key players with injuries may lead to criticism (whether justified or not) of the medical staff. [35]

It is suggested that the 'risk transfer' approach opens up new avenues of investigation. Studies of pain and injury in sport to date have focussed overwhelmingly on the experiences of the athletes themselves and on how they define and cope with pain and injury. However, little attention has been paid to the constraints on other members of the sportsnet, to how these constraints affect the manner in which they carry out their roles and, in particular, the ways in which these constraints on others may impinge indirectly on athletes in relation to 'playing hurt'. There have in recent years been a few studies which have examined aspects of the role of sports medicine personnel, [36] but there has been little examination of the roles of coaches, team managers or club owners in relation to injury and injury management. It may be helpful to broaden the scope of studies of athletic pain in this way and, certainly, it would do more to enhance our understanding of the processes involved than would simply pinning the 'exploited' label on athletes.

The 'risk transfer' approach can also help to overcome a major problem with the concept of exploitation: its one-sidedness. If there is an 'exploited' group there has to be an 'exploiter' group. The very language encourages its users to be sympathetic to the former and hostile to the latter. While the pressures experienced by the exploited may be probed with great sensitivity and thoroughness, the actions of the exploiters are likely to be dismissed as unadulterated self-interest. However, if any subsequent policy is to prove effective in tackling the perceived problem, it has to be predicated on a sound understanding of the social roots of that 'problem'. That is to say, it has to involve an adequate understanding of the ways in which all those in the network are constrained to do what they do. For example, when investigating the relational constraints on managers, coaches, club doctors, physiotherapists, directors of clubs, supporters and football journalists, researchers need to muster similar empathetic powers to those which they display in their analysis of the group they designate as the 'exploited'. The problem is that, by using the term 'exploitation', they are giving free rein to the emotional baggage that makes it less likely that they will generate an adequate understanding of the relational constraints characterizing the network as a whole. And the irony is that, by not exercising a degree of restraint over their emotions, they are reducing the likelihood of developing effective policies to remedy the situation that they desire to change.

In general, it is reasonable to suggest that, insofar as we are able to put our own emotions and extra-scientific values – at least temporarily – to one side, to stand back and to analyse social phenomena in a relatively detached way, then we are more likely to generate explanations which have a high degree of what Elias called 'reality

congruence' or 'reality adequacy'; by contrast, insofar as our orientation to our studies is characterized by a relative lack of detachment, by a high degree of commitment to non-scientific values and by a high level of emotional involvement, then we are more likely to end up by allocating praise or blame rather than enhancing our level of understanding. This is why Elias suggested that we should seek to resolve practical problems, such as what some people might regard as 'exploitation' in sport, not directly, but by means of a detour, which he described as a 'detour *via* detachment'. [37] What this means is not that we should cease to be concerned about solving practical problems which concern us but that, at least for the duration of the research, we try, as sociologists, to put these practical and personal concerns to one side, in order that we can study the relevant processes in as detached a manner as possible. A relatively detached analysis is more likely to result in a relatively realistic analysis of the situation, and this in turn will provide a more adequate basis for the formulation of relevant policy.

In conclusion, we would argue that the way forward – in both social scientific and policy terms – is to focus on the dynamics of the relational network, that is the complex bonds of interdependence, with a view to forming a more adequate understanding of the constraints, both internalized and external, on all the various parties. Regardless of one's vision of 'how things should be', this has to be the starting point both for understanding and for the making of effective policy.

## Notes

- [1] Brackenridge, *Spoilsports: Understanding and Preventing Sexual Exploitation in Sport*; David, *Human Rights in Youth Sport*.
- [2] Armstrong, 'The Commodified 23, or, Michael Jordan as Text'.
- [3] Young, 'Violence, Risk and Liability in Male Sports Culture', 373.
- [4] Hawkins and Fuller, 'A Prospective Epidemiological Study of Injuries in four English Professional Football Clubs'.
- [5] Roderick, 'The Sociology of Risk, Pain and Injury in Sport: A Comment on the Work of Howard L. Nixon II', 65.
- [6] Korbut, *My Story*, 81–2.
- [7] Hanson, *Blood, Mud and Glory*, 77.
- [8] Huizenga, *You're OKAY, It's Just a Bruise*, 147.
- [9] Young *et al.*, 'Body Talk: Male Athletes Reflect on Sport, Injury, and Pain', 190.
- [10] *Ibid.*, 190.
- [11] Roderick *et al.*, 'Playing Hurt: Managing Injuries in English Professional Football'; Waddington and Roderick, 'The Management of Medical Confidentiality in English Professional Football Clubs'.
- [12] Nevin and Sik, *In Ma Head, Son*, 83.
- [13] Herbert and Herbert, 'Medico-legal Issues', 121.
- [14] Waddington and Roderick, 'The Management of Medical Confidentiality in English Professional Football Clubs'.

- [15] Turner *et al.*, 'Long Term Impact of Playing Professional Football in the United Kingdom'; Drawer and Fuller, 'Propensity for Osteoarthritis and Lower Limb Joint Pain in Retired Professional Soccer Players'.
- [16] Hawkins and Fuller, 'A Preliminary Assessment of Professional Footballers' Awareness of Injury Prevention Strategies'.
- [17] Fuller and Hawkins, 'Assessment of Football Grounds for Player Safety'.
- [18] Waddington *et al.*, 'Methods of Appointment and Qualifications of Club Doctors and Physiotherapists in English Professional Football'.
- [19] Johnson, 'Costs of Soccer Injuries'.
- [20] Young, 'Violence, Risk and Liability in Male Sports Culture', 374.
- [21] *Ibid.*, 377–8.
- [22] Young, 'Sports-related Pain and Injury: Sociological Notes', 6.
- [23] Nixon, 'A Social Network Analysis of Influences on Athletes to Play with Pain and Injuries', 133.
- [24] Robinson, *An Essay on Marxian Economics*, 21–2.
- [25] Lenskyj, 'Power and Play', 241.
- [26] Waddington, *Sport, Health and Drugs*, 55; Harthill, 'Sport and the Sexually Abused Male Child'.
- [27] Roderick *et al.*, 'Playing Hurt'.
- [28] *Ibid.*
- [29] Kotarba, *Chronic Pain: Its Social Dimensions*.
- [30] Nixon, 'A Social Network Analysis of Influences on Athletes to Play with Pain and Injuries'.
- [31] Nixon, 'Cultural, Structural and Status Dimensions of Pain and Injury Experiences in Sport', 85.
- [32] Nixon, 'Social Pressure, Social Support, and Help Seeking for Pain and Injuries in College Sports Networks'.
- [33] Frey, cited in Nixon, 'A Social Network Analysis of Influences on Athletes to Play with Pain and Injuries', 129.
- [34] Elias, *What is Sociology?* 71–103.
- [35] Waddington, 'Doping in Sport: A Medical Sociological Perspective'.
- [36] Walk, 'Peers in Pain: The Experiences of Student Athletic Trainers'; Walk, 'Athletic Trainers; Between Care and Social Control'; Waddington *et al.*, *Managing Injuries in Professional Football*; Waddington *et al.*, 'Methods of Appointment and Qualifications of Club Doctors and Physiotherapists in English Professional Football'; Waddington and Roderick, 'The Management of Medical Confidentiality in English Professional Football Clubs'; Waddington, 'Ethical Problems in the Medical Management of Sports Injuries'; Safai, 'Healing the Body in the "Culture of Risk"'; Safai, 'Negotiating with Risk'; Malcolm 'Sports medicine: A Very Peculiar Practice?'
- [37] Elias, *Involvement and Detachment*.

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