

**Psychosocial factors involved in injuries sustained in
long-distance running**

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Abstract

The purpose of the study was to explore the psychosocial factors involved in the susceptibility, experience and rehabilitation of injuries sustained in long-distance running in order to develop a biopsychosocial theoretical model that will help explain the experience of injury and the successful rehabilitation thereof in long-distance running. The study was approached from a biopsychosocial theoretical perspective. A mixed methods research design with the purpose of expansion and using 15 case studies was employed. Purposive sampling with a snowballing effect was used to select the 15 long-distance runners who were injured or had recently recovered from injury. Semi-structured interviews were conducted with each of the participants. Furthermore, each participant completed the Myers-Briggs Type Indicator.

An examination of the participants' experiences of injury reveals that injury has an effect on and is affected by the following factors: running history and training program; perceived benefits and disadvantages of running; personal understanding of injury; personality factors; psychological responses to injury; perceived causes of injury; approach to rehabilitation; and coping mechanisms. Furthermore, there is an inherent interplay of biological or physical, psychological and social processes involved in the experience of injuries sustained in long-distance running.

Based on the findings of the study, the biopsychosocial model of long-distance running injuries is proposed. Although the model emanates from the experiences of the 15 participants in the study, it may be applied to long-distance runners in general. A long-distance runner's experience of running is the core of the model. The model depicts how each of the factors noted previously has an effect on and is affected by injury; thus, showing the integral relationship between injury and each of the factors. Furthermore, the biopsychosocial nature of the model is also portrayed in the model. Cognizance is also taken that all long-distance runners are individuals and may respond to injury in a unique manner.

Key Terms

- Long-distance running
- Injury
- Biopsychosocial
- Training programs
- Perceived benefits of running
- Personal understanding of injury
- Myers-Briggs Type Indicator
- Psychological responses to injury
- Perceived causes of injury
- Approach to rehabilitation

CHAPTER ONE: INTRODUCTION TO THE STUDY

1.1 Introduction

Emil Zatopek, the only man to win the 5 000 metres, 10 000 metres and marathon in a single Olympic Games, namely in Helsinki in 1952 (Coe, 1984; Giradi, 1972; Sandrock, 1996) said, "If you want to run, then run a mile. If you want to experience another life, run a marathon" (cited in Treadwell, 1987, p. 9). On reading contemporary literature on long-distance running, one may come across comparable quotations from both renowned and admired runners as well as from those who are unknown in the sport which captures their passion for long-distance running. Cameron-Dow (2011, p. 395) recalled that Lindsay Weight, previous two-time winner of the Comrades Marathon, said, "Running connects me to the soul of the universe." Similarly, the popular literature on the sport also contains excerpts from long-distance runners which convey their feelings when they are unable to run. Yates (1987, p. 202) reported a runner as saying, "If I can't run, I feel as if I'm full of dirty dishwater". Noakes (1994, p. 300) noted that Waldemar Cierpinski, two times winner of the Olympic marathon in 1976 and 1980, said, "It's the passion of my life ... Without it, I wouldn't be able to live".

The purpose of the study was to explore the psychosocial factors involved in the susceptibility, experience and rehabilitation of injuries sustained in long-distance running in order to develop a biopsychosocial theoretical model that will help explain injury and the successful rehabilitation thereof in long-distance running. The purpose of the study was borne out of quotations, claims and statements similar to those in the preceding paragraph that are found in well-known magazines and books devoted to the sport, and voiced by long-distance runners informally at road races. In order to orientate the reader, it is necessary to place the study in context and thus, briefly outline the origins of the marathon and the current worldwide popularity of the sport. Furthermore, it is imperative to consider the road running scene in South Africa as well as the following the sport enjoys in the country.

A marathon is a long-distance footrace of 42,195 kilometres. The origins of the marathon can be traced back to ancient Greece. Although the evidence is vague and negligible, Herodotus, a Greek historian, wrote that in 490 BC an enormous Persian army landed at Marathon on the east coast of modern Greece, approximately 38 kilometres from Athens. The Athenians decided to march to Marathon to meet the enemy, but at the same time sent a messenger to Sparta to ask for help. In order to facilitate communication, the ancient Greek army made use of professional runners who reportedly could run enormous distances. One such professional and trained runner, Pheidippides, was chosen to run to Sparta. Legend has it that he ran approximately 238 kilometres over mountainous country in 24 hours to deliver the message. Thereafter,

Pheidippides ran back to Athens, followed the Athenian army to Marathon and once they had miraculously defeated the Persians, he ran back to Athens with the news of their victory. Apparently, he then collapsed and died (Hauman, 1996; Martin, Benario & Gynn, 1977).

Michel Bréal, a friend of Baron Pierre de Coubertin, recommended that in order to commemorate the legend of Pheidippides a distance race of approximately 40 kilometres, from the modern town of Marathon to the stadium in Athens, be included in the first modern Olympic Games in 1896. Accordingly, the race which became known as the Marathon was held on 10 April 1896, the final day of Olympics in Athens. Sixteen started the race which was won by a Greek, Spiridon Louis. At the 1908 Olympic Games in London the marathon distance was extended to 42.195 kilometres so that the race could start at the royal residence at Windsor Castle and finish directly in front of the royal box in the stadium (Hauman, 1996). However, it was only in 1921, at a conference of the International Amateur Athletics Federation that 42.195 kilometres became the standard distance for the marathon (Treadwell, 1987). Since the distance for the marathon was standardized many kinds of endurance races have been organized, but according to Schomer (1984), it is the marathon which has achieved the greatest popularity.

Until the early seventies long-distance running in the United States of America (USA) was considered to be the domain of the elite athlete. Many Americans perceived that those who were involved in the sport had been unable to excel in more masculine sports such as baseball and football (Sandrock, 1996). Furthermore, long-distance running was viewed in general throughout the world as a masochistic pastime pursued by a few demented individuals (Cameron-Dow, 1989). Women were discouraged from taking part in the sport because it was perceived that it would be detrimental to their health (Mayer, 2009). According to Treadwell (1987), long-distance running became popular when Frank Shorter of USA won the Olympic marathon in Munich in 1972. Sandrock stated that it took Shorter 2 hours 12 minutes to change running history. His win started a fitness boom, popularized long-distance running and turned it into a mass-participation sport throughout the world. Burfoot (2011) has attributed the boom experienced in women's marathon running to the Norwegian, Grete Waitz who won the New York Marathon nine times.

A brief review of statistics reveals the popularity long-distance running enjoys. In 1970 a mere 126 runners participated in the New York Marathon and in 1976 there were 2000 entrants in the race (Treadwell, 1987). Since the mid-eighties, the race organizers of the New York Marathon accept 30 000 entries every year (Lobb, 1994). Statistics from marathons throughout the world further illustrate that long-distance running experiences worldwide mass popularity; for example, the London Marathon has in excess of 80 000

applicants, of whom 25 000 are chosen to participate (Treadwell) and since the fall of the Berlin Wall, the Berlin Marathon has attracted more than 25 000 runners each year (Williams, 1992).

Long-distance running in South Africa has followed a similar pattern to that found internationally. According to Mayer (2009), the first sign that running was becoming popular in the country was in 1977 when the 25 km SABC TV road race attracted approximately 20 000 runners. From that year there was a sudden increase in the number of participants in long-distance running races throughout the country, but particularly in the Comrades Marathon and Two Oceans Ultra Marathon (Noakes, 1989). While the standard marathon has been the focus of long-distance running in general throughout the world, South Africans have tended to concentrate on ultra-marathons (Cameron- Dow, 1989), namely races from 50 to 160 kilometres, and from 24-hour to six-day races (Fordyce & Renssen, 2002). According to Cameron-Dow (1989), the Comrades Marathon and the Two Oceans Ultra Marathon are the two premier road running events in South Africa; thus, a review of these two races is imperative.

The Comrades Marathon, an ultra-marathon of approximately 90 kilometres, is run from Durban to Pietermaritzburg or vice versa in KwaZulu Natal in June of each year. The race was founded by Vic Clapham in honour and remembrance of his comrades who had died during the First World War (Alexander, 1985). The Comrades Marathon has been called the world's greatest footrace (Burfoot, 2009a) and is often called 'The Ultimate Human Race' (Cameron-Dow, 2011).

The race is best known for its tortuous route and infamous climbs (Burfoot, 2009b). Five hills, ranging from 1.8 to 3.2 kilometres in length and 101.7 to 186 metres in height characterize the route. When the Comrades is run from the coastal city of Durban to Pietermaritzburg which is approximately 650 metres above sea level, it is referred to as the up run and is remembered for its strenuous climb to Pietermaritzburg. Conversely, when run in the opposite direction, the race is known as the down run, and runners endure a jarring descent into Durban (Cottrell, Laxton & Williams, 2000). According to Cameron-Dow (2011), the Comrades Marathon provides an important encounter for the world's elite ultra-distance runners and at the same time tests the average runner's capability to complete the race in the allotted time.

In 1921, the year of its inception, 34 runners participated in the Comrades Marathon. This figure only rose to 98 and 925 in 1961 and 1971 respectively. However, it was during the second half of the seventies that the numbers participating in long-distance running in South Africa and consequently, in the Comrades Marathon showed a marked increase. In 1979 there were 3 410 finishers (Cottrell, Laxton & Lombaard, 1998) and 8 194 finishers in

1985 (Alexander, 1985). With the exception of the year 2000, approximately 10 000 runners have completed the race each year since then. To celebrate the new millennium the Comrades Marathon Association extended the cut-off time by one hour to 12 hours in 2000 and subsequently, 23 901 ran the race (Cameron-Dow, 2011). According to Burfoot (2009a), a race the distance of the Comrades Marathon would only attract about 71 runners in USA.

The Two Oceans Ultra Marathon is a 56 kilometre ultra-marathon run alongside the coast near Cape Town in the Western Cape on Easter Sunday each year. Although the race is believed to be one of the most scenic long-distance events in the world, it is also one of the most difficult, encompassing two stupendous climbs (Cameron-Dow, 1997) of 180 and 215 metres (Cottrell, 2010). When the Two Oceans Ultra Marathon was first run in 1970, only 15 of the 26 starters managed to complete the course within the six hours allowed. This figure increased to 8 154 and 7 150 runners in 1994 and 1995 respectively (Cameron-Dow, 1997). During the last seven years, 6 000 runners on average have completed the race each year (Cottrell 2004, 2007, 2008, 2010).

The statistics outlined in the preceding two paragraphs are indicative of the enthusiasm South Africans have for long-distance running. A consideration of other data also demonstrates this passion. Cottrell (2010) listed over 700 road races on the country's road running calendar for 2011. According to P. de Jager, technical manager of Athletics South Africa, over 70 000 road runners are expected to register with Athletics South Africa in 2012 (van der Westhuizen, personal communication, 19 November 2011).

Runner's World columnist, Simon Gear, observed that South Africans are obsessed with ultra distance running (2008). An examination of the country's road running calendar (Cottrell 2004, 2007, 2008, 2010) reveals that there are races held all over the country virtually every weekend of the year. Furthermore, particular races are held at specific times of the year in order to assist those runners training for the Two Oceans Ultra Marathon and in particular, the Comrades Marathon. Thus, from the end of January until the beginning of May there are a number of marathons and ultra-marathons held. After the Comrades Marathon, runners tend to focus on shorter distances such as 10, 15 and 21.1 kilometre races. Towards the end of the year, a number of runners start to run 32 kilometre races as well as standard marathons.

The following section of this chapter discusses the motivation for the study. In order to examine how the study may advance psychological knowledge of sport injuries, it is necessary to consider the recent literature on the topic. Only a brief outline of the literature is necessary as this is dealt with extensively in Chapter Two.

1.2 Motivation for the study

There is a proliferation of literature that has dealt with the physical benefits of long-distance running (Fixx, 1977; Fordyce & Renssen, 2002; Noakes, 2001). Furthermore, amongst others, psychological studies conducted by Chan and Lai (1990), Hassmen and Blomstrand (1991), Symonds (1995) and Ziegler (1991) have focused primarily on motivation for participation, and the perceived emotional and psychological benefits of participating in the sport. These perceived psychological benefits include a positive mood, a decrease in depression, stress reduction and a positive mental outlook (Noakes, 2001).

Although long-distance running has been associated with both physical and psychological benefits, runners may also experience risks and in particular, physical injuries because of their involvement in the sport (Brewer, 2001b). According to Noakes and Granger (1990), runners are always at a risk of suffering an injury. When runners are unable to run they experience negative psychological effects. These include fear, depression, frustration, guilt, a lack of concentration, anxiety, irritability, a loss of self-identity and loneliness (Chan & Grossman, 1988; Potgieter, 1997).

During the last three decades, sport medicine and sport psychology researchers have tried to determine which psychosocial variables influence vulnerability and resistance to sport injuries (Williams & Roepke, 1993). Andersen and Williams (1988) developed a multi-component theoretical model of stress and athletic injury. This model has provided a theoretical foundation for most of the research on psychosocial factors inherent in the risk of sustaining an athletic injury (Williams, 2001). In their critique of their model of stress and athletic injury, Williams and Andersen (1998) acknowledged that the model was most applicable for acute injuries. However, the majority of injuries sustained in long-distance running are overuse in nature (Bennell & Crossley, 1996). Runners are likely to sustain chronic injuries because the manner in which they train exceeds their genetic limitations (Noakes, 1985).

Several conceptual frameworks for understanding an athlete's psychological response to injury have also been developed. According to Cupal (1998), successful rehabilitation is dependent on an understanding of this psychological response to injury so as to help the athlete adhere to rehabilitation and make a successful return to competition. Stage models were adapted from research on psychological reactions to terminal illness and loss (Brewer, 2001a). The key assumption of stage models is that injury constitutes a loss of an aspect of the self (Brewer, 2001b) and is a threat to one's basic identity (Van Raalte & Brewer, 2002). Furthermore, these models assume that an athlete's psychological response to injury follows a predictable sequence (Quinn & Fallon, 1999). Cognitive appraisal models were, to a large extent, developed to account for individual

differences that stage models find difficult to explain (Brewer, 1994). The primary tenet of cognitive appraisal models is that cognition plays a central role in determining psychological reactions to sport injury; furthermore, injured athletes' psychological responses to injury may have an effect on their injuries, and thus, may have a significant impact on how they respond to rehabilitation (Brewer, 2001a; Brewer, 2001b). The most evolved and well-developed cognitive appraisal model is an integrated model of psychological response to the sport injury and rehabilitation process (Wiese-Bjornstal, Smith, Shaffer & Morrey, 1998). In an attempt to explain the multitude of factors that are involved in sport rehabilitation, Brewer, Andersen and Van Raalte (2002) developed a biopsychosocial model of sport injury rehabilitation.

After a consideration of the psychological responses to injury as well as the theoretical models, it appears that most of the research conducted has not tested the models; rather, the models and in particular, the integrated model (Wiese-Bjornstal et al., 1998) seem to have been developed to explain these psychological responses. On the other hand, most of the research conducted on factors that make an athlete more susceptible to injury has tested an aspect or aspects of Williams and Andersen's (1998) model of stress and athletic injury. According to Brewer (2001b), these models cannot be viewed in isolation from the rehabilitation process. Research has shown that physiotherapists would welcome more knowledge on psychological interventions that may assist the athletes in the recovery process (Evans, Hardy & Fleming, 2000). Brewer et al. (2002) developed a biopsychosocial model of sport injury rehabilitation in order to help medical practitioners treat injured athletes holistically.

The motivation for the study is justified when one considers the literature outlined above as well as the mass popularity the sport of long-distance running enjoys. Firstly, as stated previously, Williams and Andersen (1998) recognized that their model of stress and athletic injury was most suited for acute injuries. Generally, runners suffer from chronic injuries (Noakes, 2001). The psychosocial factors involved in acute injuries are likely to be different from those involved in chronic injuries. Furthermore, the stress and athletic model focused on psychosocial factors that make athletes more susceptible to injury (Andersen & Williams, 1988). In other words, the model has injury as its endpoint. Stage models as well as cognitive appraisal models, on the other hand, have focused specifically on injured athletes' psychological responses to injury as well as rehabilitation. The focus of the biopsychosocial model of sport injury rehabilitation is on the interrelatedness of biological, psychological and social factors in rehabilitation (Brewer et al., 2002). However, the model does not concentrate on susceptibility to and the experience of injury, but only on rehabilitation. Brewer (2001b) suggested that from a theoretical standpoint, a comprehensive model of sport injury which would attempt to explain the factors that make an athlete susceptible to sport injuries as well as the factors

involved in rehabilitation would be beneficial. The model that emanated from the present study is an attempt to help explain the experience of injuries sustained in long-distance running. Moreover, the model focuses on factors that make runners susceptible to injury, their psychological responses to injury and the factors involved in the successful rehabilitation thereof; thus, it may be viewed as a comprehensive model. Secondly, no identified research in South Africa on the psychosocial factors involved in injuries suffered in long-distance running has been conducted. Finally, the study may lead to the development of psychological intervention programs to help long-distance runners reduce their risk of injury and further psychological programs to help them cope when they are injured. If one considers the large number of long-distance runners in South Africa, the psychological benefits they derive from running and the negative effects they experience when unable to run one may conclude that these programs will contribute to the psychological well-being of many people.

In the following section. The purpose of the present study is outlined. The research question that advised the study is put forward.

1.3 Research question

In order to develop a biopsychosocial theoretical model that will attempt to explain the experience of injury, and the successful rehabilitation thereof in long-distance running, the following research question was advanced:

What psychosocial factors are involved in the susceptibility, experience and rehabilitation of injuries sustained in long-distance running?

In the following section, there is a concise summary of the research methodology employed in the study. The motives for employing the particular research design and research instruments are also briefly outlined. Once again, a detailed discussion of the subject is not necessary as it is explained thoroughly in Chapter Three.

1.4 Research methodology

The study was approached from a biopsychosocial theoretical perspective. The biopsychosocial model is a multi-model, multidisciplinary, integrated and comprehensive approach to understanding people (Craigie, 1999). The model proposes that people can only be understood fully if all their levels of functioning, namely biological or physical, psychological and social are considered (Gove, 1994). The holistic approach of the model may also be understood to include religious and spiritual variables (Sperry, 1999). Furthermore, there is a circular rather than a linear relationship between the components of the systems (Borrell-Carrió, Suchman & Epstein, 2004)

The study was approached from the biopsychosocial theoretical perspective for a number of reasons. Long-distance running is largely a physical activity. Furthermore, sport injury is primarily physical. However, people live in increasing complex psychosocial contexts. Long-distance runners perceive physical, psychological and social benefits because of their involvement in the sport. Furthermore, when unable to run because of injury, runners experience negative effects that are of a physical, psychological and social nature. It is not only necessary to treat the physical causes and symptoms of injury, but also to attend to the psychological and social needs of injured runners. In other words, it is of paramount importance to view injured runners holistically.

A mixed methods design with the purpose of expansion and using case studies of 15 injured long-distance runners was employed in the study. According to Cresswell and Plano Clark (2007), employing a mixture of qualitative and quantitative approaches enhances a better understanding of research problems than if either approach was used. Johnson and Wuegbuzie (2004) added that researchers are able to answer a wider and more complete range of questions because they are not limited to a single approach. Although most of the study was conducted within the qualitative paradigm, both qualitative and quantitative forms of data collection were used in order to expand the breadth and range of the study.

In the study, in order to explore long-distance runners' experiences of injuries sustained in the sport, semi-structured interviews were conducted. Berg (1998) stated that the interview is notably useful in understanding participants' perceptions as well as exploring how they make sense of phenomena or events. Semi-structured interviews were conducted with each participant in order to explore and shed light on his/her experiences of injury sustained in the sport. Each participant also completed the Myers-Briggs Type Indicator (MBTI). This quantitative technique of data collection was employed in order to examine the preferences long-distance runners exercise. By employing both qualitative and quantitative forms of data collection the breadth and range of the study was expanded (Johnson & Wuegbuzie, 2004).

The researcher relied upon thematic analysis to make sense of and analyze the data obtained during the interviews. Thematic analysis is known to be a flexible and beneficial research tool which in essence is independent of theory. It has the potential to generate a detailed, abundant and complex description of data (Braun & Clarke, 2006). In the study, the steps outlined by Braun and Clarke were used as a guideline to explore and come to an inclusive understanding of long-distance runners' experiences of injury. After the thematic analysis of the data captured during the interviews, each participant's MBTI results were analyzed.

1.5 Conclusion

In this chapter, the study was succinctly introduced. Firstly, the context of the study was explained. Secondly, the motivation for the study was examined; in order to do so, a concise outline of the literature on psychological factors inherent in sport injuries formed part of this section. Thirdly, the research methodology employed in the study and reasons for doing so were briefly sketched. In Chapter Two, there is an extensive discussion on the literature on psychosocial factors involved in sport injury. The third chapter focuses on the research methodology of the study. A detailed examination of the results of the study follows in Chapter Four. In Chapter Five, the results are discussed in depth. Finally, Chapter Six considers the strengths and weaknesses of the study as well as recommendations for further studies on the topic.

CHAPTER TWO: LITERATURE STUDY

2.1 Introduction

A plethora of literature has been devoted to the physical benefits of participating in sport and, in particular, long-distance running (Fixx, 1977; Fordyce & Renssen, 2002; Higdon, 1993; Noakes, 2001; Sparks & Kuehls, 1996). The psychological benefits of long-distance running have also been well documented (Chan & Lai, 1990; Hassmen & Blomstrand, 1991; Symonds, 1995; Ziegler, 1991). According to Taunton et al., (2002), running is the sport of choice for many because of the health benefits associated with it.

Although athletes may benefit as a result of their involvement in sport, they may also encounter risks, especially physical injuries, because of their involvement (Brewer, 2001b). According to Taylor and Taylor (1997), irrespective of the level of participation, almost all athletes will suffer an injury that will restrict them from sport for an extended period. Udry and Andersen (2002) stated that "injuries are endemic to sport" (p. 529). A survey conducted in the United Kingdom revealed that sport accounted for 33% of all injuries (Uitenbroek, 1996). It is estimated that every year 1 in 17 Australians suffers a sport injury (Centre for Health Promotion and Research, cited in Gordon, Milios & Grove, 1991).

There is also always a risk of injury in long-distance running (Fordyce & Renssen, 2002; Noakes & Granger, 1990). This potential risk of sustaining a running injury has been detailed (Taunton et al., 2002). According to Noakes (2001), the only danger involved in long-distance running is the large number of injuries sustained. Young and Press (1994) noted that it has been estimated that from 30% to 70% of all runners suffer an injury. Every survey conducted by the United States' edition of *Runner's World* since 1970 has shown that every year half of the magazine's readers have had their training programs interrupted by injury (Ellis & Hendersen, 1994). Sheehan who was the medical editor of the aforementioned magazine in the 1970s, estimated that only one percent of runners do not get injured; he referred to the latter group as "motor" geniuses (Burfoot, 2010). Brunet, Cook, Brinker and Dickinson (1990) reported estimates of between 25 and 40% of all runners at some point suffering one of the common knee injuries. Taunton et al. (2003) conducted a survey in 17 running clinics to determine the number of running injuries that were sustained by those who were involved in a running programme that was designed to minimize the rate of injury for runners training for a 10 kilometre race. They found that 29.5% of the runners across the 17 clinics sustained an injury during the 13 week training program. Fordyce (1996) reckoned that each year in South Africa there is probably as many running injuries as there are runners who run the Comrades Marathon. The only identified statistics for the number of runners in South Africa who get injured was from an online poll conducted by the South African edition of *Runner's World* which revealed that 66% of the respondents suffered an injury in 2009 (Burfoot, 2010).

Despite advances in sports medicine, it is unlikely that injuries sustained in sport will ever be completely eradicated (Udry & Andersen, 2002). Rather, the incidence of injury may increase as society continues to place emphasis on optimal health and physical fitness (Green & Weinberg, 2001), and as the number of athletes participating in recreational, amateur and professional sports continually increases (Smith, Scott & Wiese, 1990). Injuries sustained in sport can affect an athlete's physical functioning and concomitantly, sport's performance negatively (Brewer, 2001b). Sport injuries may also adversely affect the psychological well-being of an athlete (Lynch, 1988).

The purpose of this chapter is to review and discuss the literature that focuses on psychosocial factors involved in sport injuries. The chapter is organized into four main sections. Firstly, dilemmas encountered in conducting research on sport injuries are examined. This is a necessary starting point because the considerable variety of definitions of terms related to injury, determining the severity of injury and the evaluation of pain have resulted in confusion. Secondly, the literature pertaining to psychosocial factors that may make athletes more susceptible to sport injury is examined in detail. An in-depth critical examination of Andersen and Williams' (1988) model of stress and athletic injury as well as the revised version of their model (Williams & Andersen, 1998) is the focal point of the section. Thirdly, athletes' psychological responses to injury are discussed. In this section, both stage models and cognitive appraisal models which have been developed to explain injured athletes' responses are reviewed. Finally, psychosocial factors involved in the successful rehabilitation of sport injuries are explored. In each section, directions for future research are suggested. Although the literature reviewed considers all sports, the findings are applied to long-distance running at the end of each section.

2.2 Dilemmas in research on sport injury

Researchers in the field of sport psychology have become increasingly aware of the dilemmas of conducting research on sport injuries. These dilemmas include the different operational definitions of sport injury; ascertaining the severity of injuries; and determining the role and evaluation of pain in injury. Furthermore, the nature of different sports varies; thus, further highlighting the difficulties of conducting research on sport injuries.

Sport injury has been defined in various ways. Criteria for defining a sport injury generally include a medical diagnosis, an alteration in performance and time lost from participation. Sachs, Sitler and Schwille (1993) also stated that the injury should be specifically sport-related; for example, a broken arm cannot be classified as a running injury. However, even though an injury may not be specifically related to a particular sport, it may still have a negative effect on performance. Flint (1998), in defining sport injury, included reporting practices; in other words, to be classified as a sport injury the

athlete must seek medical advice. This criterion is flawed as some athletes choose to treat the injury themselves and may even attempt to continue training and/or competing with the injury. According to Powell (1991), as a medical diagnosis requires the intervention of a medical practitioner it may lead to subjectivity whereas the criterion of time lost is more objective as it can be easily recorded. However, to determine how much time should be lost cannot be scientifically evaluated. Furthermore, Flint stated that not all athletes who suffer similar injuries react emotionally and/or respond to rehabilitation in the same way. Most studies that included this criterion added that at least one day of participation post occurrence had to be lost. What constitutes a sport injury may be perceived differently by participants in different sports and different competitive levels. According to Young and Press (1994), a running injury is usually defined as a condition that makes a runner reduce his/her desired mileage or training per week.

Defining the type and severity of injury is also problematic. Whereas some researchers have made a distinction between the two terms, others have used them interchangeably. Petrie (1993) differentiated three types of injury: self-limiting injuries which prevent participation; injuries which are painful, but allow participation; and injuries which fall into a grey area as the athlete does not know whether to participate or not. This criterion does not employ any objective criteria, but appears to rely on the athlete's and/or coach's subjective opinion. On the basis of the onset of injury, Flint (1998) classified injuries as either macrotrauma or microtrauma. The former is associated with acute injuries which are the result of a sudden discrete impact; acute injuries usually occur in high impact sports such as rugby and ice-hockey. Microtrauma or chronic injuries are caused by an accumulation of seemingly negligible, gradual, repetitive damage; these injuries are normally sustained in sports such as long-distance running and swimming. Flint stated that it is difficult to classify injuries on the basis of severity as the underlying pathology of tissue is not visible to the human eye. The most common classification of severity is based on time lost: 1 to 7 days, 8 to 21 days and more than 21 days are categorized as minor, moderate and major injuries respectively. Andersen and Williams (1999) cautioned against classifying the severity of injuries on the basis of days lost to participation as limiting. If negative life events are related to injury risk, this classification might lead to the assumption that a high level of negative life stress may result in a more severe injury. Noakes (2001) described four stages or grades of running injuries; these stages are an indication of the severity of the injury. A Grade I injury does not cause pain during running, but may only be felt hours later. A Grade II injury causes discomfort, but not pain during exercise; it does not affect the runner's training or racing performance. On the other hand, a Grade III injury is painful and limits training and racing performance. Finally, a Grade IV injury is so debilitating that it prevents any running.

The role and evaluation of pain also makes it difficult to define and classify injury; this complexity is exacerbated by the fact that researchers also experience difficulty defining pain. The label, pain is used to describe an array of unpleasant sensations; furthermore, an assortment of words is employed to explain these disagreeable sensations (Addison, Kremer & Bell, 1998). In sporting activities, the term, pain is also used to express a diversity of sensations ranging from muscle soreness after a hard training session to that associated with injury. According to Heil (1993), in order to excel at the highest level it is essential for elite athletes to endure pain; these athletes accept and tolerate pain as part of their daily lives. Studies have shown that athletes tolerate pain in order to succeed; Pike and Maguire (2003), for instance, found that female rowers in their study perceived injuries to be a sign of a defective body and consequently, disguised their pain and injuries so as to escape shame. Addison et al. developed an integrative model to explain pain in sport. The model proposes that the physiological sensation of pain is linked to a process of cognitive appraisal as well as behavioural responses which, in turn, are mediated by extrinsic factors such as previous experience and culture, and intrinsic factors such as personality and pain tolerance. This model highlights the view that it is difficult to define and use objective criteria to measure pain.

As discussed in this section, it is difficult to conduct research on injuries sustained in sport. The variety of criteria used to define what injury is as well as determining the type and severity of injury makes it very difficult to compare studies that have been conducted in this field. Furthermore, the complexity of the term, pain and the role it plays in sport performance makes it problematic to use as a criterion to determine what injury is. This is further compounded by athletes' differing cognitive appraisals of unpleasant sensations that are labeled as pain. These dilemmas are further exacerbated when conducting research on injuries sustained in long-distance running because most injuries suffered in the sport are chronic. The next section considers psychosocial factors that are involved in the susceptibility and prevention of sport injury.

2.3 Psychosocial factors involved in the risk and prevention of sport injuries

2.3.1 Early studies

Three decades ago researchers in the fields of sport psychology and sport medicine postulated that a relationship exists between various psychosocial factors and injuries sustained in sport (Williams & Roepke, 1993). It appears that initial thinking on the relationship between psychological factors and the risk of sport injury resulted from observations during coaching (Andersen & Williams, 1993). Ogilvie and Tutko (1971), for instance, referred to those athletes who during training are perpetually injured as 'training-room athletes.' They suggested that those athletes have strong feelings of inferiority and thus, fear that competitions will reveal their physical limitations; however,

they wish to remain members of a team because they fear rejection and isolation. Injury allows them to think that if they were not injured they would be exceptional athletes. On the other hand, many athletes fear doing well because excellent performances make demands on them and thus, they under-perform or continually get injured (Fixx, 1985).

The first studies that were conducted to determine what psychosocial factors influence injury risk were narrow in scope and atheoretical (Williams, 2001). Researchers explored either stressful life events, personality characteristics or both, and did not employ a theoretical perspective to explain their findings. According to Williams and Roepke (1993), in this early research the complexities of stress as well as the wide range of psychosocial and behavioural variables that could influence the stress-injury relationship were not considered. In order to support and illustrate the views outlined above, a few of these studies are briefly described.

Research examining the psychosocial variables that influence the risk of injuries sustained in sport has its origins in the work of Holmes and Rahe (1967). It is assumed that the body adapts when experiencing life events; this adaptation places stress on the body, and this may cause illness and disease. The term, life stress is best defined as those events that cause major changes in one's life such as marriage, a change in employment and the death of a significant other (Junge, 2000). Consequently, Holmes and Rahe developed the Social Readjustment Scale (SRRS). In order to explore the life stress-athletic injury relationship, Holmes (cited in Williams, 2001) administered the Social Readjustment Rating Scale (SRRS) to football players at the University of Washington at the beginning of the football season. At the end of the season, each player's life stress scores were compared to the time he had lost during the season because of injury. Holmes found that the players who had experienced much stress during the year preceding the football season missed at least three days practice due to injury. Thus, he concluded that life stress is related to sports injuries.

In the next study that examined the life stress-sports injury relationship, Bramwell, Masuda, Wagner and Holmes (1975) modified the SRRS by replacing items that are irrelevant for athletes with more sport-specific items; 20 more applicable items were added to the new scale, the Social and Athletic Readjustment Rating Scale (SARRS). Results showed that the injured athletes experienced significantly more life stress than their uninjured counterparts. According to Junge (2000), the SRRS and modified versions of it are one of the methods most frequently used in the assessment of life events.

Sarason, Johnson and Siegel (1978) postulated that adapting to negative life-change events affects individuals differently than to adapting to positive life-change events. Accordingly, they developed the Life Experience Survey (LES) which assesses negative life events, positive life events and total life events. Respondents are required to indicate

if they experience a life-change event as positive or negative; furthermore, they are required to assess whether the event in question had no effect, a little effect, a moderating effect or a great effect on them. In their study, the researchers found that a positive life-change event had no effect or a less damaging effect on the respondents' health than a negative life-change event.

The first study to examine the different effects that positive life stress and negative life stress might have on the prevalence of injuries sustained in sport was conducted by Passer and Seese (1983). They modified the LES to make it more relevant for athletes. By employing the resulting scale, the Athletic Life Experience Survey (ALES), they found that football players in the second division team who reported that they had experienced more negative life stress were more likely to suffer injuries; however, results for the team in the first division showed no significant relationship between injury and life stress.

Quantifiable studies on personality and vulnerability to injury were also conducted, but unlike the initial studies on life stress and injury results were not always consistent (Williams & Roepke, 1993). To determine the traits of those sport participants who are more prone to injury many researchers used personality questionnaires. Brown (1971) employed the California Psychological Inventory (CPI) and found no differences in personality between injured and uninjured football players. Furthermore, no significant differences were found in the relationship between personality traits and time missed at games and practices. This led Brown to conclude that football related injuries and the psychological make-up of footballers are not related.

Jackson et al. (1978) used Cattell's Sixteen Personality Factor Questionnaire (16PF) in their study on high school football players. They found that Factor I (tough-minded versus tender-minded) was the only factor that differentiated between injured and uninjured players. The tender-minded, dependent, overprotected and sensitive players were on average more likely to suffer injuries than those who were tough-minded and self-reliant. Jackson et al. also found that Factor A was predictive of injury severity. Those players who scored low on this dimension and were thus, categorized as reserved, detached, critical and cool experienced more severe injuries than those who scored high on this factor and known to be outgoing, warmhearted, easygoing and participating. The authors cautioned that injury occurs as a result of many interacting variables such as the type of sport engaged in, experience, sensitivity and tolerance to pain, physical attributes, and personality traits. Having to consider a number of interacting variables poses a challenge to all sport injury research.

Valliant (1980), in a study of 21 non-competitive runners, used the 16PF and found that the injured runners differed significantly from their uninjured counterparts on only a few personality factors. These significant differences were the result of sex differences in the

injured group only. Injured female runners were more assertive and practical, but less disciplined in their approach to running than the injured male runners. Valliant (1980) reasoned that this may have accounted for the fact the female runners sustained more injuries than the males. However, in a subsequent study of 41 competitive runners, Valliant (1981) found that injured runners were more tender-minded and less forthright than uninjured runners. Results also revealed that the injured runners were also heavier, taller and ran more miles a week than the uninjured runners. Williams and Roepke (1993) expressed the opinion that the general nature of these questionnaires may have contributed to these inconsistent results.

In an attempt to overcome the limitations of these early studies, Andersen and Williams (1988) developed a multi-component interactional theoretical model of stress and athletic injury. This model has provided a theoretical foundation for most of the research on psychosocial factors involved in athletic injury risk (Williams, 2001) and hence, an in-depth discussion of it follows. Pike and Maguire (2003) also developed a conceptual model to explain injury risk; this model is considered in a subsequent section.

2.3.2 A model of stress and athletic injury

Andersen and Williams' (1988) model of stress and athletic injury evolved from a synthesis of the stress-illness, stress-accident and stress-injury literature, and in particular, from Smith and Ascough's mediational model of stress (Williams, 2001). The stress-athletic injury model considers a broad array of moderating factors, namely cognitive, physiological, behavioural, intrapersonal, social and stress history variables that may affect the occurrence and prevention of injuries sustained in sport (Andersen & Williams, 1988; Potgieter, 1997). A decade after its development, Williams and Andersen (1998) reviewed their model. This critique of the model revealed support for the tenets and hypotheses of the model, but also led the authors to make some minor changes to it. According to Udry and Andersen (2002), the model is the most comprehensive and influential model that deals with risk of injury in sport. The revised model is depicted in Figure 2.1. A brief description of the model follows.

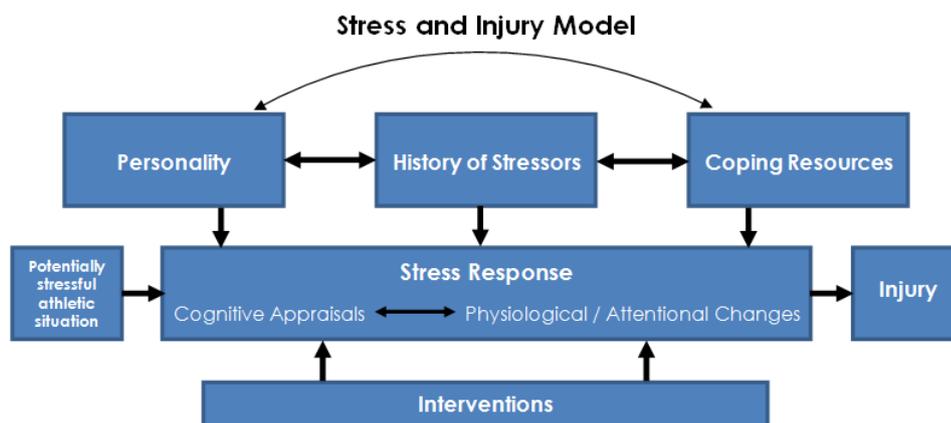


Figure 2.1: A Model of Stress and Athletic Injury

The central core of the model of stress and athletic injury model, the stress response, has four major components: the potentially stressful athletic situation, the cognitive appraisal of that situation, the physiological and attentional responses to stress, and the potential injury outcome. Three major groups of variables are found above the stress response core of the model, namely personality factors, history of stressors and coping resources (Andersen & Williams, 1988).

According to the model of stress and athletic injury, when athletes experience stressful situations such as a demanding training session or a taxing competition their history of stressors, personality characteristics and coping resources contribute in isolation or interactively to the stress response. Physiological reactions and deficits in attention during stress are the two basic mechanisms behind the stress-injury relationship. The central hypothesis of the model is that sport participants who have much stress in their lives, personality characteristics that exacerbate the stress response and few coping resources are more likely to get injured when they experience stressful situations than those individuals who have the opposite profile. The model proposes that these athletes are at a greater risk of injury because when they are placed in a stressful situation they are more likely to perceive the situation as stressful and thus, experience physiological reactions such as greater muscle tension and attentional disruptions such as narrowing of the visual field and increased distractibility. Thus, the severity of the resulting stress response is the mechanism that causes the risk of injury (Andersen & Williams, 1988; Williams, 1996; Williams, 2001; Williams & Roepke, 1993).

There are also two groups of interventions or prevention measures depicted below the stress response. These interventions are hypothesized to lessen the stress response by either attending to the cognitive appraisal or the physiological and attentional facets. Furthermore, these groups of interventions may be employed to directly influence personality factors and coping resources (Andersen & Williams, 1988; Williams, 2001; Williams & Roepke, 1993).

The original model hypothesized that an athlete's history of stressors influences the stress response directly while personality factors and coping resources either act on the stress response directly or have a moderating effect on the history of stressors. Furthermore, these variables can act singly or in combination with one another. This relationship was depicted in the original model by directional arrows from personality factors to history of stressors, and from coping resources to history of stressors. However, in their critique of the model, Williams and Andersen (1998) acknowledged that a person's history of stressors can influence that individual's development, behaviour and coping mechanisms. Consequently, they added bi-directional arrows between personality and

history of stressors, and between coping resources and history of stressors. They also added a bi-directional arrow between personality and coping resources as these two groups of variables can influence one another. Personality characteristics such as a negative self-concept, for example, can be addressed in self-management programs proposed in the category, coping resources. An in-depth examination of the components of the model follows.

2.3.2.1 The stress response

The central core of the model, the stress response, is a bidirectional relationship between an athlete's cognitive appraisal of a potentially stressful athletic situation, and the physiological and attentional aspects of stress. Athletes evaluate the demands of the situation, their resources or abilities to meet the demands and the consequences of success or failure in meeting these demands. According to Williams (1996), when an athlete experiences so-called 'good' stress or eustress the risk of injury is lower than when the athlete experiences 'bad' stress or distress. An athlete, for example, who perceives competition as being too demanding or fears failure, is more likely to get injured than the athlete who views competition as challenging and fun. Furthermore, athletes who perceive the demands of a stressful situation as exceeding their resources are more susceptible to injury than athletes who believe their resources exceed the demands. In addition, negative perceptions are more likely to be experienced when athletes do not have adequate coping resources. Whether the cognitive perception of the athletic situation is accurate or has been distorted by maladaptive patterns of thought and irrational thinking patterns makes no difference in the generation of the stress response (Andersen & Williams, 1988).

The athlete's cognitive evaluation of the demands, resources and consequences of any situation is, as stated previously, connected bidirectionally to the physiological and attentional aspects of the stress response. The cognitive appraisal of a situation can influence an individual's attention and physiological arousal; likewise, an individual's patterns of attention and physiological arousal can influence that person's cognitive reappraisal of the situation (Andersen & Williams, 1988). Muscular tension is not only a response to physical motor demands, but is inextricably linked to cognitive patterns and emotional states. Hugdahl (1995) stated that the muscles are the mechanisms that allow communication between the inner and outer worlds of an individual. This has been acknowledged by both athletes and sport specialists such as Elliot (1991), Bannister (1981) and Noakes (2001). Elliot, both a runner and running coach, stated that both the mind and body are the cause and effect of arousal. Roger Bannister, in his endeavours to be the first person to run the mile in under four minutes, recognized the intimate link between one's physiological attributes and thought patterns; sports scientist, Noakes

(2001) is of the opinion that this was the key to Bannister's success. In essence, cognitive evaluations, and physiological and attention reactions to stress modify and re-modify one another in a cyclical pattern (Williams & Andersen, 1998).

The effects stress has on an individual's health have been well-documented. High levels of perceived stress are more likely to cause infections than low levels (Cohen, Tyrrel & Smith, 1993). Physiological and attention reactions to stress have their origins in changes in the endocrine and autonomic nervous systems. An example of an endocrinological change is the release of glucocorticoids. Autonomic nervous system changes include the arousal of the sympathetic nervous system. Changes that can be observed due to the activation of the sympathetic nervous system may include increased sweating, papillary dilation, altered breathing patterns, tremors, deficits in attention, emotional lability and generalized muscle tension. Changes that are not easily noticed include nausea, vasoconstriction of the viscera and tunnel vision (Andersen & Williams, 1993). Of the many physiological and attention changes that may occur during the stress response, Andersen and Williams (1988) hypothesized that increases in general muscle tension, attention distractions and narrowing of the visual field are the probable mechanisms behind the stress-injury relationship.

Generalized muscle tension is the result of the unwanted simultaneous contraction of agonistic and antagonistic muscle groups. This is often referred to as bracing or guarding and leads to fatigue, reduced flexibility, difficulties with motor co-ordination and muscle inefficiency (Williams, 2001). Thus, an athlete may be at risk of suffering a number of injuries such as sprains and fractures because he/she may not be able to avoid a dangerous situation such as being tackled by an opponent in rugby (Andersen & Williams, 1993). Tense and fatigued muscles have poor shock-absorbing qualities; this increases injury risk and is of particular importance to long-distance runners.

During stress an individual's attention may be distracted and even scattered. These attention disruptions could be the result of adaptive responses being blocked or of being preoccupied with the possible consequences of stressful situations. These distractions may lead to the narrowing of peripheral vision. This might make athletes more vulnerable to injury as they will fail to detect or quickly respond to important cues in the periphery. The causes of peripheral narrowing are unclear, but it has been postulated that when the demands of a situation exceed athletes' resources, the resources they have at their disposal are employed for more central tasks; consequently, the periphery will have fewer resources in order to process information. Peripheral narrowing has often been reported retrospectively. A lapse and/or distraction of attention may also put the athlete at risk of injury because that person may fail to attend to important cues. A gymnast, for example, might suffer a fall or have a poor landing because of not paying attention to

the task at hand. When Williams and Andersen revised the model in 1998, deficits in audition were included in this section of the stress response (Andersen & Williams, 1988; Andersen & Williams, 1993; Williams, 2001; Williams & Andersen, 1998).

According to Williams (2001), only a few studies have examined the mechanisms proposed to explain how psychosocial factors influence the likelihood of injury. Rather, most studies have examined the prediction of what should occur under low and high stress conditions to state anxiety, peripheral narrowing, central vision distractibility and muscular tension for individuals when placed in stressful conditions. The only identified studies that have examined the relationship of stress reactivity to injury outcome are that of Andersen and Williams (1999) and Rogers and Landers (2005).

Andersen and Williams (1999) measured the changes in state anxiety, visual perception and reaction time during stress of 169 college athletes. The testing took place in a laboratory; according to the researchers, technology was not advanced enough to measure perceptual changes during competition. Furthermore, it is difficult to replicate the stress of competition (Udry & Andersen, 2002). The participants' life event stress and social support were also assessed. Results showed that for the whole sample negative life stress was the only significant predictor of injury. However, those low in social support with more negative life events and greater peripheral narrowing during stress suffered more injuries than the other participants. Ten sports, including cross-country and athletics, were represented; thus, according to the researchers, enhancing the generalizability of the results.

Rogers and Landers (2005) investigated life event stress, social support and psychological coping skills as well as the mediating effects of attention disruptions as measured by peripheral vision of 144 high school players between the ages of 14 and 18 years. Contrary to the opinion expressed by Udry and Andersen (2002), they examined the mediating effects of peripheral vision in a non-stressful situation before practice during the first three weeks of the season as well as in a stressful situation an hour before an important game. None of the participants were injured at the beginning of the season at the start of the study; however, by the end of the season 38% of them had missed between 1 and 25 days of participation due to injury. The following psychosocial variables were measured: life-event stress, state anxiety, social support and general coping skills. Results showed that total life stress, negative life stress and psychological coping skills contributed significantly to the prediction of the occurrence of sport injury. Furthermore, psychological coping buffered the negative life-event stress-athletic injury relationship. Rogers and Landers compared the participants' state anxiety with their peripheral vision in the two situations. Results revealed that there were significant increases in state anxiety and significant decreases in peripheral vision from the non-stressful situation to the stressful situation; furthermore, peripheral narrowing during stress

mediated 8.1% of the negative life-event stress-athletic injury relationship. Thus, they concluded that peripheral vision narrowing is a mechanism of the stress response in the stress-athletic injury relationship.

In their review and critique of their model of stress and athletic injury, Williams and Andersen (1998) acknowledged that the model “with its central core of situational acute stress responsivity, is probably most appropriate for acute injuries” (p. 20). Research has shown that the majority of injuries sustained in long-distance running are overuse in nature (Bennell & Crossley, 1996). With the exception of muscular tension, it is unlikely that overuse injuries such as those sustained in long-distance running are mediated by the attention and physiological changes that occur during situations of acute stress. Chronic injuries are more likely to occur because the athletes have reached their breakdown point. This will happen if athletes train harder or further than their genetic limitations allow (Noakes, 1985; Noakes, 2001; Noakes & Granger, 1990).

Why athletes try to train beyond their limitations and thus, put themselves at risk for injury is speculative. Meyer (cited in Williams & Andersen, 1998) suggested that these athletes may have certain personality traits such as perfectionism. Research has shown that the majority of long-distance runners believe they experience many psychological benefits such as reduced stress, an enhanced mood and a positive self-image as a result of their participation in the sport (Chan & Lai, 1990; Percy, Dziuban & Martin, 1981; Ungerleider, Golding & Porter, 1989; Ziegler, 1991). On the other hand, they experience negative psychological effects when they are unable to run. These include irritability, guilt, isolation, anxiety and depression (Acevedo, Dzewaltowski, Gill & Noble, 1992; Chan & Grossman, 1988; Symonds, 1995). According to Blumenthal, Rose and Chang (1985), running may be a method used by individuals to regulate their emotions; they suggest that some runners may run to improve their feelings of self-worth while other runners may run to control their distress. In effect, these runners may use running as an antidote to reduce their stress and may have no other stress management methods (Noakes, 1992; Noakes, 2001). This has yet to be explored.

2.3.2.2 History of stressors

Andersen and Williams (1988) asserted that the stressors in an athlete’s life should be thoroughly assessed because of the substantial impact they have on the stress response. This assessment may give the athlete’s coach and/or sports psychologist a good idea of the risk of injury. The category, history of stressors includes three factors: major life events, chronic daily hassles and previous injuries. Of these three factors, the most research has been conducted on life events stress.

Andersen and Williams (1988) criticized previous research conducted on the stress-injury relationship because they had only examined the effect major stressful events have on

injury. According to Williams (2001), from 1975 when Holmes explored the effect of life stress on football injuries until 2001 approximately 35 studies had examined the life stress-athletic injury relationship. Of these, 30 found a positive relationship between life stress and athletic injury; in fact, there was a direct relationship between the level of life stress and risk of injury. Moreover, athletes who experienced a high level of life stress were two to five times more vulnerable to injury than athletes with low life stress. Most of these studies were conducted on American football players, but similar results were found in other sports including race walking and athletics. Andersen and Williams (1999) viewed this as a compelling finding as it occurred across sports and competitive levels, life stress was assessed using diverse methods and what constitutes an injury was defined in various ways. However, the different operational definitions of and criteria for determining injury make it very difficult to ascertain the effect of life stress on the severity of injury as well as the relative risk of injury in different sports and competitive levels (Williams, 1996; Williams, 2001).

Stress, however, may also occur because of minor daily hassles and irritations which are of an ongoing nature. Furthermore, minor stressors that often accompany major life events might exacerbate the stress encountered and associated with the major events. Fawcner, McMurray and Summers (1999) examined the effect minor life events have on the risk of injury. Previously, research that had focused on this relationship had only assessed daily hassles once during the season; for example, Hanson, McCullagh and Tonymon (1992) only assessed this variable at a preseason meeting. This limitation could explain why the results of their study showed no significant relationship between minor life events and injury. According to Williams (2001), daily hassles need to be assessed frequently because they constantly change. Fawcner et al. assessed and examined the hassles of the 98 participants in their study weekly throughout the competitive season. The participants were either involved in hockey, volleyball or triathlon. Results showed little fluctuation in the average intensity of the minor life events of the 63 participants who remained uninjured; however, the intensity of the minor life events of the 35 injured athletes increased immediately before they sustained an injury. These results provide substantial evidence of a relationship between minor life events or daily hassles and injury. This study was limited in that major life stress was not assessed and thus, a potential relationship between life stress and daily hassles could not be determined. Furthermore, the effect of moderator variables was not determined.

Andersen and Williams (1988) included previous injuries in the category, history of stressors because these may help predict future injury. Some athletes may not be fully recovered physically when they return to competition; others may be physically fit, but be unprepared for the psychological challenges of competition. Anxiety is known to cause an increase in muscular tension (Cratty, 1983). Fear may also elicit muscle guarding (Heil,

2000). It follows that athletes who are afraid and very anxious of returning to competition may be at a greater risk of re-injury and/or further injury (Rotella and Heyman, 1986).

Van Mechelen et al. (1996) investigated the importance of various subject-related risk factors for injury. These included previous injury, body mass index, neuromotor fitness, muscle strength, exposure time and psychosocial factors. The latter included life events, daily hassles, personality characteristics, vital exhaustion and coping mechanisms. Vital exhaustion was defined as experiencing apathy, depression, anxiety and malfunctioning. The study was conducted over a period of 12 months. Although the findings indicated that dominance, vital exhaustion and stressful life events increased the risk of injury, the strongest independent predictors for sport injuries were previous injury and exposure time.

The purpose of a study conducted by Buist, Bredeweg, Lemmink, van Mechelen and Diercks (2010) was to identify gender-specific risk factors for running-related injuries in a group of novice runners. Results showed that 21% of the runners sustained at least one injury during the training period of 13 weeks. The male participants who had suffered a previous lower limb injury prior to the study were 2.6 times more likely to suffer an injury than those who had not sustained such an injury. However, in female participants no relation between previous injury and injury sustained during the study was found. Buist, Bredeweg, Lemmink et al. stated that this difference may be explained by the fact that a significantly higher percentage of male participants than female participants had run on a regular basis previously. On the contrary, in a previous study a positive relationship between previous injury and the risk of sustaining an injury in female recreational runners was found (Buist, Bredeweg, Bessem et al., 2010). According to Buist, Bredeweg, Lemmink et al., this dissimilarity may have been due to the fact that in the current study the participants who had sustained an injury in the three month period before the study were excluded.

Silva and Hardy (1991) asserted that the role training and competitive stress plays in performance is a highly publicized research topic, but has not been given much attention in the research on the stress-athletic injury relationship. Stress incurred as a result of training may include staleness, overtraining and burnout. These syndromes have physiological, biochemical and psychological consequences. Overtraining, for example, is not only characterized by physical symptoms such as chronic muscle soreness and fatigue, impaired performance, heavy legs, persistent muscle soreness, susceptibility to infections and poor co-ordination, but is also characterized by emotional symptoms such as loss of enthusiasm, inability to concentrate, irritability, listlessness, anxiety, inability to relax, apathy and depression. According to Froehlich (1993), chronic muscle soreness in conjunction with emotional and mental instability may affect the nervous co-ordination of working muscles, and the perception of movement and

fatigue. Overtraining is often referred to as the 'plods' and 'super plods' in long-distance running terminology (Noakes, 2001; Noakes & Granger, 1995). When runners have the 'plods' they are known to feel sluggish and may have sore muscles at the start of a run; however, they usually feel better as they continue to run. On the other hand, the 'super plods' is characterized by exhaustion, sluggishness and sore muscles throughout the run; the affected runner is often only able to jog (Noakes, 1985). Stress may also result from other factors in the athletic domain such as pressure to perform, relationships with teammates and/or coaches, fear of opposition, and concern about competitions in the foreseeable future (Sachs et al., 1993). These psychological as well as physical stressors are interrelated and may increase the risk of injury. Therefore, the inclusion of both training and competitive stress in any model that attempts to explore injury risk is recommended.

The purpose of a study conducted by Johnson (2011) was to describe and structure athletes' experiences of psychosocial risk factors of acute injury as well as the connections between psychosocial risk factors and the occurrence of acute injury. Of 81 competitive athletes who were previously injured, 20 reported a possible connection between psychosocial risk factors and their injuries. Interviews were conducted with the 20 athletes who perceived a link between the psychosocial risk factors that they had experienced one day to two weeks before sustaining their injuries, and injury. Four risk factors emerged from the thematic content analysis that was carried out: history of stressors, person factors, fatigue and ineffective coping. History of stressors included both stress inside sport such as previous injury and changing sports contexts, and stress outside sport such as work-related stress. Performance anxiety, concentration disruptions and a lack of motivation were included under person factors. Fatigue was comprised of psycho-physiological fatigue and being careless with one's body; the former includes variables such as diminished energy and the latter not paying heed to body signals; this factor may be linked to signs of overtraining as depicted by Noakes (2001). The fourth factor, ineffective coping, included negative influences of others such as criticism from a coach and the lack of social support. It must be noted that only one of the four factors that emerged from the study, namely, fatigue did not coincide with the stress and athletic injury model (Williams & Andersen, 1998). The importance of this study highlights the necessity of including biological factors in models that attempt to explain factors involved in sport injury.

Heil (1993) developed a model of psychology and injury risk; the model is in agreement with Andersen and Williams' model of stress and athletic injury in that both psychological and physiological facets of the stress response are emphasized. A strength of Heil's model is the specific emphasis on sport stress. Poor sport performance is linked to injury; athletes are unlikely to enjoy success if they are constantly injured. Moreover, a negative

performance caused by injury may further aggravate psychosocial stressors and the dynamics underlying the stress response. Overtraining and signals of overuse injury are also included in Heil's model; consequently, the model may be employed to predict acute as well as chronic injury.

Dunn, Smith and Smoll (2001) expressed a similar view to that of Silva and Hardy (1991). They criticized previous research conducted on the life-event stress-athletic injury relationship for not assessing stress that is specifically sport related separately from other life stress. Hence, the purpose of their study, involving 425 high school athletes, was to examine whether sport-specific stress was a more effective predictor of athletic injury than general life stress. The athletes participated in four diverse sports, namely boys' and girls' basketball, boys' wrestling and girls' gymnastics. Their stressful sport experiences as well as other stressful life experiences were assessed prior to the start of the season. This may be regarded as a potential limitation as stressful sport life experiences may change constantly during a season; such stressful experiences may include a poor performance or a misunderstanding with the coach. In the study, time lost due to injury was recorded during the subsequent season. Results showed that statistically significant injury time loss was accounted for by sport-specific stressful events beyond that accounted for by other general negative life stress only for female athletes. Results also indicated a stronger total stress-athletic injury relationship for females than for males.

Steffen, Pensgaard and Bahr (2009) also conducted a study to test the relationship between stress and athletic injury. The purpose of the eight month cohort study was to inspect whether various psychological characteristics, more specifically history of stressors, constitute risk factors for injury. The sample of 1430 female football players between the ages of 14 and 16 years completed a self-administered questionnaire that considered player history, previous injuries, perception of success and motivational climate, life stress, anxiety and coping resources. During the duration of the study, 20.7% of the participants sustained an injury. The principal finding of the study was that a perceived mastery climate and high levels of life events stress were significant risk factors for new injuries. Steffen et al. suggested that the emphasis on improvement and development in a mastery climate could lead to a desire for perfectionism which, in turn, might force players into injury risk situations. The risk of injury was 70% greater for the players who had high levels of perceived life stress compared to those who believed they experienced low levels of stress. Results also showed that the risk of sustaining an injury was twice as high for players who had sustained previous injuries than for those who had no history of injuries. Furthermore, 25% of all the acute injuries sustained were re-injuries. The participants who had suffered previous injuries perceived their anxiety to be more debilitating to their performance in comparison to the uninjured players; those players also experienced more stressful life events.

2.3.2.3 Personality

Andersen and Williams (1988) argued that any comprehensive model that attempts to explain the relationship of stress to athletic injury is not complete if personality factors are not considered. As stated previously, the presence of certain personality factors and/or coping resources may buffer individuals from stress and injury by helping them to perceive fewer situations as stressful or by helping them to be less susceptible to stressors such as daily hassles and major life events (Pargman, 1993; Williams, 2001). However, a shortcoming of a number of studies conducted to test the stress-athletic injury model is that they only considered history of stressors and failed to consider the other psychosocial factors that influence the stress response, namely personality and coping resources. According to Udry and Andersen (2002), considerably less attention has been given to these sections than the history of stressors.

The following personality factors are included in the original model of stress and athletic injury: hardiness, locus of control, sense of coherence, competitive trait anxiety and achievement motivation. Most of the studies that have explored these personality variables have yielded mixed results (Udry & Andersen, 2002). Andersen and Williams (1988) acknowledged that these identified personality variables were suggestions for initial research and not an exhaustive list of personality factors that may make an athlete susceptible to injury. Furthermore, Williams and Roepke (1993) stated that to a certain extent the five identified variables overlap one another. According to Williams (2001), no research conducted on personality and injury has considered hardiness and sense of coherence. Other personality variables that are not included in the original model but have been examined include sensation seeking, aggression, dominance, positive and negative states of mind, tough-mindedness, pessimism, Type A patterns of behaviour, perfectionism, denial, and task-orientation and self-orientation (Udry & Andersen, 2002; Williams, 2001). In their critique of their original stress-athletic injury model, Williams and Andersen (1998) suggested that research on personality-related factors that are not included in the original model should be conducted. They also came to the conclusion that positive and negative states of mind are linked to coping resources and thus, as noted previously, included a bidirectional arrow between personality and coping resources. Two studies that did not focus on the stress-athletic injury model, but examined the personality-injury relationship and thus, may be of relevance in explaining this relationship are discussed subsequently.

Gill, Henderson and Pargman (1995) examined whether runners who exhibit Type A behaviour are more susceptible to injury than those who may be classified as Type B persons. While Type A behaviour is often associated with excellence in sport, Gill et al. questioned if this pattern of behaviour which is characterized by excessive

competitiveness and ambition, easily aroused hostility and aggression, and an unrealistic sense of time urgency could also put an athlete at a greater risk for injury (Reber, 1985). Results in their study on 17 Type A and 20 Type B competitive runners showed that both groups engaged in intense and competitive training sessions. Furthermore, both groups reported experiencing a moderate level of daily stress. On average, both Type A and Type B runners sustained one injury a year; however, Type B runners took more time off training to recover from injury than Type A runners. To explain these findings, Gill et al. suggested that Type A runners may ignore fatigue, stress and pain in an attempt to achieve their running ambitions; hence, they may be more susceptible to chronic injury. On the contrary, Buist, Bredeweg, Lemmink et al. (2010) found that Type A behaviour was not related to the risk of sustaining injury in novice runners.

Kontos (2004) explored, amongst other variables, the predictive validity of estimation and overestimation of ability on injury in a group of 260 adolescent soccer players. During the preseason, the participants completed self-report measures on their perceived risk, previous injuries, risk taking and estimation of ability. A record of injuries incurred during practices or matches was kept for an eight week period. Results indicated that a low estimation of ability increased the risk of injury. Participants with a low estimation of ability were 4.4 times more likely to get injured than those with high estimations of ability. Kontos suggested that a low estimation of ability may not be the result of a lack of skill, but a lack of confidence. Findings also revealed that estimation of ability was positively related to taking risks; in particular, those that involved potentially injurious skills. This finding could also indicate that taking risks and thus, estimation of ability may be linked to confidence and a positive state of mind. The latter is intimately linked to coping resources as suggested by Williams and Andersen (1998) and previously noted.

A further shortcoming of many of the studies that have focused on the psychosocial factors of the stress and athletic injury model is that they did not study multiple predictor and moderator variables as well as how these patterns interact with one another. Exploring a single variable that may be involved in injury risk excludes the complexity of possible causes. The only study discussed thus far that has considered a number of risk factors is that of van Mechelen et al. (1996).

Kerr and Minden's (1988) study on a sample of gymnasts also examined multiple factors in injury risk. The purpose of their study was two-fold. Firstly, they examined the relationship in time between injury and competitions as well as the perceived causes of injury. Secondly, they explored whether trait anxiety, locus of control, self-concept and stressful life events were related to the number and severity of injuries. The most important finding was that stressful life events were the best predictor of the number and

severity of injuries sustained. No significant relationship was found between trait anxiety and injury, and locus of control and injury. Those gymnasts with positive self-concepts were more likely to get injured, suggesting that they may take more risks. This finding is in agreement with the findings of Kontos' study (2004). Findings also indicated that injury was more likely to occur before competitions. Kerr and Minden suggested that this may be due to heightened anxiety before competitive situations; this is in accordance with Silva and Hardy's view (1991). The gymnasts attributed their injuries mainly to a lack of concentration; thus, supporting the changes in attention that Andersen and Williams (1988) hypothesized would occur during the stress response. Although this study considered a number of variables that could influence injury, it did not attempt to determine how these variables interact with one another.

2.3.2.4 Coping resources

Coping resources are the third set of variables in Andersen and Williams' (1988) model that is proposed to influence injuries sustained in sport. Coping resources comprise a wide variety of behaviours and social networks that may help an individual to deal with stressful situations. The availability of coping resources may make an athlete see a stressful situation as less threatening; thus, decreasing the stress response and reducing the likelihood of injury (Wills & Filer, 2001). Athletes may feel more capable of coping with the demands of stressful athletic experiences when they possess one or more coping resources. On the other hand, an athlete who has a lack of coping resources may be more susceptible to stress and consequently, at a greater risk of injury (Williams, 2001). In their initial model, Andersen and Williams (1988) included general coping behaviours, social support systems, stress management and mental skills, and medication, both self-selected and prescribed, under coping resources. Once again, Andersen and Williams (1988) acknowledged that the coping resources presented in the model did not comprise a complete list, but were to be considered as suggestions for further research. Ursin and Eriksen (2004) stated that coping could also be viewed as a positive response outcome expectancy; for example, performing well in a very stressful environment could be viewed as a means of coping.

Habits and behaviours that are classified as general coping resources include eating, sleeping, exercising and relaxation. According to Williams (2001), what is regarded as social support and how best to measure it remains unclear and debatable as it is a multidimensional construct. However, it is generally associated with the presence of those persons whom an individual knows, values and knows cares for him/her, and on whom the individual can rely. Sports psychologists have suggested that the quality of this social support given to athletes is important. The capacity to concentrate and think clearly as well as keep one's emotions in check are examples of management and

mental skills. These psychological skills include the ability to control arousal, and to think and concentrate effectively under stress. These skills are also included in the section of the model dealing with interventions. Andersen and Williams (1988) proposed that these three areas of coping resources may act singly or in combination.

The inclusion of the fourth group of coping resources, namely self-selected and prescribed medication is controversial. Many drugs influence cognitive perception as well as physiology; consequently, they could affect the stress response and likelihood of injury. However, drug use is very prevalent in sport today and yet is also clandestine in nature. This makes the assessment thereof very difficult. This resulted in Williams and Andersen omitting both self-selected and prescribed medication from the model when they reviewed it in 1998 (LeUnes & Nation, 2002; Williams, 2001). However, it can be argued that because of its prevalence in sport the omission of both self-selected and prescribed medication from any model that attempts to explain the risk of sport injuries could result in incomplete research findings.

As alluded to previously, only a few identified studies have investigated the link between injury and coping resources. These have shown that low levels of coping resources make one more susceptible to injuries sustained in sport (Williams, 2001). However, the research conducted on the effect of social support on athletic injuries has not produced consistent results. Byrd (cited in Udry & Andersen, 2002) found that athletes who did not have much social support suffered more injuries. On the other hand, Andersen and Williams (1999) found that there was only a relationship between social support and injury in athletes who suffered negative life stress. More research is needed to reach definite conclusions and in particular, to determine if the coping resources included in the stress and athletic injury model act singly or in combination with one another. Furthermore, as stated previously, only a few studies have examined if coping resources moderate levels of stress.

In a study that considered a number of variables, Hanson et al., (1992) found that coping resources were the best discriminator for both injury severity and injury frequency. They assessed locus of control, sport competition trait anxiety, life- event stress, daily hassles, previous injuries, coping resources and social support to determine which variables were the best predictors of injury in their sample of 181 track and field athletes. Discriminant analyses showed that coping resources, negative life stress, social support and competitive anxiety were the best predictors of injury severity. On the other hand, coping resources and positive life stress differentiated the injury frequency group. Once again, while this study explored a number of factors that may influence injury risk, the investigators recommended that a multivariable approach should be taken in order to determine the influence of the combination of variables in injury risk.

The main purpose of a study conducted by Devanter (2011) was to outline psychological factors and predict susceptibility for injury among professional soccer players in Denmark. More specifically, he hypothesized that low coping resources, high competitive trait anxiety and a history of previous injury is positively related to increased injury as well as severity of injury. The participants, 66 elite male soccer players, completed two questionnaires, namely the Competitive Trait Anxiety Test and the Athletic Coping Skills Inventory. Furthermore, for three months their injuries were recorded by the team's medical personnel. Findings revealed that a history of previous injury and coping with adversity are the best predictors of injury. There was no relationship between general coping resources and injury. Rather, injury was positively related to players with low coping with difficulties and obstacles. Devanter postulated that players with good coping resources are better equipped to remain calm in the face of adversity and overcome obstacles. Findings also revealed that previous injury might be related to increased competitive trait anxiety which leads to injury vulnerability. Devanter suggested that previous injury may have altered players' perceptions of competition and thus, they may experience higher levels of somatic anxiety. He further noted that injury is a physical phenomenon that is dependent on variables such as the type of sport, gender, level of participation, weather, training and competition.

According to Williams (2001), methodology was significantly advanced when Smith, Smoll and Ptacek (1990) examined how two moderating variables, namely social support and psychological skills interacted with one another and life stress to influence the risk of injury. In their study of 451 high school athletes, Smith et al. found that coping resources were not directly linked to injury risk, but rather moderated the life stress-injury relationship. The strongest correlation between negative life stress and injury was found for the participants who experienced low levels of social support, and few stress management and mental skills. There was no significant relationship between negative life stress and injury for the groups who exhibited moderate or high levels of both social support and psychological skills. Furthermore, injury susceptibility was reduced in the groups who had experienced negative life stress, but moderate to high levels of either of the two moderating variables. The researchers made a distinction between conjunctive and disjunctive moderation. In this study, psychological skills and social support were classified as conjunctive moderators because they had to co-occur in a specific pattern in order to maximize the life stress-injury relationship or predictor-outcome variable relationship. On the other hand, disjunctive moderation occurs when a number of moderator variables contribute to the predictor-outcome relationship. Williams (2001) stressed that research needs to concentrate on multiple predictor and moderator variables as well as how these variables interact with one another. However, she acknowledged that this may be difficult because studies of this nature require a large sample.

2.3.2.5 Interventions

The final component of Andersen and Williams' (1988) stress and athletic injury model focuses on interventions or prevention measures that may prevent injury by potentially lessening the stress response. These interventions may also be employed to influence the athlete's personality factors and coping resources directly. In the schematic representation of the model, these are found below the stress response. Two sets of interventions are suggested: one set addresses the cognitive appraisal of a stressful event and the other deals with modifying the physiological and attention aspects of the stress response (Williams, 2001; Williams & Roepke, 1993).

Interventions that may alter one's cognitive appraisal of a stressful event include techniques to eradicate negative and irrational patterns of thought, fostering realistic expectations, confidence building, and fostering team cohesiveness and a sense of belonging. Helping athletes change their use of drugs is also likely to change the severity of the stress response. Improving the communication between athlete and coach is also a technique that could be included in this set of interventions because good rapport between athlete and coach may help the former to master the other techniques (Andersen & Williams, 1988).

The aim of the interventions that attempt to modify the physiological and attention aspects of the stress response is to lower arousal levels and enhance concentration. These may include relaxation skills, mental rehearsal and visualization, autogenics and meditation, and concentration skills (Andersen & Williams, 1988; LeUnes & Nation, 2002; Potgieter, 1992; Williams, 2001). An example of a concentration skill that may help is private self-consciousness or self-attention. Private self-consciousness can be equated with associative thought, namely concentrating on the activity. After examining the effects of associative and dissociative thought patterns in 10 marathon runners, Schomer (1990) stated that consistent body monitoring which is characteristic of associative thinking was responsible for the minimization of overuse injuries. Martin, Craib and Mitchell (1995) found that runners who directed attention inwards were also the most economical. On the basis of their findings, they suggested that runners who had mastered this skill may have had superior running economy because they were sensitive to muscle tension. Muscular tension may influence runners' performances negatively and/or make them more susceptible to injury. However, runners who direct attention inwards may be less susceptible to injury as they are more aware of muscular tension and can subsequently, employ relaxation techniques.

Williams (2001) stated that this component of the stress and athletic injury model is the area of the model that has been researched the least. Prior to that statement the most recent identified study that had focused on interventions was that of Kerr and Goss

(1996). Two studies that have since examined the effectiveness of prevention intervention programs in reducing athletic injury will also be discussed; namely, those of Johnson, Ekengren and Andersen (2005) and Maddison and Prapavessis (2005).

Kerr and Goss (1996) examined what effects a longitudinal stress management program would have on stress levels and injury. Twenty-four gymnasts were matched according to age, sex and performance, and randomly assigned to either an experimental or control group. Each member of the former group attended a stress management program individually every fortnight during the eight month period of the study. Both life stress and athletic stress were assessed; this concurs with Silva and Hardy's view (1991). Results showed that each gymnast suffered at least one injury during this period. The gymnasts in the stress management program reported less stress than those in the control group. Those in the experimental group spent less time injured than those in the control group; however, this difference was not significant. To explain the latter finding, Kerr and Goss suggested firstly that possible overuse, fatigue and poor technique might make a gymnast more susceptible to injury than stress, and secondly, those skills that deal with the causal mechanisms of attention deficits and increased arousal should be dealt with at the beginning of a stress management program.

In an exploratory study, Johnson et al. (2005) investigated the efficacy of a cognitive-behavioural prevention intervention program to reduce the occurrence of injury for soccer players with at-risk psychosocial variables. Sport-specific questionnaires were used to assess life-event stress, state anxiety and coping resources of soccer players from 12 clubs in Sweden. Thirty-two participants were identified as high injury-risk players and were subsequently, randomly assigned to treatment and control groups. The intervention program which comprised eight sessions during 19 weeks of the competitive season consisted of training in five mental skills: somatic and cognitive relaxation; stress management; goal setting; attribution and self-confidence; and identification and discussion about critical events that were related to their participation in soccer as well as everyday situations. Results showed that the treatment group sustained significantly fewer injuries than the control group. Johnson et al. stressed, as had Kerr and Goss (1996), the importance of training in specific skills such as somatic relaxation and stress management at the start of a sporting season in order to prevent injury. Furthermore, they suggested that by taking note of critical events, the participants may have been more aware of the effects of negative events associated with both soccer and everyday life, and this awareness may have helped them handle the situation better.

Maddison and Prapavessis (2005) conducted two interrelated studies to examine the role psychological factors play in the prediction and prevention of sport injury. Results from the first study which involved 470 rugby players revealed that social support, type of

coping and previous injury interacted in a conjunctive manner to maximize the relationship between life stress and injury. The purpose of the second study, conducted a year later, was to investigate the effectiveness of a cognitive behavioural stress management intervention program in reducing injury. Forty-eight players from the first study who were identified as having an at-risk psychological profile for injury were randomly assigned to the intervention program or to a no-contact control group. The participants completed psychological measures of coping and competitive anxiety at the beginning and conclusion of the season. Results showed that those in the intervention program missed less time due to injury than those in the control group. Furthermore, the participants in the intervention program also had an increase in coping resources and a decrease in worry following the program. Maddison and Prapavessis concluded that vulnerability to injury may be reduced by participating in a cognitive behavioural stress management program. However, they cautioned that the participants' lessened susceptibility to injury may not have been due to changes in coping resources and competitive anxiety, but to changes in other variables that were not assessed in the study.

Interventions that may lessen the stress response and thereby reduce vulnerability to injury risk are inextricably linked to coping resources. According to Williams (2001), the results of early studies that explored social support variables in the stress-injury relationship indicated that interventions designed to increase athletes' social support might reduce their susceptibility to injury. A dependent relationship between interventions and coping resources is also suggested by research conducted by Smith et al. (1990); this study was discussed in the previous section.

Potgieter (1992) suggested that athletes need assistance with coping resources so that they will be able to deal with stress, especially the extra stress before competitions. Why injuries occur before major competitions remains uncertain; it could be a result of fatigue, but the added pre-competition stress might be the cause. Junge (2000) proposed a modification of Andersen and Williams' model; namely, the model of the influence of psychological factors on sport injury. Junge's model proposes that by assisting athletes with their emotional states and coping resources, injury may be prevented. He stated that preventive measures are extremely important because of the primary and secondary costs as well as the personal suffering caused by injury. Sachs et al. (1993) stated that a proactive approach in dealing with stress is necessary. This would involve periodic monitoring by means of psychological inventories and interviews which, in turn, would indicate if the athlete needed help with potential stress. This periodic monitoring could also be employed to predict when athletes would be most susceptible to injury during the course of the season. A modification that Williams and Andersen (1998) might have considered in the revision of their model would have been to add bi-directional

arrows between coping resources and interventions, and between personality and interventions. This would have depicted the dependent relationship of these variables.

Heil (2000) debated that the model of stress and athletic injury does not clearly explain how the interventions included in the model should be structured and implemented. He suggested that interventions should target injury risk and related cognitive appraisals. He proposed that programs should focus on the following: knowledge of factors in training and competition that make one more susceptible to injury; skills to differentiate between pain and injury; awareness of what initiates risk-taking behaviour; and cognizance of implicit and explicit decision-making strategies when faced with perceived risk.

Many coaches and physical trainers, as alluded to previously, are not skilled in helping athletes master all these techniques; consequently, the involvement of a sport psychologist is important (Evans et al., 2000). However, because of their regular contact with their athletes, it is imperative that coaches are involved in helping their athletes deal with stress (Sachs et al., 1993). In an investigation of organizational stress in elite sport, athletes indicated that coaches did not practise psychological skills (Woodman & Hardy, 2001). Although Heil (2000) criticized Andersen and Williams for not providing directives for the implementation of training of psychological skills in their model, Heil's model of psychology and injury risk (1993) is also limited in this respect. It may be advantageous for coaches to attend courses in sport psychology in order to help their athletes master the techniques listed above. Furthermore, they may also need assistance on how to relate to their athletes so as not to create a stressful environment for them.

2.3.2.6 Summary

Andersen and Williams' interactional model of stress and athletic injury has provided a viable theoretical foundation for conducting research on the psychosocial factors involved in injury risk (Williams, 2001; Williams & Roepke, 1993). Most of the studies conducted on factors that make one more susceptible to sport injury have tested one or more components of their stress-athletic injury model. Although most of this research has supported the proposals of the model, it has also highlighted some of the limitations of the model and of the research conducted. Because of the proliferation of studies conducted on the stress-athletic injury model, one could erroneously assume that Andersen and Williams are the only researchers who developed a conceptual framework to explain injury risk. Heil (1993) and Junge (2000), as stated previously, also developed models to explain susceptibility to injury. Both these models are modifications of Andersen and Williams' model and thus, will not be discussed. Pike and Maguire (2003) developed a model to explain the risk of injury in women's sport. Their model offers a different perspective to that of the Andersen and Williams' model and hence, is briefly discussed.

2.3.3 A model of contributory factors to injury risk in women's sport

Pike and Maguire (2003), in their model of contributory factors to injury risk in women's sport, sought to trace the combination of enabling and coercive social forces that influence athletes to participate in sport to the extent of risking injury. The framework of the model resulted from a two-year study of female rowers in the United Kingdom. The focus of the model is mostly on social factors that make athletes susceptible to injury; however, in order to develop a comprehensive model of psychosocial factors involved in athletic injury its inclusion is justified. The model is presented diagrammatically in Figure 2.2.

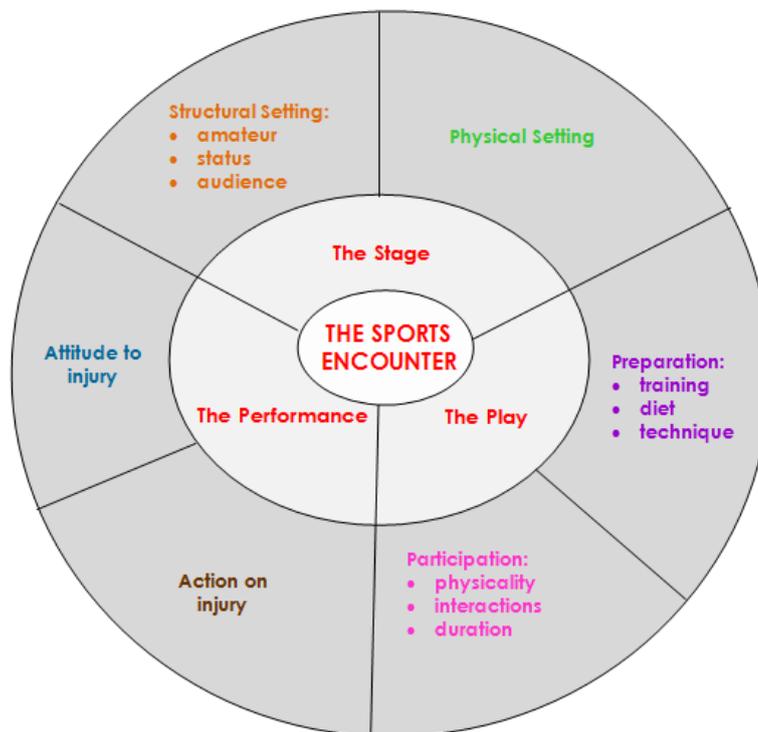


Figure 2.2: A Model of Contributory Factors to Injury Risk in Women's Sport

The core of Pike and Maguire's (2003) model, the sports encounter, contains three principal social realms, namely the stage, the play and the performance. The first social realm is termed the stage as it deals with the physical and structural settings of the sporting activity. They viewed the structural setting as a significant factor in taking risks. Whether athletes takes risks or not will depend on whether they compete professionally or as amateurs, the status of the sport, and the presence and involvement of significant others. Pike and Maguire found that as rowing was considered a minority sport with not many competitors, the chances of success were great and thus, the rowers were more inclined to take risks in order to enjoy athletic success. Significant others include team mates, opponents, coaches, referees and spectators; athletes may perceive that these significant others are putting pressure on them to do well and subsequently, may take risks.

The second social realm of Pike and Maguire's (2003) model is termed the play; it takes cognizance of the different risks encountered in preparation for competition and the competition itself. Hence, the second social dimension is the activity itself and is accordingly, subdivided into preparation and participation. The former category includes training, diet and technique, and the latter physicality, interactions and duration. Pike and Maguire placed emphasis on the risks involved in training and in particular, pain tolerance that should prohibit participation. Dissociating from pain is a mechanism that enables one to cope with pain, but it may increase serious injury risk. Many of the rowers in their study viewed the physical signs of pain as appropriate images of themselves. Diet is also a factor involved in injury risk as many athletes pursue what they perceive to be the ideal weight for their particular sport. One of the rowers in the study stated that severe dieting had resulted in exhaustion, but was worth it as her performance was more efficient and it won her other rowers' admiration. According to Noakes (2001), some women who are obsessive about their weight run competitively in order to control their anorexic tendencies. Runners who have a low dietary calcium intake are more prone to bone strain and stress fractures. Pike and Maguire stress the importance of interactions with significant others in the second social realm too; being part of a team may lead to pressure to perform.

The final social realm of the model is termed the performance and is comprised of the athlete's attitude to injury and action taken when injured. Many athletes perceive injuries to be a sign of a defective body and thus, conceal pain and injury in order to avoid shame. Based on the findings of their study, Pike and Maguire (2003) concluded that athletes often tolerate injury in order to maintain their athletic image. Much of the emphasis in this model is on taking risks that may cause injury. Pike and Maguire stated that there are different types of injury risk evident in different sports. The final realm of their model deals with the action taken by the injured. According to Noakes (2001), injured runners can be divided into two groups. The first group comprises those who want to be in control of their treatment; they usually only need simple advice. The second group of injured runners need exact and detailed advice, and will probably only recover if given advice in that manner. It is of vital importance that medical practitioners understand the needs of injured athletes when treating them.

2.3.4 Conclusion

This section has considered psychological factors involved in the risk and prevention of sports injuries. Most of the research conducted on these factors has examined one or more components of the model of stress and athletic injury (Andersen & Williams, 1988). Although this model has provided a feasible theoretical model to explain psychosocial factors involved in injury risk, it is more applicable to explain acute injuries than chronic

injuries in sport. As most injuries sustained in long-distance running are chronic, it would be beneficial to develop a theoretical model that attempts to explain psychosocial factors involved in injury risk in long-distance running. The next section of this chapter concerns itself with the psychological responses of injured athletes.

2.4 Psychological responses to injury

2.4.1 Introduction

In the previous section, psychosocial factors that are involved in the susceptibility and prevention of injuries sustained in sport were examined. Regardless of an athlete's ability and experience, and despite advances in coaching methods and programs, injuries will never be eradicated. Injury can befall every athlete (Quinn & Fallon, 1999; Udry & Andersen, 2002). When athletes sustain injuries the norm is for medical practitioners to attend to the physical causes, symptoms and treatment thereof. However, injuries may also have a profound psychological effect on the athlete (Brewer, 2001a).

Many studies which will be referred to subsequently have examined the effect injuries have on the psychological and in particular, the emotional well-being of the athlete. Furthermore, several conceptual models have been developed to explain and support the findings of these studies. These theoretical models can be broadly divided into two broad categories, namely stage models and cognitive appraisal models. Very few studies have tested these theoretical models; however, they provide frames of reference for understanding psychological responses to injury. An understanding of the nature of an athlete's response to injury as well as how the individual's response may change during rehabilitation is a primary step in helping the athlete cope when injured (Crossman, Gluck & Jamieson, 1995). It is of the utmost importance to understand how the athlete perceives the injury; in other words, what the implications of the injury for the athlete are (Williams & Roepke, 1993). In the next section, athletes' emotional responses to injury are discussed briefly. An examination of the theoretical models follows in subsequent sections.

2.4.2 Emotional responses to injury

Athletes experience a period of emotional duress after sustaining an injury (Brewer, 2001b). Typical psychological responses to injury include depression, anger, hostility, anxiety, tension, disgust, negative mood, confusion, fear, panic, frustration, discouragement and a loss of self-esteem (Acevedo et al., 1992; Brewer, 2001a; Brewer, 2001b; Callen, 1983; Chan & Grossman, 1988; Potgieter, 1997; Quackenbush & Crossman, 1994). In a study that compared injured athletes to uninjured athletes, Leddy, Lambert and Ogles (1994) found that although the two groups did not differ in levels of depression, anxiety and self-esteem prior to injury, the injured athletes reported significantly higher levels of depression and anxiety, and lower levels of self-esteem than

the uninjured athletes following injury. Reactions of runners when unable to run are often manifested in physical withdrawal symptoms such as restlessness, irritability, listlessness, insomnia, loss of appetite, generalized fatigue and muscular tension (Chan & Lai, 1990; Morgan, 1979; Sachs & Pargman, 1979). These psychophysiological reactions may contribute and magnify the pain of the injury (Lynch, 1988).

Epidemiological studies have advised that 5 to 24% of injured athletes suffer clinical levels of emotional disturbance (Brewer, 2001a; Brewer, 2001b). Some injured athletes have become so depressed that they have attempted suicide (Smith & Milliner, 1994). Studies have indicated that the psychological distress of some injured athletes is comparable to hospitalized patients suffering from acute myocardial infarction (Udry & Andersen, 2002). Even though most of the emotional distress experienced by injured athletes is subclinical, this should not mean that injured athletes may not need psychological help. Forty-seven percent of the athletic trainers in a study conducted by Larson, Starkey and Zaichkowsky (1996) believed that every injured athlete suffers some form of psychological trauma. Arvinen-Barrow, Hemmings, Weigand, Becker and Booth (2007) reported that 99.7% of the physiotherapists in their study perceived that 83% of the time all athletes were psychologically affected by their injuries. These findings highlight the necessity for all those who treat injured athletes to have an understanding of the psychological effects of injury.

Regardless of the type and severity of injury, injured athletes may perceive a sense of personal loss (Hardy & Crace, 1993). According to Lynch (1988), athletes experience both physical and emotional loss when injured. There are a considerable number of responses to loss; however, the more athletes have invested emotionally in the sport of their choice, the more threatened they are likely to feel when injured (Evans & Hardy, 1995). Injury and performance are intricately linked. Furthermore, many athletes' perceptions of self are based on physicality. They depend on a unity of body and self to participate in their chosen sport. When they are injured this unity is broken; they experience a sense of failure because their sense of wholeness is disrupted (Cashmore, 2002). Consequently, injury can be a threat to one's basic identity (Van Raalte & Brewer, 2002) and may lead to an attack on self-image, a loss of self-confidence and a loss of self-worth (McGowan, Pierce, Williams & Eastman, 1994; Petrie, 1993; Rotella & Heyman, 1986). Those who have a high athletic identity tend to exhibit more depressive symptoms when injured (Manuel et al., 2002). According to Rotella and Heyman, an attack on self-image may be the cause of irrational thoughts which may, in turn, lead to the athlete exaggerating the meaning of the injury, oversimplifying the injury as good or bad, overgeneralizing from this single event and drawing unwarranted conclusions. A minority of athletes also perceive themselves as responsible for the injury and interpret themselves as failures. These athletes are likely to have feelings of guilt. Guilt has been found to be

associated with an escalation in pain, increase in emotional distress and less successful recovery outcomes (Heil, 2000).

Other emotions experienced by the injured athlete include separation, loneliness, isolation and loss of independence. These feelings may arise from the stress of perceived losses (Hardy & Crace, 1993) as the athletes may feel cut off from their teammates as they may no longer be able to train with them. Furthermore, the athletes may also suffer a loss of self-worth as they may no longer be able to contribute to the team (Crossman et al., 1995). According to Noakes (2001), quiet introverted runners may become even more so when injured and it can be very difficult to extract information from them. On the other hand, extroverted runners may avoid facing the reality of the injury by denying and/or joking about it; this may be problematic if these athletes ignore the severity of their injuries and continue to run.

The degree of perceived social support may moderate the negative psychological responses of the injured athlete. Manuel et al. (2002) found that increased social support was linked to decreased depression in injured athletes. Research by Green and Weinberg (2001) revealed that after an injury, less mood disturbance was displayed by those injured athletes who were more content with their social support networks than those who were not. These findings do not only have important implications for those involved in rehabilitation, but also for coaches and others responsible for team dynamics. To reiterate what was stated previously, physiotherapists and coaches may not have expertise in this field; hence, sport psychologists may play a significant role in this regard.

Many athletes also experience feelings of denial following an injury. According to Heil (2000), denial may emerge as distortion, minimization, avoidance or blatant rejection of the obvious. It may also surface as unacknowledged distress. At times denial can be functional: it can enable the athlete to remain positive and protect the athlete from distressing thoughts and negative emotions. However, if denial results in evasion of the emotional work of recovery and disregard for prescribed limits and rehabilitation, it can be dysfunctional (Heil, 1993).

In order to examine the level of emotional distress of elite athletes, Shuer and Dietrich (1997) administered the Impact of Event Scale to 280 inter-collegiate athletes. Results showed that the athletes with chronic injuries scored higher on the Avoidance/Denial subscale than fire and earthquake victims. Furthermore, as there was no significant decrement in the Avoidance score with increased injury duration, Shuer and Dietrich stated that "chronically injured athletes may be 'frozen' in the avoidant state" (p.107). Eighty-one percent of the injured athletes acknowledged that they avoided thinking about the injury so as not to upset themselves. Their continued difficulty in processing the serious effects of the injury is indicative of their need for psychological help. Long-

distance runners are more inclined to suffer chronic injuries than acute injuries. Thus, in view of the present study, the findings of Shuer and Dietrich's study may be regarded as significant.

In Shuer and Dietrich's study (1997), elite athletes who had sustained chronic injuries continued to train. This is not a phenomenon restricted to elite athletes. Morgan (1979) reported that in an observation of eight injured runners, two developed withdrawal symptoms when forced to stop running because of injury while three continued to train. Runners who are prevented from training have reported feeling sluggish, expressed concern about a loss of training and have been obsessed with guilty thoughts that they will lose form and that their bodies will deteriorate. They feel remorse for not fulfilling their commitment and for letting themselves down (Carmack & Martens, 1979; Carroll, 1981; Summers, Sargent, Levy & Murray, 1982; Symonds, 1995). Many runners participate in the sport for stress management; being deprived of consistent running may result in a loss of coping mechanisms (Smith, Scott, O'Fallon & Young, 1990). Therefore, they are likely to continue training despite medical advice to the contrary. Baekeland (1970) had to abandon a study to determine what effects runners would encounter when unable to run for a period of time. Despite financial incentives, the runners refused to participate because they did not want to stop training. It appears that training with pain and physical discomfort is easier to cope with than tension, anxiety, depression and interpersonal discord. These athletes need to train regularly in order to maintain emotional equilibrium and avoid intense negative emotions that surface when the desired training is not sustained (Heil, 1993). However, Shuer and Dietrich (1997) contended that injured athletes who continue to train not only risk further injury, but may exacerbate their initial emotional distress by training in discomfort and pain.

Not all injured athletes suffer emotional turmoil; rather, some derive emotional benefits from being injured. Experiences of personal growth, challenge and an improvement in sport performance have been reported by athletes who have sustained an injury. Sustaining an injury may heighten an athlete's desire to enhance his/her performance (Brewer, 2001b). Udry, Gould, Bridges and Beck (1997) examined elite skiers' psychological reactions to season-ending injuries and found they experienced the following benefits because of their injuries: personal growth such as clarified priorities; psychological based performance enhancement such as becoming mentally tougher; and physical/technical development such as being technically better skiers. On the other hand, some athletes experience relief from the drudgery of practice and/or frustration of poor performance (Rotella & Heyman, 1986). Some athletes experience personal growth such as time for reflection, development of interests outside of sport and opportunities to display courage (Brewer, 2001a). On the contrary, some athletes benefit because of secondary gains such as special attention and sympathy (Potgieter, 1997).

Long-distance runners who have difficulty with the pressure of competing and/or fear success, but at the same time wish to be part of a group because they fear isolation may benefit from injury (Noakes, 2001). The plight of these 'training-room athletes' was discussed in section 2.3.

Understanding athletes' complex psychological responses from the onset of injury until full recovery has posed a challenge to researchers (Udry & Andersen, 2002). As stated previously, two broad categories of theoretical models have been developed to explain psychological responses to injury, namely stage models and cognitive appraisal models. These are discussed in the following two sections.

2.4.3 Stage Models

At first, attempts to understand the athlete's emotional response to injury drew on the writings of Kubler-Ross (Brewer, 2001a; Heil, 2000). In *On Death and Dying* (1969), Kubler-Ross described a sequence of five stages that terminally ill patients typically are confronted with: disbelief, denial and isolation; anger; bargaining; depression; and acceptance and resignation. Heil (1993; 2000) asserted that Kubler-Ross' model clarifies the dynamic and contradictory nature of emotional response to illness without assuming underlying pathology. Furthermore, it stresses that recovery is an active process: terminally ill people need to work willingly through their negative emotions and attempt to energize their positive emotions. It can be argued that the same processes apply to injured athletes.

Several researchers such as Lynch (1988) and Rotella and Heyman (1986) applied Kubler-Ross' stage theory to the field of sport injuries. The fundamental assumption of the adaptation is that injury epitomizes a loss of a facet of self (Brewer, 2001b). It is proposed that injured athletes proceed through stages of denial, anger, bargaining, depression and acceptance. In the first stage, denial, the athletes are in a state of disbelief and often do not acknowledge the severity of the injury, believing that they will soon resume training and/or competing. It is possible that those who continue to participate do not deny their pain, but as suggested previously do so for more complex reasons. The second stage is characterized by anger. This anger is often directed at those who are closest to the injured athletes, but may be generalized to include God and life. The stage may also be portrayed by irrational thought as the anger may be pointed at teammates and self. In the third stage, the athletes may start bargaining as they wish away the injury; this signifies that they have not accepted the injury. Depression and a sense of loss depict the fourth stage. During this stage the athletes often withdraw, reject social support and become isolated. Finally, they accept the severity of the injury as well as the limitations it imposes on them. This acceptance facilitates the recovery process (Brewer, 2001a; Heil, 1993; Potgieter, 1992; Silva & Hardy, 1991).

Noakes (1992; 2001) also adapted Kubler-Ross' model in describing long-distance runners' reactions to injury, but omitted the stage of bargaining. Noakes (2001) expressed the opinion that once injured runners reach the final stage of acceptance they are likely to have recovered from the injury. Noakes (2001) asserted that during the final stage of acceptance, runners modify their goals and ambitions to accommodate their genetic limitations; thus, implying that they get injured because they over-train. He also contended that the once-injured runners will eventually desire to train more than their inadequacies allow. They will then become very anxious; this is caused by the tension between the recognition of their genetic limitations and the neurotic need to train more in order to achieve greater ambitions. Altshul (1981) referred to this as the stage of renewed neurotic disequilibrium.

Although Kubler-Ross' (1969) stage model of grief has received support from sport psychologists, similar stage models that differ in the number of stages and the content thereof have been proposed. It is not within the scope of this thesis to describe each of these in detail, but suffice to mention a couple.

McDonald and Hardy (1990), after examining the affective responses of severely injured athletes, presented a two-stage model. Five injured athletes from a university athletic program were monitored within 24 hours of injury for four weeks during which time they underwent rehabilitation. During this time they completed the Profile of Mood States twice a week. Results showed that the injured athletes' emotions changed significantly during the four weeks of rehabilitation: they progressed from a negative to a more positive mood state during this time. Post hoc analyses indicated that this change fitted a two-stage process. Subsequently, McDonald and Hardy described the first stage which is intense and relatively brief as one of shock and encounter. Shock is a feeling of detachment while encounter is a feeling of panic, disorganization and helplessness. The second stage is marked by retreatment and acknowledgement. Retreatment is regarded as a form of denial; the athlete either withdraws into injury or moves into health. According to Heil (2000), even if a two-stage model has an empirical foundation, its merits are limited in applied situations.

Brown and Stoudemine (1983) put forward a three phase model: Phases I, II and III are characterized by sudden shock, obsessive preoccupation, and psychological adjustment and reorganization respectively. This model is based on the grief response to irreversible loss and thus, assumes that injured athletes will never be able to participate again or will never be able to achieve their athletic ambitions.

Some proponents of stage models have indicated that individuals can move back and forth between stages in a cyclical process. The affective cycle of injury proposed by Heil (1993; 2000) is depicted in Figure 2.3.

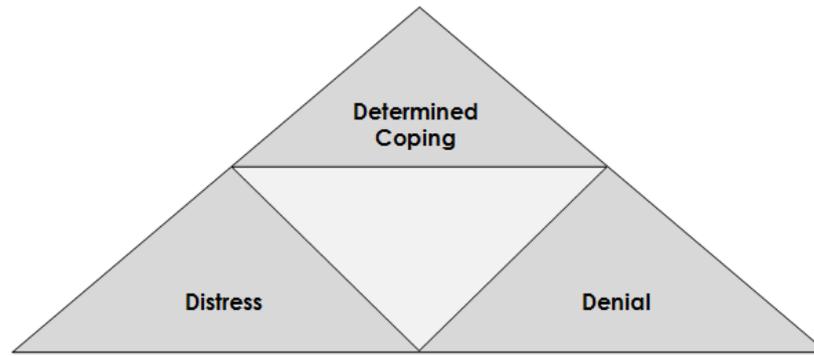


Figure 2.3: The Affective Cycle of Injury

The affective cycle of injury is a three component model that attempts to explain how an injured athlete may vacillate between negative and positive emotions. The model presumes that emotional recovery is cyclical and not linear. The three components of the model are distress, denial and determined coping. Distress is an indication of the disrupting effect injury has on the athlete's emotional equilibrium. It includes symptoms such as shock, anger, bargaining, anxiety, depression, isolation, guilt, preoccupation and helplessness. It can also involve more subtle behaviours such as complaining, redirected anger and self-doubt. Denial which Heil (2000) also refers to as unacknowledged distress is the second component of the model; this component was examined earlier in section 2.4.2. Determined coping entails more than passive acceptance. The athlete uses his/her coping resources to deal with the injury. It includes clarifying goals, exploring alternatives and learning new skills. During recovery an athlete usually progresses from distress and denial to determined coping. However, at any stage of the recovery process, the athlete may fluctuate between the three elements; in fact, during any 24 hour period it is unlikely that only one element will be dominant. Heil (2000) alleged that the affective cycle facilitates an awareness and understanding of the challenges of injury and rehabilitation. Brewer (2001a), however, maintained that the predictive utility of stage models is limited unless such models specify what prompts injured athletes to vacillate between different components.

Udry et al. (1997) examined the range of psychological reactions of elite skiers to season-ending injuries. Although the intent of their study was not to place the themes that emerged from their study into a sequence, Udry et al. compared the athletes' responses to existing stage models. The results from the study supported the anger, depression and acceptance components of the Kubler-Ross model (1969), but showed minimal support for the denial stage and no support for the bargaining stage. When the results were compared to Heil's (1993) affective cycle of injury, a significant number of themes supported the distress and determined coping components of the model, but provided minimal support for the denial component. The results of the study are similar to those of Quackenbush and Crossman (1994) who found that denial was not apparent in their study of the emotional responses of 25 athletes. However, Udry et al. found that the

results of their study provided support for McDonald and Hardy's (1990) two-stage model, namely shock and encounter, and retreatment and acknowledgement.

Petrie (1993) maintained that an athlete's response to injury is a personal thing. As portrayed previously, this claim has been verified by research as well as medical practitioners and sport psychologists who have treated injured athletes. The primary limitation of stage theories is that they fail to take individual differences into account. Furthermore, stage models presume that an athlete's psychological response to injury follows a predictable sequence. Noakes (2001) stated that irrespective of athletes' personalities, they respond to injury in similar patterns. Not much research in the field of sport psychology has been conducted on stage models per se, but studies have applied the models to sport injury. It has been shown that emotional responses to injury are compatible to those of grief (Brewer, 2001a). However, athletes do not necessarily respond in a stereotypic pattern of distinct emotional responses (Brewer, 2001b; Quinn & Fallon, 1999). This is illustrated by the two studies that follow.

Crossman et al. (1995) monitored the emotional responses of 30 male athletes who were injured playing football or hockey during rehabilitation. Results indicated that the most predominant emotion experienced immediately after injury was anger. As they progressed through recovery the athletes experienced less anger and disgust, and significantly more joy and excitement. Immediately after the injury most athletes were not fearful; however, at times during rehabilitation and on their return to training they experienced fear. While the results suggest that injured athletes proceed from negative to positive emotions in an orderly pattern, they can also vacillate through emotional highs and lows. Crossman et al. reasoned that the athletes' fear on return to competition may be due to fear of failure and re-injury. This, once again, emphasizes the invaluable role sport psychologists can play.

Quinn and Fallon (1999) also examined the changes in reactions to injury throughout rehabilitation in 136 elite athletes. Results indicated that the athletes did not move through a grief model similar to that of the Kubler-Ross (1969) model. They also did not move through cycles of emotional highs and lows. However, during the course of rehabilitation, the athletes' negative emotions, highest at the onset of the injury, decreased while the positive emotions of vigour and confidence increased. These changes were not always at a constant rate; athletes would be better able to cope if they were reassured that this could happen. Results also showed that the athletes' levels of confusion were high immediately after sustaining injury. Quinn and Fallon asserted that this suggests that medical practitioners should explain the nature of the injury and rehabilitation to injured athletes.

According to Brewer (2001a), the erroneous judgement of medical practitioners who take for granted that injured athletes pass through predictable stages may thwart their rehabilitation and be harmful to patient-practitioner relationships. A practitioner, for example, may fail to attend to the athletes' psychological needs because of the assumption that they will naturally pass through a sequential response pattern. On the other hand, injured athletes who immediately come to terms with their injury may become frustrated if the practitioner expects them to be emotionally upset. Even though it is improbable that any two athletes will react to injury in an identical stage-like pattern, it is beneficial for them to realize that it is normal if they experience distressing emotions and thoughts (Crossman et al., 1995; Noakes, 2001; Williams & Roepke, 1993).

As noted previously, although athletes' responses to injury are similar to responses of those who are suffering from grief (Brewer, 2001a), they do not necessarily respond in a stereotypic pattern (Brewer, 2001b; Quinn & Fallon, 1999). According to Udry and Williams (2002), stage models have not been tested sufficiently to draw conclusions about their utility. They further noted that before research can be conducted on these models a variety of measurement issues may have to be addressed. It may be concluded that stage models of response to athletic injury that can be tested and verified need to be developed.

2.4.4 Cognitive appraisal models

Some researchers have explored psychological responses to athletic injury from cognitive appraisal or stress and coping perspectives (Udry & Andersen, 2002). Cognitive appraisal models comprise the second major category of models that attempt to explain psychological responses to injury (Brewer, 2001b). To a large extent these models were developed to account for individual differences stage models are unable to explain (Brewer, 1994). Most of these models have originated from the stress and coping literature of general psychology. The principal tenet of cognitive appraisal models is that athletes' psychological responses to sports injury are influenced by their cognitive appraisals or interpretations of the injury. Furthermore, injured athletes' psychological responses have an effect on the injury and thus, may have an important impact on how they react during rehabilitation (Brewer, 2001a; Brewer, 2001b; Udry & Andersen, 2002).

Several cognitive appraisal models have been put forward; however, it is not within the scope of this thesis to review all these models. Rather, one of the cognitive appraisal models will be discussed; namely, an integrated model of psychological response to the sport injury and rehabilitation process which was developed by Wiese-Bjornstal et al. (1998). According to Brewer (2001b), this model is the most evolved and well-developed cognitive appraisal model. Udry and Andersen (2002) captured this view when they noted that Wiese-Bjornstal et al. "are responsible for the most enduring line of theory

development and model construction related to the application of cognitive appraisal models among injured athletes" (2002, p.539).

2.4.4.1 Integrated model of psychological response to the sport injury and rehabilitation process

The integrated model of psychological response to the sport injury and rehabilitation developed by Wiese-Bjornstal et al. (1998) is displayed in Figure 2.4. This model will hereinafter be referred to as the integrated model.

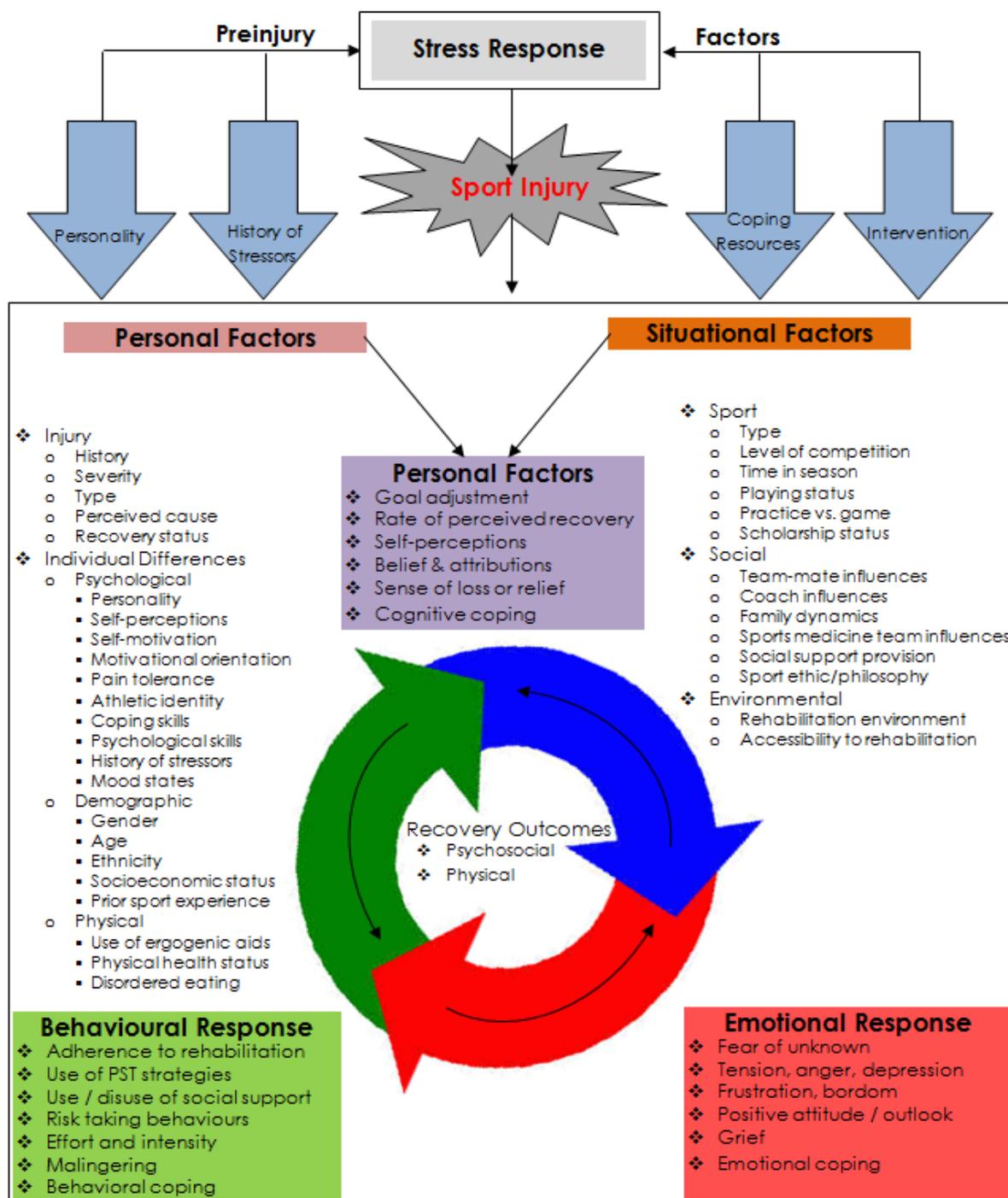


Figure 2.4: Integrated model of psychological response to the sport injury and rehabilitation process

The chief tenet of the integrated model is that athletes' cognitive appraisals of their injuries are affected by both their situational and personal factors. Injured athletes' cognitive appraisals, in turn, have an effect on three interrelated parameters, namely their emotional responses, behavioural responses and recovery outcomes (Brewer, 2001b). In other words, situational and personal factors are presumed to influence emotions because they have an effect on how athletes think about their injuries as well as themselves in relation to their injuries. Thus, athletes' cognitive appraisals of their injuries mediate the relationship between their emotional responses, and personal and situational factors (Brewer, 2001a).

The integrated model, as depicted diagrammatically, contends that responses to injury are influenced by both pre-injury and post-injury factors. The pre-injury variables consist of personality, history of stressors, coping resources and interventions; thus, revealing a possible connection between Andersen and Williams' (1988) stress and athletic injury model, and the integrated model. Wiese-Bjornstal et al. (1998) noted that their model was developed as an extension of Andersen and Williams' model. In particular, Wiese-Bjornstal and colleagues postulated that the factors that may make athletes more vulnerable to injury risk might also play a role in their adjustment to injury (Udry & Andersen, 2002).

Wiese-Bjornstal et al. (1998) divided the post-injury variables that are posited to have a direct effect on cognitive appraisal into two broad categories, namely personal factors and situational factors. Personal factors, as illustrated in Figure 2.4., incorporate a diversity of variables such as the type and severity of the injury, personality characteristics, self-perceptions, athletic identity, pain tolerance, history of stressors, demographic data, health status and the use of ergogenic aids. An injured athlete, for example, who has a strong athletic identity, might perceive injury as being more disruptive than the injured athlete whose athletic identity is not as strong. Granito and University (2002), in a study that examined gender differences in response to injury found that compared to male athletes, female athletes perceived their coaches to be more negative towards them following their injury and they were also more concerned about how the injury would affect their future health.

Wiese-Bjornstal et al. (1998) included the following under situational factors: type of sport; level of competition; time of season; coach and teammate influences; the provision of social support; and the rehabilitation environment. One can postulate, for instance, that a long-distance runner who sustains an injury one month before the Comrades Marathon, a 90 kilometre ultra-marathon, will appraise it more negatively than had he/she sustained the injury six months prior to the event or immediately after the event. Wiese-Bjornstal et al. stated that the athlete's personal and situational factors continue to

exert influences on the individual's cognitive appraisal throughout the injury and rehabilitation process.

Wiese-Bjornstal et al. (1998), in their integrated model, further postulated that how athletes appraise their injuries may affect their behavioural and emotional responses. As illustrated in the diagrammatical representation of the model, behavioural responses may include adherence to rehabilitation, the use or disuse of social support and malingering. According to Rotella, Ogilvie and Perrin (1993), an injured athlete may mangle in order to get needed or desired attention from others, demonstrate personal courage by participating with the injury, counteract expectations and offset the personal realization of lack of ability. Wiese-Bjornstal et al. (1998) included the following emotional responses in the integrated model: fear of the unknown, tension, anger, depression, frustration, boredom, grief, a positive outlook and emotional coping. The possible emotional responses of injured athletes were discussed in depth in section 2.4.1.

According to Wiese-Bjornstal (1998), the predominant process followed is that cognitive appraisals of the injury affect emotions which, in turn, affect behaviours. However, the authors also stated that the process may be reversed; in other words, behaviours and emotions may have an effect on cognitive appraisals. Injured athletes, for example, may view themselves as a failure; this may lead to depression and then the athletes may isolate themselves from others, especially team-mates. On the other hand, isolation from team-mates may lead to depression and a subsequent sense of failure.

Finally, athletes' cognitive appraisals of injury and subsequent emotional and behavioural responses may have implications for both their physical and psychological recovery outcomes. As shown in Figure 2.4, the bi-directional arrows displayed in this component of Wiese-Bjornstal's (1998) integrated model succinctly capture the dynamic nature of responses to injury and rehabilitation (Udry & Andersen, 2002). Injured athletes, for instance, who experience a setback during rehabilitation or suffer a number of injuries in a short period, may cognitively reappraise the severity and implications of their injuries. According to Brewer (2001a), because cognitive appraisal models are dynamic, the magnitude and direction of relations among the key components of the model may vary during different stages of the athlete's injury. For example, an athlete's level of pain tolerance may influence the individual's post-injury mood states a great deal initially after injury; however, this potential influence may lessen as his/her acute pain becomes less salient during the course of rehabilitation. Support for cognitive appraisal models and in particular the Wiese-Bjornstal et al. (1998) is illustrated by the two studies that follow.

In order to examine the external validity of the Wiese-Bjornstal et al. model (1998) integrated model, Bianco, Malo and Orlick (1999) interviewed 12 elite skiers who had

either recovered from a serious injury or debilitating illness. The findings of the study supported the main tenets of the integrated model. Firstly, the skiers experienced injury as a stressful event; the disruption experienced varied amongst the skiers as well as throughout their rehabilitation and recovery. Secondly, the skiers' varied responses to injury were mediated by both situational and personal factors. Those who had sustained knee injuries, for example, were more confident than those who had suffered less common injuries; the former group felt inspired by the knowledge that many skiers who had had similar injuries had recovered and been successful. The skiers who had not secured places in the national team experienced injury more intensely than those who had already been chosen to be in it. The skiers' experience of disappointment and loss was magnified when they sustained the injury during an important meet such as the Olympics. Thirdly, the skiers responded to injury cognitively, emotionally and behaviourally. Finally, the skiers' responses were influenced by their progress during rehabilitation as well as the outcome of their rehabilitation.

The purpose of Albinson and Petrie's (2003) study was two-fold. Firstly, they investigated the connection between football players' primary and secondary appraisals of their injuries and their use of coping strategies when injured. Secondly, they explored the links between the antecedents and consequences of sport injury; more specifically, they examined the relationships between pre-injury stressors, coping resources and personality characteristics, and post-injury cognitive and emotional responses. The participants, 84 university football players, completed measures to determine their pre-injury life-event stress, social support satisfaction, dispositional optimism and mood state prior to the start of the season. Of the 84 participants, 19 suffered injuries during the season; these players completed post-injury measures of mood state, coping methods, and cognitive appraisals of stress and coping ability 1, 4, 7, 14 and 28 days after sustaining their injuries. The findings of the study displayed support for cognitive-appraisal models of sport and injury. Results suggested that the players who perceived experiencing negative life-stress at the start of the season believed they had greater difficulties coping with their injuries four days after sustaining them. Furthermore, the players who appraised their injuries as difficult to cope with or stressful at one point in time perceived their injuries similarly on the next occasion measures were taken. These players also experienced elevations in mood disturbance, especially 28 days post-injury. Moss-Morris et al. (2003) also revealed that individuals who believe that their injuries are more problematic experience greater emotional disturbances than those individuals who have more positive perceptions of their injuries. Findings of the Albinson and Petrie study further showed that cognitive appraisals were related to the injured athletes' choice of coping methods. Those players who appraised their injuries negatively after day one post-injury were inclined to use avoidance coping after seven days. Results also revealed that 72% of the injured players had returned to competition by day seven; however, 80% of those who were injured at

this point remained so at day 28. These players tended to cope with their disappointment indirectly; for example, they isolated themselves and took their anger out on others. These athletes were also more inclined to partake in active behavioural coping and less cognitive coping at days 14 and 28 post-injury. Thus, they may have displayed a tendency to get information about their injuries from coaches. According to Albinson and Petrie, getting information about their injuries may not be sufficient support for injured athletes who have increased levels of mood disturbance; rather, support from family and friends may be more beneficial for these athletes.

2.4.5 Conclusion

This section has examined athletes' psychological responses, and in particular, their emotional responses to injury. Stage models of grief have been employed to assist in explaining the psychological reactions of injured athletes. On the other hand, cognitive appraisal models have been developed to offer an alternative explanation for injured athletes' psychological responses. Throughout this section, reference has been made to the need for those who treat injured athletes to have an understanding of the psychological reactions injured athletes may experience. The following section considers factors involved in the successful rehabilitation of injured athletes.

2.5 Psychosocial factors involved in the successful rehabilitation of sport injuries

2.5.1 Introduction

It has been customary for those in the medical profession as well as sport coaches to concentrate on the physical aspects of sport injury rehabilitation; the primary goal thereof has been to influence the rate and quality of the athlete's recovery in order to ensure a successful return to sport (Brewer et al., 2002). The way in which athletes deal with sport injury may differ greatly; as denoted in the previous section, some athletes may be devastated by the injury while others may derive emotional benefits because of it. Hence, psychological interventions that address the emotional difficulties of injury may be a valuable adjunct to athletes' physical rehabilitation (Williams & Roepke, 1993). According to Cupal (1998), the medical profession is reluctant to embrace the need for psychological intervention for the 'average' injured athlete during sport injury rehabilitation. On the contrary, research has shown that physiotherapists would welcome more knowledge on psychological interventions that may assist the athlete in recovering from injury (Evans et al., 2000; Larson et al., 1996).

2.5.2 Psychological responses to rehabilitation

In the previous section, athletes' emotional responses to injury were discussed extensively. As stated previously, both stage models of grief as well as cognitive appraisal models have been used and developed in an attempt to explain psychological reactions to sport injury. Consequently, only a few studies that have focused on emotional reactions during rehabilitation specifically will be outlined.

In a study that explored injured athletes' emotional responses before physiotherapy appointments, Dawes and Roach (1997) found the athletes' reactions varied at different stages of their rehabilitation. During the course of their rehabilitative program, their negative emotions decreased and positive emotions increased. Even after their first treatment, they tended to become less negative; the authors stated the athletes may have experienced relief at obtaining a professional opinion and much improvement after their first session. As they started to recover, the athletes became less frustrated. However, they displayed alternating periods of high and low levels of anger; Dawes and Roach expressed the opinion that their varying levels of anger may have been the result of their rate of improvement at each physiotherapy session.

Morrey, Stuart, Smith and Wiese-Bjornstal (1999) also found that athletes who had undergone knee surgery experienced emotional fluctuations during rehabilitation. After surgery, the athletes were inclined to experience mood disturbances, possibly due to pain and concerns about rehabilitation. Morrey et al. attributed the athletes' decrease in negative emotions during the mid-rehabilitation period to the achievement of goals and tangible improvement. The athletes tended to experience fear, anxiety and anger after six months; the authors expressed the view that they may have been anxious about the outcome of their return to competition. In a similar study, Brewer et al. (2006) examined changes in pain and negative mood for the first six weeks of rehabilitation after knee surgery; results showed that as the daily pain ratings of the 91 participants decreased during the course of the study, their negative mood also decreased. In a longitudinal case-study on an injured rugby player, Vergeer (2006) also found that positive emotions were experienced when progress was perceived, but were replaced by negative emotions when the injured rugby player feared he would be unable to achieve the physical self he sought in order to achieve his desired identity.

Carson and Polman (2010) stated that although avoidance coping is usually reported to be debilitating, it may be beneficial in situations where the attainment of goals is unlikely. The aim of a study conducted by the authors was to identify the role of avoidance coping within sport injury rehabilitation. A mixed methodological approach was employed in the study. Interviews were conducted twice a month with four professional male rugby union players who were recovering from anterior cruciate ligament surgery. The interviews focused on their emotions, cognitions and coping resources. Furthermore, the participants were required to keep a self-report diary in which they recorded their day-to-day changes in relation to their emotions and coping strategies. The participants also completed the Coping with Health Injuries and Problems Inventory towards the end of their rehabilitation. Content analysis of the data identified six higher-order themes that were split into two general dimensions. The first dimension, behavioural avoidance coping, included the following: physical distraction which consisted of getting involved

in a new hobby, outside interests, coaching at schools and community development work; social interaction which included time with family and avoiding contact with others; and maladaptive behaviours such as not putting in a 100% effort. The second dimension, cognitive avoidance coping, consisted of the following: denial which involved tolerating pain, trying to continue training while experiencing pain and attributing the pain to other things; thought stopping such as focusing on and speaking about other things; and cognitive distraction which involved becoming engrossed in a hobby and refusing to be a spectator at games. Carson and Polman noted that the avoidance coping employed by the participants had long-term benefits for them; particular benefits included becoming involved in alternative work within a sports organization.

Although it is ideal for athletes to resume competing once they are considered to be both physically and psychologically ready, it is not unusual for them to have recovered physically before they are mentally prepared to return to competition (Morrey et al., 1999; Wiese & Weiss, 1987; Williams & Roepke, 1993). Athletes often experience great anxiety and fear at the thought of returning to competition. Podlog and Eklund (2009) found that athletes returning to sport after injury perceived success as a return to pre-injury levels, achieving pre-injury goals, creating realistic expectations of performance after injury and an absence of injury-related concerns. However, they may fear re-injury or further injury because they have not recovered fully (Podlog & Eklund, 2007); this may lead to overcompensation and/or muscular tension which, in turn, may result in injury (Andersen & Williams, 1988). They may also experience anxiety at the thought of possibly not achieving the levels of performance they achieved before suffering injury (Morrey et al.; Podlog & Eklund, 2007; Vergeer, 2006; Wiese & Weiss). In their case study of an elite fast bowler, Gordon and Lindgren (1990) reported that the subject perceived his return to cricket as an anti-climax because his lack of confidence prevented him from bowling at his best. According to Wiese and Weiss, it is imperative that sport psychology practitioners become involved in injured athletes' rehabilitation in order to assess their psychological readiness to return to sport and subsequently, alleviate their fears concerning the completeness of their recovery.

Furthermore, it is imperative for coaches and medical practitioners involved in the rehabilitation of injured athletes to have the necessary knowledge and understanding of what effective rehabilitation entails over and above the physical aspects thereof. Hence, the following factors are subsequently examined: personal attributes of injured athletes; skills of and techniques used by medical practitioners and in particular, physiotherapists; and social support.

Arvinen-Barrow et al. (2007) reported that the physiotherapists in their study identified a variety of characteristics of injured athletes who cope with injury successfully. These

include a positive and proactive attitude towards injury; compliance with the treatment program; confidence and trust in rehabilitation; understanding of injury; realistic expectations; patience with themselves and the treatment program; motivation, determination and commitment; and social, emotional and medical support. On the contrary, those who were perceived as not coping with injury displayed the following characteristics: a negative attitude towards injury; exercise addiction; a poor understanding of and compliance to rehabilitation; unrealistic goals; impatience; and stress, anxiety, anger and depression. Results of the Arvinen-Barrow et al. study are in accordance with those of Larson et al. (1996). Findings from the latter study also found that athletes who coped with injury had a strong desire to return to sport, asked questions about injury and rehabilitation, and focused on goals during the rehabilitative process while those who did not cope used injury as an excuse and withdrew from team activities, thus displaying introverted behaviour. Rock and Jones (2002) found that athletes who believe in the efficacy of rehabilitation were more inclined to adhere to the program. Physiotherapists in the Gordon et al. (1991) study believed that athletes who were able to communicate well, asked questions about rehabilitation, listened ably to advice and gave feedback had a positive psychological response to injury. Francis, Andersen and Maley (2000) also found that an athlete's willingness to listen to the physiotherapist was perceived by physiotherapists as being important for successful rehabilitation.

Athletes also attribute and perceive successful recovery to personal factors. Francis et al. (2000) reported that athletes believed that knowing how long it would take them to recover helped them in the healing process. The results of two studies that examined the causal attributions for recovery from knee surgery to the rate of recovery showed that athletes who perceived themselves as recovering quickly tended to attribute their progress in rehabilitation to internal and personally controllable factors compared to those who perceived their recovery to be slower. The findings of both studies emphasize the importance of personal control in the rehabilitation of sport injury (Brewer et al. (2000); Laubach, Brewer, Van Raalte & Petipas, 1996). Although the view of athletic trainers and not the athletes themselves, results from the Larson et al. (1996) study revealed that athletes who did not cope with injury tended to blame others.

There are a number of skills and psychological interventions that can be employed by those involved in the rehabilitation of injured athletes that will facilitate their recovery. However, it is imperative that the athlete's perception of the injury be understood first; in other words, members of the rehabilitation program need to comprehend what the injury means for the athlete and what effect it will have on the individual's life (Williams & Roepke, 1993). Furthermore, the practitioners must be acquainted with the athlete's

response to stress, injury history and situation related to his/her current injury (Wiese & Weiss, 1987).

Communication skills and motivation were rated by physiotherapists in a study conducted by Francis et al. (2000) to be the two most important factors in injury rehabilitation. According to Wiese and Weiss (1987), it is imperative that physiotherapists and sport psychologists explain all aspects of injury to athletes; it is necessary that they understand the severity of the injury as well as what the rehabilitation program involves. Having a good rapport with the athlete is crucial. The injured rugby player in Vergeer's (2006) case study consulted a number of medical practitioners when he faced disconcerting information in order to find out more or better information; this highlights the importance of having a good rapport with injured athletes. Listening skills in order to understand what the athlete is really trying to say are essential. Larson et al. (1996) reported that the athletic trainers in their study rated listening skills of athletic trainers as important.

Wiese and Weiss (1987) stated that the question of how to motivate injured athletes to stick to their rehabilitation programs is a critical one. A number of psychological techniques can be utilized to help motivate them. These include setting realistic short- and long-term goals; imagery, visualization and relaxation strategies in order to achieve the goals; self-talk to help assist athletes to replace negative and irrational beliefs with positive, realistic and rational thoughts; and social support which will be discussed subsequently. Analysis of diary and interview transcripts of a study conducted by Gilbourne and Taylor (1995) revealed that athletes believed the process of setting goals helped them organize their rehabilitation. Hamson-Utley, Martin and Walters (2008) found that both athletic trainers and physical therapists held positive attitudes on the effectiveness of mental imagery, setting goals and positive self-talk to speed up the recovery process during rehabilitation. Vernacchia and Henschen (2008) who served as sport psychology consultants for the 2000 USA Olympic Track and Field team maintained that they assisted an injured female discus thrower to compete at Sydney. They taught her mental and relaxation techniques that facilitated her healing and dissipated her levels of pain. They also gave her visualization and relaxing exercises that helped her maintain her throwing technique. However, Francis et al. (2000) reported that both the physiotherapists and athletes in their study perceived visualization and relaxation to be the least effective techniques.

Although the primary focus of injury rehabilitation is physical healing, it is also unavoidably a social process (Brewer, 2001b) and thus, those involved in sport injury rehabilitation must take cognizance of the value of social support in sport injury rehabilitation (Bianco & Eklund, 2001). Support may be classified into three categories;

namely, emotional support such as listening to and comforting the injured athlete, informational support which may include an acknowledgement of progress and further challenging the athlete, and tangible support which may involve giving of time, skills and knowledge (Hardy & Crace, 1993).

In an action research study involving three injured athletes, emotional support was perceived by the athletes as important when they experienced setbacks and progress was slow (Evans et al., 2000). In an exploration of the emotional difficulties encountered in sports-related injuries, Schneider (2006) found that it was more beneficial for therapists to help reduce the emotional distress of athletes during rehabilitation than to rebuild their self-esteem. Rock and Jones (2002), in an examination of the usefulness of counseling skills for three athletes who were in rehabilitation after undergoing knee surgery, found that they regarded physiotherapists and other injured athletes as valuable sources of informational support. The participants showed that they valued information about the injury, surgery and rehabilitation. Furthermore, they appreciated the presence of other injured athletes with whom they could share similar experiences. Robbins and Rosenfeld (2001) explored athletes' perceptions of the social support provided by their coaches before they sustained injury and during rehabilitation. Results revealed the participants would have readily accepted and valued more support from the coaching staff. Furthermore, types of social support, namely task appreciation, task challenge and emotional challenge were given by the coaches pre-injury but not during rehabilitation. Robbins and Rosenfeld stated that involving the injured athletes during rehabilitation could make them feel less isolated and frustrated.

When one considers the difficulties injured athletes encounter during rehabilitation and when they resume competing again, it is evident that it would be advantageous for medical practitioners to be aware of the psychological aspects of sport injury and rehabilitation. Furthermore, sport psychologists can play a multifaceted role during rehabilitation (Evans et al., 2000) and thus, it would be beneficial for injured athletes if they were an integral part of the rehabilitation team. In the light of addressing injured athletes holistically, it is necessary to consider a biopsychosocial model of sport injury rehabilitation which was developed by Brewer et al. (2002).

2.5.3 A biopsychosocial model of sport injury rehabilitation

Brewer et al. (2002) stated that theoretical advancements are necessary in order to link psychological and medical approaches to the rehabilitation of sport injuries. They further noted that conceptual frameworks that embody the multitude of factors that contribute to rehabilitation of sport injury need to be developed. Consequently, in an attempt to explain the myriad of factors that are involved in sport injury rehabilitation they developed a biopsychosocial model of sport injury rehabilitation. This model is depicted in Figure 2.5.

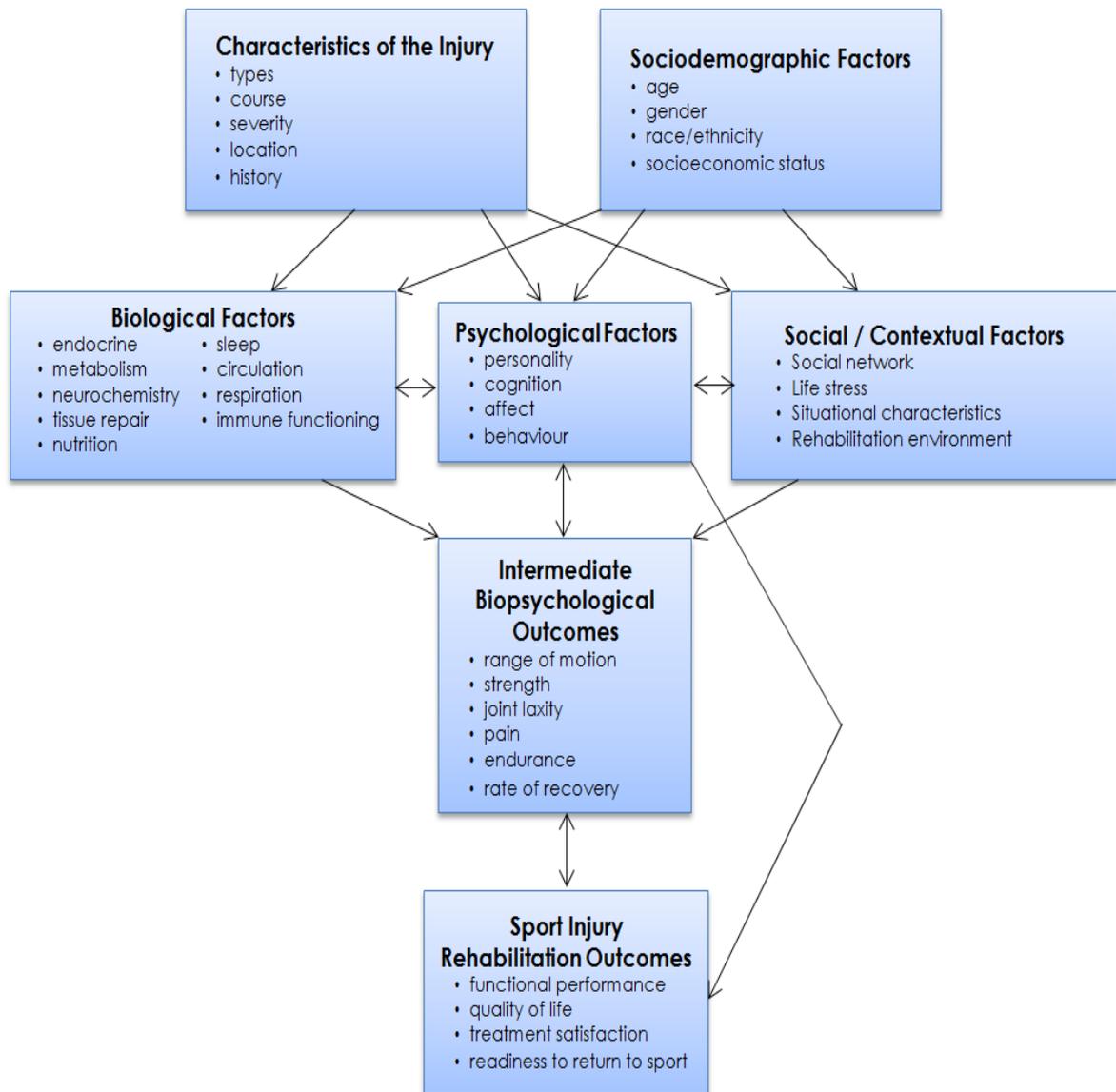


Figure 2.5: A biopsychosocial Model of Sport Injury Rehabilitation

An examination of the model illustrates the processes and interrelationships that occur once an athlete has sustained an injury. Brewer et al. (2002) stressed that injury involves a multitude of factors that have an effect on the outcomes of injury rehabilitation. The interrelatedness, complexity and interactive nature of sport injury rehabilitation are clearly depicted by the bidirectional arrows in the model. A brief outline of each of the components of the model and its relationship with each of the other components follows.

Brewer et al. (2002) stated that injury involves physical damage that may lead to rehabilitation. As stated previously, defining the type and severity of injury may be problematic. Flint (1998) distinguished between microtrauma and macrotrauma injuries whereas Noakes (2001) delineated four stages or grades of injury. Petrie (1993) classified three types of injury on the basis of whether the injured athlete was able to continue participation despite the injury or not. Furthermore, the authors said that some injuries

may have short histories such as an acute ankle sprain whereas injuries such as recurring muscle tears may have may more complicated and long-term histories. These characteristics will determine the type and duration of the rehabilitation process.

Injury is usually viewed in relation to the effects it has on the biological functioning of an injured athlete such as his/her immune system, inflammatory responses, mobilization and tissue repair. Injury may also affect psychological factors; the depression an injured athlete may experience, for example, may be a result of injury. Furthermore, injury may have consequences for the social environment of an injured athlete; for instance, an injured athlete may distance himself from his team mates (Brewer et al., 2002). They also postulated that sociodemographic factors may play a part in both psychological and biological responses to injury. Sociodemographic factors may also have an impact on the context of the rehabilitation process. Male and female athletes may, for instance, may not react to sport injury rehabilitation in similar ways because of differing biological, psychological and social characteristics; these include hormones and societal expectations.

As depicted on the next level of the model, psychological factors hold a principal position. They can affect and in turn, be affected by biological and social / contextual factors. Brewer et al. (2002) explained this interconnected relationship by means of a couple of examples. An injured athlete's thoughts and emotions may have an influence on his/her biological functioning such as sleep patterns and appetite. An injured athlete may also experience depression because of disagreeable rehabilitation conditions; this may lead to social withdrawal.

Biological, psychological and social / contextual factors are also connected to intermediate bio-psychological outcomes which are on the next tier of the model. Biological factors such as circulation and rate of tissue repair have a direct influence on outcomes such as pain reduction, range of motion and rate of recovery. According to Brewer et al. (2002), the link between psychological factors and intermediate bio-psychological outcomes may not be obviously apparent; however, how injured athlete approaches rehabilitation may be influenced by personality factors. Successful intermediate rehabilitation may help improve positive thoughts and emotions. The authors further advanced that social / contextual factors influence intermediate bio-psychological outcomes as well as sport injury rehabilitation outcomes which is on the last level of the model through the mediating role of psychological factors. Adherence to a rehabilitation program, for example, may be affected by disruptive life circumstances; this may hinder the intermediate bio-psychological outcomes and eventually affect desired functional performance at the completion of rehabilitation negatively.

An examination of the model further shows that intermediate bio-psychological outcomes are believed to influence injury rehabilitation directly. Functional performance, for instance, is affected by range of motion, strength and joint laxity. Finally, Brewer et al. (2002) postulated that there is a bi-directional relationship between sport injury outcomes and psychological factors. Functional performance and readiness to return to competition may be directly linked to an injured athlete's level of motivation.

According to Brewer et al. (2002), a biopsychosocial perspective on the rehabilitation of sport injury has heuristic value in guiding research. Furthermore, they stated that medical practitioners usually focus on the biological aspects of injury rehabilitation. However, a biopsychosocial approach will allow those involved in the rehabilitation of injured athletes to focus on all the factors outlined in the model as they all influence rehabilitation outcomes directly or indirectly. This will afford medical practitioners the opportunity to enhance the quality of care for injured athletes.

2.5.4 Conclusion

This section has examined psychosocial factors that are involved in the successful rehabilitation of injured athletes. The psychological responses to the rehabilitation process have been discussed. The need for those medical practitioners who are involved in the rehabilitation of injured athletes to not only treat the physical effects of injury, but to view them holistically has been emphasized. Accordingly, a biopsychosocial model of sport injury rehabilitation proposed by Brewer et al. (2002) was outlined.

2.6 Conclusion

In this chapter, the literature that has focused on psychosocial factors inherent in sport injuries was discussed. Firstly, the difficulties in conducting research on sport injuries which include the various operational definitions of sport injury, and determining the severity of as well as the role and evaluation of pain in injury were reviewed. Secondly, the psychosocial factors that may make athletes susceptible to sport injury were studied in detail; the focal point of this discussion was a critical examination of Andersen and Williams' (1988) model of stress and athletic injury. Thirdly, athletes' psychological responses to injury were examined. In this section, both stage models and cognitive appraisal models, developed to explain athletes' responses to injury, were reviewed. Finally, psychosocial factors that have an effect on the successful rehabilitation of sport injuries were explored. A biopsychosocial model of sport injury rehabilitation was presented (Brewer et al., 2002). The methodology employed in the present study is discussed in the following chapter.

CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Introduction

The purpose of the study was to explore the psychosocial factors involved in the susceptibility, experience and rehabilitation of injuries sustained in long-distance running and subsequently, to propose a biopsychosocial theoretical model that will attempt to explain the experience of injury and the successful rehabilitation thereof in long-distance running. The study was approached from a biopsychosocial theoretical perspective. A mixed methods research design with the purpose of expansion and using 15 case studies was employed. Two research instruments were utilized; namely, semi-structured interviews and the Myers-Briggs Type Indicator (MBTI).

This chapter is arranged into seven main sections. Firstly, the biopsychosocial theoretical perspective is outlined. Furthermore, the reasons for approaching the study from this theoretical perspective are discussed. Secondly, the research design that was employed and the reasons for doing so are examined. Thirdly, the sampling method, purposive sampling, and the resulting research participants are considered. Fourthly, the ethical considerations of the study are briefly summarized. In the fifth section, there is an elucidation of the research instruments, namely semi-structured interviews and the MBTI. The sixth section deals with the analysis of data; more specifically, the procedure followed in this study is explained. In the final section, the quality of the study is considered.

3.2 The biopsychosocial theoretical perspective

The biopsychosocial theoretical model is a multi-model, multidisciplinary, integrated and comprehensive approach to understanding people (Craigie, 1999; Eck, 1999). First developed by George Engel, the model stems from general systems theory (Pereira & Smith; 2006; Pilgrim, 2002; Schaffner, 2001; Smith, 2002). It proposes that a person can only be understood fully if all the levels of his/her functioning, namely biological or physical, psychological and social are considered (Gove, 1994).

Engel offered an alternative to the biomedical model when he developed the biopsychosocial model. He defined the model at a time when science was progressing from being an exclusively reductionistic and analytic effort to becoming a more contextual and cross-disciplinary endeavour. He criticized three main views in medical thinking. Firstly, he denounced the biomedical model for its dualistic nature in which body and mind are separated. Secondly, Engel was critical of the overly materialistic and reductionistic views of medical thought. More specifically, he disagreed with the notion that anything that cannot be objectively accounted for and verified at the level

of cellular and molecular processes is disregarded. Thirdly, he believed that in order to understand humans, one cannot be totally objective. He was of the opinion that in the study of humans, both the subjects and researchers influence one another. Engel expressed the view that in order to comprehend and respond to patients' suffering, and provide them with a sense of being understood, it is necessary for medical practitioners to attend to the biological, psychological and social dimensions of illness (Borrell-Carrió et al., 2004). He understood the world to be a continuum of systems that interact at different levels (Pereira & Smith, 2006).

The biopsychosocial theoretical perspective embraces the viewpoint that biological or physical, psychological and social processes are integrally and interactively engaged in both physical health and illness (Suls & Rothman, 2004). According to Sperry (1999), physical functioning includes all peripheral organ system functions as well as to all central nervous, autonomic and neuroendocrine system functions that are subcortical. Psychological factors include personal qualities and characteristics such as temperament, self-esteem and self-efficacy as well as cognitions and strategies that influence behaviour. People's social functioning involves their behaviour in relation to family, friends, authorities, cultural expectations and community institutions that affect and are affected by others. Pilgrim (2002) referred to the psychosocial context of an individual as one of increasing complexity. Sperry further expressed the opinion that the holistic approach of the biopsychosocial model may also be understood to include spiritual and religious beliefs.

Medical thinking has evolved and broadened by including, incorporating and integrating psychological and social factors (Smith, 2002). Multiple systems as well as the complexity of these systems are contributory factors in the causes, prevention and treatment of illness (Suls & Rothman, 2004). Even though the relative weight of various psychosocial factors may vary from one illness to another, amongst individuals and between different occurrences of the same illness in the same individual, these factors may contribute, sustain and modify illness (Fava & Sonino, 2008). According to Suls and Rothman, it is important for those involved in the medical profession to comprehend the linkages in the systems. Furthermore, there is not a linear relationship between the components of the systems, but rather a circular one (Borrell-Carrió et al., 2004).

Sperry (1999) stated that biopsychosocial thinking is fast replacing other more parochial perspectives. The biopsychosocial model views a person holistically and comprehensively. It thus differs from reductionistic views such as the psychodynamic model, the behavioural model and the biomedical model. Rather, the biopsychosocial model integrates a number of ideas from many of these models. Furthermore, the model engenders inter-disciplinary co-operation (Pilgrim, 2002).

The present study was approached from the biopsychosocial theoretical perspective for a number of reasons. Long-distance running is primarily a physical activity. A person, however, lives in a psychosocial context of increasing complexity. The World Health Organization defines health as a “complete state of physical, mental and social well-being” (cited in Schaffner, 2001, p. 26). Long-distance runners not only experience physical health benefits, but also perceive psychological and social benefits because of their involvement in the sport.

Sport injury is physical, but may have psychological and social roots. These factors, discussed extensively in Chapter Two, may make one susceptible to injury. The studies examined in the chapter focused on sports in which acute injuries are suffered. Generally, long-distance runners suffer chronic injuries because of overuse (Noakes, 2001). The factors involved in sustaining an acute injury may be different to those involved in a chronic injury. However, physical, psychological and social factors are inter-related and as stated previously, a circular and not a linear relationship exists between them (Borrell-Carrió et al., 2004).

Long-distance runners also experience negative consequences when they are unable to run. These consequences which were also considered in Chapter Two are of a physical, psychological and social nature. There is a need to not only treat the physical causes and symptoms of injury, but also to address the psychological and social needs of injured runners.

The researcher is of the opinion that a more holistic view and thus, a better understanding of the causes, experiences and rehabilitation of injuries sustained in long-distance running was gained by approaching the study from a biopsychosocial theoretical perspective. However, it is also acknowledged that it was not possible to explore all the components of long-distance running injuries in depth.

3.3 Research design

A mixed methods research design with the purpose of expansion and using case studies was employed in the study. Johnson and Onwuegbuzie (2004, p.17) defined mixed methods research as “the class of research where the researcher mixes or combines quantitative and qualitative research techniques, methods, approaches, concepts or language into a single study.” The focus of mixed methods research includes induction, namely, the discovery of patterns; deduction which involves the testing of patterns; and abduction which may be explained as the process of uncovering and relying on the most suitable of a group of explanations which will allow researchers to understand their

results. Both quantitative and qualitative research are important; mixed methods research does not aim at replacing either of these two approaches, but uses the strengths and lessens the weaknesses of both approaches in single studies as well as across studies. Johnson and Onwuegbuzie further stated that philosophically mixed methods research is referred to as the 'third wave' or third research movement. It offers a practical and logical alternative to quantitative and qualitative research designs, and thus, moves beyond the disputes between the other two approaches.

Johnson and Onweugbuzie (2004) stated that researchers need to take cognizance of the characteristics of both quantitative and qualitative research before they employ a mixed methods research design. Quantitative research is chiefly characterized by deduction, confirmation, hypothesis and theory testing, prediction, standardized collection of data, statistical analysis and explanation. The principal characteristics of qualitative research, on the other hand, are induction, exploration, discovery, hypothesis and theory generation, and qualitative analysis. The researcher may also be viewed as the primary instrument of collecting data. According to Johnson and Onwuegbuzie, it is necessary to understand the strengths and weaknesses of both approaches in order to combine strategies in an effective manner and thereby, employ the fundamental principle of mixed research. This principle involves the collection of multiple data by means of the use of different methods and strategies in a manner that the emerging combination is likely to result in the complementary strengths and nonoverlapping weaknesses of both qualitative and quantitative approaches. They expressed the view that an understanding and productive use of the fundamental principle of mixed research justifies mixed methods research designs as the resulting outcome will be superior to monomethod research. Furthermore, it is important that mixed methods research employs a philosophy and method that will combine the insights provided by qualitative and quantitative research in order to achieve a solution that is workable. Johnson and Onweugbuzie further noted that regardless of the approach that researchers adopt, all research in the social sciences is an endeavour to produce forthright assertions about human beings and the contexts in which they live.

The value of mixed methods research in comparison to using quantitative or qualitative datasets alone was outlined by Cresswell and Plano Clark (2007) as follows:

- Mixed methods research has advantages that counterbalance the disadvantages of both quantitative and qualitative research. Qualitative research has been criticized because of researchers' personal interpretations and thus, the resulting bias created by this subjectivity. Furthermore, because there are only a limited number of participants in qualitative research, it is difficult to generalize findings to a larger group. On the other hand, quantitative research does not allow for an in-depth understanding of the participants' views and feelings as well as their personal

contexts. Researchers' personal interpretations are not often considered and discussed. Thus, according to Johnson and Onwuegbuzie (2004), by employing mixed methods research the weaknesses of the one approach can overcome the weaknesses of the other approach.

- There is more extensive evidence for studying a research problem when using mixed methods research than when using either quantitative or qualitative research alone. Researchers are not limited to data collection linked to qualitative research or quantitative research, but may use all the available types of data collection.
- Mixed methods research is of value when a quantitative or qualitative approach alone would not produce an adequate answer. Johnson and Wuegbuzie added that because researchers are not limited to a single approach, they are able to answer a wider and complete range of questions. They further stated that researchers are thus able to provide stronger evidence for a conclusion by means of the corroboration and convergence of findings.
- When employing a mixed methods research design, qualitative and quantitative researchers are encouraged to work together. This, in turn, strengthens the research.
- Mixed methods research encourages and allows for the use of a number of worldviews and paradigms rather than those associated with either quantitative or qualitative research.
- Mixed methods research has been referred to as being practical because researchers are free to use a number of possible methods to address a research problem. Furthermore, both inductive and deductive thinking can be combined so as to promote a better understanding of the world.

Despite its advantages, mixed methods research is not easy to conduct. Johnson and Onwuegbuzie (2004) summarized the weaknesses of mixed methods research as follows:

- It may be difficult for one researcher to conduct both qualitative research and quantitative research, especially if both approaches are used concurrently. This may complicate the research and thus, may necessitate the use of a research team.
- Researchers may be required to be trained in both approaches and learn to mix them in a suitable way. Cresswell and Plano Clark (2007) also highlighted this disadvantage when they stated that most researchers are often only trained in one approach.
- Mixed methods research is more expensive as well as more time consuming. Cresswell and Plano Clark expanded on this weakness when they stated that mixed methods research may require a number of resources to collect and analyze both quantitative and qualitative types of data.
- Research methodologists still have to work out a number of the details of mixed methods research properly. These include how to qualitatively analyze quantitative data and how to interpret conflicting results. In this regard, methodological purists

advocate that researches should either utilize the quantitative or qualitative approach, and not both.

Greene, Caracelli and Graham (1989) put forward five main purposes or justifications for conducting mixed methods research. These are as follows:

- **Triangulation:** This may be defined as searching for the convergence, corroboration and correspondence of results from different methods and designs that are studying the same phenomenon.
- **Complementarity:** This involves looking for clarification, illustration, elaboration and enhancement of the results of one method with those of the other method.
- **Initiation:** This entails discovering paradoxes and contradictions and new perspectives of frameworks. These findings will lead to a re-framing of the research question(s) or results with the research question(s) or results from the other method.
- **Development:** This requires using the findings from one method to inform or advise the other method. Development is generally interpreted to include sampling, implementation and the measurement of decisions.
- **Expansion:** This occurs when the researcher wishes to expand the breadth and range of research by employing different methods for different components in the inquiry. The reason for expansion is to increase the scope of research by selecting the methods that are the most suitable for multiple inquiry components.

Johnson and Onwuegbuzie (2004) stated that researchers must make two important decisions when constructing a mixed methods research design. Firstly, researchers must decide whether they wish to operate mainly within one dominant approach and secondly, whether they want to conduct the phases concurrently or sequentially. Johnson and Onwuegbuzie explained that the findings from the qualitative phase as well as from the quantitative phase must be integrated at some stage. They clarified this statement with an example: A qualitative phase might be carried out sequentially in order to advise or inform the quantitative phase, or if the quantitative and qualitative phases are undertaken concurrently, the findings of both phases must at least be integrated when the findings are interpreted. They further stated that a principle of mixed methods research is that researchers may create designs that will answer their research questions effectively; this contrasts with the common approach in traditional quantitative research in which researchers choose a specific design from a group of designs. Nine mixed methods research designs as postulated by Johnson and Onwuegbuzie are depicted in Figure 3.1. It should be noted, however, that the authors stated that one should not be limited by these designs and they further emphasized the need to be creative when deciding upon a particular design. They expressed the opinion that on occasions a design could emerge during a study in new ways; this would be dependent on both the conditions and the obtained information.

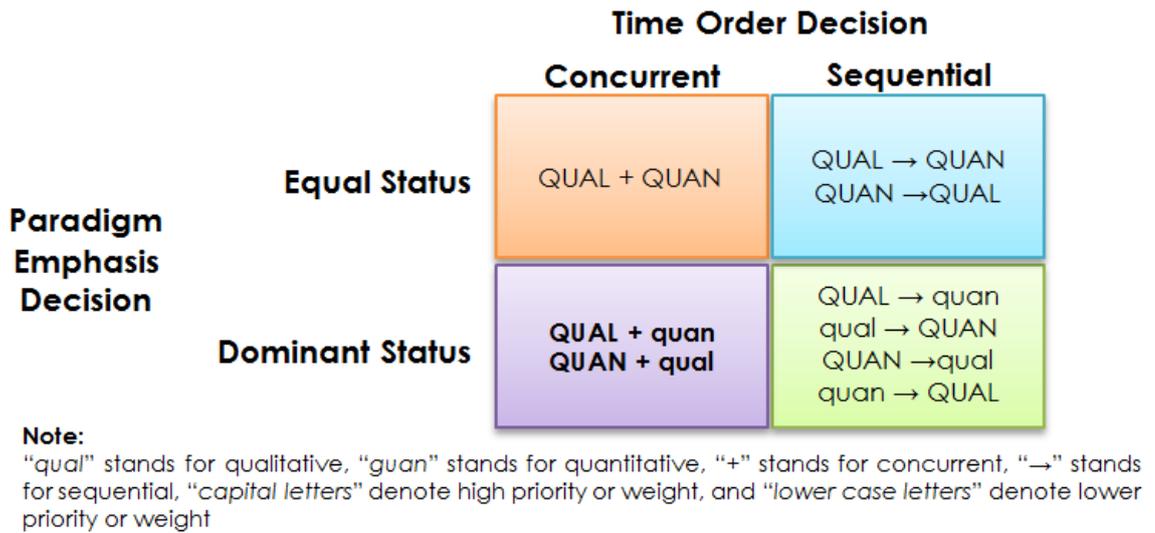


Figure 3.1a: Mixed-method Design Matrix with Mixed-method Research Designs Shown in the Four Cells

In order to enhance the quality of the study, a mixed methods research design as depicted by Johnson and Omwuegbuzie (2004) was employed in the present study. The rationale for conducting mixed methods research was expansion. As previously stated, the purpose of expansion is to expand the range and breadth of research by employing different methods for the various components of the study. Most of the study was conducted within the qualitative paradigm, but both qualitative and quantitative techniques were used concurrently to collect the data. Johnson and Omweugbuzie's mixed methods design matrix which was portrayed in Figure 3.1a is reproduced again in Figure 3.1b; in the latter figure, the mixed methods research design which was employed in the present study is highlighted.

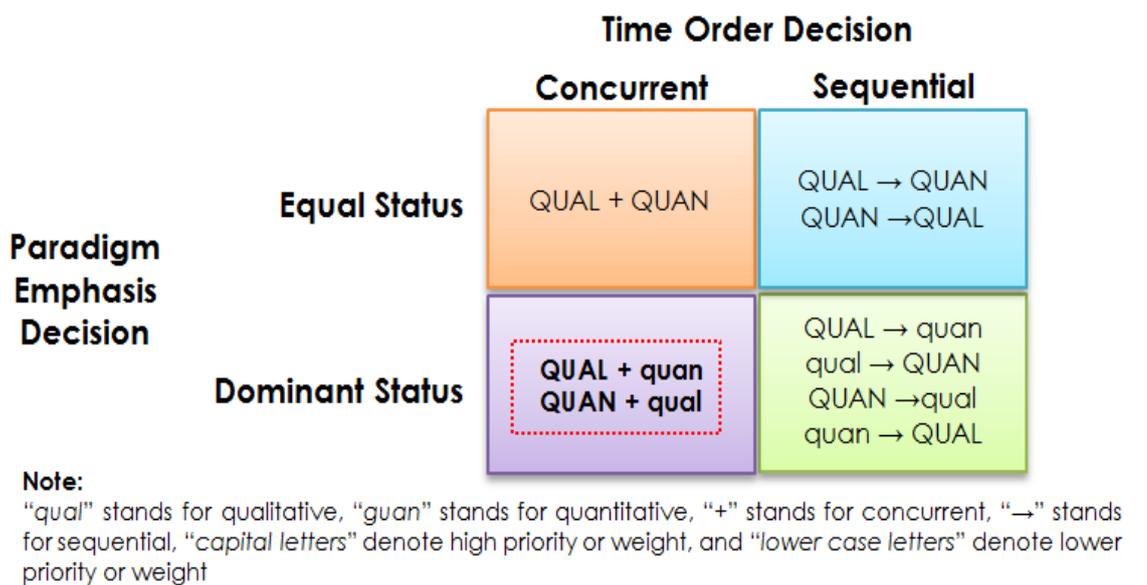


Figure 3.1b: Mixed-method Design Matrix with Mixed-method Research Designs Shown in the Four Cells

In the present study, semi-structured interviews were conducted in order to explore long-distance runners' experiences of injury sustained in the sport. The aspects that were explored during the interviews included the runners' training programs, the benefits they perceived as a result of their involvement in the sport, their personal understanding of injury, their psychological responses to injury, the causes to which they attributed their injuries, the coping mechanisms they employed, and their approach to rehabilitation. These aspects are highlighted in a subsequent section when the semi-structured interviews that took place are discussed more fully. Each participant also completed the MBTI; this quantitative form of data collection was used to examine what preferences long-distance runners exercise. Both qualitative and quantitative forms of data collection were employed in order to expand the breadth and range of the study. In other words, the themes that emerged during the interviews as well as the results of the MBTI afforded the researcher the opportunity to have a fuller and more complete picture of what biopsychosocial factors are involved in injuries sustained in long-distance running injuries.

In the present study, dominant status was given to the qualitative component of the study. Hence, it is necessary to describe the essence of qualitative methodology and further highlight the characteristics of this type of research.

Qualitative research yields descriptive data in the form of people's own spoken or written words as well as from their observable behaviour (Taylor & Bogdan, 1984). Researchers who utilize qualitative methodology study individuals in their social environments; furthermore, they examine how individuals make sense of their surroundings. The qualitative approach affords researchers opportunities to access unquantifiable information about people. Consequently, qualitative techniques allow researchers the opportunity to become involved in the perceptions of people and to explore how they find and give meaning to their lives (Berg, 1998). Willig (2001) stated that qualitative researchers are concerned with the quality and texture of people's experience.

Qualitative research is inductive. Researchers do not collect data to verify hypotheses and theories, but rather study patterns in the data so as to develop concepts and insights. Consequently, the qualitative approach affords researchers the opportunity to follow a flexible research design (Taylor & Bogdan, 1984).

Qualitative researchers examine people holistically in their situations. They are not reduced to variables and statistics, but rather the researchers endeavour to know them personally and share their experiences. They are interested in the meaning that people

themselves attach to how they experience events (Willig, 2001). Thus, this type of research is humanistic. Furthermore, qualitative researchers are sensitive to how they may affect the people they study. This type of research has been described as naturalistic because the researchers study and interact with people in a natural and unobtrusive manner. Qualitative researchers also try to empathize and identify with the people they study in order to understand how they perceive things and moreover, they value all the views of people as they strive for an understanding of others' viewpoints. Moreover, they believe that it is worthwhile to study all people and the situations in which they live (Taylor & Bogdan, 1984).

Qualitative researchers do not allow their beliefs, predispositions and views to influence their research. Furthermore, validity is of utmost importance to them as they make certain that there is a close link between the data and what people say and do. However, qualitative researchers are invited to be flexible, not follow procedures rigidly and be their own methodologists. In this way, qualitative research is not as standardized as other research approaches, but is often referred to as a craft (Taylor & Bogdan, 1984).

The present study, as stated previously, employed a mixed methods research design using case studies. Thus, a brief description of case studies follows. According to Berg (1998), in case studies information about an individual, group, social setting and/or event is collected systematically so that researchers can effectively understand how it functions. This methodological approach may employ a number of data gathering techniques such as documents, life histories, participant observation, oral histories and in-depth interviews. The case study method is versatile and thus, its focus may be extensive or selective. This type of method is known to yield an in-depth description of a small number of cases (Mouton, 2001).

According to Berg (1998), case studies can give rise to insights and hypotheses that may form the bases of subsequent studies. Mouton (2001) observed that the strengths of case studies include high construct validity and in-depth insights. Stake (2000), however, stated that not everything that emerges from case studies can be understood. Berg stated that when deliberating on the scientific value of the method, two concerns should be addressed. Firstly, one may question the objectivity of the results of case studies if researchers make subjective decisions. Berg declared that case studies are as objective as any other methods of data collection and analysis. He added that regardless of whether a study employs a qualitative or quantitative research design, researchers are required to explain what they investigated and by what means. Furthermore, subsequent research will confirm whether the findings and analysis of the research were correct. Secondly, some question the generalizability of the results obtained from case

studies. Berg refuted this concern; he stated that human behaviour is seldom unique, idiosyncratic and spontaneous, but predictable and thus, case studies have scientific value. In the present study, semi-structured interviews were conducted with 15 participants; this is discussed in a subsequent section.

3.4 Sampling and research participants

Purposive sampling with a snowballing effect was used in the present study to select the sample of 15 long-distance runners who were injured or had recently recovered from injury. The sample was considered to be large enough to secure an extensive range of responses as well as provide an in-depth exploration of each case (Willig, 2008). The decision to have a sample of 15 participants was confirmed during the analysis of the data when, based on the responses from the sample, saturation was reached. Thus, it was not deemed necessary to extend and enrich the analysis.

In purposive sampling, researchers use their knowledge and understanding about a group in order to select participants who represent this population. In order to make certain that specific types of individuals who have particular attributes are included in the study, purposive sampling may occur after field investigations (Berg, 1998).

In the present study, runners who were injured were invited to participate in the study. This was done by means of contacting the secretaries of running clubs and asking them to inform their members of the study in their weekly or monthly newsletters. Information leaflets were also left in shops that specialize in selling running shoes and running gear.

The researcher found it difficult to find injured runners who wished to participate in the study. The reasons for this appear to be two-fold. Firstly, not all runners sustain injuries at the same time. Secondly, during the interviews it became evident that long-distance runners tend to be reluctant to speak about their injuries.

The method of sampling had a snowballing effect when runners who participated in the study referred other injured runners to the researcher. In some instances, the participants gave the contact details of their friends who were injured to the researcher. These runners were then contacted; the purpose of the research and other relevant information pertaining to the study was explained to them.

The study was strengthened as well as disadvantaged because of the selected sampling method. Purposive sampling with a snowballing effect ensured that the majority of the participants were committed runners. However, at the time of their interviews, not all the participants were at the same stage of injury as some had recently sustained an injury, some had almost recovered from their injuries and finally, some had recovered from their

injuries. Therefore, their experiences of injury and attitudes towards rehabilitation may have differed.

3.5 Ethical considerations

The study was approved by the Ethics Committee of the University of Pretoria. Furthermore, full disclosure of the research was explained verbally and given in writing to each of the participants. Their rights were explained to them verbally as well as in writing. These included the right to privacy, the right to anonymity and confidentiality, and the right not to be harmed in any manner (Mouton, 2001). A copy of the letter given to the participants can be found in Appendix A.

3.6 Research instruments

The present study, employing a mixed methods research design, made use of both qualitative and quantitative data collection techniques; namely, semi-structured interviews and the MBTI respectively.

3.6.1 Semi-structured interviews

Most of the present study was conducted within the qualitative paradigm. The researcher conducted a semi-structured interview with each participant in order to explore what psychosocial factors are involved in the susceptibility, experience and rehabilitation of injuries sustained in long-distance running.

The interview is a fruitful method of collecting information and approaching various types of assumptions. It is particularly useful in understanding participants' perceptions as well as exploring how they make sense of phenomena or events (Berg, 1998). Furthermore, the interview may be utilized as an instrument to capture the salient incidents and experiences of an individual's life. It captures an individual's subjective experiences and further affords researchers the opportunity to know people thoroughly (Taylor & Bogdan, 1984). According to Kerlinger (1986, p.487), the interview is "a potent and indispensable research tool, yielding data that no other research data can yield."

Semi-structured interviews, also referred to as semi-standardized interviews, lie somewhere between the extremes of completely structured and unstructured interviews. Researchers make use of a number of predetermined questions that they usually ask in a systematic and consistent order. However, they are given the freedom and permitted to probe beyond their prepared and standardized questions as well as the interviewees' answers (Berg, 1998).

The questions asked in a semi-structured interview aim to shed light on how individuals understand and make sense of their world. Thus, it is necessary for researchers to approach the world from the interviewees' perspectives. Consequently, researchers should use the level of language and vocabulary with which the interviewees

communicate. Unscheduled probes also help ensure accurate and complete communication between the researchers and the interviewees. Subsequently, this will afford the researchers the opportunity to understand the participants' perceptions and how they attach meaning to their experiences and contexts (Berg, 1998).

In the present study, each participant was interviewed for approximately one hour; the interviews lasted between 45 minutes and 80 minutes.

During each participant's interview the following aspects were explored:

- running experience
- training program
- perceived benefits and disadvantages of long-distance running
- personal understanding of injury
- experience of injuries
- perceived causes of injury
- psychological responses to injury
- approach to rehabilitation
- coping mechanisms

At the outset of the interviews, the researcher asked the participants to elucidate on their experiences of running. This encompassed for how long they had been involved in the sport and what races they had run. They were also encouraged to share the details of their training programs. These initial questions helped the researcher to establish a rapport with each of the participants. The participants were then invited to speak about the benefits and disadvantages they associated with the sport. Once the researcher felt that the participants were at ease and able to communicate freely, they were asked what their personal understanding of injury was. They were then encouraged to speak about their own injuries, why they believed they had got injured and the rehabilitation they were receiving. Finally, they were asked about their support systems and coping mechanisms. A list of the questions that were asked during the participants' interviews can be found in Appendix B. Furthermore, a table which depicts how the questions are related to the factors explored during the interviews can be found in Appendix C. However, it must be noted that because of the nature of semi-structured interviews, all the questions may have yielded responses that did not necessarily relate to the factor for which the question was meant.

Each participant completed the MBTI after his/her interview. This research instrument is described in the next section.

3.6.2 The Myers-Briggs Type Indicator

The Myers-Briggs Type Indicator (MBTI) is a psychometric questionnaire that was designed in order to provide information on the theory of psychological types as postulated by C.J.

Jung (Maddi, 1980). After studying Jung's theories for a period of 20 years, Katherine Briggs became confident that Jung's Psychological Types was of immense value in helping people to understand themselves as well as others. Consequently, Katherine Briggs and her daughter, Isabel Myers started designing an inventory to assist people to determine their Jungian preference type. Myers spent more than 35 years working on the instrument; she worked with large samples of, for example, 15 000 in order to validate the inventory. Although neither Briggs nor Myers studied psychology formally, the MBTI has been acclaimed by many (van Rooyen & de Beer, 1995).

The theory underlying the MBTI is that variation in behaviour is not the result of chance, but rather due to observable differences in mental functioning, specifically in the preferences people exercise in the way they perceive and the manner in which they make judgements (Briggs Myers & Myers, 1980; Quenk, 1996; Quenk, 2000). At the core of the MBTI is the concept of preferences; what is most natural to a person and what makes him/her feel most comfortable (Bayne, 1995).

Preferred behaviour involves two sets of attitudes or orientations, namely perceiving (P) and judging (J), and extraversion (E) and introversion (I). Perceiving and judging, in turn, involve four basic functions or processes, namely sensing (S) and intuition (N), and thinking (T) and feeling (F) respectively (van Rooyen & de Beer, 1995).

Perceiving involves the processes people employ to become aware of incoming information such as people, events and ideas. Judging, on the other hand, includes the processes of drawing conclusions and making decisions about what has been perceived (Killen & Murphy, 2003). According to Briggs Myers and Myers (1980), to a large extent perception and judgement determine how people behave because perception governs how they view a situation and their subsequent behaviour is influenced by their judgement.

According to Jung, there are two different, contrasting ways of perceiving, namely sensing and intuition. Sensing refers to perceiving by means of the five senses. When people employ this mode of perception, they pay direct attention to immediate experiences, facts and details. Intuition has been referred to as indirect perception as it allows people to perceive beyond the five senses, and become aware of possibilities and relationships by means of insight. Although people are able to use both kinds of perception, most prefer to use one of the processes (Briggs Myers & Myers, 1980; Dunning, 2003; van Rooyen & de Beer, 1995). Sensing types exhibit the following behaviours and attitudes: they like facts; they are realistic, practical and observant; they work steadily and are good with detail; and they are patient and follow a procedure when working (Bayne, 1995). Furthermore, they are present-orientated and trust experience (Myers, Kirkby & Myers, 1993). Intuitive types see possibilities and patterns, and like to see the complete picture; they are imaginative and speculative; they tend to

work in bursts of energy and seek inspiration in quiet; and they enjoy variety and become impatient with routine (Bayne). They are also future-orientated and trust inspiration. Furthermore, intuitive types are known to be abstract and theoretical (Myers et al.).

There are also two distinct processes people employ to draw conclusions and make judgements about their perceptions: thinking and feeling. According to Briggs Myers and Myers (1980, p.3), thinking is a “logical process, aimed at an impersonal finding”. Furthermore, thinking concerns itself with the principles of cause and effect as well as the principles of fairness and justice. However, when people use the function of feeling to come to conclusions and make decisions, they consider relative values and issues of merit (Dunning, 2003; van Rooyen & de Beer, 1995). Once again, whereas people are able to use both processes of judging, they do give preference to either thinking or feeling. Those who give preference to thinking are guided by clear and consistent principles; they tend to be fair, yet firm; they are also analytical, logical and may appear to be businesslike; and they may be critical and sceptical (Bayne, 1995). Thinking types also use cause-and-effect reasoning and strive for impersonal, objective truth. They are also known to be ‘tough- minded’ (Myers et al., 1993). Sensing types are trusting and enjoy pleasing others in their quest to maintain harmony, and they have clear and consistent values. Furthermore, they tend to be aware of others’ feelings, and are warm and sympathetic towards them (Bayne, 1995). They are often referred to as ‘tender-hearted’ (Myers et al.).

A further difference in people’s use of perception and judgement involves two complementary orientations to life, namely introversion and extraversion (Briggs Myers & Myers, 1980). In contemporary usage, introverts are considered to be shy whereas extraverts are viewed as sociable. However, Jung’s concept of introversion-extraversion and Myers’ description thereof are far more expansive. Introverts focus their energy inward; they are interested in the inner world of ideas and concepts. Introverts exhibit the following attitudes and behaviours: they value time spent alone; although they may enjoy social contact, they need time alone to recover from it; they spend time in reflection before interacting with strangers; they learn best by reflection and rely on their own insights; and they prefer to communicate in writing and often do not know what to say on the spur of the moment. Introverts also have a need to understand a situation before experiencing it, but then are able to master and manage a situation because of their knowledge and understanding thereof (Bayne, 1995). According to Myers et al. (1993), they are private and contained, focus easily and have a depth of interest. Extraverts, on the other hand, direct their attention to people and objects of the outer environment; they derive their energy from others. The following attitudes and behaviours are associated with extraversion: as they prefer the external world of people and things, extraverts enjoy being with people; they take initiative in forming relationships, are competent communicators, and enjoy sharing their views and

observations with others; they tend to engage in discussions before reflecting; and they prefer to communicate verbally than in writing. Furthermore, in order to understand situations, extraverts have a need to experience them; they learn best by doing and work by means of trial and error; and they often come to knowledge by being with others, and sharing and discussing ideas and opinions with them (Bayne; van Rooyen & de Beer, 1995). They are known to have a breadth of interests (Myers et al.)

The final preference people exercise concerns the lifestyle they adopt. People can either adopt a perceptive attitude or a judging attitude as a method of dealing with the world. It is imperative that people use both perception and judgement; however, both cannot be used simultaneously and thus, people tend to move to and fro between these two attitudes. Conversely, people tend to be more comfortable with one of these attitudes and hence, the judging-perceptive preference (Briggs Myers & Myers, 1980). Judging types tend to be decisive, organized, systematic and industrious. They are also known to be determined. They also display a need to meet deadlines and are happy when matters have been settled (Bayne, 1995). Consequently, they prefer to plan ahead so as to avoid stress at the last minute (Myers et al., 1993) Some of the behaviours and attitudes perceptive types are known to display are as follows: they are curious, flexible and spontaneous; completing tasks at the last minute energizes them; they are good at adapting to situations and do not mind making changes to plans and decisions; they trust their capabilities; and they enjoy searching and finding more than making decisions (van Rooyen & de Beer, 1995). According to Myers et al., they are open-ended and casual.

The theory underlying the MBTI holds that people create their type when they exercise their individual preferences. Each of the four sets of preferences is independent of the other preferences and consequently, there are 16 types (Briggs Myers & Myers, 1980). They are depicted in Table 3.1. An understanding of preferences is imperative to understanding the MBTI. Preferences are not personality traits, but rather what people find most agreeable and easy when making choices. The notion of type does not attempt to explain individuality. Rather, type gives people the opportunity to understand self, self-development and others. Furthermore, preferences and type should be viewed as reference points and do not place people in pigeon holes (Bayne, 1995).

ISTJ	ISFJ	INFJ	INTJ
ISTP	ISFP	INFP	INTP
ESTP	ESFP	ENFP	ENTP
ESTJ	ESFJ	ENFJ	ENTJ

Table 3.1: The Type Table of the MBTI

The concept of type goes beyond the four preferences. In each type there is one function that dominates the other functions. This is referred to as the first function. Extraverts use their first function in the outer world whereas introverts use their first function

in the inner world and their second or auxiliary function in the outer world. The dominant function of extraverts is determined by the preferred perceptive function, namely sensing (S) or intuition (N) or the preferred judging function, namely feeling (F) or thinking (T). According to Killen and Murphy (2003), the dominant function is the core of a person's personality. Determining what the dominant function is best illustrated by an example: the dominant function for an ESTP is S whereas the dominant function for an ESTJ is T. On the contrary, for introverts the auxiliary function and not the dominant function is reflected by the J or P in their type. Thus, if an introvert's type ends in J, the dominant function is a perceptive function; for example, the dominant function for an INFJ is N and the auxiliary function is F. The second or auxiliary function is the preference from S, N, T or F in the four-letter type that is not dominant. Thus, if a person's dominant function is a perceiving function (S or N) then his auxiliary function will be a judging function (T or F). The auxiliary function is viewed as providing the balance for one's personality (Killen & Murphy). The third or tertiary function is the opposite of the auxiliary function, and the fourth or inferior function is the opposite of the dominant function (Bayne, 1995; Briggs Myers & Myers, 1980; van Rooyen & de Beer, 1995).

In the interest of brevity, a description of each of the sixteen types of the MBTI can be found in Appendix D.

Van Rooyen and de Beer (1995) noted the importance of psychometric instruments being both reliable and valid; thus, the reliability and validity of the MBTI is briefly reviewed. Reliability is a measure of the consistency of an instrument; in other words, how consistently does it measure what it is supposed to do. According to van Rooyen, de Beer and Proctor (1999), the reliability of the MBTI was assessed by means of three methods. Firstly, the reliability of the MBTI was evaluated by means of split-half reliability; results indicate values of 0.84 and 0.86 for the internal consistency of the instrument. Secondly, the stability of the Indicator was determined by test-retest assessment; 0.76 was recorded for temporal stability. Thirdly, alternate or equivalent forms were also employed to assess reliability. Van Rooyen et al. stated that determining the reliability of the MBTI was assisted because various forms of the Indicator all contain 94 basic questions. It was found that the four scales of the MBTI compare positively with respected and well known trait-based instruments. Furthermore, 92% of individuals with clear preferences and 81% of those with medium preferences have stable types over a period of time.

Validity indicates if an instrument measures what it purports to measure. According to Van Rooyen et al. (1999), it indicates the level of confidence that can be put in the results of the instrument. The validity of the MBTI was tested in terms of the following: face validity, content validity, criterion-related validity and construct validity (van Rooyen & de Beer, 1995). Results demonstrate that the MBTI has good discriminant, predictive and

convergent validity in respect of scores on other personality inventories, occupational preferences, best-fit type assessments and independent observation of behaviour. Furthermore, results indicate strong support for the validity of the structure of the four factors of the Indicator, construct validity which is supported by factor analysis as well as convergent validity between the instrument and the Five-Factor model (van Rooyen et al.).

The MBTI has been completed by many athletes, coaches and those involved in sports administration. It has been acknowledged to be one of the most widely used personality tests in the world. It has also been asserted that more research on the MBTI has been conducted than on any other personality inventory (The Move Mountains Group, n.d.). Despite this the researcher failed to find any academic research that has been conducted on psychosocial factors involved in sport injury that has used the MBTI. According to Gee, Marshall and King (2010), personality inventories such as the MBTI have chiefly been employed in the process of identifying talent for sports teams. They further asserted that most studies that have used ipsative tools such as the MBTI have not been successful in predicting athletic performance. Meade (1994) stated that personality inventories such as the MBTI can be used for coaching and intra-individual purposes as they provide a descriptive overview of particular individuals, but are unlikely to make reliable and valid interpersonal comparisons because of their design properties. However, there is a proliferation of articles on popular websites that attempt to apply the MBTI to various aspects of sport. These articles tend to focus chiefly on how a comprehensive understanding of an athlete's personality type can help to enhance his/her performance as well as that of the team (Meier, n.d.)

In view of the apparent paucity of research conducted on the MBTI and psychosocial factors involved in sport injury, the present study will be enhanced because of its inclusion. The researcher decided to use the MBTI to explore whether the specific preference type of each participant as well as the subsequent preferences they exercised played a role in their experience of injury. One may question if a long-distance runner's training program, perceived benefits of running, personal understanding of running injury, experience of injuries, perceived causes of injury, psychological responses to injury, approach to rehabilitation and coping mechanisms are related to his/her specific preference type as defined by the MBTI.

3.7 Analysis of data

The researcher relied upon thematic analysis to make sense of and analyze the data obtained during the interviews. Thematic analysis is a widely used qualitative analytic method within psychology. Even though it is not often that is acknowledged, it is best viewed as a foundational method for qualitative analysis. It can be described as a method that is employed to identify, analyze and describe patterns or themes within

data obtained during qualitative research (Braun & Clarke, 2006). In the present study, inductive analysis was used to identify the themes.

Furthermore, thematic analysis can be viewed as a flexible and beneficial research tool which in essence is independent of theory. Thus, it can be used within a variety of theoretical and epistemological frameworks. Furthermore, it has the potential to yield a detailed, abundant and complex description of data (Braun & Clarke, 2006). Taylor and Bogdan (1984) stated that their approach to data analysis is aimed at developing an in-depth understanding of the people and environments under study.

In the present study, the researcher wished to explore and come to a comprehensive understanding of long-distance runners' experiences of injury. The steps outlined by Braun and Clarke (2006) were used as a guideline in the analysis; these steps are described shortly. This method of analysis was also used to link the MBTI results for each participant with the themes that emerged during their interviews. Taylor and Bogdan's (1984) approach to data analysis also guided the researcher in the present study. Throughout the analysis, cognizance was also taken of the view that researchers are inclined to advance their own methods of analyzing qualitative data (Taylor & Bogdan).

The following steps were carried out in the data analysis:

- The interviews were tape-recorded. They were then transcribed by the researcher. This gave the researcher the opportunity to become familiar with the contents of the interviews. It was during this phase that the process of looking for patterns and topics of interest commenced (Braun & Clarke, 2006). Furthermore, the researcher kept a note of these patterns, ideas, hunches and possible themes (Taylor & Bogdan, 1984).
- Once the interviews had been transcribed in writing, the researcher typed the transcriptions. This, once again, afforded the researcher the opportunity to become familiar with the material. According to Braun and Clarke (2006), transcription is not a wasted activity, but rather it advises the initial stages of analysis and enables a thorough understanding of data. The transcribed interviews can be found in Appendix E.
- The researcher then read and reread the data carefully. Taylor and Bogdan (1984) stated that this process makes it possible for the researcher to know the data thoroughly. It was during this phase in the present study that the researcher started to look for and discover emerging themes.
- Once the material had been read carefully, the researcher started to make notes on the transcriptions. Subsequently, these notes were transferred to a notebook. During this stage, extracts of each participant's transcribed interviews were collated. These notes were used to produce a list of ideas and hence, initial codes were generated (Braun & Clarke, 2006). All the data was coded. This was done for each individual participant and later for the group as a whole.

- The codes were then were then classified into themes. The themes were subsequently further classified and placed into categories. In order to avoid any ambiguity, extracts from the interviews were continually linked to the themes that had emerged. The data that did not fit into any particular theme were placed under 'miscellaneous.'
- The themes were then reviewed and refined. During this phase some of the themes were discarded and others were grouped together. At this stage of the thematic analysis it became evident that analysis is not a linear process, but rather a recursive process. In other words, during analysis a researcher does not simply advance from one phase to the next, but rather it may be necessary move backwards and forwards throughout the phases (Braun & Clarke, 2006).
- Finally, the themes were defined. More specifically, the essence of each theme was established. The essence of each theme is captured in the results for each participant as well as in the integrated results of all the participants.

Once the thematic analysis of the data captured during the interviews was complete, each participant's MBTI results were analyzed. This was done as follows:

- The researcher ascertained what each participant's results for the MBTI were.
- The researcher made a detailed study of what behaviours and attitudes are characteristic of each of the sixteen types of the MBTI.
- The researcher then read and reread the data in the interviews, and then linked the behaviours and attitudes displayed in the interviews with those characteristic of the relevant type. It must be noted that when the interviews were conducted as well as transcribed and coded, the participants' non-verbal communication was recorded. This process assisted this phase of the analysis.
- The coding described above was then collated for each participant as well as for all the participants who had a particular preference.
- The themes found in the thematic analysis of the data captured in the interviews were linked with the attitudes and behaviours characteristic of the relevant types as portrayed by the participants.

3.8 Quality of research

A consideration of the quality of the research is of the utmost importance. In this regard, the validity of the research and the insider status of the researcher are examined.

Validity, in qualitative research, is concerned with description and explanation, and whether the explanation is in accordance with the description; the credibility of the explanation is the focal point of validity (Janesick, 2000). As stated previously, Mouton (2001) stated that high construct validity is a strength of case studies. Willig (2001), however, stated that validity can be problematic for qualitative researchers, but can be resolved. Data collection techniques in qualitative methodologies strive to ensure that

the participants feel free to challenge the researchers' premises about the meanings explored in the research. The researcher in the present study believes that the nature of the semi-structured interview afforded the participants the opportunity and liberty to engage in a discussion with the researcher about the sense and significance of factors inherent in injuries sustained in long-distance running. Furthermore, using many verbatim quotes from the participants themselves was a way of supporting the credibility of the analytical claims or as suggested by Morrison and James (2009) achieving 'referential adequacy.'

According to Willig (2001), reflexivity makes certain that the research process is continuously examined throughout and that researchers constantly review their position in the research. Wilkinson (1988) stated that reflexivity may be regarded as disciplined self-reflection. She further stated that the studies researchers choose to conduct are often a reflection of their personal interests and concerns; this may be regarded as a resource which advises their research. Regarding the present study, it should be noted that the researcher has been involved in long-distance running for a number of years. While some may consider that the analysis may have been approached with preconceived ideas and bias, the researcher does not believe this to be the case. Rather, the researcher is of the opinion that her research was strengthened because of her insider status. The advantages of insider research include the following: an in-depth and authentic level of understanding as a result of prior knowledge; an easy formation of rapport and trust between researchers and participants; the capacity to ask meaningful questions and make sense of non-verbal cues; and a sense of oneness which can reinforce trust and openness throughout the study (Merriam et al., 2001; Taylor, 2011). In the present study, the researcher believes that as a runner, she was more sensitive to the experiences and feelings of the participants in the study, and thus, considers the study to be advantaged because of her involvement in the sport. However, cognizance should also be taken of Janesick's (2000) view that qualitative researchers do not contend that an event can only be interpreted in one way. Outsider status affords researchers the opportunity to be more objective and understand things that may not be apparent to insider researcher (Merriam et al.). It should be noted, however, that in the present research other interpretations were attained through discussions with the promoter and other researchers who are not involved in long-distance running. Thus, the researcher was able to draw on interpretations outside those allowed by her own subjective involvement in the study.

3.9 Conclusion

In this chapter, the research methodology of the present study was discussed. Firstly, the reasons for approaching the study from a biopsychosocial theoretical perspective were studied. Secondly, the research design that was employed, namely a mixed methods

design with the purpose of expansion and using case studies was examined. Thirdly, purposive sampling as the sampling method employed and the resulting research participants were considered. In the fourth section, the ethical considerations of the study were briefly outlined. The research instruments, namely semi-structured interviews and the MBTI were examined in the fifth section. The sixth section of the chapter dealt with the analysis of data. The quality of the research was considered in the final section. There is a detailed presentation of the results in the following chapter.

CHAPTER FOUR: RESULTS

4.1 Introduction

The sample consisted of 15 long-distance runners. Each of the 10 male and five female participants had experienced an injury as a result of their participation in long-distance running. At the time of the interview, 11 of the participants were injured and four had recently recovered from injury.

The youngest participant was 25 years of age and the oldest 71 years of age. In long-distance running, competitors are divided into age categories. Those who are 19 years and younger are classified as juniors. Runners between the ages of 20 to 39, 40 to 49, and 50 to 59 inclusively are categorized as seniors, veterans and masters respectively. Competitors are classified as grand masters when they are 60 years and older (Cottrell, 2007). The sample consisted of five seniors, four veterans, four masters and two grand masters. The majority of the participants (13) were classified as white and two as belonging to the coloured community in South Africa.

The participants' involvement in long-distance running varied from 18 months to 28 years. Four of the participants had been involved in the sport for 10 years or less, nine for between 11 and 20 years inclusively, and two for more than 20 years. All the participants, with the exception of one, had competed in races varying in distances from five kilometres to the standard marathon distance of 42.2 kilometres. The participant who had not run the range of distances outlined above had run distances up to 21.1 kilometres; she had been training for her first marathon when she got injured. Ten of the participants had run the Comrades Marathon; between them they had run the Comrades 87 times. The number of times each of these participants had run the race ranged from once to 15 times. The sample included a previous winner of the Comrades Marathon. This participant had also represented South Africa in the World 100 km Championships. Another participant held several South African records in his age group.

At the time of the interview, the 15 participants were recovering or had recovered from a variety of injuries: knee injury (4), Achilles tendinosis (2), stress fracture (2), plantar fasciitis (2), piriformis muscle injury (2), hamstring injury (1), groin and stomach muscle tears (1) and lower back injury (1). They had also previously suffered a multiplicity of injuries. These included calf, hamstring and quadriceps muscle injuries, knee and ankle injuries as well as Achilles tendinosis, plantar fasciitis, shin splints and stress fractures.

Each participant also completed the Myers- Briggs Type Indicator (MBTI). The results thereof are contained in Table 4.1. The number of participants who had a particular preference is indicated in brackets in the relevant cell. A comparison of the participants in respect of the variables discussed above; namely, gender, age categories, type of injury, years of involvement and MBTI preferences is found in Table 4.2.

ISTJ (5)	ISFJ (0)	INFJ (1)	INTJ (0)
ISTP (0)	ISFP (0)	INFP (0)	INTP (1)
ESTP (0)	ESFP (0)	ENFP (0)	ENTP (2)
ESTJ (3)	ESFJ (1)	ENFJ (2)	ENTJ (0)

Table 4.1: Participants' MBTI preferences

Participant	Gender	Age Category	Type of Injury	Years of involvement	MBTI preference
1	Male	Master	Achilles tendinosis	17	ESTJ
2	Female	Veteran	Hamstring	10	ENFJ
3	Male	Veteran	Knee	20	ESFJ
4	Male	Master	Achilles tendinosis	15	ISTJ
5	Male	Senior	Knee	4	ESTJ
6	Male	Senior	Stress fracture	19	INTP
7	Female	Master	Plantar fasciitis	19	ESTJ
8	Male	Veteran	Groin and stomach muscle tears	15	ISTJ
9	Female	Senior	Knee	5	ENTP
10	Female	Veteran	Plantar fasciitis	25	INFJ
11	Female	Grand Master	Piriformis	12	ENTP
12	Male	Senior	Stress fracture	11	ISTJ
13	Male	Grand Master	Lower back	14	ISTJ
14	Male	Senior	Knee	Less than 1	ENFJ
15	Male	Master	Piriformis	28	ISTJ

Table 4.2: Classification of participants

The purpose of this chapter is to detail the results of the interviews held with each of the participants as well as to describe the results they obtained for the MBTI. The chapter is organized into three sections. Firstly, the results of each participant's interview as well as his/her MBTI results are detailed. Secondly, a composite summary of each participant's interview and results for the MBTI is presented. Finally, the integrated results of the participants' interviews and results for the MBTI are explained. In this chapter, many verbatim quotes from the participants have been used. In order to respect the own voice of each participant, the grammar in the verbatim quotes has been left unchanged.

4.2 Results of each participant's interview and MBTI

4.2.1 Participant 1

Alan was a male in his fifties. At the time of the interview, he had been suffering from Achilles tendinosis in both his legs for over two years. He had not stopped running during this period.

4.2.1.1 Running history

Alan had been involved in long-distance running for 17 years. From the information gathered during the interview, it appeared that he was committed to the sport and very competitive. He had started running when his brother was training for the Comrades Marathon. Alan remembered, "I started training with him and that's where I got stuck in." He said that he used to run one or two races every weekend. However, he said that because his "body couldn't take it anymore" he now concentrated on league races as well as long races. Alan drew attention to the fact that he went to races to run hard; he said, "I am not playing around. If injuries stay away I move it." His best time for the Comrades Marathon which he had run seven times was 8 hours 27 minutes. Alan had been the chairperson of two clubs for which he had previously run. He had recently started a new running club. He also coached long-distance runners.

4.2.1.2 Training program

Alan followed a structured training program that focused on goals. During his account of his training program, he came across as a committed and dedicated runner. He said he trained six times a week if he was not injured. When Alan was training for the Comrades Marathon, he ran between 90 and 120 kilometres a week during February, March and April which he described as his quality months. He acknowledged that because of his injury, he would be unable to run the Comrades that year. He was, however, training with someone he was coaching who was going to run the Comrades. They were running 80 kilometres a week. Each week their training included speed work or hill training, a long run and a time trial. They also did gym work.

4.2.1.3 Perceived benefits and disadvantages of running

During the interview, Alan described the benefits he perceived long-distance running afforded him. He believed running gave him the opportunity to become involved with and help people. He said, "I'm a coach as well. So and then you see how the people in the club is getting forward. The improvement, that is really something to see." Throughout the interview, Alan seemed to value his involvement with significant others. He also enjoyed the competitive nature of the sport and he maintained that training with fast runners helped him. Furthermore, Alan stated that he experienced psychological benefits because of his involvement in the sport; more specifically, he experienced stress-relief and he said he could sort out his problems as a result of running. He said that when he was running, "there is some sort of sorting out that goes on in your head" and after a run he was "automatically completely downloaded." He further explained that after running he could start again because he felt refreshed and added that he could think more clearly and was no longer worked up.

Alan perceived financial expense to be a disadvantage of running. He said the sport was costly. He also believed that running had a negative effect on a runner's social life.

He said that his social life played second fiddle, especially before an important race. Furthermore, he was of the opinion that running could also affect relationships negatively if one's partner did not understand what running involved. Once again, it appeared that Alan valued his relationships with others.

4.2.1.4 Personal understanding of the nature of running injuries

When Alan was asked what his perception of a running injury was, he said, "If the pain is such that you can't really carry, then I will call it an injury." He wondered how much nagging pain runners could endure before they had to stop running. He regarded himself as being injured if he had pain for more than a day. However, he then added that 80% of the aches and pains he experienced were not important. Alan said he was running through the pain of his Achilles tendinosis. He said, "I normally blocked it off and just run." Previously, he had run 70 kilometres of the Comrades Marathon after breaking a bone in three places in his foot. He admitted that he had carried on running until he was unable to run further. At this stage of the interview, it became apparent that Alan might deny the pain he experienced when he was injured so that he could continue running.

4.2.1.5 Experience of injuries

Alan laughed when he declared that he had had many injuries. Throughout the interview, it appeared as though he was prone to injuries. As stated previously, he had run part of the Comrades Marathon with a broken bone. He mentioned that he had also suffered from iliotibial band friction syndrome. Alan said that his biggest problems were related to his calves and hamstrings. He explained that he encountered problems with his calves and hamstrings when he had not warmed up enough and had not been doing enough stretching; he said this was due to laziness.

As stated previously, at the time of the interview, Alan had been suffering with Achilles tendinosis in both legs for more than two years. When he woke up in the morning, he could not get out of bed and could not stand upright. However, he had decided to run with the pain. He acknowledged that depending which Achilles troubled him first, he would start compensating with the other leg. Furthermore, he experienced pains up both his legs. Alan added that he started to feel the pain after two to three kilometres into a race. He had been advised by medical practitioners not to run for two years. His reaction on recalling that suggestion was, "What am I going to do then?" At this stage of the interview, it again seemed that Alan tended to deny injury and ran with pain.

4.2.1.6 Perceived causes of injury

Alan seemed to have difficulty making sense of his injury. Throughout the interview, he considered various reasons why he may have suffered his injury. He acknowledged that when he first started running, he had overtrained and raced too often. However, he

stated, "But I quickly stopped that and then I had two years, nearly two years of complete break from any races." He added that after that he had started running slowly again and had no problems. He reiterated that overtraining was not the cause of his injury because he stopped running before he reached that stage. It seemed as though Alan was trying to justify his decision to continue running despite his injury and the pain he experienced because of it. A medical specialist had advised him that his Achilles tendinosis could have originated from previous injuries he had suffered when he used to play cricket and rugby "that is only coming out now with all the stamping on the tar and everything." Alan also believed that when he encountered problems with his calves and hamstrings, it was the result of not doing sufficient stretching.

Alan did not believe that his Achilles tendinosis was linked to stress, but considered that previously when he used to work, stress may have contributed to the injuries to his calves and hamstrings. He stated, "Yes, while I was working there was quite a lot of stress and then you are going to take it out on the road." This statement reflected his reliance on running to relieve stress.

4.2.1.7 Psychological responses to injury

When Alan shared his thoughts about his injury during the interview, a number of the emotions he appeared to be experiencing were evident.

Alan found it difficult to accept that he was injured. At times it seemed as though he was experiencing denial. Although he expressed the view that it was necessary for one to listen to one's body, he conceded that when he had pain he usually blocked it out and ran. Alan appeared to experience frustration and anger in his reluctance to accept his injury. This was apparent when he questioned why he was injured. He said, "It comes back to, why me?" He added that the question, why me, remained with him. He said, "It won't leave me. I don't know why. Every time it's there." Alan also deemed it to be unfair that some people who ran, but whom he did not consider to be runners were not injured. He thus gave vent to his feelings: "I mean really they not even runners and they're carrying on and there's nothing wrong with them. And I'm training five, six times a week." He came across as being rather critical of people with whom he could not identify. Even though he was disinclined to accept his injury, he acknowledged that he would be unable to run the Comrades that year.

Alan experienced a sense of loss because he could not run the times he used to be able to run before he got injured. When he related his sense of loss, he seemed to be frustrated and he also appeared to be distressed. He said, "I can still run but not my time." He further stressed, "My times! I can't live out what I want to do. The way I want it." Alan further expressed his sense of loss because he believed that as a result of his

injury, his enjoyment of the sport was compromised. He sounded distressed when he said that he felt really negative about this loss of enjoyment.

Alan also acknowledged that when he was injured it had a negative effect on his relationships. He admitted, "Sometimes you're off from the road for a couple of days. Then people mustn't be near." Once again, he gave the impression that he valued the relationships he had with those he regarded as significant in his life.

4.2.1.8 Approach to rehabilitation

Alan had consulted a number of medical practitioners. Amongst others he had sought treatment from specialists, physiotherapists and a homeopath. Almost all the practitioners had advised him to rest for two years. He refused to follow these practitioners' advice because they could not guarantee that he would recover from his injury after not running for that period of time. He voiced his lack of trust when he uttered, "Maybe it will be gone. So, not rest for two years ... it will be gone completely. Maybe it will be. So *maybe* [italics added] is not good enough for me so I'm just carrying on." Alan needed more assurance that if he stopped running his injury would get better than "maybe." His lack of confidence in the medical profession was further exemplified when he uttered that the only explanation they could give him for his injury was previous injuries. His lack of confidence as well as possible distress was sensed when he explained that he no longer went to physiotherapy regularly because it did not help him anymore. He also seemed to be sceptical of those in the medical profession when he added that physiotherapists had cost him an unbelievable amount.

When Alan was asked what he thought would facilitate his recovery he uttered, "Ah ... rest." Despite this view as well as further admitting that he should listen to his body, he did not want to stop running even though he was experiencing pain and was not able to run the times he believed he could run.

4.2.1.9 Coping mechanisms

Coaching other runners helped Alan to cope with his injury. He said, "But by doing the coaching and so on that helps quite a lot and that takes my mind off." He often ran races with the runners he was coaching. This, too, was compensation because he did not feel negative about his times. He explained, "Helping them while you get a time feels as though it's not my time." Rather, he felt that they had achieved something. Alan's involvement in the administration of his new club also helped him to cope. He boasted that they were on top of the league and stressed that he wanted to get involved with people. Again, he gave the impression he was very competitive and wanted to be perceived as competent. It thus appeared that helping others to achieve their goals as well as heading a top club helped him to compensate for his inability to run the times he wanted to run.

Alan did not indicate the support or lack thereof that he was receiving from significant others. He said that when other runners had offered him advice in the past he had listened, especially if given by those whom he knew. However, he added he no longer paid attention to the advice offered to him by other runners even though they sounded like doctors when they voiced their opinions. He further explained, "You know he doesn't know what he's talking about. He can't run your times so how can he tell you what to do?" Once again, Alan gave the impression that he was critical of others, especially of those he felt were not competent.

4.2.1.10 Results of MBTI

Alan's results for the MBTI revealed that he had an ESTJ preference. During the interview, he displayed many of the characteristics associated with those who have an ESTJ preference.

Alan's enjoyment of organization and tendency to control projects was apparent when he described how when he was not satisfied with the club he ran for he had formed a new club. He explained, "My last club ... I decided that's not the way I want to work. So I decided to break away. Get a nice sponsor." He also managed the people he coached by planning their training programs and training with them. He revealed his systematic approach to coaching when he stated that he read everything he could find about coaching long-distance runners. He also applied plans to himself; this was evident when he said that if he was going to run the Comrades, he would follow a specific program.

Throughout the interview, Alan emphasized the importance of competence and productivity. He stressed that because of his injury he could not achieve what he wanted to do. He said, "I can't live out what I want to do. The way I want it." He further showed how results-orientated he was when he said that by running with those whom he coached he did not feel negative about his times. He explained, "While you get a time feels as though it's not my time. Ja, it gives me some sort of okay. We achieved something." Alan clearly voiced his intolerance for incompetence when he said that he did not listen to advice from other runners and questioned their ability to do so because they could not run the times he ran.

Alan, as other people with an ESTJ preference, could be perceived as rigid and dogmatic. He believed that in order to be classified as a runner, one had to run four to five times a week at a hard pace. This also showed his clear set of standards which he expected of himself as well as of others. His tendency to be critical was apparent when he questioned why people who ran, but whom he did not classify as runners did not get injured.

Throughout the interview, Alan appeared to value his involvement with others. He expressed his desire to get involved with people and viewed the progress of those in the club as a priority. He also alluded to responsibilities in relationships when he aired the opinion that runners should explain their involvement with running to their partners in order to avoid what he termed bigger problems. Furthermore, he enjoyed socializing; he perceived one of the disadvantages of running to be a relinquishment of one's social life, especially on weekends.

Those who have an ESTJ preference are known to play sport to help them cope with stress. One of the benefits Alan believed he experienced because of his involvement in running was helping him cope with stress; as stated previously, he said he felt, what he termed, downloaded after a run. He appeared to be experiencing distress because he was unable to run when on a few occasions during the interview he said, "Why me?"

4.2.2 Participant 2

Fiona was a female in her forties. She was a single mother of two children. At the time of the interview, Fiona had a hamstring injury. She had hurt her hamstring six weeks previously at a cross-country race.

4.2.2.1 Running history

Fiona had been involved in long-distance running for approximately 10 years. Throughout the interview, she gave the impression that she could easily become negative and demotivated. She had originally become involved in the sport when she was unemployed and wanted to keep herself busy. She also found that she enjoyed running. However, when she injured herself during a marathon and did not complete the race, she stopped running for almost seven years. She described the experience: "They come and pick you up along the way. All the injured runners and that was too much for me." However, during the previous three years she had been running regularly and was concentrating on cross-country running, 10 kilometre races and short triathlons.

4.2.2.2 Training program

When asked about her training program, Fiona spoke about her short-term and long-term goals. The latter included completing triathlons, including the Ironman. Her short-term goal was to compete in cross-country that year. Fiona did not follow a structured training program. She ran about 20 kilometres a week. She acknowledged that it was not far, but explained that she did a lot of other exercise too. She mentioned that she used to swim, but no longer did. Fiona tried to include variety in her program. She said that she enjoyed running fast intervals and often timed herself. On a few occasions during the interview, she mentioned that she did not like running far as she found it

boring. During her account of her training program, it also appeared that she found it difficult to remain motivated for any length of time.

4.2.2.3 Perceived benefits and disadvantages of running

During the interview, Fiona related the benefits she believed she experienced as a result of her involvement in running. She experienced physical health benefits; more specifically, she said that running helped her to lose weight and alleviated her headaches. She said, "I can have a headache, go for a run and come back and there's no headache, nothing." Fiona also described the psychological benefits she believed she derived as a result of running. She explained that running helped her to get rid of stress and when she did not run or exercise she got aggressive. She added that after a run she felt so much better. She attempted to explain why running helped her cope with stress. She said, "I think I'm a little bit addicted to this endorphin thing because I seem to run two or three kays and then I got the, they call it the runner's high or whatever." On a number of occasions during the interview, it was apparent that running helped Fiona to lessen her stress.

Fiona's immediate response when asked what disadvantages she associated with the sport was injuries. She was of the opinion that injuries were the result of stupidity. She also stated that although she did not believe it, she had heard that arthritis was caused by too much running. Fiona was also afraid of getting mugged while out running.

4.2.2.4 Personal understanding of the nature of running injuries

When Fiona was asked what her perception of an injury was she said, "I only regard an injury as an injury when I can't run, but I do pay attention." During her deliberation, she gave the impression that she was prone to injury. She had not run since injuring her hamstring six weeks previously and wanted to wait another week before she started again. Years previously she had completed a race when she was, as she described it, severely injured because she felt she had to complete it. She had adopted a cautious approach to running with injuries after she had had an operation on her iliotibial band (ITB). Fiona described herself as being careful and stated that she would have a break for two days if she felt something was wrong; however, if she was hurting, she would not run for a week. She said she was "only like that now because I had all the nightmares previously."

4.2.2.5 Experience of injuries

Fiona described herself as "so injury prone that I can't run every day." She did not elaborate on all the injuries she had suffered, but recalled the operation she had had because of an ITB injury. She had tried to do too much while training for a series of long-distance events which included running, cycling and paddling. Fiona went to

physiotherapy for about six sessions as well as for a cortisone injection, but when both forms of treatment did not help she decided to have an operation after a colleague advised her to do so. However, she recalled being disappointed after the operation because her ITB was still troubling her.

As stated previously, Fiona had injured her hamstring at a development cross-country race before the start of the season. She remembered that during the last 500 metres of the race they started to challenge one another. She described how she felt a terrible burn and put ice on it. She said that she “couldn’t even walk ... couldn’t sit down or anything” for the following three days. She continued saying that even after three weeks she had only managed to hobble. Fiona had not sought medical help because she was not on a medical aid, but said she was just ignoring her injury. She said that she had not run since because it was too painful to run, but had done some cycling and swimming. At this stage of the interview, she appeared to be frustrated as well as disappointed.

4.2.2.6 Perceived causes of injury

Although Fiona readily spoke about the reasons she believed she got injured, she gave the impression she was uncertain and confused about her perceptions. She attributed her hamstring injury to a lack of preparation and conditioning at the beginning of the cross-country season. She referred to it as a freak injury and she said had got injured because of stupidity. She said, “You don’t do that kind of stuff at the beginning of the season. It was stupid.” At this point in the interview, she appeared to be negative about herself. She also thought her injury might have been caused from a biomechanical problem; more specifically, she said she thought the cause was an imbalance in the alignment of her hips. Fiona also referred to perceived causes of other injuries she had suffered. She believed her ITB injury had been the result of overtraining, but also wondered if the ITB injury had also been related to an imbalance in the alignment of her hips. Furthermore, she blamed her ITB injury on a particular brand of running shoes. She added that that experience had taught her to change her shoes whenever she felt niggles.

Fiona did not perceive her hamstring injury to be a result of stress. She, however, ran because she felt it was her way of dealing with stress.

4.2.2.7 Psychological responses to injury

When Fiona reflected on her injury, it was apparent that she was experiencing a number of emotions.

Fiona admitted that her initial reaction to her injury was denial. She thought her hamstring would be fine. However, her denial was replaced by anger when she finally realized what had happened and that she had, as she described it, messed it up. Her anger was directed at herself; she said, “I was very angry with myself.” Once again, she appeared

to be negative about herself. She later voiced her personal dissatisfaction with herself when she referred to herself as stupid and useless.

Fiona also described experiences of loss because she was unable to run. When she shared her thoughts, she appeared to be frustrated and disappointed. She said that her plan had been to run cross-country that season. The season had started four weeks previously and she had been unable to participate. She said that because of the injury she was unable to fulfill her training commitments. She had, as previously stated, continued to cycle and swim, and could walk quite fast; however, she said that it was not the same as running. Fiona perceived weight loss to be a benefit of running; she now believed that she had put on weight because she was unable to run. Her description of herself as being injury prone was also linked to experiences of loss. She perceived her injuries to be an obstacle to her goal of wanting to complete Ironman. Furthermore, because she believed that running helped her deal with stress, she now experienced loss. She said, "I normally get highly frustrated if I can't run."

Fiona also expressed feelings of uncertainty during the interview. She questioned, "Where's the injury actually ... where the hell is it?" Furthermore, she gave the impression she was worried. She said that her logic told her that if her hamstring was just strained then it would be better after six weeks. However, Fiona did not know what would happen if it was torn. She said, "If it's torn, what then?"

4.2.2.8 Approach to rehabilitation

Fiona was not working and not on a medical aid. Consequently, she had not sought help from a medical practitioner. She had initially put ice on her injury and taken anti-inflammatory tablets. She had also taught her daughter who was in high school to massage the injury. However, at the time of the interview, she said that she had decided to ignore her injury. She said that if she had a job she would have gone for physiotherapy immediately. She said she wanted to go to a chiropractor, but most of them were very expensive. Once again, she appeared to be confused and uncertain, and she seemed to contradict herself as she also expressed a lack of trust in the medical profession. When she had suffered with ITB she had been to physiotherapists, had cortisone injections and eventually had an operation. Fiona expressed her disappointment in the medical practitioners from whom she had sought advice. She said the cortisone injections had absolutely no effect and all the physiotherapists she had consulted had not helped either. She was also uncertain whether the operation on her ITB had been a success. She expressed the opinion that injuries kept "physiotherapists and doctors and all those people happy because they got money out of it."

Fiona also expressed a lack of trust in podiatrists and running shoe specialists. She was uncertain as to whether the suggestions they made were good or not. She detailed a

negative experience with a shoe specialist. She said she was quite annoyed that they did not believe that it was the shoe, as she did, that was the cause of a previous injury and that they would not give her a refund. Once again, she gave the impression that she was confused and moreover, she contradicted herself.

When Fiona was asked what she thought would facilitate her recovery, she acknowledged that her injury had got better. She attributed this to the fact that she had stopped running. She wondered if her hamstring would have healed quicker if she had done absolutely no exercise. However, she added that would not have been good for her children. She said, "Because I can't run, I can't take it out on my kids." She had decided to rest for another week and then try to run.

4.2.2.9 Coping mechanisms

Fiona said she was coping with her loss and was trying to compensate by cross-training. She cycled and swam "in a tiny pool forever." She, again, gave the impression that she was frustrated. She also ran in the pool and went walking.

During the interview, Fiona did not indicate the perceived support or lack thereof that she received from significant others. However, she said that other runners at races irritated her when they gave her advice because it did not help. She appeared to be very critical of them. However, she acknowledged that she listened to alarmists because she did not treat injuries light-heartedly. She also said she would listen to runners who had problems with ITB.

4.2.2.10 Results of MBTI

Fiona's results for the MBTI showed that she had an ENFJ preference. During the interview she displayed some of the characteristics associated with people who have an ENFJ preference.

Fiona prioritized other people's needs as well as their growth and development. Furthermore, she supported and considered others. She sustained her injury at a development program for cross-country while she was running with young children. When she was unable to run because of her injury, Fiona cycled alongside her running partner while the latter ran; this behaviour also exemplified her loyalty. She explained, "What we do is I cycle and she runs. Otherwise she's not going to do any training. She won't run on her own 'cause she's afraid." Fiona's consideration for others was depicted when she explained that she needed to do some form of training. She reasoned, "It wouldn't have been good for the people in the house for me not to train at all."

Fiona enjoyed variety and change; she described long distances as boring and enjoyed alternating her speed when she ran. She thus described this: "Sometimes I will run a fast five kay, see how fast I can do it. Sometimes I will start off slow and do the second half

fast." Fiona also found new challenges stimulating. She had competed in a competition which lasted for a period of three months and which she referred to as the ultimate. It included a number of long-distance events such as running, rowing, cycling and triathlons.

Fiona appeared to be overpowered by feelings of doubt when she got injured. She was not exactly certain where her injury was; she said, "So, I'm just wondering where the injury's actually, where did it actually happen?" She recollected that previously she had been asked by a well-known club to join them, but after what she considered to be a bad season did not join. She said, "I didn't think they would be interested after my bad season." Her feelings of doubt were also apparent when she questioned shoe specialists' advice.

Fiona seemed to be very critical others. She criticized shoe specialists because of their inability to understand why her shoe had collapsed. She was also critical of the medical practitioners she believed had not helped her and as stated previously, was of the opinion injured runners kept doctors and physiotherapists happy because of the money they made. However, Fiona was also very self-critical; she referred to herself as stupid and called herself irresponsible. Furthermore, she also showed signs of negativity and pessimism; for example, she stated that not being able to run made her feel useless.

4.2.3 Participant 3

Paul was a male in his forties. He was married with two children. At the time of the interview, he was recovering from a knee injury and had not run for the previous four weeks.

4.2.3.1 Running history

Paul had been involved in long-distance running for 20 years. Throughout the interview, he gave the impression that he was a committed runner and was very involved in the sport. He had originally started running to prevent heart disease. His mother was a cardiac patient and because of possible hereditary links, he feared he could develop heart problems when he was older. When he first started running he used to run occasionally for 30 to 45 minutes until he joined a club six years later. A few years later he decided to tackle what he termed the Big C, the Comrades Marathon; he had since run the race ten times. His best time for the Comrades was 8 hours 50 minutes. He usually ran a race every weekend. Paul was the chairperson of his running club.

4.2.3.2 Training program

When Paul explained what his training program involved, it was apparent that his running revolved around preparing for the Comrades Marathon. He said that each year his main objective was to run the Comrades. He followed a semi-structured program. He said that he knew what he was supposed to do such as one long run a week, hill training,

speed training and tempo runs. He explained that he tried to incorporate these forms of training into his program. He ran a 10 to 12 kilometre loop four times a week during the three months leading up to the race; during this period he ran 80 kilometres a week. He usually ran a race on Saturdays. After the Comrades, he had a four to five week layoff before resuming training. He then ran two to three times a week and concentrated on shorter distances.

4.2.3.3 Perceived benefits and disadvantages of running

Paul described the benefits he believed he derived from running. He was of the opinion that running promoted physical health. He described men his age who did not run as becoming fat and thought his wife would lose some weight around her hips if she ran. He further stated that running helped prolong life. Throughout the interview, it appeared that Paul valued good health and fitness. Running also gave him the opportunity to meet people and visit different places. During the interview, he seemed to value his involvement with others. Paul further described the psychological benefits he believed he experienced because of running; more specifically, he believed he experienced stress-relief as a result of his involvement in the sport. He said he suffered from stress associated with marriage, having children and work. He said that running allowed him "to spend time on my own and go out in nature and blow it off." He added that running was one of the best activities for people to get involved in because of its de-stressing value.

The disadvantages Paul perceived because of his involvement in the sport were linked to his social life. He said that when he had to wake up early he could not enjoy his Friday night and he had to condition himself not to over-indulge. Once again, he appeared to value mixing with people. He also found it difficult to wake up at 3:00 am to travel to a race.

4.2.3.4 Personal understanding of the nature of running injuries

Paul personally defined a running injury as a hurt muscle. He thought that one's nervous system alerted one that something was wrong. He said he believed that pain was a signal that one should not ignore. He did not regard niggles or the little aches and pains runners experience as injuries. He said that if a muscle was sore, one should slow down, but not necessarily stop running. Paul continued saying that if his muscle still felt sore after two to three days he would put ice on it and try other forms of self-treatment. However, if the soreness persisted then he would realize that he had to go for treatment. At this stage of the interview, it seemed as though Paul tried to run with injury, but did so cautiously.

4.2.3.5 Experience of injuries

Paul did not elaborate on the previous injuries he had suffered. He mentioned that he had had a thigh injury the previous year which he believed was the result of doing

gardening immediately after running a marathon. He had also had Achilles tendinosis three years previously. He said his Achilles tendinosis “was one of those injuries that I’ve encountered ... which I rested for a time.”

At the time of the interview, as stated previously, Paul was recovering from a knee injury. He had injured the side of his knee during a 32 kilometre race. After running 16 kilometres he felt niggles in his knee. He stopped and put vaseline on it and tried to continue running, but hardly ran another kilometre. He decided to rest and treat his knee himself by putting ice on it. He did not run for the next two weeks. Paul then ran a very tough long run. He said that his knee started to burn profusely after seven kilometres. It was at that point he decided he needed to rest his injury longer. He had heard that if you rest an injury for six weeks, it would get better. Paul said he could possibly have run with the injury if he had wanted to do so. However, he acknowledged that he would not have been able to run as often as he liked. He felt it would be better to rest it totally so that he would have a better base to run from when he resumed training. He then decided to go to a physiotherapist. Once again, Paul gave the impression that when he was injured, he carefully considered if he should run or not.

4.2.3.6 Perceived causes of injury

Paul appeared to have definite ideas about the causes of his injury as well as running injuries in general. Furthermore, he seemed to have a fair knowledge about the subject. On the day he got injured the weather was wet and cold, and thus, he decided to run in his old running shoes because he did not want to run in the rain with new shoes. He was of the opinion that these factors, namely, the weather and running in old shoes had contributed to his injury. His physiotherapist confirmed his opinion. She explained that muscles that were not warm could not contract properly and easily became injured. She further identified a lack of stretching as a cause of his injury. Paul agreed with her, but he also thought his injury was caused by overtraining. He conceded that he should not have gone running less than two weeks after getting injured and while still experiencing discomfort. He wondered if a training partner of his had Achilles tendinosis because they were doing too much mileage. He further stated that doing too much hill work could cause injuries. He also expressed the opinion that racing too much could result in injury. Paul added that even if he went to a race with the intention of not running fast and others he knew were in front of him, he would challenge or chase them. He also perceived that age was a contributory factor in injuries; he said, “And the last thing that the older you get the more prone you become to injury if you don’t do the right things first.”

When asked if he thought if stress had contributed to his injury, he acknowledged that he had been experiencing personal stress. He explained that his wife thought he did not spend enough time doing his daily chores and concentrated on running too much. He

added that he also experienced stress in his roles as the chairperson of his church's finance committee as well as chairperson of his running club. At this point in the interview, it appeared that one of the reasons Paul ran was possibly to relieve himself of the stress he encountered.

4.2.3.7 Psychological responses to injury

When Paul related his experience with his injury, he appeared to be experiencing a number of emotions.

Throughout the interview, Paul described experiences of loss because he was injured and was not running. When he related his sense of loss, he appeared to be disappointed, fearful and uncertain. He acknowledged that he missed running. Although he was in contact with other runners, he conceded that being told about something was not the same as personally experiencing it. He feared losing his fitness levels. He further expressed this concern: "The guys are really adding to the mileage and they're getting stronger and I ... just plod along." He was uncertain if he would be able to run the Comrades Marathon, especially as he had missed a number of races that he normally ran in his build-up to the Comrades. Furthermore, he did not know whether to enter for these various races he normally ran as preparation for Comrades or not. He thus voiced his uncertainty: "So ... um I don't know how I'm going to deal with it."

Paul also seemed to be frustrated. When he was asked what he found particularly difficult about being injured he said, "The fact that er ... recovery is slow." He added that it was frustrating when he was injured and could still not run after two or three days.

Towards the end of the interview, Paul showed signs that he may have come to terms with his injury when he said that he would "probably be better off undertrained than overtrained for the Comrades Marathon."

4.2.3.8 Approach to rehabilitation

When Paul picked up his injury he thought he would treat it himself. However, when his injury did not improve he went to a physiotherapist who was renowned for treating runners. He explained that the physiotherapist had been mobilizing his muscles and had also given him exercises to do. He appeared to trust her; he said he was happy with the explanations she had given him and furthermore, he believed she was helping him. Paul's trust was further exemplified when he added that he wanted to continue consulting her when he had recovered and thought all runners should go for physiotherapy. However, it was apparent that Paul did not trust all medical practitioners. He voiced his distrust of orthopaedic surgeons and stated that he would only go to them as a last resort. He expressed the following opinion: "The sooner these guys get an opportunity to cut and indemnify them, they will do it."

Paul emphasized that in order to recover from his knee injury he needed to do stretching exercises and rest more often. He also felt that he probably needed to go for physiotherapy once a week. He was of the opinion that he should avoid running down hills because that was when he experienced soreness. He explained that he should run flat routes. Paul also thought that he needed to go to gym in order to improve his running and minimize the risk of injury. He suggested that as a veteran, it was more difficult to recover from injuries and this further necessitated gym work. Once again, Paul seemed to be fairly knowledgeable about running injuries.

4.2.3.9 Coping mechanisms

During his interview, Paul did not indicate how he was coping with the loss of not being able to run.

Paul was of the opinion that his wife did not support his running. He said that his wife felt that his involvement in the sport infringed on their time as a family. He recognized that he had to accept his wife's feelings, but added, "She must also accept me the way I am." Paul, again, gave the impression that he ran to help alleviate the stress he experienced. He said that other runners offered him advice, but he described himself as conservative in that respect. He added that he would rather accept the advice given to him by physiotherapists.

4.2.3.10 Results of MBTI

Paul's results for the MBTI showed that he had an ESFJ preference. During his interview, he revealed many of the characteristics associated with people who have an ESFJ preference.

Paul enjoyed organizing people and events. As chairperson of his running club he was involved in what he described as the upliftment of the unemployed and the youth in his community. He was also the chairperson of the finance committee at his church. Furthermore, Paul was very busy and in order to fulfill his obligations and accomplish his goals he had to plan his time carefully. He ran early in the morning so that he could help his wife with their children before he took them to school and he did not run in the evenings because of possible unforeseen work commitments.

In his interactions with others, Paul appeared to demonstrate deep care for them and was warm-hearted and helpful. He explained that he had become involved with the youth in his community to keep them motivated and prevent them from getting involved in undesirable activities. He helped his children with their homework in the evenings; he said, "Nowadays you're doing the teacher's job as well." Paul also tended to avoid conflict and tension. After he related that his wife did not understand his injury and thought he spent too much time running, he added, "I just have to accept it the way it is."

Paul appeared to be most comfortable with structure, order and stability. He followed a semi-structured training program. He gave an outline of his training program and mentioned the races he ran during the year. As a result of his injury, he seemed to be worried because of the lack of stability and order in his training program. He was afraid that he would not be able to run the Comrades because he had missed some of the races which formed part of his training program. He expressed his concern when he stated, "I'm going to get unfit, ja. I'm going to lose my fitness levels. That's something in my mind, you know." Paul also adjusted to routine easily. When he spoke about getting up in the early hours of the morning to go to a race he observed, "You have to condition yourself."

Despite Paul's fears, it was apparent that he was able to remain focused on the present. He said he was happy with the treatment he was receiving from his physiotherapist and believed stretching exercises, intermittent rest and physiotherapy would facilitate his recovery. Paul also made decisions on the basis of past experience: he said that he knew he had to go for treatment if a sore muscle did not get better after two to three days of self-treatment.

Paul perceived running to be a coping resource as it helped him to "blow off" family and work-related stress. While injured he relied on the support and advice of his physiotherapist and runners he described as knowledgeable to cope with his sense of loss.

4.2.4 Participant 4

Tom was a male in his fifties. He was married with children. At the time of the interview, Tom was suffering with Achilles tendinosis. He had resumed running two weeks previously after a six week layoff.

4.2.4.1 Running history

Tom had been involved in long-distance running for 15 years. During this period he had not run for three years because he had experienced what he termed a hiccup. However, from the information obtained during the interview, it appeared that running was very important to Tom. He had originally become involved in the sport after a friend with whom he had played soccer started a running club. He went running with him and found that he enjoyed it. When he first started running, Tom did not run further than 21 kilometres until an acquaintance who had run the Comrades Marathon inspired him to run the race. Although he had since run the Comrades Marathon four times, he preferred running shorter distances. He said that when he reached the 42 kilometre mark of a race he was not "tired as such, I just feel that now I want to get finished."

4.2.4.2 Training program

Although Tom said he preferred running shorter distances, the principal goal of his training program was to prepare for the Comrades Marathon. He said he did not follow a structured program because his training route included hills, downhills and flat runs. Tom explained that he ran six days a week and further explained how he increased the distance he ran weekly from approximately 50 kilometres a week in January to anything between 65 and 95 kilometres a week in April. He usually went to Mpumalanga in April to do hill training. He tapered in May. He did not detail the training he did after Comrades.

4.2.4.3 Perceived benefits and disadvantages of running

During the interview, Tom described the psychological benefits he perceived he experienced as a result of his involvement in long-distance running. He believed running allowed him to cope with stress and frustration, and he said that he derived enjoyment from the sport. He said that he had a very stressful job and often experienced difficulties at home. Tom explained that running helped him to get rid of this stress. He further described running as good because it helped him to get rid of his frustrations. He said, "I put on my running shoes and I go and kill the road." He described the excitement he experienced the first time he ran the Comrades Marathon and stated that the Om-Die-Dam 50 km Ultra Marathon was his favourite race. Furthermore, when he concluded, "I'm not myself if I'm not running" he gave the impression that he considered running to be part of his identity.

When Tom spoke about the disadvantages he associated with the sport, he appeared to be committed to his family. He believed his relationship with his family was affected negatively because of his involvement in the sport. He categorized running as a selfish sport and said, "I deprive my family of ... some of the joy they deserve." He explained that after running he was often tired and did not want to communicate with anyone. Tom also said that the early starts associated with long-distance running resulted in sleepless nights and not enough rest. Finally, Tom said that running was an expensive sport.

4.2.4.4 Personal understanding of the nature of running injuries

Tom perceived an injury to be something that caused pain. He added that an injury did not allow one to perform activities with ease and could even prevent one from doing enjoyable things. Despite his opinion, he usually continued running when he was injured. Throughout the interview, Tom gave the impression that he usually did not consider resting when he had an injury. He also held the view that injury occurred before an athlete became aware of it. He said, "The injury doesn't occur on the day! It's actually something that happens before." Previously, he had run the Comrades Marathon with an injured ankle. He said that his present injury, Achilles tendinosis, had been there for

quite some time while he had continued running. He added, "It's just that I wasn't worried." He only became aware of the severity of the injury seven months later. At the time of the interview, Tom had resumed training even though he had not recovered fully.

4.2.4.5 Experience of injuries

When Tom recounted his experiences with injury, it was evident that despite experiencing pain, he ran when he was injured. Once again, it appeared that he had very little intention of not running when he was injured. Tom spoke about two injuries he had suffered previously. He pointed to a bandage around his calf and explained that he wore it because his muscle troubled him and he wanted to keep it warm. However, he seemed to be uncertain as to whether the bandage was helping because he also considered it may have been all in the mind. He thought it may have been linked to his Achilles tendinosis. Tom had also hurt his ankle while running on the beach the day before the Comrades Marathon the previous year. He considered the possibility that the injury to his ankle was not the result of the run on the beach, but was something that was there all along. Despite this injury, Tom had run the Comrades the following day.

Tom recollected what had happened in the months before he acknowledged that he had an injury. He explained that during the preceding seven months he had not been able to put his foot down comfortably. He described how, before he got out of bed in the morning, he had to rub his calf muscle to warm it up so he could walk. He said other than that it had not worried him, but added, "After every run I would feel sore." Tom realized that he was injured during a 10 kilometre race. He recalled that after running the first kilometre of the race, he felt pain in his calf. He started to run slowly and eventually could not put his heel down. Tom decided not to run for two weeks, but ended up not running for four weeks. He then attempted to run the Om-Die-Dam 50 km Ultra Marathon, but after running three kilometres pulled out. He then rested for another two weeks before he started to run again. Although he had resumed training, his Achilles tendinosis had started to trouble him again. He said that on the previous Saturday he had run 10 kilometres. He recalled, "It wasn't feeling bad. I ran about 55 minutes. But then on Tuesday I felt it back again."

4.2.4.6 Perceived causes of injury

Tom was not certain what had caused his Achilles tendinosis. It appeared as though he could not make sense of his injury. He suggested that his injury could have been the result of overtraining. He said, "Maybe my body couldn't just take all this anymore." Tom acknowledged that he had not been stretching properly and wondered if this had contributed to his injury. He reported that someone had suggested that his running shoes may have caused his Achilles tendinosis. However, he disagreed with this opinion because he had not even run 120 kilometres in them. Furthermore, Tom had approximately nine pairs of different shoes which he alternated; he gave the impression

that he was desperate to determine the cause of his injuries and had thus, bought many pairs of shoes in order to ascertain this. He seemed to be disappointed and confused when he concluded that all the shoes he had bought had made no difference.

Tom spoke about the stress he was experiencing and conceded that it might have contributed to his injury. He said that his wife had been ill and things had not been going well at home. He added that his mother was also experiencing problems and although he tried not to think about his family problems, he could not help but think about them. At this point, he gave the impression that he was very committed to his family. Tom said that although his job was not that stressful, extra work had been assigned to him during the preceding three months. As a deputy manager he found it difficult to delegate work to those workers who were not motivated. He said, "I rather be without them 'cause they of no use to me. And have less stress." Tom also related how he experienced stress because of the traffic. He expressed it thus, "You still get taxis that drive on that side of the road. If I don't get a heart attack 'cause I think I'm killing myself." As stated previously, Tom felt that running relieved him of his stress. However, it was unclear whether he ran while he was still injured as a way of alleviating his stress.

4.2.4.7 Psychological responses to injury

When Tom spoke about his injury, it appeared that he was experiencing a number of emotions.

Throughout the interview, Tom related the loss he was experiencing because he was injured and he also gave the impression that he was experiencing uncertainty because he feared that he would not be able to run the Comrades Marathon. He said that he did not know if he would be able to run it without training properly for it. He seemed to express feelings of uncertainty when he said that he did not think he was "prepared for that cruel, cruel distance." Tom also appeared to experience a sense of urgency because he was uncertain when he would begin his training for the Comrades; he said he had put pressure on himself. He had decided that if he was unable to run the Comrades, he would not watch the race. Tom perceived the most difficult aspect of being injured was watching other people run. He further expressed his loss of identity when he said, "I'm not myself if I'm not running." When he related his loss, he appeared to be disappointed; he conveyed his disappointment when he said, "I'm not feeling well about it."

Towards the end of the interview, Tom seemed to have come to terms with his injury when he admitted that he would not be ready to run the Comrades Marathon. He said, "I think it will be a good thing er if I ... close my mind as far as Comrades is concerned." He considered the possibility of resting for another two months and then making a slow comeback. He appeared to have resigned himself to not running the race.

4.2.4.8 Approach to rehabilitation

When Tom spoke about his rehabilitation, he did not indicate whether he trusted medical practitioners or not. However, he appeared to be confused and uncertain when he spoke about his rehabilitation. When he first realized that he was injured, Tom went to a physiotherapist for six sessions. He stopped going to physiotherapy after two weeks and pursued a plan of self-treatment because he feared he would exhaust his medical aid. Once again, he gave the impression that he was very committed to his family; he said, "It's very different especially if you have a family if your medical aid is exhausted. So I stopped it for that purpose." He put a bandage around his calf to keep it warm. He also did what he termed his own hot-cold treatment and put on a gel. Furthermore, he sometimes he used an ultra-light for approximately ten minutes. He said that after using the latter his Achilles tendon felt fine. However, he added that on waking the following day he could not walk. He later said that his Achilles tendon was no longer swollen and he ascribed this to the tablets he was taking. Tom also expressed his uncertainty as to whether his injury was getting better. He said, "It got better, but it's still there. Still there. It's not properly healed."

Tom believed rest would facilitate his recovery. He was considering resting for two months. He also believed that if he continued with his plan of self-treatment his injury would get better.

4.2.4.9 Coping mechanisms

During the interview, Tom did not indicate what coping measures he was employing to deal with his injury.

Tom felt that he was receiving support from significant people in his life. He said that his wife understood his need to run and was very encouraging. However, he said his wife did not understand why he had been injured for so long. He stated that his wife was concerned because she knew what running meant to him. Tom also experienced support from a friend who ran with him. This friend had given him tablets to help reduce inflammation. Other runners also gave Tom advice; however, he stated that he wasn't always given correct tips and advice. Furthermore, he said that sometimes when he followed others' advice he would erroneously think that his injury was over.

4.2.4.10 Results of MBTI

Tom's results for the MBTI revealed that he had an ISTJ preference. During his interview, he exhibited many of the behaviours and attitudes common to people who have an ISTJ preference.

Tom had a strong sense of responsibility to his family, work colleagues and running friends. Most of the time he spent outside of working hours was with his family. He stated, "My

wife wants to do something else, I will do whatever she planned.” Tom’s loyalty to his family was further exemplified when he described his sense of obligation to his mother and sister. He acknowledged that they were experiencing difficulties from which he could not distance himself. Tom’s commitment to his colleagues at work was highlighted when after his supervisors accused him of protecting his colleagues, he explained that he could not be hard on people who had a family. Even though he was injured, his club mates could depend on him to help at a cross-country meeting; thus, further emphasizing his loyalty to significant others and organizations.

Tom worked consistently at work in order to fulfill his obligations and achieve his goals. He said that if he had to work during his lunchtime in order to complete an assignment, he did so. He further explained, “As long as my work gets done, that’s important to me.” Although Tom worked at ease in a group, he preferred working alone. He felt that at times it was difficult to assign work to others and believed he would suffer less stress if he did the job himself. Tom also had a tendency to focus on details and facts; for instance, he was able to recall the pace he was running at when he got injured.

Tom was comfortable with predictable and organized situations. He was concerned that he would not be ready to run the Comrades Marathon. He recalled his thoughts on the day he realized that he had an injury: “My mind was already on the day of the Comrades. Will I start my normal training program? Will I start running my normal times?” Tom appeared to be uncertain. Consequently, he decided to run a 32 kilometre race so that he would know if he would be able to run the Comrades or not and thus, bring the matter to closure. He wondered, “Will it last three hours of running and then my idea was to register for Comrades on Monday.” However, he added that if he felt his injury was not healing, he would not register.

4.2.5 Participant 5

Neil was a male in his thirties. He was married with two children. At the time of the interview, Neil was recovering from iliotibial band friction syndrome (ITB). The iliotibial band extends from the hip across the outside of the knee. Runners who have ITB experience severe pain on the outside of the knee (Noakes & Granger, 1990). He had not run for the previous three weeks.

4.2.5.1 Running History

Neil had been involved in long-distance running for four years. From the information obtained during the interview, he seemed to be a committed runner. He started running for health reasons. He was put on a prescribed exercise program because he was overweight and had lost the use of his arms. Once he had regained the use of his arms and lost 17 kilograms, he started to run with his wife. Neil described himself as hooked after running his first 10 kilometre race. He had, since, run eight marathons and ultra-

marathons, including running the Two Oceans Ultra Marathon twice. Neil had not run the Comrades Marathon, but had decided he would run the race once he had run a sub five hour Two Oceans without injuries.

4.2.5.2 Training program

Neil followed a structured training program that focused in particular on the Two Oceans Ultra Marathon. During his account of his training program and the goals he wished to pursue, he appeared to plan his training carefully and systematically. He ran six days a week and during peak training ran between 100 and 110 kilometres a week. He had joined a training group the previous year in order to train specifically for the Two Oceans. He outlined his training program: on Mondays he did speed work; he had easy recovery runs on Tuesdays and Thursdays; on Wednesdays he concentrated on hills; on Fridays he normally ran 14 kilometres; and on Saturdays he did a long run of between 20 and 40 kilometres. Besides running a sub five hour Two Oceans, his other goals included doing the Ironman and running the Long Tom Ultra Marathon and the Loskop 50 km Ultra.

4.2.5.3 Perceived benefits and disadvantages of running

Neil believed he benefited from his involvement in long-distance running. He said he enjoyed running. He specifically mentioned that he had enjoyed the Om-die-Dam 50 km Ultra and the Pick 'n Pay Marathon. Neil believed he was fit and healthy because of running; he was of the opinion that "if you're fit, then you're strong." Throughout the interview, he spoke about the value of fitness. He also said he benefited from the camaraderie runners shared and he described the social aspect of running as congenial. Furthermore, Neil perceived psychological benefits as a result of his involvement in the sport; more specifically, he believed running enhanced his self-image, and gave him confidence and mental strength. He maintained that running made him feel good about himself. He also believed the sport gave him a lot confidence in the business world. He felt that running had "made me mentally strong also in tough situations." He ascribed this strength to the fact that runners ran through pain.

The only disadvantage Neil associated with the sport was the frustration of being injured.

4.2.5.4 Personal understanding of the nature of running injuries

When Neil was asked what his understanding of a running injury was he said, "If it prevents me from running that's when I say that then I've got an injury." He further stressed that it had to prevent him from running totally. Neil also said if a doctor, after examining his injury, advised him not to run he also regarded that as an injury. Throughout the interview, he gave the impression that he valued the opinion of those in the medical profession. It also appeared as though Neil had very definite opinions about running injuries, and the prevention and treatment thereof. He thought that approximately 30% of runners sustained injuries. Neil was of the opinion that people who

had started to run while still at school or in their early twenties were less likely to suffer from injuries. He was of the opinion that whether runners got injured or not depended on how they managed their injuries. Neil explained that he had started teaching himself to listen to his body and he considered this discipline to be essential for younger runners.

4.2.5.5 Experience of injuries

As stated previously, Neil injured his ITB during the Two Oceans Marathon. He had also suffered from ITB the previous year. He went to a doctor and physiotherapist who specialized in sports injuries. He said that they had “solved” the injury. Neil said that he had not had any other injuries. He thought this was due to his proactive approach; he went to physiotherapy once a month for what he termed, a check-up.

Regarding his present ITB injury, Neil said that it started to trouble him at the 42 kilometre mark of the Two Oceans. He recounted the experience: “Er, my splits were perfect, I was feeling good, everything. And it just went. My leg just went up and it just pulled. And that was that.” Neil added that he “wanted to cut my ITB out ... and wanted to trade it in somewhere.” He described his injury as being terribly sore. He then described how he had then walked, strolled and run from physiotherapy station to physiotherapy station. Earlier in the interview, when Neil spoke about the mental strength he believed running afforded him, he may have been alluding to this experience. He had not run since the race, but was going for physiotherapy. Furthermore, he was doing the exercises prescribed by his physiotherapist at home. Once again, it appeared that Neil listened to and followed the advice given to him by medical practitioners.

4.2.5.6 Perceived causes of injury

Neil, at first, could not make sense of his injury. He said he did not understand why he had got injured. However, he gave the impression that it was important to him to understand what had caused his injury. This may be linked to his desire to follow a carefully structured and systematic training program. He said that he had stretched and done all the training for the race. He added that there had been no warning sign, but “it just came out of the blue.” Later during the interview, he acknowledged that overtraining as well as a lack of preparation may have caused his injury. He said that on three consecutive weekends a month before the race he had run a 32 kilometre race, a marathon and a 50 kilometre race respectively. He said he had overtrained and believed that he should have run the half-marathon instead of the marathon on the second weekend. Neil said that ITB was caused from running too many kilometres too soon. Coupled to his theory of overtraining was a perception that his preparation for the Two Oceans six months before the race was not adequate. He was of the opinion that he should have done more hill training and more base training in November, December and January, and not in March as had been the case. Neil also voiced his opinion that injuries could be the result of running in the incorrect shoes. He mentioned that

previously when he had run with a particular shoe brand, he was troubled by injury, but once he had changed his brand of shoes he had recovered. He added that the shoes he used had not caused his present injury.

Neil did not perceive stress to be a cause of his injury. However, he conceded that running helped him to deal with the frustration he experienced at work. He said, "I sort of work in a very tense environment, so I mean to use that as an outlet."

4.2.5.7 Psychological responses to injury

When Neil related his thoughts about his injury, he seemed to be experiencing a number of emotions.

Neil experienced a sense of loss as a result of his injury. He feared that because he could not run he was losing his fitness. He said his fitness had taken a "dip" and added that his running partner was "sort of moving away from me again and I must catch up with him again." Neil also perceived loss because he was not in a structured program anymore. He added that because he was not in his normal routine he had become lazy and thus, was not swimming and doing other forms of cross-training that were part of his training program. He felt he was missing out because he was not running. During his account of his loss, Neil seemed to be frustrated. He subsequently voiced his frustration: "I'm missing out on a lot of routine everyday. That's frustrating." At this stage of the interview, Neil gave the impression that he was not only frustrated, but also disappointed.

Neil also appeared to experience feelings of personal dissatisfaction. He said he got negative because he had felt very fit and had a lot of energy during the Two Oceans and then got injured. He later added, "Well, er it's bad for me."

Towards the end of the interview, Neil gave the impression that he had come to terms with his injury. He showed signs of acceptance when he said, "I would rather get over my injury in three weeks time than battle with it for six months like I had happened last year." Furthermore, it appeared that he wanted to do what he believed would be most beneficial for his health and running.

4.2.5.8 Approach to rehabilitation

Neil was going for physiotherapy twice a week. He said he was also having acupuncture. He laughed when he described the pain he experienced when his physiotherapist massaged his injury. Neil expected that he would only have to go for physiotherapy for another week. His physiotherapist said he could commence running between five and eight kilometres slowly. Neil was also doing exercises at home which his physiotherapist had prescribed. These included exercises to strengthen his ITB as well as his back. He wanted to go to a biokineticist so as to improve his core stability. He emphasized that he trusted them because he had got results from them. Previously, he had gone to physiotherapists who did what he referred to as general work; however, he

perceived that they were unable to help him because they did not have enough knowledge about sport injuries. He further expressed his trust in his doctor and physiotherapist when he voiced the view that because 80% to 90% of their practice was related to sport, they had more knowledge and experience in this field than other medical practitioners. He also regarded it as important that his doctor was involved in long-distance running as well.

Neil believed that in order to recover from his injury completely, he had to be disciplined. He further expressed his trust in his physiotherapist when he said that he needed to follow her advice which included strengthening his body and doing exercises to strengthen his ITB. He also believed it was beneficial to go to physiotherapy once a month for a massage and to make sure he was fine. He emphasized, "I'm the sort of person that sort of works proactively rather than reactive so." Neil had also decided that he would take it slowly. Furthermore, he said that because he had not run when he was younger he felt he lacked strength and thus, wanted to work on this. Once again, Neil appeared to value systematic and methodical planning.

Neil also trusted podiatrists and others involved in the manufacturing and sales of running shoes. He was impressed that video cameras were used to help shoe specialists select the correct shoes for runners. He reiterated his opinion that "they know exactly, they've got so much experience in that ... ja, the science for that is too good." Throughout the interview, Neil seemed to value the knowledge and opinions of those who had scientific experience in running-related matters.

4.2.5.9 Coping mechanisms

During the interview, Neil did not specify how he was coping with his loss of not being able to run, and his subsequent disappointment and frustration.

Initially, Neil's wife introduced him to running. He experienced his wife as supportive even though he said she was not as keen a runner as he was. Furthermore, he said she understood what he was going through because of his injury. Neil also listened to and sought advice from other runners. He explained that he was more inclined to "open my ears up to the older guys" as he felt they had lots of experience. He also paid attention to the advice of runners who had done research. Neil, once again, seemed to value experience as well scientific knowledge.

4.2.5.10 Results of MBTI

Neil's results for the MBTI showed that he had an ESTJ preference. During the interview, he expressed many of the characteristics associated with people who have an ESTJ preference.

Neil planned his running in an organized and systematic way; his training program involved specific types of training on particular days of the week. On a number of

occasions during the interview, he spoke about the structure in his running program. He recollected that when he initially started running he had downloaded a program from the internet. He then joined a group who followed a structured training plan. He admitted that he tended to become lazy when he did not follow a structured program. Neil's systematic approach to running also involved going to a physiotherapist once a month to make sure he was all right. Furthermore, he did core stability exercises in order to strengthen himself and thus, build a base for his future running.

Neil seemed to be able to make short-term as well as long-term projections. He remembered a race in which he described his splits as being perfect. He also believed that if he wanted to run until he was 70 years old he should not run races longer than 56 kilometres. Furthermore, he tended to focus on results: he described himself as competitive and expressed his desire to run the Two Oceans Ultra Marathon under five hours.

Neil's ability to be objective and the importance he attached to solving problems objectively was apparent throughout the interview. He emphasized that the technology involved in making shoes was very good when he related how a shoe specialist had taken a video of him while he ran to determine with what type of shoes he should run. Neil was able to be objective when critical. He expressed the opinion that if a physiotherapy practice was mainly related to sport, the physiotherapist would have more experience in helping those with sport injuries than those who did not focus on sport injury as such. Neil was also logical and analytical when solving problems; he was able to analyze his training program logically to arrive at his perception that one of the causes of his injury was racing too much. He was also observant and he valued facts. He related that he valued the advice given to him by experienced runners and by those who had done research.

Neil also enjoyed interacting with people. He said that he missed not been able to run with his friends because of his injury. He also perceived being able to play rugby and tennis with his sons as a benefit of running; thus, illustrating the value he placed on relationships.

Neil explained that he used running as an outlet because he worked in what he described as a very tense environment. Although he was positive that he was recovering from his injury, it appeared that he experienced disappointment because of his injury; however, he did not express it directly, but merely said he was frustrated.

4.2.6 Participant 6

George was a male in his thirties. He was married with three children. At the time of the interview he was recovering from a stress fracture. He had started to run again after a 15 week layoff.

4.2.6.1 Running history

George had been involved in long-distance running for 19 years. Throughout the interview, he gave the impression that he was a very competitive, committed runner. He originally got involved in the sport because he had a girlfriend who ran. He had run more than 100 marathons; amongst the 40 different marathons he had participated in, George had run the Comrades Marathon 12 times and the Om-Die-Dam 50 km Ultra 12 times. George said that he enjoyed running 15 kilometre and 50 kilometre races. He described 50 kilometres as his absolute best distance and said that he had also run very good times over 15 kilometres. His best time for the Comrades was 7 hours 22 minutes, but believed he was capable of running the race in 6 hours 30 minutes. George was also involved in the administration of the sport: he was on the provincial athletics board, and manager as well as registrar of the club to which he belonged. He was also actively involved in coaching distance runners and walkers.

4.2.6.2 Training program

George followed a structured training program that focused on specific goals. During his account of his program, he appeared to be methodical and systematic as well as competitive. He said that on average he ran 60 kilometres a week in a year. When in peak training he ran 120 kilometres a week. Furthermore, when in peak training he did 10 to 12 sessions a week. These sessions included speed training, hill training and long runs. George added that he also did power-training, plyometrics and gym work. He was of the opinion that these exercises as well as running hilly routes strengthened a runner and made a difference to the individual's performance.

4.2.6.3 Perceived benefits and disadvantages of running

George related the benefits he perceived because of his involvement in long-distance running. He described himself as reasonably competitive. He stated that running gave him the opportunity to meet this need, especially as he often finished in the first ten overall and in the first three in his age group at races. He also said he believed he experienced psychological benefits because of his involvement in long-distance running. He said running helped him to clear his mind and he found it to be the best way to sort out his problems. He added that running helped him to alleviate his frustrations. He explained, "If I'm absolutely frustrated I can kill myself on the road." George maintained that running afforded him the opportunity to have time for himself. He concluded saying that running made him feel so much better.

George viewed the time spent running as a disadvantage of the sport. He said that sometimes running took him away from other things that were important. He further explained that in the past, his involvement in running had affected his relationship with his

wife adversely. He said, "Well, previously when I was ... not working from home we did have our fights because my running was taking up too much of our time!"

4.2.6.4 Personal understanding of the nature of running injuries

When George was asked what his perception of a running injury was, he proceeded to give an account of what various coaches and sports scientists have written. He said one should make a distinction between niggles which required a rest day and an injury when one simply could not run. George did not regard niggles as injuries. He said, "If the niggles persists, that okay I should take a rest day or two or even um a very easy week or something like that, but no it's not an injury." He cautioned that if runners had niggles and they did not look after themselves, something would happen. George said that he had never experienced problems with injuries. He added that he had experienced "small niggles, but I run it away." At this stage of the interview, George appeared to be very knowledgeable about the sport, but at the same time he had definite views. He also seemed to approach injury with caution.

4.2.6.5 Experience of injuries

The only other injury George had suffered was Achilles tendinosis. He did not detail what had happened, but said it had been caused by overtraining. He had increased the distance he ran weekly too quickly. He said, "I was going from 50 to 70 to 80 to 100 to 120."

As stated previously, at the time of the interview, George had just started running slowly after suffering a stress fracture to his tibia. He recollected that he had experienced what he called a double pain in his tibia. However, the pain did not subside and so he backed off a bit for three weeks. He diagnosed himself with shin splints. During this time he ran a time trial and a race. He emphasized that he had run these events hard, but had not raced them. He recalled that a few weeks later after running a 10 kilometre race in 38 minutes, he could not run anymore. He went for X-rays which showed that he had a stress fracture of the tibia. George added that he was probably lucky because the x-rays showed that his fracture was very close to a full and complete break. Once his stress fracture had healed, he was still unable to run because bursa had developed around the tendons attached to his tibia. He was unable to run for 15 weeks. He said he had, in the week since he had started running, only been able to jog around a park. Throughout his account of his injuries, George appeared to be well-informed about the sport.

4.2.6.6 Perceived causes of injury

During the interview, it was apparent that George was clear and confident about what he perceived had caused his injury. He said he had a theory. He believed that his injury was the result of racing too much and overtraining. He believed that he had injured

himself during a marathon he had run in December the previous year. He explained, "I ran exceptionally hard at that stage to first of all overtake somebody and then get a comfortable distance between us. And I believe I injured myself there." George recounted that after the marathon he had stepped into excessively hard training even though he had not completely recovered from the race. He said, "I probably just jumped in too soon." George remembered that before he had run the marathon he was fit, felt strong and was running times he had not run for approximately seven years. He had reasoned that he could just continue extending his long runs. George did not perceive his injury to be the result of stress.

4.2.6.7 Psychological responses to injury

When George reflected on his injury during the interview, he appeared to be experiencing a number of emotions.

George experienced a sense of loss when he sustained his injury. He was unable to run key races he had planned to run. He described this loss as tough when he was unable to run various races such as the Two Oceans because he knew if it had not been for the injury, he would have been able to run a good time. Although George was in Cape Town during the week of the race, he returned home the day before the race. He said, "I didn't want to be there." At this point he seemed to be disappointed and upset. George also recounted that going to the Jackie Mekler 50 km Ultra and not being able to run it, upset him. He also experienced a sense of loss because he was unable to run to relieve the additional stress he was experiencing. He said, "So in that sense, yes, I really miss my running." He added, "And now my running is adding to my stress instead of taking it away." At this stage, George appeared to be disappointed and frustrated.

George seemed to vacillate through a number of emotions when he described how he felt. He explained when he had been injured for two weeks he realized the severity of his injury and that his recovery was not going to be quick. He recounted that he experienced anger. He recollected, "At one stage I was seriously contemplating buying one of those bags that I could just hit and lash out at, but I didn't." George remembered that it took him six weeks to come to peace with his injury. He said, "I've made peace with the fact that I can't run at this stage. It's simply ... it doesn't help to fight against it." He expressed his frustration because the length of his recovery was longer than he anticipated. He said, "Um ... now it's becoming frustration again because I know that I'm supposed to be able to run now." Furthermore, he experienced a sense of urgency. He was due to second a walker he coached for the Comrades Marathon. George expected to run approximately 40 kilometres with her. He said, "So I have to be ready for that." He still hoped that he would be ready to represent his province at the South African Cross-Country Championships. Although he had resumed jogging at the time of

the interview, he could still feel his injury. George appeared to be uncertain, and wondered how much of it was psychosomatic and how much of it was physical.

4.2.6.8 Approach to rehabilitation

Even though George was injured badly and could not run, he waited for two weeks before he could get an appointment to see his doctor. When he was first diagnosed with a stress fracture, he used crutches to help him walk in order to take pressure off it. He appeared to trust his doctor as he followed the advice she gave him: he tried to do the exercises she had given him to do; he had cortisone treatments; and he took the calcium tablets she prescribed. However, George also gave the impression that he took charge of his injury; for example, he decided when to stop taking the calcium tablets.

George appeared to be very certain about what he had to do to facilitate his recovery. He believed that in order to recover fully he had to be at peace with himself because he could not rush the healing process. He said he realized that for every week he had not run, it would take two weeks to get back to where he had been before the injury. He acknowledged, "If I start training now the way that I would like to start training I would be injured again within two, four weeks. It means I simply have to be prepared to take it very, very slowly." George had also decided initially to concentrate on cross-country because the running surface was softer and the distances were shorter than those of road races.

4.2.6.9 Coping mechanisms

George coped with his loss of not being able to run by what he described as drawing back. Even though he was on the management team of his club, he tried to keep away from races because it upset him. Although he did not buy a punching bag, he had considered buying one in order to find a release for his anger. As stated previously, George experienced a sense of loss because he had missed key races and he also experienced feelings of urgency to regain his fitness so that he would be ready for upcoming events. He tried to tell himself that he was not starting from scratch because he was not starting from a completely unfit position. Furthermore, George told himself that although his legs were aware of the injury, he had got his pace down to just four and a half minutes a kilometre.

George did not indicate the support or lack thereof that he was receiving from his family. However, he said that he never received advice from other runners. He was of the opinion that very few runners had the knowledge he had of running. He added that because others were aware how knowledgeable he was, there were very few of them that gave him advice. George said that he knew another coach who was in a position to offer advice, but he added, "He wisely keeps his counsel to himself."

4.2.6.10 Results of MBTI

George's results for the MBTI showed that he has an INTP preference. During his interview, he displayed many of the characteristics associated with people who have an INTP preference.

George was achievement-orientated and competitive. On a number of occasions during the interview, he made it known that he regarded himself as a good runner. He believed that he was capable of going much faster in the Comrades Marathon than his best time of 7 hours 22minutes. He believed he could run the race in at least 6 hours 45 minutes. He was also of the opinion that once he had recovered from his injury and regained his speed, he would finish in the first three in his age group quite regularly. The value he placed on proficiency was further illustrated when he explained that he had started running again and was now running a kilometre in four and a half minutes which he regarded as slow for himself.

George also appeared to be able to solve problems with ease and in doing so was analytical, logical and objective; these attributes were apparent in his explanation as to why he got injured. He reasoned, "I started to do too much too soon. I started with 50 kays, then a week later 70 ... then went on to a 100." He realized that if started training the way he wanted to, he would suffer another injury within a few weeks. George appeared to enjoy theorizing. When advancing an explanation for his injury, he stated, "Now I've got a theory. I ran exceptionally hard at that stage to first of all overtake somebody. I believe I injured myself there."

George seemed to be mentally alert and intelligent. He was able to give a concise description of what it meant to pronate, provided an explanation of the x-rays of his stress fracture and deliberated on injury as described by sports scientists. Furthermore, he had confidence in his intellectual abilities. He stated, "There are very few, if any that have the knowledge that I have of running."

George appeared to be realistic about his competencies and accomplishments. He recognized that as he got older he would not necessarily be able to train harder, but would have to consider what his training program consisted of, including where and how he trained.

When under stress because of his injury, George seemed to become detached and withdrawn. He also isolated himself from others. He was in the Cape at the time of the Two Oceans Ultra Marathon, but left the day before the race because he did not want to be there. He further stated that although he was registrar of the club he belonged to, "I tried to stay away because it just upsets me."

During the interview, George tended to be critical and at times was perceived as being arrogant. He questioned whether the walker he coached would not get injured because his average pace was much faster than hers and thus, she spent more time on the road training than he did. He also thought that no one would give him advice because he believed he knew more than they did. Referring to another coach, George said that he “wisely” kept his advice to himself.

4.2.7 Participant 7

Catherine was a female in her fifties. At the time of the interview, she had been suffering with plantar fasciitis for 14 months and had not run during the previous three months. The plantar fascia which is one of the main shock-absorbing structures of the foot is a band which extends across the sole of the foot. Runners who have plantar fasciitis experience extreme pain below the heel (Noakes & Granger, 1990).

4.2.7.1 Running history

Catherine had been involved in long-distance running for 19 years. Throughout the interview, she was perceived to be a committed and enthusiastic runner who had a great love for the sport. She had originally become involved in running after watching Bruce Fordyce win the Comrades Marathon. She felt that she wanted to be one of the runners in the race and decided to run it with a friend. In her prime, she was an elite runner. She was a winner of the Comrades Marathon and on three occasions she represented South Africa in the 100 km World Championships. Catherine preferred running ultra-marathons to shorter distances, and amongst other ultra-marathons had run the Comrades Marathon 15 times, the Loskop 50 km Marathon 15 times, the Two Oceans Ultra Marathon 11 times and the Mont-Aux-Sources 50 km Challenge three times.

4.2.7.2 Training program

When Catherine explained what her training program entailed, she gave the impression that she knew how to plan her training in order to achieve her goals. At the peak of her running career, Catherine had structured her training around the Comrades Marathon. She said, “Comrades was my goal. I just run for Comrades. So that was my main aim, to do well in the Comrades.” She described her training program in detail. Although very structured, she emphasized that her program was simple. She explained that she loved keeping things simple. Catherine had run up to 160 kilometres for three weeks during her build-up to Comrades. However, she acknowledged that she was no longer as competitive and battled to run 100 kilometres a week because she thought she was old.

4.2.7.3 Perceived benefits and disadvantages of running

During the interview, Catherine described many benefits she believed she experienced because of her involvement in long-distance running. During this stage of the interview, her apparent enthusiasm and love for the sport was noted. She said that she had made

many friends; this she attributed to the fact that runners had similar minds. Running gave her the opportunity to interact with nature; she described the beauty she had experienced during various races she had run. Furthermore, running also afforded Catherine the opportunity of travelling. She said, "I love to see the world through my running shoes." She ascribed her extra energy during a day to her daily run. Catherine also described numerous psychological benefits she believed she experienced because of running. She said running helped her solve problems. She described this as follows: "Just running help me through all my problems. Any problem. I just go and run and while I run I sort the problem in my, you know, mind." She also said that running helped her to overcome any feelings of anger she may have had prior to a run, gave her a feeling of freedom and was of the opinion that the self-confidence she enjoyed was a result of the sport. Catherine summed up the psychological benefits she associated with running by saying, "It's like I don't have to see a shrink." Furthermore, she highlighted the importance she attached to the sport when she said, "Running is my life."

The only disadvantage she associated with the sport was the possibility of getting injured.

4.2.7.4 Personal understanding of nature of running injuries

When asked what her perception of a running injury was, Catherine said, "I'm cripple and then I say I'm injured." During her deliberation of her understanding of running injuries, she gave the impression that she was determined to run through her injuries and would justify her decision to do so. Catherine did not regard niggles, the little aches and pains runners experience, as injuries; she said she ran through niggles. Eleven months prior to the interview she had run the Comrades Marathon with plantar fasciitis. She remembered that it had felt no worse at the end of the race than it had at the beginning of the race. On another occasion, Catherine had a sore heel during the last 10 kilometres of a 100 kilometre race. She thought it may have even been a stress fracture and crossed the finishing line hopping on one foot. She remembered, "I will crawl, but I will finish that race." She justified running with an injury by saying that Tim Noakes, a renowned sports scientist, had said that when one is injured one should not do hill work and speed work, but one could still run.

4.2.7.5 Experience of injuries

During the first ten years of her running, Catherine experienced herself as being injury-free despite running a long hard race every year. However, she acknowledged that sometimes when she trained hard, she could hardly walk. She added that she felt like a crippled person, but once she started running she felt better. Once again, she seemed to defend her decision to run with an injury. She suffered her first injury, Achilles tendinosis, ten years after she had started running. She had tried to run through it, but eventually acknowledged that she was unable to do so. Catherine viewed herself as being lucky during her first ten years of running as since then she had battled with

different injuries every year. In retrospect, she said of her injury-free years, "You, you get comfortable. You think you can just run, you don't get injured."

At the time of the interview, as stated previously, Catherine had had plantar fasciitis for 14 months and had not run for the previous three months. She decided to stop running until it was better, not because she could not run, but because it had not improved she was afraid she would be forced to have an operation. Furthermore, after a family member was tragically killed, Catherine felt that she did not have the courage to keep running with the injury, hoping it would get better. She said, "I think my body, I feel my body wants a rest. I had to rest now, I'm drained."

4.2.7.6 Perceived causes of injury

Catherine had difficulty making sense of her injury. She was uncertain what may have caused her injury. When she first felt her plantar fasciitis she had been doing speed work with friends. She could not understand why they had not also got injured. Consequently, Catherine attributed the injury to the shoes she had been running in. She thus expressed it: "If I can tell you maybe this is wrong, I think it's this flipping phs [shoes]." However, despite buying new shoes, her injury had not improved; thus, expounding her confusion.

Catherine did not perceive her injury to be the result of stress. As described previously, she ascribed many psychological benefits to running. In addition to those psychological benefits, it was apparent that running helped her cope with stress. She was very upset and tearful during the interview when she described how a family member had been tragically injured and later died. She was, however, already injured when the tragedy occurred. Catherine believed that if she ran it would help her cope with the death and explained that she had run after the accident had first happened as well as after the family member's death. She added that if the tragedy had not happened, she would have run with her injury.

4.2.7.7 Psychological responses to injury

When Catherine spoke about her injury during the interview, she seemed to be experiencing a number of emotions.

Catherine avoided thinking and speaking about her injury. It seemed as though she may have been experiencing denial because she feared injury. She said that initially she did not think that she had an injury; she thought she was just experiencing niggles. She related that it took her more than a month to realize that she had an injury. She admitted that she was reluctant to speak about her pain because she was scared that it was an injury. Catherine had also been reluctant to admit she had an injury when she had suffered her first major injury ten years previously. She described it thus: "I walk like a cripple ... ask me what's happen ... I say, no I just have a niggles."

Throughout the interview, Catherine described her sense of loss because of her decision not to run. She repeatedly recounted feelings of loss as she was not able to run races like the Comrades Marathon and the Loskop 50 km. She related her loss: "It's really heart sore for me to ... skip this Comrades. The Comrades is always something special to me." When she spoke about her sense of loss, she appeared to be distressed and overcome with sadness. Catherine had also experienced a sense of loss when she had been unable to run this race ten years previously when she had had Achilles tendinosis.

Catherine also seemed to experience feelings of personal dissatisfaction and negativity. These emotions were prevalent in the following statements: "I don't like my life this last 4 months that I don't run" and "It's such a lazy...er, lazy life. I don't like to be like that."

Furthermore, Catherine appeared to be disappointed as well as frustrated. She stated that she had been injured for 14 months, had not run for three months and she had not recovered from her injury. She expressed her disappointment and frustration when she said, "My first injury who can't go away. It doesn't want to go away. It just be there." Her disappointment and frustration also seemed to be evident during the interview when she described all the remedies she had tried without success. Furthermore, Catherine gave the impression of being very frustrated when she attributed the injury to her shoes.

Towards the end of the interview, Catherine seemed to express acceptance. She said, "The last three months I learnt ... you must take the cards coming to you ... So I just accept what happened to me now because it doesn't help to try and not accept it." At this stage, she gave the impression that she was resigned to the fact that she was injured.

4.2.7.8 Approach to rehabilitation

Catherine had been diagnosed with plantar fasciitis by a general practitioner who ran with her. Initially, she had gone for physiotherapy for her injury. She acknowledged that at first physiotherapy had helped. However, she had also done all the exercises the physiotherapist had given her and had also tried to treat the injury herself by following the advice given in reputable books on running as well as running magazines to no avail. She felt she was failing and decided to do nothing. Catherine's disappointment, once again, seemed to be apparent when slowly and deliberately she said, "I just rest because I was like... failing... I had to put such a lot of time to treat my foot that I don't want to treat my foot. ... It was just too much time and then you don't feel the benefit of it. So I stopped." Although physiotherapy and self-treatment had not helped Catherine to recover from plantar fasciitis, she appeared to trust those involved in the medical profession. The previous year while already suffering from plantar fasciitis she had completed the Comrades Marathon. She attributed this to cortisone injections. She also described how physiotherapy and a subsequent prescribed gym program had helped

strengthen her hamstrings. Furthermore, when Catherine had had Achilles tendinosis ten years previously, the advice given in reputable running publications had helped her.

Catherine believed that rest would facilitate her recovery. Her opinion was linked to the tragic loss of a family member. She said, “No, I think if I stay long enough, don’t do anything it will heal. But I think on the moment it’s my heart and my body must heal. Both I think.” However, she perceived gym work to be a solution to her injuries. She considered that she might not have suffered so many injuries in recent years if she had done strengthening exercises in a gym.

4.2.7.9 Coping mechanisms

Since Catherine had stopped running she had been in contact with friends who were not involved in the sport. She said they appeared amazed that she was not running and when she explained that she had an injury, they seemed unconcerned and did not ask her questions about her injury. She further expressed the opinion that injury did not mean anything to those who do not run. It appeared that she was visiting these friends because this helped her to cope; to forget about her loss. Although Catherine had initially kept in contact with her running friends after picking up the injury, she perceived the loss of not been able to run races and be in a running group as too difficult. Consequently, she distanced herself from them. She described this distancing as follows: “I don’t really want to know what is, what races is the weekend ... I thought I’d make myself mad to think that.” Catherine also found that by reading the autobiography of a world class marathoner who had experienced triumph and defeat, she was able to cope with her loss of not been able to run races like the Two Oceans and Comrades.

Catherine did not perceive support from either fellow runners or non-running friends. She appeared to be annoyed and discouraged with the advice offered by other runners. She said that they all had an opinion about her injury and their advice had not helped her. As stated previously, her non-running friends did not enquire about her injury.

4.2.7.10 Results of MBTI

Catherine’s results for the MBTI revealed that she had an ESTJ preference. Throughout her interview, she manifested attributes common to people who have an ESTJ preference.

She was focused on achieving good results. She thus described her thoughts on training for a gold medal in the Comrades Marathon: “Each year I better my time. So I was thinking at that stage I could actually get gold. So I decided to train for gold.” Furthermore, she valued productivity and competence, and concentrated on achieving her goals. She described winning the Comrades as the highlight of her whole running career.

Catherine was able to project steps so that she could accomplish her tasks. She realized that in order to achieve her goals at the Comrades she had to run 160 kilometres a week for three weeks; she described this as her high weeks. She detailed her systematic and organized approach to training. On particular days of the week she ran specific training sessions; for example, on Wednesdays she ran a time trial and on Saturdays ran between 32 and 42 kilometres. Catherine also worked steadily and conscientiously to follow the training program her coach drew up for her. She said, "I was lucky to end up with him because I think I can relate with his training." She was also practical; she said she had achieved success by doing one long run of 60 kilometres in her build-up to Comrades and thus, questioned the necessity of going further.

Catherine appeared to be determined. Her recollection of running the last 10 kilometres of a 100 kilometre race revealed her resolve. She remembered, "I've got a very strong willpower so if I want to do something I do it. So there was nothing that I will stop in the last ten kays of a 100 kays and I've got my green and gold on."

Catherine wanted to logically analyze and control situations. She explained that when she got injured, she followed the advice in reputable running publications. She was also realistic about her capabilities. She said that because of getting old she could no longer train as hard as she had years previously.

Catherine believed that running helped her to relieve stress. She explained, "So if I'm cross, I will love to go and run and when I come back I'm feeling much better." She also enjoyed meeting and interacting with people. She referred to her friends on a number of occasions during the interview. However, she isolated herself because of her injury. She admitted that the injury had affected her badly and added, "So, I just cut me off."

4.2.8 Participant 8

Tony was a male in his forties. At the time of the interview, he was recovering from an operation to his groin after struggling with injury for nearly two years. He had resumed running slowly.

4.2.8.1 Running History

Tony had been involved in long-distance running for 15 years. Throughout the interview, he appeared to be an enthusiastic and committed runner. He said he had always been keen on all types of sport, and he had played rugby and tennis. He had originally become involved in the sport when, after joining a friend on a run, he found he enjoyed it. He had run the Comrades Marathon 12 times; his best time for the Comrades was 8 hours 7 minutes. Tony said that he did not have enough speed to run sub 40 minutes for 10 kilometres and consequently, preferred running 50 kilometre races. Tony had also participated in triathlons and had completed the Ironman.

4.2.8.2 Training program

Tony followed a structured training program. He explained that if he was not injured, he trained at least five times a week. He trained with friends. When Tony related his training program, he gave the impression that he valued his friends. He described their weekly training program: on Tuesdays they did speed work or ran a time trial; on Wednesdays they ran between 15 and 18 kilometres; on Thursdays they concentrated on hills; they usually ran a race on Saturdays; and on Sundays they did a long club run. Moreover, on the days he did not run he went to gym. They normally ran between 80 and 90 kilometres a week, but during his build-up to Comrades he ran approximately 120 kilometres a week. Tony also said that time permitting he found it beneficial to train twice a day. He explained, "It didn't feel so bad on your legs if you run two shorter runs." Based on the time he spent training, he gave the impression that he was a committed and dedicated runner.

4.2.8.3 Perceived benefits and disadvantages of running

When Tony described a number of benefits he believed he experienced because of running, he appeared to be enthusiastic. He enjoyed running; on a number of occasions during the interview, he said that he enjoyed running. He also believed that he had made lots of friends because of his involvement in the sport. Tony perceived running afforded him the opportunity to travel. He explained, "With the running you always have away weekends and stuff that we wouldn't have done if we didn't run." He claimed running motivated him to keep fit. Tony also maintained that he experienced psychological benefits as a result of running. More specifically, he experienced stress relief, a sense of freedom and a positive outlook on life because of his involvement in the sport. He explained that running allowed him to feel energized and alive as well as relaxed and free. He was also of the opinion that as a result of running his whole outlook on life was different and his whole life was better. Furthermore, Tony asserted that he also experienced spiritual benefits when running; he stated, "So for me it's just time off, it's time that I bid (pray), speak with the Lord."

The only disadvantage Tony associated with running was the possibility of getting injured.

4.2.8.4 Personal understanding of the nature of running injuries

Tony perceived an injury to be anything that prevented him from training the way he wanted to train. He explained, "I can't ... I want to do something, run or whatever like hard as I can and I can't." Tony did not state whether he regarded niggles as injuries. He also did not say whether he ran with an injury or not. When Tony described his groin injury, he said he had stopped running for awhile and then resumed training before he had an operation.

4.2.8.5 Experience of injuries

In his third year of running, Tony had had a baker's cyst. He recalled that it was very sore and he was unable to run the Comrades Marathon that year, but after having cortisone injections he was fine. Tony recounted that besides suffering with a baker's cyst, he had not had any major injuries, but what he termed normal muscle injuries. He added that he struggled a bit with his hamstrings, but went to a physiotherapist for treatment. He reflected, "So, I actually had a good running day for all those years."

At the time of the interview, as stated previously, Tony was recovering from an operation after tearing a muscle in his groin which he had struggled with for almost two years. During this period he sought advice from a biokineticist who prescribed strengthening exercises. He then went overseas. He stated that although he did not stop training, he did not run for about three months in an effort to recover from his injury. During this time he went to a gym and did the exercises the biokineticist had recommended. When Tony started running again, he ran short distances. He believed that seemed to work because his injury did not get worse. However, on returning to South Africa he started to train hard again which aggravated the injury. Tony then decided to have an operation to repair the torn muscle.

4.2.8.6 Perceived causes of injury

Tony appeared to have very definite ideas as to why he got injured. However, this may have been influenced by the fact that at the time of the interview he had almost recovered from his operation and had resumed running. He was of the opinion that overtraining had caused his injury. He acknowledged that for two years he had trained quite hard for Ironman. He further explained, "You don't want to miss out. You must for that logbook. If you want to do 20 and you only do 10, you're under stress." Tony also said that training hard had caused a muscle imbalance. He explained that because of weak lower back muscles and hip abductors, he had torn his deeper stomach muscles. He also wondered whether his age had contributed to his injury. Although Tony believed running helped him to deal with stress, he did not think that it had contributed to his injury.

4.2.8.7 Psychological responses to injury

When Tony reflected on his injury, it was apparent that he was experiencing a number of emotions.

Tony experienced a sense of loss because he was unable to run. He explained that it was hard when one wanted to do something and one could not. He said he was frustrated because he could not train hard. He, once again, gave the impression that he appreciated his friends when he stated that he also missed running with them. He

seemed to be frustrated as well as disappointed when he acknowledged, "It's okay to watch them, but more fun to take part."

Tony also experienced a sense of urgency because he wanted to get fit so that he could compete in the Ironman. He said that he felt under pressure because he had to start training hard three months later. However, he said he was uncertain whether the operation had been a success or not. Although he had started to run every second day, he was concerned because it was sore the day after running. He seemed to be apprehensive when he said, "It's a long time to feel it because it's five months now after the operation, nearly six months." Tony also appeared to be unsure whether he would be able to participate in the Ironman. On the one hand, he stated that it was a bit tricky because if he trained too hard he would be unable to run. However, on the other hand, he explained, "Time is of importance ... if I wait too long again I won't be able to compete in long distances next year." He added that he felt powerless.

Tony said that he accepted the possibility that he might not be able to run long distances again. He said that he had to look at the whole picture. He concluded saying he had so much to be grateful for including all the years that he had done well. He believed God had a plan for him.

4.2.8.8 Approach to rehabilitation

After his operation to repair torn stomach muscles, Tony was unable to walk or drive for ten days. He was not allowed to exercise for four months. A biokineticist then gave Tony exercises to do in order to strengthen his stomach muscles and correct his muscle imbalances. He was due to go back to the physiotherapist and biokineticist for a check-up. He admitted that he had not been to see them yet, but reasoned that he wanted to give himself more time to enable his muscle to get strong. At this stage of the interview, Tony appeared to be confused because he stated that he was afraid that his operation had not been a success and yet he added that he was sure he would recover completely because the surgeon who had operated on him had performed the same operation on many people. He thus gave the impression that he trusted the surgeon. Tony's trust in his physiotherapist and biokineticist was apparent because he was doing their prescribed exercises. Furthermore, he intended consulting with them again because they knew his history. However, Tony was also cautious of some medical practitioners; for example, he said that he would only go to a chiropractor who specialized in sport injuries. Tony justified his choice of a chiropractor because he knew lots of runners who went to him.

Tony believed that in order to recover fully from his injury he had to be disciplined. He accepted that he could not be hasty and had to give it time. He realized that he could not start training too quickly either. He also believed that sufficient rest was important; he

said, "You must rest even if you are healthy because that's what keeps you for a long time." Furthermore, he thought that in order to help his recovery he had to do the exercises recommended by the physiotherapist and biokineticist. Tony seemed to rely on his religious faith when he stated that the most important means to help his recovery was prayer.

4.2.8.9 Coping mechanisms

Tony coped with his loss of not being able to run by remaining in contact with his club mates. Even though he was not running the Comrades, he was going to watch the race in order to support his friends. Although he was unable to run with his friends, he valued their friendship. He said, "No, so I still enjoy my friends and stuff 'cause that's what running is." Tony had found it difficult when he could not exercise for four months after his operation. However, he believed that he was coping better since being able to go to gym, swim and do spinning. Although Tony had resumed running, he was unable to train to his potential. He coped with this loss by telling himself that at least he could run. The knowledge that other runners also suffered injuries also helped Tony to cope. He explained, "Because you know all the runners also have some injuries. So you know it's not just you. It happens to lots of them."

Tony experienced support from his club mates. He related how some runners had given him advice. He thought it was important that runners were not afraid to ask for help when they needed it. He concluded saying it was good when runners tried to be helpful especially when it came from the heart.

4.2.8.10 Results of MBTI

Tony's results for the MBTI showed that he had an ISTJ preference. During his interview, he exhibited attitudes and behaviours common to people who have an ISTJ preference.

Tony followed his rehabilitation program in a steadfast manner in order to recover from his injury. He explained that he understood the reason his biokineticist had given him exercises to strengthen his stabilizing muscles. He added, "So that's the positive thing like I know I can do something about it." Tony also followed a structured program in a steady, thorough and orderly manner when training for a specific event. At the time of the interview, he expressed his desire to complete the Ironman the following year; however, he was concerned because he believed he was not running enough long distances at that time.

Tony also tended to pay attention to facts and details. Not only did he describe his training program in detail, but also reported his perception of his recovery in depth. He related that his injury was sore the day after running down hills and attributed this to taking longer strides. He added that he felt pain when he stood up and started to walk,

and wondered if it was merely a sensation of friction he was experiencing. This stress caused Tony to fear that when he returned to the surgeon for a check-up he would be told, "No, it's not looking good."

Tony learned from experience; he realized that he had to be disciplined and cautious if he wanted to run. Furthermore, he was practical and realistic. He acknowledged that he would not be able to run as fast as he would like to because he said that at 84 kilograms he was heavy. He also expressed the opinion that regardless of ability one could run well with a lot of training. He then conceded, "I don't have the time. So the times show it."

Tony was very loyal and committed to his friends. He trained with a group of friends from the club to which he belonged. Even though he was not running the Comrades Marathon or the Rhodes 52 km Trail Run, he intended accompanying his club mates to both races. He admitted that while it was fine to be a spectator, it would be more fun to participate. However, he did not see the value of feeling sorry for himself. He reasoned, "You still have all your running friends even though you can't run."

Throughout the interview, it was apparent that Tony depended on religion. When running he found it easy to pray. He thus expressed his gratitude: "The Lord gave you the ability and the friends, the opportunities and all this stuff to run."

4.2.9 Participant 9

Anne was a female in her late thirties. She was married and had two children. At the time of the interview, Anne had a knee injury. She had started to experience pain in her knee six months previously and she said that if ran her whole leg went numb.

4.2.9.1 Running history

Anne had been involved in long-distance running for approximately five years. During the interview, Anne did not appear to be particularly committed or enthusiastic about the sport when compared to the other participants in the study. Even though her husband had been involved in the sport for 18 years and had tried to motivate her to run, Anne had only felt the urge to run five years previously. She also stated that due to family commitments, she would have been unable to run when her husband had first suggested it. She went to a race on most Saturdays, and usually ran the 10 kilometre race while her husband ran the 21 kilometre race. She had run a few 21 kilometre races although she battled to run them in the cut-off time.

4.2.9.2 Training program

Anne had certain goals in running she wanted to achieve. She wanted to run the Two Oceans Half Marathon within the cut-off time, complete the Ironman and eventually run

the Mont-Aux-Sources 50 km Challenge. Despite her goals, Anne did not follow a structured training program; she said that she did whatever she felt like. She had a five kilometre route that she ran four times during the week and then ran a 10 kilometre race on a Saturday. Although she did circuit training at a gym, she was uncertain whether it helped improve her running. She stated, "It's supposed to help, but I can't say that I've seen any drastic improvement." During her account of her training program, Anne gave the impression that she was de-motivated and did not care about the sport.

4.2.9.3 Perceived benefits and disadvantages of running

Anne described the benefits she believed she experienced because of her involvement in the sport. She related that when she first started running she had run five kilometre races with her children. She said that running was something the family could do together which she described as nice. Throughout the interview, it was apparent that Anne valued her family. She also believed that running assisted her with weight loss. She also enjoyed running. Anne also perceived psychological benefits because of her involvement in the sport. She was not specific as to what psychological benefits she experienced, but said, "For your state of mind, it's also a benefit."

Anne perceived injury to be a definite disadvantage of the sport. Furthermore, she believed that the sport could have a negative effect on family commitments if one overdid it.

4.2.9.4 Personal understanding of the nature of running injuries

When asked what her understanding of a running injury was, Anne linked it to pain. She thought that virtually every runner experienced aches and pains, but she believed that pain was a warning sign and that runners had to be careful running through pain as this could lead to further injury, making it worse. However, she acknowledged that sometimes an injury did disappear if one ran with it. When she applied her perception of a running injury to herself, Anne seemed to be cautious. She said that she did not want to run with a minor injury if it meant that she would later suffer so much pain that she could no longer live an active lifestyle. However, she also said that if a doctor said that there was no real problem, then it was fine to run through the pain. At this point, Anne gave the impression that she trusted medical practitioners.

4.2.9.5 Experience of injuries

At the time of the interview, as stated previously, Anne had been experiencing pain in her knee for the previous six months. The only other injury she had suffered was plantar fasciitis. She had gone to a doctor who had given her an injection and had advised her to change her shoes which she did. She recalled that her injury had disappeared so quickly that she did not even regard it as an injury.

Although Anne said that one should be careful running with pain, she had continued trying to run with her knee pain. However, she later said that she could not say she was running because she was actually walking. She said that she only experienced the problem when she was running and explained, "If I continue running my whole leg is numb after a while." Anne added that her leg did not want to move and she had to drag it along. She emphatically emphasized, "I can't physically run anymore." At this point in the interview, she appeared to be perplexed and demotivated.

4.2.9.6 Perceived causes of injury

Anne appeared to be very confused as to what may have caused the injury to her knee. A couple of months before she got injured, Anne and her husband had decided to run the Paris Marathon. It was to be her first marathon and consequently, she started to increase the mileage she ran. It was then that her knee started to give her a problem. Although Anne did not specifically acknowledge that overtraining had caused her injury, she thought that runners got injured because they did too much too soon. She also felt that some runners' goals were too ambitious for their abilities. A doctor told Anne that she seemed to have a problem with one of her ligaments. She wondered if this problem had been lingering since she had fallen off her bike while still at school. She was of the opinion that a current injury might be linked to a previous injury. She explained her view: "If you have a previous injury or get hurt maybe years before and now you're putting strain on those muscles or ligaments or whatever then it might result in an injury." She also suggested that possibly doing leg extensions at gym had caused her injury. Anne captured her difficulty of making sense of her injury when she said, "So actually I really don't know."

Anne did not perceive her injury to be the result of stress. Before Anne's knee had started to trouble her, she had resigned from her job and she described herself as being extremely relaxed. She acknowledged that she felt stressed about running her first marathon, but did not link this to her injury.

4.2.9.7 Psychological responses to injury

When Anne spoke about her injury, she appeared to experience a number of emotions.

Anne described feelings of loss because she could not run. She said that she had experienced extreme disappointment because she had not been able to run the Paris Marathon. This disappointment seemed to be exacerbated because she had accompanied her husband to Paris and watched while he ran. She described the latter experience as being very painful. Furthermore, she once again said that she wanted to achieve other goals such as running the Mont-Aux-Sources 50 km Challenge, but said, "You can't do it if you can't run ... so I can't do it if I can't run." Anne appeared to be

disappointed and disillusioned when she said, “I can’t run and I can’t do what I would like to do.” She also gave the impression that she was frustrated because she could not run through the pain.

4.2.9.8 Approach to rehabilitation

Anne appeared to trust medical practitioners when she said runners should not run with pain unless advised otherwise by a doctor, and she had trusted and followed a doctor’s advice when she had had plantar fasciitis. However, she seemed to have a very negative view of the medical profession when she spoke about her knee injury. Initially, her doctor who played sport told her to run through the pain, but she was unable to do so. She then went to well-renowned sports rehabilitation centre where she consulted a number of medical practitioners. These included a doctor who specialized in sports injuries, a physiotherapist and a biokineticist. They gave her a program to strengthen her quadriceps; however, she said that because she had not benefited from it, she did not see the point of continuing with the exercises. She gave the impression that she experienced this as frustrating when she said, “If there was even a small improvement then I would have said, okay do more of this, do more exercises.” She was then given a cortisone injection which did not help her either. The doctor at the centre suggested the only solution was to have an operation. Her lack of trust in the medical profession was highlighted by her reluctance to have an operation in case her knee got worse and she was unable to walk up stairs. The practitioners at the centre also suggested that she buy new shoes, but Anne believed “they’re grasping in the dark.” Her skepticism of medical practitioners was further highlighted when she referred to them as the supposed experts. She also expressed the concern that it had cost her a lot of money, but it had made no difference. She appeared to be disappointed and disillusioned by the whole experience. She concluded, “Everything should have been perfect.”

Anne was uncertain about what she was going to do to overcome her injury, but wanted to try something new. Although she had expressed a lack of trust and confidence in the medical profession, she was considering going to a chiropractor and a homeopath to see if it made a difference. She had also read about a new running technique in a running magazine, but appeared to be uncertain whether it would help when she said, “I don’t know if it’s going to work.”

4.2.9.9 Coping mechanisms

Anne was coping with her loss of not being able to run by doing other forms of exercise. She went walking and was also doing circuit training at the gym as well as spinning. She said that if she could not run she would find something else to do.

Anne did not indicate whether she experienced support from people she knew. She related that when she first got injured, fellow runners tried to give her advice to which she paid no attention. She said, "Ag, I didn't even listen to that."

4.2.9.10 Results of MBTI

Although Anne's results for the MBTI showed that she had an ENTP preference, she exhibited very few of the positive behaviours and attitudes associated with people who have an ENTP preference during her interview.

She enjoyed new challenges and took risks other people tend to avoid. She said she had no desire to run the Comrades Marathon, but wished to do something that was more difficult and demanded more endurance of its participants such as the Ironman and Mont-Aux-Sources 50 km Challenge.

During the interview, Anne appeared to be experiencing much stress because of her injury and displayed many of the attributes those who have an ENTP preference are known for when they are under stress. She was very critical of what she perceived to be incompetence. She said that the medical practitioners she had consulted had no idea what was wrong with her. She added that the treatment she had received from them had made no difference to her. Anne's lack of tolerance for inefficiency was exemplified by her reluctance to seek advice from medical practitioners again because she believed that they would say, "No this, no try this, no maybe this."

When recollecting her negative experiences, Anne appeared to be irritable. She said that she had not gone back to the rehabilitation centre because her injury had not improved. She also said, "It cost me a lot of money, a lot of time, a lot of this and that and a lot of blah, blah, blah." Furthermore, Anne was unable to generate new ideas. On a few occasions she said, "I don't know." She also seemed to experience feelings of indifference; this was apparent when she stated that she had no words of wisdom.

4.2.10 Participant 10

Michelle was a female in her late forties. She was married with one child. At the time of the interview, she had been suffering with plantar fasciitis in both feet for 18 months and had not run for the previous six months.

4.2.10.1 Running history

Michelle had been involved in long-distance running for 25 years. She became involved in long-distance running when as an air hostess running was the only sport that was practical for her to do. Furthermore, she found that she enjoyed the sport and described her first run as amazing and stated that she absolutely wanted to do more. She said that she was no longer as competitive as she had been years previously; when she was

younger she used to win races. Although she had run a couple of marathons and ultra-marathons, she did not enjoy running these distances. When describing one of these events she said that she hated every single second of it. She concentrated on shorter distances and had run many 10 kilometre and 21 kilometre races. Michelle especially enjoyed running 21 kilometre races. She described her enjoyment as follows: "You know it is just before it like really hits you one shot it's over."

4.2.10.2 Training program

Michelle followed a structured training program. She gave the impression that she had definite ideas about training when she described her own training program. She ran between 70 and 80 kilometres every week. In her opinion running more kilometres than that meant she was basically running useless kilometres. She followed a six day week, a six week program and a week at leisure with active rest. She stressed that if she did not incorporate a week's recovery in her training program she would get sick with flu as well as become what she described as mentally injured. Michelle enjoyed variety in her training program; she said, "I like to be different. You know like I play when I run." On most days she trained with a group of friends, but she included variety which she alone followed. Throughout the interview, it was apparent that Michelle enjoyed variety and doing things differently.

4.2.10.3 Perceived benefits and disadvantages of running

Michelle described the many benefits she believed she experienced because of her involvement in the sport. On a number of occasions during the interview, she described the enjoyment she believed running afforded her. She said, "I like to play when I run." Michelle said that she ran for fun now, but previously when she had been competitive, it had been important for her to win races. She also perceived the opportunity to run in different places as a benefit. Running gave Michelle the opportunity to be close to nature. She explained that she loved interacting with nature in this way. She further described running as a very spiritual experience; she said it was her time with God. Michelle recounted many psychological benefits she perceived because of her involvement in the sport. She spoke of running as her time out, said it helped her to be creative and added that after a run she could do so much more without realizing it. She referred to running as her little daily injection and said, "I need the wind through my brain on a daily basis."

When asked what disadvantages she associated with running, Michelle said that it affected her social life as well as her relationship with her husband. She felt that if a runner's spouse did not run, it could have a negative effect on the individual's marriage. She explained that if her family was at a social function and she knew she had to get up early to run, she would keep watching the clock and would resort to using body

language to indicate they should go home. At this stage of the interview, Michelle gave the impression that she did not receive much support from her husband.

4.2.10.4 Personal understanding of the nature of running injuries

When asked what her perception of a running injury was, Michelle said, “Ja, that’s a whole problem for a runner to define.” However, during her deliberations, she appeared to have very definite views about running injuries. She stated that although some considered they were injured when they could not run anymore, she believed it was when one was sore. Michelle thought that it was a dilemma for runners to decide whether they could run with an injury or if running with it would make it worse. However, she also held the opinion that runners know if their injuries are really serious. She recalled that years previously she had run with a plantar fasciitis injury and eventually it had got better. At the time of the interview, she had not run for six months. She had tried to run with plantar fasciitis again, but it was not getting better and the pain was excruciating.

4.2.10.5 Experience of injuries

When Michelle related her experience with injuries, she again appeared to express definite views. She said that the only injuries she had suffered were to her feet. She attributed this to an accident she had had as a child when she had fallen through a glass door and had cut her Achilles tendon. She remembered that she had to learn to walk properly again. Michelle mentioned that it was usually her stronger foot that got injured. She had suffered with a plantar fasciitis injury previously and had run through that injury. When she had had Achilles tendinosis she had not run for a few months, but she added that she would have been able to run with the injury if she had needed to do so.

As stated previously, at the time of the interview, Michelle had had plantar fasciitis for 18 months. She had tried to run with it and described it as a distant and dull pain that was sporadic initially. However, for the previous six months Michelle had been unable to run because the pain was excruciating. She emphasized, “I can’t. I can’t.” At times she found it difficult to walk. She had sought medical help.

4.2.10.6 Perceived causes of injury

Although Michelle seemed to have definite ideas about running injuries, it was apparent that she had difficulty making sense of her injury. She was uncertain as to what may have caused her injury. She said, “I don’t know what brought it on.” She indicated that if she trained hard she had a tendency to pick up injuries. However, she did not attribute her injury to either overtraining or training hard. She said that she had heard too much speed work could cause plantar fasciitis, but she added that she had not done much speed work. When Michelle’s plantar fasciitis first started to trouble her, she wondered if her shoes may have caused the injury and described them as a nightmare pair of shoes. However, she felt that the new shoes she had bought had really made her injury worse.

Michelle, as stated previously, also linked her injury to the accident she had had as a child; however, she failed to understand why both her feet were injured. A doctor she consulted said her plantar fasciitis injury was due to high cholesterol. The explanation given to her was that the cholesterol was affecting her blood circulation under her feet. Michelle remained confused and uncertain because runners she knew who had suffered with plantar fasciitis had high cholesterol yet she regarded herself as healthy despite having high cholesterol. She did not perceive her injury to be a result of stress, but suggested her high cholesterol could be related to stress.

4.2.10.7 Psychological responses to injury

When Michelle related her thoughts about her injury she appeared to be experiencing a number of emotions.

Throughout the interview, Michelle described feelings of loss because she was unable to run. She missed the benefits she perceived running afforded her. Although she was still exercising in a gym she found it very difficult to be creative because she was surrounded by people. She said that the loss of creativity hurt. Michelle also missed interacting with nature; she said, "Something that I really do miss now that I'm injured I didn't see the winter arriving and now I don't feel it on my skin." She further expressed her feelings of loss when she said that running afforded her the opportunity to feel good about herself and she missed that. She added that it was difficult for her not to be able to do what she loved doing. She perceived her loss to be "almost like the death of a person." When Michelle spoke about her loss she appeared to be despondent; she gave voice to this when she considered that she may have been a little depressed. Although Michelle experienced loss, she also expressed gratitude because she believed she was in a more fortunate position compared to others. She conveyed the view that an injured runner had to adapt or die.

Michelle seemed to experience frustration that her injury was not getting better. After describing her attempts to make sense of her injury she exclaimed, "I've tried everything." She further stated that she was not patient with her injury. She kept questioning when it was going to heal and struggled to understand why this always happened to her. She wondered what the reason for her injury was when she believed that her involvement in the sport was actually good for her soul and she considered that someone was trying to show her something. At this stage, she came across as confused.

Michelle did not appear to deny that she was injured, but was reluctant to speak to other runners about her injury. She said, "You don't want to repeat the fact that you've got problems, you know, like an injury." She did not speak to her husband about it either; once again, it appeared that Michelle did not perceive support from him. She believed that by speaking about the injury it "kept the flame alive."

4.2.10.8 Approach to rehabilitation

At first, Michelle tried to treat her injury herself. When she first picked up the injury she thought it might have been her shoes. Consequently, she put an inner sole into her shoe, but she said that made it worse. She also bought new shoes to no avail. She then tried the known forms of self-treatment for plantar fasciitis such as rolling a ball as well as ice under her foot and sleeping with a splint under her foot. None of these forms of treatment helped. Michele also consulted a number of medical practitioners, but it was apparent that she did not find their advice or treatment helpful. Michelle went to physiotherapy and for acupuncture. A podiatrist recommended orthotics, but they hurt her. A doctor who specialized in sport injuries gave her a cortisone injection; Michelle perceived this to be the worst thing she could have done. She was advised by the sports doctor that high cholesterol was the cause of the injury. At the time of the interview, she had made an appointment to see a heart specialist. It was evident that her experiences left her with a lack of trust in the medical profession. She said, "Er, I think already I've listened, you know, because everybody has an opinion and they can just tap your shoe and show you what they've done." She also thought that these practitioners were referring her to other specialists because they did not have answers to help her with her injury. Michelle also seemed to be confused; at times she acknowledged that sometimes she thought her injury was getting better, but she also appeared to be uncertain if her injury was getting better. She said, "I can't say to you that this is good and this is bad. Two weeks it was fine and last week it was so sore I didn't know what I did."

When Michelle was asked what she thought would facilitate her recovery she stated, "It will heal itself. It will heal itself. I know it will." She added that her injury would get better if she looked after it properly. Although she had consulted a number of medical practitioners, she realized it would be in her interest to go to one practitioner that she could trust.

4.2.10.9 Coping mechanisms

Michelle coped with her loss of not been able to run by doing other forms of exercise. She started to walk; she discovered that she could walk fast, loved it and found it refreshing. She was considering pursuing it as a sport. Since she had been unable to run she said that she had begun to realize that running could consume one's whole life. She further articulated the thought that she had to be grateful because she still had her whole body.

Michelle said that she had not received any support from her husband. He was not aware that she was injured. He had been under the impression that Michelle wanted to run the Two Oceans Half Marathon despite the fact that at the time she had not run for four months. However, she acknowledged that she did not talk much about it. Michelle

was offered advice by fellow runners. She recollected that when she was younger, she used to listen to all runners' little stories and went to the practitioners they suggested. However, she no longer listened to advice given to her by other runners, but chose to ignore it.

4.2.10.10 Results of MBTI

Michelle's results for the MBTI revealed that she had an INFJ preference. During her interview, she displayed some of the behaviours and attitudes that are common to people who have an INFJ preference.

Michelle enjoyed variety and welcomed new experiences. She also described herself as creative; she explained that she enjoyed playing when she ran and doing things differently. Michelle said that she experienced emotional satisfaction when she was creative. She believed that running afforded her the opportunity to be creative and added that it hurt because she was unable to run.

Michelle had insight and relied on her intuition to understand complex meanings and human relationships. She was of the opinion that heart rate monitors did not allow people to feel and referred to them as self-inflicted barriers. She added that heart rate monitors gave runners information and prevented them from feeling what it felt like to run a race in a particular state. Michelle appeared to understand herself when she said, "You just want to be."

Michelle expressed the need to be alone in order to be creative and conceptualize ideas. She said, "You can't really be creative when you're surrounded by people. I need my own time." Furthermore, she was a private person, and only shared her thoughts and feelings with those whom she trusted. Michelle also desired to find purpose in her work and simultaneously, focused on her own growth and development. She said she loved what she did and thought that she did it well. She added that she believed in opportunities.

At times during the interview, Michelle appeared to be very critical. It may be presumed that this was due to the stress she was experiencing because of her injury. She was critical of medical practitioners who had referred her to their colleagues; she stated, "You know their little group that work together." She was critical of and rigid in her judgement of another runner who had compared his injury to her injury. She stressed that she did not ask nor want the individual's information. Michelle gave the impression that she had become more reserved, introspective and self-sufficient since she had sustained her injury. She claimed that speaking about her injury made it worse for her and emphasized, "I'll suffer. But I'll suffer on my own. I prefer that."

4.2.11 Participant 11

Jo was a female in her sixties. At the time of the interview, Jo's piriformis muscle had been troubling her for over a year.

4.2.11.1 Running history

Jo had been involved in long-distance running for 12 years. She had originally started to run because she wanted to lose weight. She joined a club and trained with a group under the guidance of a coach. She related that soon after that she got, what she termed, the bug. Once she was able to run ten kilometres, the coach told her he was going to train her to become a proper runner. She had run the Comrades Marathon once after her coach persuaded her to do so. She described this experience as the best day of her life. The distances Jo enjoyed racing the most were 21 kilometres and 32 kilometres. However, because of her injury she now preferred running 10 kilometres. Furthermore, because of work commitments she no longer ran as much as she had previously. Throughout the interview, Jo gave the impression that she had enjoyed running more when she had been more involved in the sport than she did at the time of the interview.

4.2.11.2 Training program

Prior to her injury and commitments at work, Jo had run a minimum of 45 kilometres a week. She had followed a structured program. Each week her program included a long run of 16 kilometres, hills or speed work and ten kilometres at least three times a week. When Jo had run the Comrades, she had run 65 kilometres a week in a six month build-up to the race. She recalled running approximately 1000 kilometres in this period. She also used to do circuit training at a gym and swam two or three times a week. Of her training during the previous year, Jo said, "I now run if I'm lucky three times a week and present kilometres, about 20." During her recollection of her previous training program, she appeared to be nostalgic.

4.2.11.3 Perceived benefits and disadvantages of running

During Jo's account of the benefits she believed she experienced because of her involvement in the sport, it was apparent that she was very enthusiastic and passionate about it. She described a number of benefits she believed long-distance running afforded her. She enjoyed the sport; she used the words, wonderful, lovely and great to describe various races she had run. Jo believed that running gave her the opportunity to interact with nature. She thus described this experience: "It's taught me to be more in touch with the elements, to be part of the universe in which I live." Jo also perceived many psychological benefits because of her involvement in long-distance running. She believed that running helped her cope with stress. Furthermore, she spoke about the sense of freedom she experienced when she ran; she said, "Everything in running is like

freedom. It gives me a feeling of freedom.” She further stated that running gave her confidence and a sense of identity. She added that the sport had taught her about humility and to be happy with less. She said that running afforded her the opportunity to be part of a team. She said, “Running is the most wonderful thing in the world.”

When asked if she had experienced any disadvantages because of her involvement in long-distance running, Jo spoke about the negative impact running had on her relationship with her husband. She perceived that her involvement in the sport had put stress on her marriage. Throughout the interview, Jo gave the impression that her husband did not share her interest in the sport and could not identify with her passion. Jo also believed that when she ran a lot, she tended to neglect her other interests. She also said if she ran too much it affected her appearance as she thought the exposure to the sun had given her wrinkles.

4.2.11.4 Personal understanding of the nature of running injuries

When asked what her perception of injury was, Jo said, “It’s a pain everywhere. It stops you from doing what you enjoy.” However, she gave the impression that she was very determined and resilient in her decision to carry on running when she was injured unless the injury was of such a nature that she was unable to run. She referred to well-renowned sports scientist, Tim Noakes’ categorization of levels of injury and said, “I carry on regardless unless it’s really ... Level four for me is when it actually stops you. That’s when I’ll stop.” She had run the Comrades Marathon with runner’s knee; she said that she had managed to run it with pain killers and patches because nobody was going to stop her from running her Comrades. She added, however, that previously she had been unable to run with iliotibial band friction syndrome (ITB), and said that the injury had got to her. Jo was determined not to give up running because of injuries. Rather, she expressed the opinion that although injuries were dreadful, they had taught her that she could battle through them with the right mental attitude.

4.2.11.5 Experience of injuries

Jo had previously suffered from runner’s knee and ITB. She had run the Comrades Marathon with runner’s knee. In January of the following year when she started to train for the Comrades Marathon, she picked up an ITB injury. She could not run and had to have two operations before she recovered from the injury.

As stated previously, at the time of the interview, Jo’s piriformis muscle had been troubling her for a year. She said that after 35 kilometres into a 50 kilometre run, “I’ll get a floppy foot. It just didn’t want to lift and run.” Jo believed that she could run with her injury if she did the exercises prescribed by her biokineticist. However, a demanding job did not afford her the time to do the exercises or run as she had previously. She also acknowledged that she had become very unfit. At this stage of the interview, Jo gave

the impression that she did not like the situation she found herself in and felt trapped because of it.

4.2.11.6 Perceived causes of injury

Throughout the interview, Jo shared her understanding of the causes of her injury. She appeared to have very definite ideas as to why she was injured. She was of the opinion that her piriformis muscle was a result of problems she experienced with her sciatica nerve as well as the spurs on her lower spine. A biokineticist confirmed this and further linked her injury to a weak core. Jo, in turn, linked the spurs on her back to her age. A podiatrist was of the opinion that she had biomechanical difficulties; Jo's bunions caused her big toes to point inwards instead of forward and consequently, she did not use her toes properly. Although she alluded to her injury being the result of not having time to do exercises and run, she also said that her sciatica nerve "only bothers me when I step up the distance dramatically."

Jo perceived a direct link between her injury and stress. She elaborated in detail how her employer had fired her. When she described her experiences with her employers, she became tearful and it was evident that she was upset and unhappy. She described this experience as follows: "I mean it was like cutting me off at the knees ... you know it put a huge dent in my life." Her present employer had also put regulations into place which Jo perceived to be unfair and this had resulted in her becoming completely demotivated. She felt that during this time her injury had really got bad; she explained that she could hardly lift up her leg when she was running. When Jo was asked directly about a link between injury and stress she exclaimed, "Ja, definitely... how you feel about yourself, how you feel about your work, how motivated you are. It's all linked. It's all definitely linked." At this point, it appeared that Jo was uncertain as to what she should do about the situation in which she found herself.

4.2.11.7 Psychological responses to injury

When Jo reflected on her injury, she appeared to experience a number of emotions.

Jo said that she felt miserable when she realized that she was injured. She appeared to be disappointed when she described her feelings that her injury failed to improve. She recalled, "And from there onwards every day I could feel it again in my foot. It was back. It was there again." She gave the impression that she felt let down. Jo then appeared to experience a sense of urgency. She remembered saying, "I've gotta fix it" and recalled making an appointment to see an acupuncturist immediately. When Jo had suffered from ITB she had also experienced feelings of urgency. When she was told that she would have to have an operation she stated, "Well look, I want you to do it as soon as possible because I want to run Two Oceans."

During the interview, Jo also gave the impression that she was unhappy and disappointed when she described experiences of loss because of the injuries she had suffered. She said she found it particularly difficult being injured because it meant a lack of enjoyment. She was of the opinion that nothing was more effective as running was in terms of weight control and she feared she would put on weight when she was injured. Jo also linked injury and not being able to run to a loss of confidence; she said, "If I'd done Comrades the second year I would be in a much more confident position now." Because of injury and job commitments she described herself as not being the fanatical runner she used to be and acknowledged that she missed not being such a fanatical runner.

4.2.11.8 Approach to rehabilitation

When Jo got injured she made an appointment with a chiropractor who was also an acupuncturist. However, she stopped going to him because he started to pressurize her to go on a special diet. She then went to see a physiotherapist who practised kinesiology. He had helped her previously when she had had runner's knee. Jo believed that, once again, he helped her tremendously, but because he was extremely busy she had only seen him once. Furthermore, she acknowledged that since getting injured, her new job had changed her attitude towards running; the sport was no longer "like a religion." Thus, she had not insisted on another appointment to see her physiotherapist, but she intended phoning him the following week. She also, as stated previously, did not have the time to do the core strengthening exercises given to her previously by her biokineticist. At this stage of the interview, Jo appeared to contradict what she had said previously. She was perceived as having mixed feelings about her involvement in the sport.

When Jo described her rehabilitation experiences, it was apparent that she trusted most practitioners in the medical profession. She believed that she had completed the Comrades Marathon because of her physiotherapist's help. Although she had only seen him once since hurting her piriformis muscle, she believed he had helped her. She also trusted her biokineticist; the core exercises he had given her to do previously had helped her tremendously. She also followed her podiatrist's advice concerning her bunions. Jo, however, did not blindly follow the advice given to her by every practitioner in the medical profession. She stopped going to a chiropractor for acupuncture because she disagreed with a diet he wanted her to follow. Furthermore, she blamed a podiatrist for her ITB injury which she had had previously. She said, "That's as a result of going to a flipping podiatrist who put orthotics in my shoes ... that's when I picked up the ITB." Although the second operation on her ITB had been successful, she questioned if it had been really necessary.

When Jo was asked what factors she believed would facilitate her recovery, she expressed the view that she needed to have more balance in her life. She was uncertain if her work commitments would allow it, but she felt she needed to work fewer hours, have more running time and time to do the exercises to strengthen her core. Jo had made plans to change her job, but she appeared to be resigned to the fact that her time would remain limited until she had established herself in her new job.

4.2.11.9 Coping mechanisms

Jo mentioned that when she had been injured previously she had done some spinning and cycling, but acknowledged that she had not done that for a long time. She did not mention what she was doing to cope with her injury, but conceded that her new job had changed her attitude towards running. At this stage of the interview, it seemed as if Jo was confused and had contradicted herself as earlier she had stated that she missed being a fanatical runner.

Jo perceived support from many of her running friends. She said, "All of my mates have always been very supportive." When she had first started running she thought of herself as lucky because a coach had taken her under his wings. Although Jo's previous boss had proved to be an obstacle as far as her running was concerned, her present boss said she must not stop running. However, she did not perceive any support from her husband. He forbade her to run the Comrades Marathon again and only allowed her to run 21 kilometre races because training for ultra marathons made her look what he described as stringee. As noted previously, Jo believed that running had placed her marriage under stress. She had tried to persuade her husband to run, but he did not like running and thought she was "stark raving mad."

4.2.11.10 Results of MBTI

Jo's results for the MBTI showed that she had an ENTP preference. Throughout the interview, she exhibited many of the behaviours and attitudes associated with people who have an ENTP preference.

When Jo described her job as an estate agent, it was evident that she continually sought new opportunities. She boasted that she had negotiated a deal to sell property in a residential estate. Jo was energized by her job when she was allowed the freedom to follow new possibilities and was not limited by inflexible regulations. She felt very confined when her former employer had told her not to run. Jo was innovative, creative and enterprising, and she enjoyed new challenges. She recollected, "When I wasn't working I collected money for the SPCA. You know I loved the negotiating thing." She said that she enjoyed the challenge of running marathons and added that she especially enjoyed improving her times.

Jo seemed to have the ability to see connections that were not always apparent to others. Furthermore, she was able, by logical analysis, to understand the origin of difficult problems. She believed that her running injury was a result of the stress she encountered at work. She stated, "And then I became an estate agent and that's where my problem started." She later added that she believed her injury was linked to stress and how she felt about life. Jo's intuitive insight was apparent when she said that in order to recover from her injury she needed to have more balance in her life.

People who have an ENTP preference may become ill when they are subjected to stress over a long period of time. Jo observed that her injury was really bad at a time she felt her boss was being unfair. Furthermore, she found it difficult to come up with new ideas and be productive because of her work-related stress. She described her situation as hectic and admitted, "My presentation is fluttering a bit."

During the interview, Jo appeared to have some critical and rebellious tendencies. She stopped going to see a medical practitioner because his suggestions annoyed her. She also blamed a podiatrist because she had sustained an ITB injury previously. She explained, "And I ran in those shoes and that's when I picked up ITB ... that I'm damn sure did it." Furthermore, she blamed a previous boss for emotional damage and regarding her present job she stated, "My running days I will specifically stop working at five o'clock and get the hell out of there."

4.2.12 Participant 12

Andrew was a male in his thirties. He was married with one child. Six months before the interview, he had suffered a stress fracture of a metatarsal in his foot. Although Andrew had recovered from his injury, he related his experience of training for the Comrades Marathon while injured.

4.2.12.1 Running history

Andrew had been involved in long-distance running for 11 years. He originally became involved in the sport because his father started running. Furthermore, he said he was very unfit and running seemed like a good way of getting fit. He stated that he was not overly competitive and described himself as a social runner. He was training to run his tenth Comrades Marathon when he got injured. His best time for the Comrades was 9 hours 19 minutes. He had run and enjoyed a number of other races too. Throughout the interview, Andrew gave the impression that he had no intention of running the Comrades again and of possibly not running other races either.

4.2.12.2 Training program

Before Andrew got injured, the focus of his training program was to prepare for the Comrades Marathon. He said, "My running career revolved around the Comrades from

the beginning.” He added that he had a “formula” to train for the Comrades. In the six months leading up to Comrades he ran approximately 1200 kilometres. He described his program: he ran 10 kilometres three times during the week, 21 or 32 kilometres on a Saturday and 15 kilometres on a Sunday. Furthermore, he related that each year in his build-up to the race, he ran more or less the same races. He emphasized that he did no quality training sessions. He stressed that he was a social runner and was of the view that quality training was not part of the enjoyment of running.

4.2.12.3 Perceived benefits and disadvantages of running

Andrew described the benefits he believed he experienced because of his involvement in the sport. He related how through running he had become good friends with people he had known at school, but with whom he had lost contact. He also said, “There was always someone to talk to at a race whether it was my friends or my father’s friends.” He also perceived health benefits because of his involvement in running. He thought of himself as always being a bit lazy, but maintained that running kept him going and made him feel fit. He believed running afforded him the opportunity to spend weekends away and further stated that he liked running races in the open country. On a number of occasions during the interview, Andrew spoke of how he enjoyed running. He described himself as an out and out jogger who enjoyed it. Of the Comrades he said, “I’ve enjoyed every one, actually loved it.” Andrew also indicated that he enjoyed psychological benefits as a result of his involvement in the sport; more specifically, he experienced stress relief and felt fulfilled because of running. He maintained that running kept him sane and gave him a release. He believed running was “something that filled something.” At this stage of the interview, Andrew appeared to be the social, uncompetitive runner he claimed to be.

When he was asked what disadvantages he associated with the sport he expressed the opinion that running could have an adverse effect on one’s relationships as well as social life. He acknowledged that he could no longer run as much as he wanted to because of family obligations. He said, “Running was such a high priority that it was affecting other priorities in my life.” It was apparent from his comments that he was committed to his family.

4.2.12.4 Personal understanding of the nature of running injuries

Andrew’s understanding of an injury was something that prevented him from running comfortably. He said that he continued running when he was injured. During the interview, Andrew related how he had run with a stress fracture of his metatarsal. He ran the Two Oceans with the injury and decided, “If you can run Oceans, you can run Comrades. No one can stop me. I’m just going to go through it. I’ll run with an injury. I don’t care. I can run it.” Throughout the interview, it was apparent that Andrew would not allow an injury to prevent him from running the Comrades Marathon.

4.2.12.5 Experience of injuries

Previously, Andrew had not suffered a major injury. He said that although he had experienced little niggles such as shin splints, it was only in that year that he had suffered his first bad injury. He reiterated, "I must say I've almost haven't had an injury."

When Andrew gave an account of the injury from which he had recently recovered, it appeared that initially he experienced denial. He said he was not too sure when he got injured and he thought he had been injured for a while before he realized he had an injury. However, he recalled that during a marathon he ran three months before the Comrades Marathon, he specifically experienced discomfort. He also remembered that sometimes when he ran it would disappear and on other occasions it would not. He said that eventually the discomfort was always there. Andrew added, "It never really got better, it never got worse. And er I always wanted it to go away so I did nothing about it hoping it would go away." He decided that the discomfort was caused by tight shoe laces. At this stage, he was training to run his tenth Comrades Marathon and thus, earn a green number. Consequently, Andrew did not want to stop running. He reasoned that it was taking him longer to get fit so he could not afford a layoff. He also maintained that he could still run even though it was a bit sore.

A month after Andrew admitted that he was injured he ran the Two Oceans Ultra Marathon. When he described his race and the events following it, his determination to run with injury was apparent. He explained that after walking for 25 minutes to reach the start of the Two Oceans, he was already in discomfort. During the race which he ran slowly he decided he should sort the injury out. However, he decided, "If you can run Oceans, you can run Comrades. No one can stop me. I'm just going to go through it. I'll run with an injury. I don't care. I can run it." Andrew consulted a sports specialist who sent him for an MRI scan which showed that he had a stress fracture of his second metatarsal. He was told he needed to rest for eight to ten weeks. Andrew told the sports specialist, "I can run even though I'm in discomfort. It's my tenth Comrades. I want to finish this damn race. I'm definitely running." The sports specialist referred him to a swimming instructor who specialized in the rehabilitation of sport injuries.

4.2.12.6 Perceived causes of injury

Although Andrew had recovered from his injury, he appeared to have very definite ideas about the causes of his injury. Andrew originally thought he was experiencing discomfort in his foot because the laces of his shoes were too tight. However, he later maintained that as he got older it was more difficult to retain his fitness. He added that every year he was carrying more weight and consequently, he thought he was putting more stress on his body. Furthermore, Andrew believed that after running for 10 years "something had to go somewhere." He said that he had read in a magazine that every runner had ten

good years and after 10 years, one's body got what he termed, running old. Andrew was of the opinion that he got injured because he told himself that he had ten good years and he had been running for 11 years. He did not perceive stress to be a cause of his injury.

4.2.12.7 Psychological responses to injury

When Andrew recounted his experience of the injury he had during his build-up to his tenth Comrades, he seemed to be experiencing a number of emotions.

When Andrew initially experienced discomfort in his foot, he did not want to admit he was injured and may have experienced denial. He said, "I just wanted to carry on and get to Comrades." However, once Andrew found out that he had a stress fracture, he felt that because he knew what his injury was he could move on and deal with it. He further stated, "So when I heard I had this injury it confirmed what I already knew. But it meant I'm going ahead." Even though Andrew gave the impression that he accepted he was injured, it was apparent that he was determined to continue running.

Andrew experienced a sense of loss while he was preparing for the Comrades. Although he was told to rest for eight to ten weeks, he was adamant that he would run the Comrades. He said, "With an injury ... by hook or by crook, I'll finish this damn race." Andrew was not able to follow his "formula" for training for Comrades; consequently, he described his confidence as being shot. He said that he usually ran a 21 kilometre race three weeks before the Comrades. Andrew explained that the latter race was "my check and balances to give me confidence when I got nervous." He also felt like a cheat because he had been unable to train for the race. He believed one could run shorter races without training, but could not understand how he could "cheat something so massive" as the Comrades Marathon. Andrew gave the impression that at the time he had been anxious and apprehensive.

Andrew also experienced a sense of urgency. He said that he did not want to have to train for the Comrades the following year. He explained that he was getting less and less fit every year and added that he was no longer enjoying the race as much he had previously. Andrew acknowledged that he had allowed his running to overtake his life. He also admitted that his priorities had changed because he was married with a child and his wife was pregnant with their second child. Consequently, he did not know if he would have the time to train for the Comrades again. Once again, he appeared to take his family responsibilities seriously. He also gave the impression that the pressure to train for his tenth Comrades was stressful. He said, "If I stop, it's again next year. I'm not going to be able to do it. I want to finish this damn race, get the green number and not have the stresses of running."

4.2.12.8 Approach to rehabilitation

Andrew did not know if the swimming instructor he was referred to for rehabilitation was qualified, but went to her because he believed he had a crisis. He gave the impression that he followed her advice because he was desperate to run the race. The instructor gave him a training program. It consisted of spinning, swimming and running in water with a belt as he was not allowed to put any stress on his foot. He went to her for training twice a week and trained on his own at a gym for another three days each week. After three weeks he was only able to put stress on his foot for two minutes before he felt discomfort. Andrew and the swimming instructor then “decided it was more important to get to Comrades injury free without having run at all than test it or try to get kilometres on the road but be sore.” Consequently, Andrew continued to cross train.

Andrew started to run ten days before the Comrades; during this time he ran five kilometres on three occasions. At that stage he seemed to be apprehensive about what might happen to him if he ran the race without sufficient training. His stress fracture had healed. Andrew said, “I kept on saying, I’ve run five kays three times, how can I run 90 kilometres? How do you cheat something so massive? You can cheat little things. But how do you get through the ultimate in running by not having run on my feet?” Andrew completed the Comrades in the allotted time. He believed that this was due to the fact that he had experience and was mentally strong.

During the interview Andrew gave the impression that he trusted those in the medical profession even though he chose to ignore the sport specialist’s advice. It was appeared that he ignored her advice because he desperately wanted to run the Comrades.

4.2.12.9 Coping mechanisms

Andrew coped with not being able to run by doing cross-training for the Comrades Marathon. He said he had struggled mentally because he had not trained specifically for the Comrades by running. Furthermore, he experienced a lack of confidence because he feared he would not complete the race. However, he believed that because he had run the race nine times, he had experience and hoped this would help him. Furthermore, he told himself that although he was to run his tenth Comrades, he only had to run the race once more. This gave him a sense of relief. He explained, “I thought I only have to run Comrades. I’m not running all ten. It was quite a relief to me.”

During the interview, Andrew did not indicate what support he received from his family and friends when he was injured. Andrew perceived support from the swimming instructor who helped him during rehabilitation. He listened to and trusted the swimming instructor. He said that he blindly followed her advice.

4.2.12.10 Results of MBTI

Andrew's results for the MBTI showed that he had an ISTJ preference. During the interview, he exhibited many of the behaviours and attitudes common to people who have an ISTJ preference.

Andrew worked in a steady manner in order to achieve his objectives. He said that his training program was centered on the Comrades Marathon and shared that he had a formula that he followed each year in his preparation for the race. He explained, "Qualified more or less the same time, ran more or less the same amount of running and to get to Comrades." Andrew trusted the information he gained from experience. He related that he had developed his formula of how to train for the race during his first year of training even though he would adjust his program from year to year.

During the interview, it was apparent that Andrew pursued his goals regardless of objections from others. When a doctor diagnosed him with a stress fracture and advised him not to run, Andrew stated, "I'm definitely running. Okay, you don't have to tell me." He added that he was prepared to run the race in a cast. He went to great lengths to achieve his goal of running his tenth Comrades. He followed a rehabilitative training program that involved cycling, swimming and running in a swimming pool in order to remain fit. He recalled the first time he spoke to the trainer who helped him with his rehabilitation: "I said I have a crisis. I have to run Comrades. You've got to get me to run Comrades."

Andrew tended to pay attention to facts and details. During his interview, he was able to detail the events that led up to his realization that he was injured, his rehabilitation program and his feelings about running the Comrades with an injury. He was also realistic and practical. He acknowledged that his injury may have been the result of putting more stress on his body because he was overweight and not as fit as he had been in previous years.

Andrew gave the impression that while injured he had suffered from stress and subsequently, started to concentrate on the negative things that could happen during the race. He admitted that he had been nervous. He had not even been certain that he would be able to run 20 kilometres.

Andrew had a deep sense of responsibility and was loyal to the significant people in his life. He reflected, "Running was a major part of my life." He then added that his priorities had changed and had decided to spend more time with his family.

4.2.13 Participant 13

John was a male in his seventies. He was married. At the time of the interview he had resumed running after suffering a back injury which had prevented him from running for five weeks.

4.2.13.1 Running history

John had been involved in long-distance running for 14 years. Throughout the interview, John appeared to be a committed runner who was very involved in the sport. He originally started running because when he went on pension he felt he needed to get some exercise. After he had run his first race in a cheap pair of shoes, someone told him that if he had a decent pair of shoes he would run well; however, he explained that the “bug” had already bitten. Although he had run the Comrades Marathon twice and had run various other marathons, he concentrated on running 10 kilometre and 21 kilometre races. He said he set himself a target to run five 21 kilometre races each year. Ten years previously John had injured his knee during the South African 10 km Championships and could not run for seven months. A doctor then advised him to forget about long distances and recommended he stick to 10, 15 and 21 kilometre races. John held South African records in his age group for those shorter distances. He was also involved in the administration of the sport on club as well as provincial level.

4.2.13.2 Training program

John followed a structured training program. When he first joined a club, the club coach spent two hours with him and gave him a program which he basically still used. He trained four mornings a week with a group and ran a race on Saturdays. He did hill training and speed training once a week. On the other two mornings, in order to accommodate an older, slower runner, they took it easy; they tended to run ahead and then doubled back to fetch him. When John described his training program, he gave the impression that he was very methodical and systematic when he trained.

4.2.13.3 Perceived benefits and disadvantages of running

John explained the benefits he believed he experienced because of his involvement in long-distance running. He said he enjoyed running. This enjoyment was apparent when he described a running route as lovely. He believed that if it was not for running, a symptom of prostate cancer, namely blood in his urine, may not have presented itself. He also experienced friendship because of running; he said, “It gives you time to share with the group we run with. It’s great.” John also perceived spiritual benefits because of running; he felt that the Holy Spirit touched him while he was running. Furthermore, he perceived psychological benefits because of his involvement in the sport as running gave him time to think.

John did not associate long-distance running with any disadvantages.

4.2.13.4 Personal understanding of the nature of running injuries

John perceived a running injury to be something that prevented him from running. He said that like all runners he experienced niggles and pains. He said, “As far as niggles are concerned and little aches I tend to listen to what my body is saying to me.” However, he had worked out strategies such as varying his pace to cope with and/or overcome

these aches and pains. Once again, he gave the impression that he was methodical and planned his training carefully. He also described how he sometimes woke up during the night screaming because of cramps in his calves. If he was committed to a race the next day, he tended to keep quiet about it and at the start of the race wondered if he would be able to finish the race. During this account, he gave the impression that he was very competitive. However, John stated that there was no way he had been able to run with the injuries he had suffered.

4.2.13.5 Experience of injuries

When John was asked what other injuries he had suffered, he chose to describe what he referred to as his worst injury. During his account of what had happened, he once again appeared to be very competitive as well as methodical. He recollected that during the South African 10 km Championships in Port Elizabeth ten years previously, he was leading in his age group with one kilometre to go. The wind was blowing from behind him and he said he could not run fast enough. He felt this was because his stride was not long enough. He remembered crashing onto the tar and each time he got up, he fell down again. He was unable to run and after consultations with orthopaedic surgeons, a physiotherapist and a biokineticist he resumed running seven months later. However, five months later when his knee started to trouble him again, he had an operation to clean up his cartilage. John was uncertain whether his fall had caused the cartilage problem or whether he had been suffering from it before the race. He said, "Now when I experience cartilage pain I know what it is. If I had experienced cartilage pain at that stage I didn't know it was cartilage. But it wasn't that painful that I couldn't run." John also mentioned that the first injury he had suffered was iliotibial band friction syndrome (ITB). He said that it had not prevented him from running for any length of time, but added that it was the first time that he had experienced something that painful in running.

As stated previously, at the time of the interview, John had recently overcome a back injury. He ran a 15 kilometre race on a very hilly route. He did not experience any pain during the race or immediately after it, but later that day he recalled that his lower back started hurting and eventually he could not even put down a cup of tea. He consulted a doctor who told him that there was nothing structurally wrong with his back and prescribed an anti-inflammatory. A week later he went to a physiotherapist who said he had a muscle imbalance. She subsequently gave him exercises to correct the imbalance. He was not able to run for five weeks. At this stage of the interview, he appeared to trust medical practitioners.

4.2.13.6 Perceived causes of injury

John seemed to have very definite ideas about the causes of his injury. When John hurt himself he attributed it to a lack of preparation. A week before he got injured he had

been overseas on holiday and had not run regularly. He said that on the second lap of the race he suspected that he must have done one of the downhill too fast. He agreed with his physiotherapist who diagnosed him with a muscle imbalance. John did not perceive his injury to be the result of stress and said he was not aware of any stress he may have had at the time of his injury.

4.2.13.7 Psychological responses to injury

When John shared his thoughts about his injury, a few emotions he was experiencing were apparent.

When John got injured he appeared to experience a sense of loss. He said that his biggest problem and his biggest worry was a fear of losing fitness. He said he kept thinking, "I'm getting unfit. I'm getting unfit. I'm getting unfit." He said that he did not look forward to having to "climb that mountain again." He seemed to be concerned and apprehensive. John then stated that when he got injured his initial reaction was always to do something about it. He said he found not knowing what the injury was difficult and thus, always wanted to consult a medical practitioner for a diagnosis. Once again, John gave the impression that he planned his running methodically. Furthermore, he appeared to be positive about the diagnosis and recovery.

4.2.13.8 Approach to rehabilitation

When John hurt his back he went to a doctor who prescribed anti-inflammatory medication. A week later he went to see a physiotherapist who treated him when he was injured. He went for six sessions of physiotherapy over a two week period. John's physiotherapist was looking for a patient for a post-graduate examination and he volunteered to be the patient. The two examiners and the student said John's injury was a result of a muscle imbalance. His physiotherapist prescribed two stretching exercises. These exercises helped resolve his injury. It was evident that John respected and trusted his physiotherapist; he said, "I have a tremendously high regard for E. I've always used her." Furthermore, he believed he had recovered from his injury because he did the exercises his physiotherapist had given him to do. Throughout the interview, he gave the impression that he trusted those in the medical profession. He stated that when he got injured he wanted to find out what was wrong and thus, consulted a doctor or his physiotherapist. He appeared to follow the advice given to him by those in the medical profession.

John believed he could prevent further injury by shortening his stride when he ran down hills and lengthening his stride when he ran up hills, even if he was on a recovery run. He mentioned that at times he experienced pain in his knees. He had discovered how to treat this problem himself. He said, "I need to vary my pace and I also tend to run up the side of the curbing and back just to vary the camber and that takes the pain away."

John, once again, seemed to be an organized runner who planned his training systematically.

4.2.13.9 Coping mechanisms

John coped with his loss of not being able to run by religiously doing the exercises given to him by his physiotherapist. He said his wife described this as a single-mindedness to get back. He also coped with his loss by helping at races. He said on one occasion he was a marshal and on another occasion he helped at a water point. He said, "It's quite an eye-opener to go to a water point because that was a lot of work."

John did not indicate the support or the lack thereof that he received from significant others when he was injured. He said that nothing came to mind when he was asked if other runners gave him advice when he was injured.

4.2.13.10 Results of MBTI

John's results for the MBTI showed that he had an ISTJ preference. During the interview, he exhibited many of the attributes associated with people who have an ISTJ preference.

John followed a structured program which he had followed conscientiously and steadily for more than a decade. He described himself as competitive and set goals for himself which he constantly worked towards. He recalled a race he had run: "I thought, well I've got a good chance of breaking 45. And I got to 43½. So it was great." John appeared to complete the tasks he set for himself and regarded as important. He recounted that he had not disclosed the fact that he had suffered cramps on the morning of the South African Championships to anyone. He remembered that on another occasion he was in such pain during a race that there was not a drop of water in the sponge that was in his fist because he had squeezed it so tightly. After he had a shoulder operation, he had run a league race with his arm in a sling.

John's tendency to be practical was apparent when he described his initial reaction when he got injured: "Do something about it. Find out what it is." He also employed simple techniques such as lengthening and shortening his stride to help correct his muscle imbalances. In addition, he had learnt from experience to vary his pace, and tried to vary the camber by running up the side of the curbing and down in order to avoid knee pain. John was also realistic; during the Comrades Marathon, he realized that if he continued to wait for his son who was suffering from cramps, they would not make the cut-off time and subsequently, he persuaded his son to pull out of the race.

On a few occasions during the interview, the emphasis John placed on facts and details was apparent. He remembered that he had counted 27 cuts and bruises when he fell

during the South African Championships. He also gave a detailed account of a motion he put forward to the provincial athletics board.

John had a deep sense of responsibility. He recalled that he had stopped playing sport when he first got married because he felt that he had to build a life for his family. When injured, he made himself available to help at races; as stated previously, on one occasion he offered to be a marshal and on another, he helped at a water point. John was also dependable: he had been the registrar at the club he belonged to for 10 years; he was the editor of the club's weekly newsletter; and he processed the league results for his province. John's dependence on religion was apparent during the interview. When asked what benefits he experienced because of his involvement in long-distance running he said, "I can only praise the Lord for this."

4.2.14 Participant 14

Chris was a male in his twenties. He was married. At the time of the interview, he had just resumed running after what he termed a long period because he had had patellar bursitis. He said he had also been troubled by a number of little injuries.

4.2.14.1 Running history

From the information obtained during the interview, it appeared that Chris was enthusiastic about the sport and wanted to run well. Chris had run cross-country at primary school, but stopped when he was in high school. After he left school he started running intermittently. He had, however, been training for and running road races for 18 months. He started training for races because he believed he had potential which he had not used while at school. Consequently, he decided to get involved in running again to see how well he could run. He said, "I had this kind of unfulfilled ambition." He also resumed running because he loved it and thought it had health benefits. Chris was focusing on racing 10 kilometres. His best time for this distance was 40 minutes 1 second. He had also run, but not raced the 21 kilometre distance. Chris had completed one marathon.

4.2.14.2 Training program

Chris followed a structured training program. Throughout his explanation of his program, he appeared to be an enthusiastic and committed runner who wanted to achieve his goals to the best of his ability. Chris trained with a friend who had many years of running experience. He said the type of training they did depended on their immediate goals. He added that their training included a long run on Saturdays and speed training three times a week; they often did the latter around a track. Chris had short-term as well as long-term goals he wished to achieve. His immediate goal was to run 10 kilometre races. His long-term goals included running the Comrades Marathon, doing adventure racing and running mountain races such as the Harrismith Platberg Mountain Race. He

believed that it was essential to have goals as this made the decision to train easier and running became more than just exercise.

4.2.14.3 Perceived benefits and disadvantages of running

Chris believed he benefited from his involvement in long-distance running. On a number of occasions during the interview, Chris expressed the enjoyment he derived from running. He said, "Ja, I really enjoy running. I enjoy it when I run." Chris also perceived that he gained physical health benefits from running. He attributed his fitness, good sleeping patterns and good posture to his running. Chris also said he experienced psychological benefits as a result of running. He believed running afforded him a positive mood. He said, "I also feel a lot better during a run." He observed that running allowed him to get away from problems and believed that during a run he could "switch off." Furthermore, he ascribed his improved confidence levels to going on long runs. On the whole, he appeared to be enthusiastic about the sport.

Chris believed the only disadvantage running held for him was injuries. He said, "I mean injuries and things are really troublesome especially because a lot of people can't always give you that much advice about it really."

4.2.14.4 Personal understanding of the nature of running injuries

Chris understood an injury to be something that had gone wrong and subsequently, prevented him from running. He emphasized that he tried to run when he was injured and tried to console himself by saying, "Life is not as bad as it looks when I'm limping." However, he acknowledged that sometimes the injury was so bad that he was unable to run. Chris did not regard niggles as injuries, but believed these aches and little pains were just part of the sport. He added that if he stopped running when he had niggles he would not achieve his goals. Previously, when he had had shin splints, he had been unable to run. At the time of the interview, Chris had resumed running slowly after recovering from patellar bursitis. He appeared to be cautious about running with injury. Even though he tried to remain positive, he also seemed to experience frustration when he was injured.

4.2.14.5 Experience of injuries

Chris explained that he had suffered from shin splints previously. He described his shin splints as really bad and said he had not run for two months which he described as a really long time. He continued, saying that during this time he had done virtually nothing except go for walks. He had also hurt a muscle in his foot during the only marathon he had run. Chris mentioned that he had experienced many other aches and pains in his shins and knees. He said that he should "keep better track of the stuff, but I just try to forget about it." He, again, gave the impression that he was frustrated.

Chris described his patellar bursitis in detail. He explained that a bursa was a sac and not a tendon or muscle, and his bursa had been inflamed. He added that the inflammation was very strange because it was at the top of his patellar. Chris recalled that he recovered from his injury fairly quickly even though he felt he had not run for a long time. At this stage, he gave the impression that this had caused him frustration as well as disappointment. When he started to run again, he seemed to adopt a conservative approach to training.

4.2.14.6 Perceived causes of injury

During his account of what he perceived to be the causes his injury, Chris appeared to be confident about his ideas. He sensed that his patellar bursitis had been caused mainly by overtraining. He thought that the intensity of his training as well as doing too much too soon had caused his injury. Chris also recognized that the other injuries he had suffered may also have been the result of overtraining. He expressed the view that because of overtraining “you get to that point apparently quicker and then you spend time wrestling with your injuries.” However, he also believed that his injury could have been the result of a lack of preparation. He said that he had run a 21 kilometre race after a period of not running regularly. He suggested that he had felt good that day and had probably run it a bit too fast. Chris believed that running in defective shoes had complicated a previous injury he had suffered. He was also a keen hiker and played a game known as the ultimate frisbee. He wondered if those activities had aggravated his injuries; he perceived hiking to be strenuous on his knees and reckoned that the ultimate frisbee was probably not good for his legs.

When Chris was asked if he thought stress had contributed to his injury, he said there was no link between his work-related stress and his injury. He later conceded that he got quite stressed about training, but was uncertain if that had played a part in his injury.

4.2.14.7 Psychological responses to injury

When Chris related his thoughts about his injury, he seemed to be frustrated as well as disappointed.

Chris perceived a sense of loss as a result of his injury. He found it difficult to lose the momentum he had and then trying to regain his form, and he added that this irritated him. He also said he felt disappointed because he could not achieve his immediate goals. Chris missed not training with his running partner and said he had lost quite a lot of contact with him. When he spoke about his training partner during the interview, he gave the impression that he valued him. He also experienced a sense of loss because he did not follow the same daily schedule; he added that “it upsets everything because it becomes part of your ... how you spend your day, definitely.” Chris felt that his day was less meaningful when he could not run.

Furthermore, Chris appeared to be frustrated when he explained that the worst part of being injured was that he did not know what the problem was.

4.2.14.8 Approach to rehabilitation

Chris did not go for medical help when he had patellar bursitis, but he just rested. He gave the impression that he was rather sceptical about the medical profession. Initially, he had made an appointment with a biokineticist who specialized in sport injuries. However, he cancelled this appointment because his medical aid would not pay for it. A friend who was a physiotherapist diagnosed his patellar bursitis. Although he seemed to be grateful to his friend, he suggested that his friend did not always know that much because he did not deal with sport injuries in his practice. Chris expressed the view that medical practitioners who did not run could not help injured runners because that they did not know what it entailed. He said, "I hate the fact that there isn't ... that much knowledge even about running amongst medical practitioners." He said that when he picked up injuries he read well-renowned sports scientist, Tim Noakes' books. He also asked his running partner for advice; once again, Chris gave the impression that he held him in high regard. He added that when he was injured he usually treated his injury himself. He laughed as he explained, "They can put you on those expensive machines or you can rest and ice it." He further stated that he would rather try to get an accurate diagnosis without spending "thousands of rands on doctors."

Chris seemed to be uncertain about what measures he could employ to facilitate his recovery. He first expressed the view that rest would help, but later added that it depended on what the injury was. He then said it was crucial to continue exercising when one was injured. He also considered that he needed to find a balance between running and hiking. Chris finally admitted that he did not know what would facilitate his recovery. He, once again, gave the impression that he was disappointed as well as frustrated when he said, "All I actually want to do is run."

4.2.14.9 Coping mechanisms

Chris said that going for walks helped him to cope when he could not run. He did not state what other mechanisms he used to cope with his loss of not being able to run.

Chris did not mention whether he received support from his wife. Once again, it was apparent that he appreciated and relied on his running partner. He said, "I just mainly have this one friend and he gives me advice if I ask for it." However, Chris said he had lost quite a lot of contact with him because of not being able to run with him. He said that he had also spoken to people whom he considered to be experts, but found their advice was contradictory and this left him feeling confused and frustrated. He reiterated, "No one can really tell you what to do, you know."

4.2.14.10 Results of MBTI

Chris' results for the MBTI revealed that he had an ENFJ preference. During his interview, he demonstrated behaviours and attitudes that are characteristic of people who have an ENFJ preference.

In his efforts to support other people, Chris was attuned to their needs and loyal to them. He recalled a race he had run slower than he wanted to because he was running with his training partner who was having a bad day. In order to help high school children from getting involved in substance abuse, he started to coach running at school level. This further illustrated his consideration and compassion for others as well as his attempts to draw the best out of them.

Chris also enjoyed interacting with people and was energized by them. During his interview, he often spoke about his training partner and described him as his friend. Furthermore, he referred to those who had given him advice as experts. His need for genuine friendships was portrayed by the description of the loss he felt when his injury prevented him from training with his training partner every day. He said, "I lose quite a lot of contact because it's usually running time with that person every day. No, it upsets everything."

Chris used his values and opinions as a foundation to make decisions. He did not understand the need to convince oneself to train. He explained, "You make the decision. I'm training. This is my goals. I'm doing that." Chris was motivated by new challenges. He related that he enjoyed trail races, and wanted to do mountain races and adventure racing. He appeared to be optimistic when he spoke about his goals and plans. Other than the goals mentioned he also wanted to concentrate on 800 metres, participate in cross-country and run the Comrades Marathon. He enjoyed variety and expressed his enjoyment when he described how, when training with his running partner, they changed their pace sporadically.

Chris voiced his need for factual information when solving problems. When he was injured he spoke to friends who were physiotherapists and he avidly sought information in running books and magazines. Chris' injury and the subsequent stress he appeared to experience may have contributed to his criticism of the medical profession. As stated previously, he was of the opinion that medical practitioners did not know much about running. He declared, "It's actually no one who's really clued up."

4.2.15 Participant 15

Julian was a male in his fifties. He was married and had one child. At the time of the interview, Julian had just recovered from a piriformis muscle injury and had resumed running after being unable to run for six months.

4.2.15.1 Running history

Julian had been involved in long-distance running for 28 years. Throughout the interview, he appeared to be a committed runner who had previously been competitive. He became involved in the sport when he was in the defence force and had nothing else to do in his free time. He then discovered he enjoyed running; he said, "From the beginning I liked running." Julian had run approximately 110 marathons. He had run the Comrades Marathon 14 times. His best time for the Comrades was 6 hours 59 minutes. He had also run four 24 hour races; one year he had run 175 kilometres in the 24 hours. Amongst other marathons and ultra-marathons, Julian had also run the Washie 100 Miler and the Karoo Ultra Marathon.

4.2.15.2 Training program

Julian followed a structured training program. When giving his account of his training program, he gave the impression that he planned his training thoroughly and was single-minded in his approach to his program. Julian believed that hard work yielded results. He said, "How much you train is how much you perform." He was also of the opinion that it was important to train consistently. He described his training program which he was following in his build-up to the Comrades Marathon. At the time of the interview, he had six months to prepare for the race. He was running five days and running approximately 50 kilometres a week. His training included a 20 kilometre long run on the weekend, speed training or hill training once a week, and three easy runs varying between 8 and 12 kilometres. Julian said that closer to the Comrades, he would do a long run of four hours on the weekends and another of two hours during the week. He added that that he also intended running a marathon once a month. Julian also included a little gym work in his program. He said that he did not really enjoy it, but included it because he thought it improved his running.

4.2.15.3 Perceived benefits and disadvantages of running

Julian described the benefits he perceived he experienced because of his involvement in the sport. He believed that running allowed him to keep fit and control his weight. He added, "It feels healthier." Julian said that although he did not run to impress anyone, he had enjoyed winning medals and awards when he was young. He also derived enjoyment from the sport. He said, "I know that I like running because I miss it if I don't." Furthermore, Julian believed he experienced psychological benefits because of his involvement in the sport; more specifically, he experienced confidence and mental strength. He described his confidence which he attributed to running: "You just have this feeling you can do whatever they tell you. You can just do it. I don't like to speak about it, but you get that feeling." He added that because of running his mind was strong.

Julian said other than time away from home, he did not associate the sport with any disadvantages.

4.2.15.4 Personal understanding of the nature of running injuries

Julian perceived an injury to be “anything that slows you down, that slows down your training or you’re your running speed or that stops you from running.” He added that a running injury prevented one from reaching goals and doing one’s best. Julian did not regard niggles as injuries, but described these little aches and pains as just a runner’s thing. He further elucidated that niggles did not stop runners. He explained, “You rather just slow down or hobble along. It’s stupid sometimes, but that’s what we do I think.” Julian said that before his piriformis injury he had had to be very injured before he made a decision not to run. However, since the injury he had learned how his body coped and if he got hurt, he realized it was beneficial to stop running for two days to allow his body to recover. He acknowledged that if he did not stop training for a couple of days, he might not run for a week. He further conceded that he stopped running sooner than he had previously.

4.2.15.5 Experience of injuries

Julian said he had been lucky because previously he had never been injured to such an extent that he could not run. He recollected that long ago he had suffered from Achilles tendinosis a month before the Comrades Marathon. During his recollection, he appeared to be single-minded. He took painkillers daily so he could continue training. Julian laughed when he remembered, “And that’s how I finished Comrades. So, I ran under eight hours, but on painkillers.” He attributed the injury to running in soft shoes; once he had changed his shoes, his Achilles tendinosis cleared up.

Julian detailed how he suffered his piriformis muscle injury. He recounted how soon after running his tenth Comrades Marathon, he started to vomit midway through a 50 kilometre race. Although he went to a couple of prominent doctors and sports scientists, and tried a number of different remedies during the following six years, he was unable to complete the Comrades without vomiting. Moreover, at some stage during this period, his right leg started to drag when he ran. He was unable to run anymore. He consulted a number of medical practitioners and was diagnosed with a back problem. He went for physiotherapy, but the treatment did not help him. He gave up running and took up swimming. He recollected, “It took me six months to get over to the side, not to run. It really was, after all the years, very hard not to run.” He appeared to have been deeply disappointed.

However, Julian then went to a family friend who was a doctor. The results of a MRI scan showed that there was nothing wrong with his back. The doctor discovered that his piriformis muscle was bigger than it was supposed to be and that was squeezing against

his sciatica nerve. This, in turn, made his leg go lame. He was given a botox injection which paralysed the muscle and it became smaller. Julian recalled when he started to run again: "Like within three weeks I was running without anything. I ran like just before. It was great, unreal and that was fine." This experience seemed to have brought him relief as well as happiness. When he later started suffering from the same symptoms in his left leg, he easily identified the problem. However, the neurosurgeon Julian consulted told him that injecting the muscle with botox would not solve the problem. He was referred to a physiotherapist and biokineticist who treated him for the following four months. He did not run for six months.

4.2.15.6 Perceived causes of injury

Julian seemed to understand the causes of his injury. He said that for ten years he had only run without doing any other exercise. Consequently, he developed a muscle imbalance; the muscles in his back were weak and his piriformis muscle was overdeveloped and was squeezing his sciatica nerve. Julian added that his injury was purely the result of the way he trained. He said, "I just ran; I did nothing else. That caused it." Julian's physiotherapist explained that the nausea and vomiting he suffered was a reaction to the pain he was experiencing. He did not in any way attribute his injury to stress. Julian also expressed the view that wearing the incorrect shoes could lead to injury. As stated previously, he attributed Achilles tendinosis he had once suffered to wearing the incorrect shoes. He remarked, "If you run in the wrong shoe everything can go wrong."

4.2.15.7 Psychological responses to injury

When Julian shared his thoughts about his injury, it was apparent that he experienced a number of emotions.

Initially, Julian found it difficult to accept he was injured and could not run. At times it seemed as though he had experiencing denial. He said he did not want to accept it because he had been running for approximately 23 years. He acknowledged that he was getting older, but added, "I couldn't cope with that. That was like difficult to accept because I thought I could run as long as I could." He remembered that it took him six months to accept he was injured even though he did not like it. He recalled thinking, "Okay, forget running and do something else." That seemed to cause him deep disappointment.

Julian perceived a sense of loss when he was injured. He described his loss as the need to do something that he could not do. He further related how he missed running when he said, "Something that used to make you happy is gone." He added that he did not want to do anything else. When Julian related his loss, he seemed to experience feelings of unhappiness and personal dissatisfaction. He said, "I think I was not a pleasure to be with for a week or two, but after that it was better. But I was down. You know."

4.2.15.8 Approach to rehabilitation

Julian was treated by a physiotherapist and a biokineticist for four months. His treatment involved doing exercises to correct the muscle imbalances in his back. His muscles were so under-developed that he could not do the exercises they prescribed. He said, "I couldn't do what they showed me to do. So it took me two months and I think they felt sorry for me. I had this ego trip, but it was fine." Julian explained that the exercises concentrated on his core. He said that his muscles really hurt when he first started doing the exercises because of his lack of strength. After two months his muscles were strong enough to enable him to run again. He admitted that he had really worked hard. During his explanation, he gave the impression that he had been embarrassed when he first started his rehabilitation program. However, he appeared to be single-minded and committed when he described what the program entailed.

Julian had mixed feelings about medical practitioners. He appeared to express a lack of trust in the medical profession when he recounted his struggle with bouts of vomiting and a lame leg. His description of a visit to a doctor at the time illustrates this lack of trust. He said, "I went to a doctor again. He said you know you shouldn't be running 40 kays. And when they start like that, what they going to do for you? Most doctors don't know what to do. They're not runners and don't know what. No, they can't help you." He further voiced this sentiment when he described how nothing medical practitioners had given him helped. He added, "I really spent a lot of money and it didn't work." However, Julian seemed to express trust in the medical profession once he was given the correct diagnosis. He said he did not care how long his therapy took because he thought it would help; once again, his perseverance was apparent. He acknowledged that initially his physiotherapist and biokineticist did not know how to solve his problem. Julian referred to himself as their test tube, but stated that in the end it had worked well.

Julian appeared to have definite ideas when he was asked what measures he perceived would facilitate his recovery. He believed that in order to prevent getting injured again he had to continue doing the exercises the physiotherapist and biokineticist had given him to do during his rehabilitation. He said that he knew the exercises had made a big difference because he felt he ran easily. Julian added that his improved flexibility was the result of stretching and he would continue doing the stretching exercises he had been given to do. He also expressed the opinion that runners should not only run, but do other exercises.

4.2.15.9 Coping mechanisms

During the interview, Julian did not indicate what he had done to cope with his loss when he was injured.

Julian believed that he received support from his wife when he was injured although he wondered if she understood what he was going through. He remembered that his wife said he was different and told him to “just go and play outside or whatever you do.” Julian said he was not a social runner, had been training alone for many years and did not have too many running mates. Consequently, he did not seek or receive support from other runners. He mentioned that he thought other runners “talk so much rubbish.”

4.2.15.10 Results of MBTI

Julian’s results for the MBTI showed that he had an ISTJ preference. During his interview, he exhibited many of the behaviours and attitudes common to people who have an ISTJ preference.

Julian worked in a steady manner in order to achieve his goals. At the time of the interview, he was training for the Comrades Marathon and was following a structured program in order to accomplish his goal. He was of the opinion that achievement was determined by the amount of training a runner did. He later aired the view that it was necessary to train consistently. Julian had done the exercises prescribed to him by his physiotherapist and biokineticist regularly, conscientiously and thoroughly for approximately four months before he was able to run again. He had also decided to continue doing the exercises in order to prevent another injury. Julian’s determination to attain his objectives was exemplified when he related how he had trained for and run the Comrades on painkillers one year because he had Achilles tendinosis. His determination was further depicted when he remembered, “If I finished a Comrades without vomiting it was really great because it didn’t, like for five, six years it didn’t happen. I was sick every time.”

Julian tended to focus on facts. During his interview, he was able to give details of a number of the 110 marathons and ultra-marathons he had run. Furthermore, he appeared to have powers of concentration. He had run four 24 hour races as well as the Washie 100 Miler and the 80km Karoo marathon which he described as running with hardly anyone on a dirt road.

Julian appeared to be logical, realistic and practical. He recalled that when he was younger, he ran with injury even if he hobbled along. However, he explained that now that he had grown older he would take a rest for a few days if he was not feeling well because if he continued running he might not run for a week. Furthermore, Julian said that his injury had changed his outlook on running. He acknowledged, “You realize it can stop anytime. It’s not the main thing in my life anymore.”

Julian was loyal to the significant people in his life. He said that before he got married his life revolved around running; however, he added that his priorities had changed

because although he enjoyed running when he got home from work, he did not want to leave his family. Julian also took his responsibilities seriously. He and his wife were involved with a group of university Christian students. He said, "We sort of take care of them." His reliance on religion was apparent when on a few occasions he mentioned that he read the Bible and prayed.

Julian avoided situations that he could not make sense of. He initially got involved in running because he could not identify with his colleagues who went drinking at night and thus, he went running instead. Julian expressed his preference to be alone when he stated, "I run by myself. I like to go when I want to go, run my own pace." He was also a very private person. He observed that he believed his involvement in running had given him confidence, but added that he preferred not to speak about it.

Julian showed his tendency to become negative when suffering from stress. He related that when he was injured he did not want to accept it and described himself as unhappy. Furthermore, during this time he also became critical of others as depicted by his statement, "Ja, they talk so much rubbish."

4.3 Summary of each participant's results

4.3.1 Participant 1

At the time of the interview, Alan who was in his fifties and had been involved in long-distance running for 17 years had been suffering from Achilles tendinosis in both legs for over two years.

When Alan detailed his training program which was structured and focused on goals, he gave the impression that he was committed to the sport and very competitive. Furthermore, he perceived that running afforded him the opportunity to be competitive as well become involved with people which he did as a runner, coach and chairperson of the club he had formed. Alan also believed that he experienced psychological benefits because of his involvement in running; more specifically, running relieved his stress and afforded him the opportunity to sort out his problems. The disadvantages Alan associated with the sport were financial expense, and negative influences on his social life and relationships.

Alan regarded himself as injured when the pain he experienced was such that he could not run; he further qualified this by saying the pain had to last longer than a day. However, he was of the opinion that 80% of the pains he experienced were unimportant. When Alan recounted that he had had lots of injuries and had decided to run through the pain of Achilles tendinosis, he gave the impression that he tended to deny injury.

Alan had difficulty in making sense of his injury. He did not perceive overtraining and racing too much to be the cause of his Achilles tendinosis. It appeared as if he was

trying to defend his decision to continue running with injury. The medical practitioners he had consulted were of the opinion that his injury had resulted from old sport injuries he had sustained when he was younger. Alan also suggested a lack of stretching may have contributed to his injury. He did not perceive stress to be the cause of his injury.

Alan was reluctant to accept he was injured. He appeared to be frustrated and angry when he questioned why he had suffered an injury. However, he displayed signs of acceptance when he conceded that he would not be able to run the Comrades Marathon that year. He experienced a sense of loss because he could not run the times he had been able to run prior to his injury and appeared to be distressed when he stated that he was negative because his enjoyment of the sport was compromised. He also believed his injury had had a negative effect on his relationships.

Alan neither trusted nor listened to the advice of those involved in the medical profession who had advised him to rest for two years. Although he conceded that he needed to rest in order to facilitate his recovery, he was not prepared to do so for such a long time. He was coping with his injury by coaching others and being involved in the administration of the running club he had started.

Alan's results for the MBTI revealed that he had an ESTJ preference. He was systematic and took control of projects. He was also results-orientated and valued competence and productivity, but was intolerant of incompetence and was perceived as being critical. Furthermore, he also appeared to be rigid and dogmatic. Finally, he valued his involvement with other people and enjoyed socializing.

4.3.2 Participant 2

At the time of the interview, Fiona who was in her forties and had been involved in long-distance running for 10 years had hurt her hamstring six weeks previously at a cross-country race and had not run since.

Fiona did not follow a structured training program, but enjoyed including variety in her training. When she described her short-term and long-term goals she gave the impression that she could easily become negative and demotivated. However, she perceived that running helped her control her weight and alleviated her headaches. Furthermore, she also believed that running afforded her the opportunity to control her aggression and lessen her stress. The only disadvantages Fiona associated with the sport were injury and a fear of being attacked when running alone.

Fiona described herself as injury prone and considered herself to be injured when she could not run. She related that she had run while injured in previous years, but after an ITB operation she no longer did and rather paid attention to niggles because she did not want a repetition of the "nightmares" she had experienced previously. She seemed to

be frustrated and disappointed when she said that she was unable to run because her hamstring injury was too sore to do so.

Fiona had difficulty making sense of her injury. She described it as a freak injury, attributed it to a lack of preparation and also wondered if she had biomechanical problems. She related that her previous injuries had been caused by overtraining. She did not perceive stress to be a cause of any of her injuries.

Initially, Fiona failed to admit she was injured and denied it. She appeared to be angry with as well as critical of herself for getting injured, describing herself as stupid. She also experienced a number of losses because of her injury: she could not participate in cross-country; she believed her long-term goal of completing Ironman was being thwarted; and she perceived she had put on weight because she could not run. Fiona also expressed feelings of uncertainty because she was not sure how serious her injury was.

Fiona was not on a medical aid and thus, had not sought help from a medical practitioner when she had suffered her injury. Rather, she had treated the injury herself by taking anti-inflammatory tablets, and by putting ice on and getting her daughter to massage the affected muscle. She also said that she was just ignoring her injury. Although she expressed disappointment as well as a lack of trust in the medical profession, she stated that she wished to consult a chiropractor. Fiona was uncertain what measures would facilitate her recovery and did not perceive support from others. She related that she had coped with her loss of not being able to run by cycling and swimming.

Fiona's results for the MBTI revealed that she had an ENFJ preference. She prioritized people's growth and development, and further appeared to be loyal to others. She enjoyed variety and experienced new challenges as stimulating. However, when sharing her experiences with injury, she also expressed doubt and came across as being critical and pessimistic.

4.3.3 Participant 3

At the time of the interview, Paul who was in his forties and had been involved in long-distance running for 20 years was recovering from a knee injury which had prevented him from running for two weeks.

Paul gave the impression that he was a committed runner and very involved in the sport when he described his semi-structured training program that focused specifically on his preparation for the Comrades Marathon. He perceived that running enhanced his physical health by controlling his weight and prolonging his life, and also afforded him the opportunity to meet people and visit new places. He further believed he experienced the psychological benefit of stress relief because of his involvement in the sport. Paul was of the opinion that running affected his social life negatively.

Paul defined injury as a muscle that was hurt and added that pain was a signal from the nervous system that indicated something was wrong. He did not regard niggles as injuries, but rather as something that alerted him to be careful. He explained that if he still felt pain after two to three days of its onset, he would ice the affected muscle before going for treatment. Initially, after Paul injured his knee during a 32 kilometre race, he rested for two weeks. However, when his injury failed to improve he decided that although he could have run with his injury, he would go to a physiotherapist. Previously, he had run when he had sustained a thigh injury, but had rested when he had suffered Achilles tendinosis. When Paul described his experiences with injury, it was apparent that he carefully considered whether he should run when he was injured.

Paul believed his injury had been caused from running in old shoes, a lack of stretching and overtraining while still experiencing discomfort. His physiotherapist was in agreement with his opinion. He also believed that his age as well as marriage-related stress may have contributed to his injury.

When Paul described his sense of loss because he feared losing his fitness and not being prepared for the Comrades, he appeared to experience disappointment, apprehension and uncertainty. He later expressed eventual acceptance of his injury when he acknowledged that being undertrained for the Comrades was better than overtraining for the event.

It was evident that Paul trusted his physiotherapist when he described his treatment and exercises recommended by her. He further believed that resting, stretching, doing exercises at gym, avoiding running downhill and going to physiotherapy regularly would facilitate his recovery and prevent further injury. Although Paul spoke highly of physiotherapy, he expressed distrust in orthopaedic surgeons. He perceived a lack of support from his wife. He described himself as conservative when following advice given by fellow runners.

Paul's results from the MBTI showed that he had an ESFJ preference. He enjoyed organizing events and people, and planned his time carefully in order to do so. He demonstrated a deep care for others. He felt comfortable with structure, order and stability, focused on the present and based his decisions on past experience.

4.3.4 Participant 4

At the time of the interview, Tom who was in his fifties and had been involved in long-distance running for 15 years was suffering from Achilles tendinosis.

Although the primary goal of Tom's training program which he described as unstructured was to prepare for the Comrades Marathon, he preferred running shorter distances. He

said he enjoyed running and perceived that the sport afforded him psychological benefits. He related that running helped him to cope with the stress he experienced at home and work as well as other frustrations. He further stated that if he could not run he was not himself. Tom, however, also perceived that his involvement in the sport affected his relationships with his family negatively and further stated that he was often tired because of having to get up early. He also believed long-distance running was an expensive sport.

Tom regarded himself as injured when he could not perform activities with ease and further defined injury as something that caused pain. He was of the opinion that injury occurred before a runner recognized it as such. Tom had only realized the severity of his Achilles tendinosis seven months after he had first been unable to put his foot down comfortably on awaking each morning. At the time of the interview, he had resumed running after a six week layoff even though he still experienced pain. He had previously run the Comrades Marathon with an injured ankle. When Tom described his injuries, he gave the impression that he intended to continue running when he was injured.

Tom found it difficult to make sense of his injury. Although he was uncertain, he perceived his Achilles tendinosis may have been caused from overtraining, a lack of stretching and running in the wrong shoes. He also believed that his injury may have been caused by the stress he experienced as a result of family and work problems as well as other frustrations such as traffic.

Tom experienced a sense of loss and disappointment because he was uncertain whether he would be able to run the Comrades Marathon. He also experienced feelings of urgency as he wanted his injury to heal so he could train for the race. Eventually he accepted that most likely he would not be able to run Comrades.

Tom had originally attended six sessions of physiotherapy. Although his physiotherapist recommended that he have a scan, he embarked on a program of self-treatment so that he would not exhaust his medical aid funds in case his family needed the funds later in the year. Tom believed that resting for two months and following his routine of self-treatment would facilitate his recovery. He perceived support from his wife as well as his running friends even though he conceded that the advice he received from his friends did not always help.

Tom's results for the MBTI revealed that he had an ISTJ preference. He preferred to be alone, but was loyal, committed and demonstrated a sense of responsibility to significant others. He worked consistently to achieve his goals and tended to focus on details and facts. He was comfortable in predictable and organized situations, and appeared to experience uncertainty when he was not in such a situation.

4.3.5 Participant 5

At the time of the interview, Neil who was in his thirties and had been involved in long-distance running for four years was recovering from iliotibial band friction syndrome (ITB).

Neil appeared to be a committed runner who planned his training carefully and systematically when he described his training program which was structured and focused specifically on his preparation for the Two Oceans Marathon. He believed that he derived enjoyment from running as well as from the social interaction with other runners. Furthermore, he perceived running kept him fit and healthy. He also ascribed the following psychological benefits to his involvement in the sport: self-confidence, mental strength, an enhanced self-image and a sense of well-being. The only disadvantage he associated with long-distance running was injury.

Neil considered himself to be injured when it prevented him from running completely or when a doctor advised him not to run. He was of the opinion that the tendency to get injured was dependent on how runners managed themselves. He related that he had only been injured once previously; he had also had ITB the preceding year. He believed that this was due to his proactive approach of going to physiotherapy once a month for what he called a check-up. At the time of the interview, on the advice of his physiotherapist, Neil had not run since he had injured his ITB during the Two Oceans Ultra Marathon three weeks previously. It was evident that he valued the opinions of those in the medical profession.

When Neil spoke about what he perceived had caused his injury, it was apparent that it was important for him to understand what had caused it. He recounted that, initially, he had experienced difficulty in making sense of his injury. However, he later believed that his injury was due to a lack of preparation as well as overtraining. He did not perceive stress to be the cause of his injury.

Neil experienced a sense of loss because of his injury; he feared he was losing his fitness and missed training in a structured program. When he described his sense of loss, he appeared to be frustrated and disappointed. He also seemed to experience feelings of personal dissatisfaction. He later displayed signs of acceptance when he acknowledged the benefits of resting during injury.

Neil trusted those in the medical profession who had specialized knowledge in sport. He also expressed trust in running shoe specialists. Neil believed that a disciplined approach would facilitate his recovery and prevent further injury. This included following the advice given to him by his physiotherapist, and following a program to improve his core stability and strength. He valued the support he received from his wife and sought advice from experienced runners.

Neil's results for the MBTI showed that he had an ESTJ preference. He was organized, systematic and was able to make short-term as well as long-term projections. He was results-orientated, observant and focused on facts. He was able to be objective when critical, logical and analytical, and attached importance to solving problems. Furthermore, he valued interaction with others.

4.3.6 Participant 6

At the time of the interview, George who was in his thirties and had been involved in long-distance running for 19 years had just resumed running after suffering a stress fracture that had kept him out of the sport for 15 weeks.

When George detailed his structured training program that focused on specific goals, he gave the impression that he was a committed and competitive runner who planned his training systematically and methodically. He believed that he experienced psychological benefits because of his involvement in running: he related that running helped him to clear his mind, sort out his problems, feel better, have time for himself and alleviate his frustrations. He viewed the amount of time the sport demanded to be a disadvantage. He also believed that in the past his involvement in running had affected his relationship with his wife negatively.

George expounded sport scientists' views when asked what his personal understanding of a running injury was. He drew a distinction between niggles and injuries, and cautioned that niggles could become injuries if sufficient care was not taken. He stated that, with the exception of Achilles tendinosis which he believed had been caused by overtraining, he had not experienced injuries prior to his stress fracture. George explained that after experiencing what he described as double pain in his tibia, he had reduced his training for three weeks before running a 10 kilometre race after which he was unable to run. X-rays revealed that he had a stress fracture of the tibia.

When George explained his theory of why he got injured, he was perceived as being knowledgeable and having definite ideas about the sport. He was of the opinion that his injury was caused by overtraining as well as racing too hard. He did not perceive his injury to be the result of stress.

George experienced a sense of loss because his injury prevented him from running the races he had planned to run and achieving the goals he had set for himself. He perceived that running helped him to relieve stress; however, because he was unable to run, he believed running was adding to the stress he experienced instead of helping him cope with it. He experienced disappointment and frustration when he realized the severity and the subsequent recovery period of his injury. He related that he became angry, but eventually accepted and was at peace with his injury. However, he also

experienced feelings of urgency because he thought the healing process was too slow. Although George had resumed running, he could still feel his injury. This left him with feelings of uncertainty as to whether he had recovered or not.

Even though George trusted and followed the advice his doctor gave him, he also appeared to take charge of his injury. He expressed the view that in order to facilitate his recovery, he had to be at peace with his injury and not rush back into training. He had also decided to concentrate on cross-country when returning to the sport; this would ensure he ran shorter distances on softer surfaces. While injured, he had isolated himself from others and had tried to convince himself that when he resumed running it would not be that difficult because he was not completely unfit. George perceived that he knew more about running than others and thus, he thought they would not offer him advice.

George's results from the MBTI revealed that he had an INTP preference. He was achievement-orientated, competitive and placed value on proficiency. However, he was realistic about his competencies and accomplishments. He enjoyed theorizing, was mentally alert and intelligent, and solved problems with ease. George recalled becoming withdrawn and detached because of the stress he experienced as a result of his injury. He also tended to be critical and arrogant.

4.3.7 Participant 7

At the time of the interview, Catherine who was in her fifties and had been involved in long-distance running for 19 years was suffering from plantar fasciitis. Furthermore, she was a winner of the Comrades Marathon and had represented South Africa in the 100 km World Championships. She had been injured for 14 months and had not run for the previous three months.

The primary focus of Catherine's structured training program which she described as simple was to achieve good results at the Comrades Marathon. When she detailed her program it was apparent that she was a committed and enthusiastic runner who knew how to plan her training in order to achieve her goals. Catherine perceived that running afforded her the opportunity to make friends, travel and be close to nature. She also believed she experienced the following psychological benefits because of her involvement in the sport: a sense of freedom, self-confidence, and the ability to solve personal problems and overcome anger. The only disadvantage she associated with running was injury.

Catherine only regarded herself as injured when she felt "crippled." She believed she had become comfortable because she had only suffered her first injury, Achilles tendinosis after being involved in the sport for ten years. She appeared to be determined to run with injury and referred to a sports scientist's opinion in order to justify

her decision to do so. At first, Catherine continued to run when she injured her plantar fascia, but when a family member was tragically killed she felt that she needed to rest.

Catherine had difficulty making sense of her injury. Initially, she perceived the cause thereof to be her running shoes, but was uncertain. She did not attribute the cause of her injury to be stress.

When Catherine first hurt her plantar fascia, she avoided thinking and speaking about her pain. It appeared as though she was experiencing denial because she feared she was injured. When she had been injured previously, she had also been reluctant to admit she was injured. She experienced a sense of loss because she was unable to run races such as the Comrades Marathon. When she spoke about her sense of loss she seemed to be distressed and overcome with sadness. She also experienced feelings of personal dissatisfaction because she perceived a sense of loss of her lifestyle. Furthermore, Catherine expressed disappointment and frustration because her injury did not seem to be getting better. She later acknowledged that she had learned to accept her injury and, as she described it, take the cards she had been given.

When Catherine suffered her injury, she had initially gone for physiotherapy. Even though she later attempted to treat her injury herself by following advice in reputable books on running, she appeared to trust and respect those involved in the medical profession. She was of the opinion that rest and gym work would facilitate her recovery. She felt the only way to cope with her loss was to distance and isolate herself from her friends who ran. She then started meeting with friends who did not run. She did not perceive support from any of her friends while injured.

Catherine's results for the MBTI showed that she had an ESTJ preference. She was results-orientated and placed emphasis on productivity and competence. She was able to project steps in order to achieve her goals; furthermore, she was systematic, organized, and worked steadily and conscientiously to do so. She was also able to logically analyze and control situations. Catherine was also determined, practical and realistic about her capabilities. Finally, she enjoyed social interaction.

4.3.8 Participant 8

At the time of his interview, Tony who was in his forties and had been involved in long-distance running for 15 years was recovering from a groin operation. He had just resumed running after not been able to do so for several months.

When Tony described his training program which was structured, he gave the impression that he was a committed and enthusiastic runner. He enjoyed running and perceived that his involvement in the sport afforded him the opportunity to make friends, travel and keep fit. He also believed that he experienced psychological benefits because of his

involvement in the sport. He referred to running as a stress-reliever and related that his involvement in the sport allowed him to feel energized, alive, relaxed and free. He also believed that his positive outlook on life was due to running. Furthermore, Tony said he experienced spiritual benefits when running. The only disadvantage he associated with the sport was injury.

Tony regarded himself as injured when he was prevented from training in the manner he wished to run. He did not consider injury to be the normal aches and pains runners went through. Although, at times, Tony struggled with his hamstrings, the only previous injury he had suffered was a baker's cyst. He struggled with a groin injury for two years before following the advice of a team of medical practitioners at a sport clinic to have an operation to repair the muscle tears he had sustained.

Tony appeared to have definite ideas as to why he had suffered his injury. He was of the opinion that his injury was caused by overtraining because he did not want to miss out on training. Furthermore, he believed his injury was the result of a muscle imbalance; he had sustained muscle tears in his stomach and groin because his lower back muscles and hip abductors were weak. He did not perceive stress to be a cause of his injury.

Tony experienced a sense of loss because he was unable to run and missed running with his friends. He also appeared to experience disappointment and frustration because he believed his injury was taking a long time to heal and subsequently, he expressed feelings of urgency because he wanted to start training for the Ironman. He seemed to be uncertain whether his operation had been a success. His uncertainty, in turn, left him with feelings of powerlessness. Tony eventually accepted he may not be able to run as he had previously and acknowledged that he needed to show gratitude for his injury-free running years.

Tony trusted the team of medical practitioners who had performed the operation and prescribed exercises to correct his muscle imbalance. He believed that a disciplined approach of not overtraining, resting and doing the prescribed exercises regularly would facilitate his recovery. He also stated that prayer would help his recovery. Tony coped with his injury by remaining in contact with his friends who ran, doing cross-training, showing gratitude for what he had and reminding himself that other runners also suffered injuries.

Tony's results for the MBTI showed that he had an ISTJ preference. He followed his training program in a steady, thorough and orderly manner. He was practical, realistic, tended to focus on facts and details and learned from experience. Furthermore, he was loyal and committed to his friends, and was dependent on religion.

4.3.9 Participant 9

At the time of the interview, Anne who was in her thirties and had been involved in long-distance running for five years had been suffering from a knee injury for the previous six months.

When Anne spoke about her training program which was not structured and her goals, she gave the impression that she was easily demotivated and not as committed to the sport when compared to the other participants in the study. However, she enjoyed running and believed it was a sport her family could do together. Furthermore, Anne perceived that running assisted her in weight loss. She also said her involvement in the sport helped her state of mind. Anne expressed the view that running could be problematic if runners did not devote enough time to their families because of their involvement in the sport. She further perceived injury to be a disadvantage of the sport.

Anne associated injury with pain; she aired the opinion that pain was a warning signal that runners should heed. She had no desire to run with a minor injury if it would eventually prevent her from pursuing an active lifestyle. She thought that it was permissible to run with pain if given approval by a medical practitioner. Despite trying to run with her knee injury, she was reduced to walking because when she ran her leg went numb.

Anne had difficulty making sense of her injury. Her knee had first started to trouble her when she started to train for her first marathon, the Paris Marathon. She considered that she may have increased the distance she ran every day too soon. A medical practitioner from a sports rehabilitation centre advised her that she had problems with her ligaments; she questioned if this was the result of a previous injury she had suffered as a child. Anne also thought her injury might have been due to doing leg extensions at the gym. She did not attribute the cause of her injury to be stress. When she considered why she was injured, she seemed to be confused.

Anne experienced a sense of loss because she was unable to run and consequently, could not complete the goals she had set for herself. She appeared to be disappointed and disillusioned because of this. Furthermore, she seemed to experience frustration because she was unable to run through the pain she was experiencing.

Anne expressed trust in the doctor who had given her advice when she had previously suffered from plantar fasciitis. However, she did not trust the medical practitioners she had consulted at a sports rehabilitation centre. She stated that the treatment they had given her had made no difference and added that they were "grasping in the dark." Anne was uncertain as to what measures would facilitate her recovery. She considered consulting a chiropractor and/or homeopath, and trying a new running technique. She

was reluctant to have an operation. She said she was coping by doing other forms of exercise such as walking, doing circuit training and spinning.

Anne's results for the MBTI showed that she had an ENTP preference. She appeared to enjoy new challenges. She also tended to be critical, demonstrated a lack of tolerance for inefficiency and at times, was perceived as being irritable. Furthermore, when Anne spoke about her injury, she appeared to be unable to generate new ideas and expressed indifference about her involvement in the sport.

4.3.10 Participant 10

At the time of the interview, Michelle who was in her forties and had been involved in long-distance running for 25 years had been suffering from plantar fasciitis in both feet for 18 months. She had not run for the previous six months.

When Michelle detailed her training program that was structured yet included variety, she appeared to have very definite ideas about the sport. Furthermore, she concentrated on 10 and 21 kilometre races. Michelle perceived a number of benefits because of her involvement in the sport: she enjoyed running; in previous years it had fulfilled her competitive needs; when running she felt close to nature; and she was able to pray while running. She also believed she experienced psychological benefits because she ran. Michelle said running allowed her to be creative and have time alone; she also described it as her daily injection. She perceived that her involvement in the sport had negatively affected her relationship with her husband and her social life.

Michelle associated injury with pain, but expressed the opinion that it was difficult to define injury. Although she stated that it was as a dilemma to decide whether to run or not when injured, she believed that runners are aware of the severity of their injuries. She had previously run through a plantar fasciitis injury. Initially, she had run with her present plantar fasciitis injury, but had not done so for the previous six months because of the excruciating pain she experienced.

Michelle had difficulty making sense of her injury. She did not perceive it to be the result of overtraining, hard training or speed training. At first, she thought her injury may have been the result of running in the wrong shoes, but when she changed her shoes the injury got worse. She considered it possible that an accident she had had as a child may have been the root cause of the injury. A medical practitioner linked her plantar fasciitis to high cholesterol. She did not attribute the cause of her injury to be stress.

Michelle experienced a sense of loss because she was unable to run. She missed the benefits she believed running afforded her. When describing her loss, she gave the impression that she was frustrated and despondent because despite following different sources of medical advice her injury was not getting better. She also related that she

thought she had experienced a little depression. Furthermore, Michelle questioned why she had got injured. She was reluctant to admit she was injured to others. She later seemed to accept that she was injured when she said she was grateful she could still exercise. Furthermore, she felt that injured runners had to “adapt or die.”

Initially, Michelle had pursued a program of self-treatment. She later went for physiotherapy, had orthotics made and had cortisone injections. She was due to consult a heart specialist about her high cholesterol. Michelle did not find the advice given to her by medical practitioners to be helpful and consequently, gave the impression that she did not trust those involved in the medical profession. She thought that it would be beneficial to only go to one practitioner and believed her body would heal itself. She was coping by doing other forms of exercise. She did not perceive support from her husband and chose not to listen to advice from other runners.

Michelle’s results for the MBTI revealed that she had an INFJ preference. She enjoyed variety and new experiences, and was creative. She had insight and relied on intuition to understand complex meanings and human relationships, and paid attention to her own growth. When under stress she tended to be critical and rigid when judging others. Furthermore, she appeared to be a private, reserved, introspective and self-sufficient person.

4.3.11 Participant 11

At the time of the interview, Jo who was in her sixties and had been involved in long-distance running for 12 years had been suffering from a piriformis muscle injury for more than a year.

When Jo spoke about her training program which had been structured before she had sustained her injury, she appeared to be enthusiastic about the sport. She enjoyed running and believed the sport gave her the opportunity to interact with nature. Furthermore, Jo perceived that she experienced psychological benefits because of her involvement in running. She said that running helped her cope with stress, and gave her a sense of freedom, confidence and a sense of who she was. She also related that running had taught her humility and how to be part of a team. Jo was of the opinion that running had a negative effect on her relationship with her husband as well as on her other interests.

Jo equated injury to pain and said it hampered enjoyment. She gave the impression that she was determined to run when she was injured. She had been able to do so when, on painkillers, she had run the Comrades Marathon with runner’s knee. However, when she suffered with iliotibial pain friction syndrome (ITB) the following year, she was unable to run and underwent an operation. Jo related that she could have run with her piriformis muscle injury had she had time to do the exercises prescribed by her

biokineticist, but her demanding job had prevented this. She gave the impression that she missed her previous involvement in the sport.

Jo appeared to have definite ideas as to why she had suffered her piriformis injury. She believed it was the result of her sciatica nerve, spurs on her lower spine and weak core muscles. A podiatrist had also advised her that she had biomechanical problems. She also perceived that the stress she was encountering was directly linked to her injury.

As a result of her injury, Jo experienced a sense of loss because she could not run: she missed the enjoyment running afforded her; feared she had put on weight; and perceived a loss of self-confidence. She described her initial reaction to her injury as feeling really down and she said that she continued to feel disappointed when her injury did not get better. Jo also experienced a sense of urgency in her bid to recover from the injury.

Jo trusted her physiotherapist and was of the opinion that her recovery would be facilitated if she made an appointment to see him and did the exercises prescribed by her biokineticist. She also perceived that more balance in her life, namely a new job, fewer hours at work, and more running and gym would help her to recover. She believed that her friends with whom she ran had all been supportive, but she perceived a lack of support from her husband. When Jo had been injured previously, she had found that cycling and spinning helped her to cope, but acknowledged that due to her demanding job her priorities had changed.

Jo's results for the MBTI showed that she had an ENTP preference. She enjoyed new opportunities and challenges. Furthermore, she was innovative, creative and enterprising. She was intuitive and had insight, and was able to see connections not always apparent to others. However, when under stress Jo found it difficult to generate new ideas and be productive. She also tended to be critical of others.

4.3.12 Participant 12

During the interview, Andrew who was in his thirties and had been involved in long-distance running for 11 years, related his experience of suffering a stress fracture of his second metatarsal during the period he was training to run his tenth Comrades Marathon.

The primary focus of Andrew's training program which he referred to as his formula was to train for the Comrades Marathon. When detailing this program, he emphasized that he was a social runner who did no quality training. He believed running afforded him the opportunity to make friends, keep fit and healthy, run in the open country and go away for weekends. He also perceived psychological benefits because of his involvement in the sport; more specifically, he experienced stress relief and felt fulfilled. Andrew believed that running could have an adverse effect on a runner's relationships and

social life. However, he stated this did not affect him because since getting married, his priorities had changed.

Andrew regarded an injury as something that prevented him from running comfortably. Throughout the interview, it was evident that he would not allow an injury to prevent him from running the Comrades Marathon. He related that prior to his stress fracture he had not suffered a major injury. He was uncertain when he suffered his stress fracture, but described it as a discomfort. He added that the discomfort he experienced had been present for a couple of months before he realized he was injured. After he had run the Two Oceans Ultra Marathon in pain, a MRI scan showed he had a stress fracture. Andrew insisted on running the Comrades Marathon despite advice to the contrary from a doctor who specialized in sports injuries.

Andrew seemed to have very definite ideas about the causes of his injury. He perceived his injury to be related to unfitness as well as to carrying too much weight. He believed these factors had caused undue stress on his body. He also expressed the opinion that a runner only had 10 good years of running; he had been running for 11 years. He did not attribute the cause of his injury to be stress.

Initially, Andrew was reluctant to admit he was injured because he wanted to run his tenth Comrades Marathon and thus, earn his green number; at this stage, he appeared to experience denial. He expressed a sense of loss because he unable to follow the formula he followed when training for the Comrades. Andrew also experienced a sense of urgency because he did not want to postpone running his tenth Comrades to the following year. He gave the impression that at the time he had been anxious and apprehensive.

Andrew respected the medical practitioners he had consulted as well as the swimming instructor who guided him through a program of cross-training so that he would be able to run the Comrades. He felt fit before the race, but felt like a cheat because he had only run five kilometres on three occasions 10 days before the race and feared he would not finish. He coped with his feelings of apprehension by repeatedly telling himself he only had to run the Comrades once on the day of the race.

Andrew's results for the MBTI showed that he had an ISTJ preference. He trained in a steady manner in order to achieve his goals which he pursued regardless of objections. He trusted information from experience and paid attention to facts and detail. Furthermore, he was realistic and practical. When suffering from stress he tended to become negative. He also displayed a deep sense of responsibility.

4.3.13 Participant 13

At the time of the interview, John who was in his seventies and had been involved in long-distance running for 14 years had resumed running after suffering a back injury

which had kept him out of the sport for five weeks. He held South African records in his age group for 10, 15 and 21.1 kilometres.

When John described his structured training program, he gave the impression that he was a committed runner who followed his training program systematically and methodically. He shared that he enjoyed running and perceived that due to running his prostate cancer had been detected. John also believed that running afforded him the opportunity to form friendships, experience spiritual benefits and gave him time to think. He did not associate the sport with any disadvantages.

John perceived an injury to be that which prevented him from running. He believed that all runners experienced niggles and related that he had worked out strategies that enabled him to cope with and alleviate these aches and pains. John added that his injuries were of such a nature that he had been unable to run with them. However, he stated that if he only experienced cramps he was determined to run with pain if he was committed to a race. The first injury he had suffered, iliotibial band friction syndrome (ITB), had been very painful. John's worst injury, torn cartilage in his knee, had resulted in an operation and had prevented him from running for seven months. He suffered his back injury after running a 15 kilometre race which was very hilly.

John appeared to have definite ideas about the causes of his injury. He perceived his injury to be the result of a lack of preparation and running down hills too fast. He did not attribute the cause of his injury to be stress. His physiotherapist was of the opinion that his injury was the result of a muscle imbalance.

John experienced a sense of loss because of his injury as he was concerned about losing his fitness and appeared to be apprehensive about it. However, he gave the impression that he was positive when he explained that he approached his injury with a proactive attitude; he believed he had to do something about it.

John trusted and had high regard for those in the medical profession, especially for his physiotherapist. Initially, he took anti-inflammatory tablets and then had six sessions of physiotherapy. John believed that if he did the exercises prescribed by his physiotherapist and changed his running stride he would prevent a reoccurrence of the injury. During his rehabilitation, he coped by following his physiotherapist's advice and by helping at races.

John's results for the MBTI showed that he had an ISTJ preference. He completed tasks in a conscientious and steadfast manner. He was realistic and practical, seemed to learn from experience and paid attention to facts and details. Furthermore, he displayed a deep sense of responsibility and was reliable.

4.3.14 Participant 14

At the time of the interview, Chris who was in his twenties and had been involved in long-distance running had resumed running after suffering from patellar bursitis.

When Chris described his training program which was structured and focused on both short-term and long-term goals, he gave the impression that he was an enthusiastic and committed runner. He derived enjoyment from running and perceived that he enjoyed physical health benefits such as fitness, good posture and good sleeping patterns because of his involvement in the sport. Chris also believed that running allowed him to experience the following psychological benefits: a sense of well-being, improved self-confidence and being able to get away from problems. The only disadvantage he associated with the sport was injury.

Chris regarded himself as injured if he could not run. He did not classify all aches and pains as injuries, but tried to continue running despite injury even though, as had been the case when previously he had had shin splints, this was not always possible. He added that he would not achieve anything if he stopped every time he felt pain and consequently, tried to ignore it. He had approached his injury, patellar bursitis with caution, and initially reduced and then stopped training.

Chris appeared to have definite ideas about the causes of his injury. He perceived that his injury was the result of overtraining as well as a lack of preparation for a 21 kilometre race he had run. He also wondered if his participation in hiking and a sport known as the ultimate frisbee had aggravated his injury. He attributed a previous injury when he had hurt a muscle in his foot to running with the wrong shoes. He did not believe his injury was caused by stress.

Chris experienced a sense of loss as a result of his injury: he found it difficult to lose his momentum and regain his fitness; he could not achieve his immediate goals; he missed following his daily schedule; and missed not seeing his running partner regularly. When he described his sense of loss, he appeared to be disappointed and frustrated. Furthermore, he gave the impression that he was also frustrated because he felt that medical practitioners did not have much knowledge about running.

Chris' patellar bursitis was diagnosed by a friend who was a physiotherapist. Chris also sought advice from his running partner and consulted reputable books on running. Although he wished to go to a biokineticist, he decided against this because his medical aid would not pay for the consultation. Furthermore, his injury got better with rest. Chris said he trusted those in the medical profession, but questioned if medical practitioners who did not specialize in sports injuries could help runners. He believed that in order to prevent further injury he needed to find a balance with his interest in hiking. He said he coped with his injury by going on walks.

Chris' results for the MBTI revealed that he had an ENFJ preference. He used values and opinions as a foundation to make decisions. Furthermore, he valued factual information when solving problems. He enjoyed and was energized by social interaction. He was also loyal to others and attuned to their needs. When under stress, he was inclined to be critical.

4.3.14 Participant 15

At the time of the interview, Julian who was in his fifties and had been involved in long-distance running for 28 years had resumed running after having not run for six months because of a piriformis muscle injury.

When Julian described his training program which was structured, he appeared to be a committed, single-minded runner who planned his training carefully. He enjoyed running and perceived that his participation in the sport kept him fit and healthy, and allowed him to control his weight. He also believed he experienced specific psychological benefits such as improved confidence and mental strength. The only disadvantage he associated with his involvement in the sport was the amount of time he spent away from home because of it.

Julian considered injury to be anything that slowed him down and consequently, prevented him from reaching his goals and doing his best. He described niggles as just a runner's thing and did not regard them as injuries. Julian said that prior to his piriformis muscle injury he had to be "very injured" before he decided not to run. Years previously, when he had had Achilles tendinosis, he had taken painkillers every day for a month so that he could train for and run the Comrades Marathon. Julian struggled with his piriformis muscle for six years before the cause of his injury was diagnosed. He continued running until he was unable to do so even though his leg started to drag and during long races experienced bouts of vomiting caused by severe pain. He now approached pain with caution and took rest days when necessary in order to facilitate recovery.

Julian understood the causes of his injury as explained to him by the medical team who treated him. He said it was related to a muscle imbalance; his piriformis muscle was over-developed and had pressed against his sciatica nerve, causing his leg to go lame.

Initially, when Julian shared his thoughts about his injury, he appeared to experience denial. He said he was reluctant to accept his injury because he said he could not cope with injury. He also experienced a sense of loss; he said he missed something that made him happy. He further experienced feelings of personal dissatisfaction and described himself as unhappy and unpleasant. It took him six months to accept he was injured.

Julian expressed a lack of trust in the medical practitioners who had diagnosed his problem incorrectly. However, he trusted the physiotherapist and biokineticist who had

treated his injury and given him exercises to do to correct his muscle imbalance. He believed, to further facilitate his recovery and prevent further injury, it was necessary to continue with the prescribed exercises. He perceived his wife to be supportive.

Julian results for the MBTI showed that he had an ISTJ preference. He was determined to achieve his goals, and trained in a steady manner and demonstrated powers of concentration in order to do so. He tended to focus on facts, and was realistic and practical. He avoided situations that did not make sense to him. He appeared to be loyal to significant people in his life. However, he seemed to be a private person and preferred to be alone. When under stress he tended to be negative and critical of other people.

4.4 Integrated results of participants' interviews and MBTI

The profile and general biographical information of the sample was described in the introduction of this chapter. In this section, the general themes identified amongst the participants will be described under the specific headings used in the case study of each participant.

4.4.1 Training programs

When the participants detailed their training programs, the majority of them (13) appeared to be *committed and dedicated* to long-distance running. Furthermore, their *enthusiasm* for the sport was apparent throughout their interviews. Catherine's enthusiasm was exemplified when she said, "Running is my life." Only two of the participants gave the impression that they could easily become *demotivated and negative* about running. Fiona said that she experienced running long distances as boring and at times during her interview, Anne gave the impression that she did not care about running.

All the participants in the study were *goal-orientated*; they all had particular goals which they wanted to achieve in long-distance running. Although they had other goals, the principal goal of eight of the participants' training programs each year was to run the Comrades Marathon. Andrew, for example, said, "My running career revolved around Comrades from the beginning." Four of the participants also expressed their desire to participate in the Ironman and two wished to run mountain races such as the Harrismith Platberg Mountain Race and the Mont-Aux-Sources 50 km Challenge. Two participants wanted to improve their times: Neil wanted to run the Two Oceans Ultra Marathon in under five hours and Anne wished to complete the Two Oceans Half Marathon within the cut-off time. Three participants alluded to specific goals, but did not elaborate on what they were.

The majority of the participants (11) followed what they perceived to be a *structured* training program in order to achieve their goals. Andrew, for instance, referred to his

program as his formula for training for the Comrades Marathon. Furthermore, five of the participants who followed a structured training program appeared to plan their training *carefully and systematically*. George, for example, explained the value of including plyometrics, power-training and gym work in his program, and Julian stressed the importance of training consistently. One participant, Paul, perceived his training program to be *semi-structured*. He said, "I know what I'm supposed to do" and later added that he tried to incorporate these sessions into his program. Only three participants said there was *no structure* in their training programs. Tom believed that he did not need to follow a particular structure because his training route included hills as well as flat roads and Anne declared, "I just do what I feel like." Finally, two participants stressed the importance of *variety* in their training programs. Michelle said she liked to play when she trained and Fiona enjoyed varying her pace while running.

4.4.2 Perceived benefits and disadvantages of running

During their interviews, all the participants described the benefits they perceived their involvement in the sport afforded them. The main benefits that were identified may be categorized as follows: *physical health, enjoyment, friendships, competitive needs, travelling opportunities, spiritual, interaction with nature and psychological benefits*.

Of the 15 participants, ten were of the opinion that their participation in the sport helped *enhance their health*. Five of these participants felt that running helped them to control their *weight*. Paul also believed that running could help *prolong life*. Three participants attributed their extra *energy* to running. Tony, for example, referred to running as an energizer and said he felt alive because he ran. Chris ascribed his *good posture* and *sleeping patterns* to his involvement in the sport and Fiona thought running helped her *alleviate headaches*. Furthermore, five participants also related how running kept them *fit*.

Ten of the participants perceived the *enjoyment* they derived from the sport to be a benefit. When describing her enjoyment, Jo used the words, wonderful and loved; John described a running route as lovely; and of a race he had run, Chris said, "I was really happy I ran it." Furthermore, Michelle related that she liked to play when she ran.

Nine of the participants perceived the opportunity that running helped them *form friendships* to be a benefit. Andrew reflected that he renewed friendships with old school friends when he became involved in the sport. Neil believed that he benefited from the camaraderie runners shared and it was apparent that Chris valued the friendship he shared with his running partner. Furthermore, Tony related how he missed his friends because he was unable to run. Jo believed that running had taught her to be *part of a team*. Throughout his interview, when Alan spoke about the runners he coached, he appeared to value his involvement with them.

Four of the participants believed that running fulfilled their *competitive* needs. Both Julian and Michelle shared that although they were no longer competitive, running had previously allowed them to meet this need. Julian explained that he had enjoyed winning awards. Alan stated that running with fast runners helped him; furthermore, he appeared to experience a sense of loss because he was unable to run the times he had done previously. George was of the opinion that the best time he had run the Comrades Marathon in was not a reflection of his ability.

The opportunity to *travel and visit new places* was perceived to be a benefit by five of the participants. Catherine, for example, declared, "I love to see the world through my running shoes." Four of the participants believed that running gave them the chance to *interact with nature*. Jo said that running had taught her to be more in touch with the elements and be part of the universe. Three participants associated the sport with *spiritual* benefits. Tony said while he was running it was time off to pray and Michelle described running as a spiritual thing when she could, as she described it, email God.

All of the participants perceived that they experienced *psychological benefits* because of their participation in long-distance running. They used an array of descriptions to express the psychological benefits they associated with the sport.

Seven of the participants believed they experienced *stress-relief* as a result of running. They used an assortment of terms to describe this benefit: Fiona said running helped her get rid of stress; Alan stated that after running he felt, what he termed, completely downloaded; Paul shared that when under stress running gave him the opportunity to get out into nature and blow it off; and Andrew reflected that the sport gave him a release. Furthermore, both Tom and Paul explained that running helped them to deal with the stress they experienced at home and at work.

Five participants stated that running helped them to deal with *frustration and anger*. When speaking about his frustrations Tom said, "I put on my running shoes and I go and kill the road." George expressed a similar sentiment; he stated, "If I'm absolutely frustrated I can kill myself on the road." Catherine shared that running helped her to master any feelings of anger she may have experienced before a run and Alan said that after a run he was no longer worked up.

Three participants believed that running helped them to *solve their problems*. Alan, for example, said that after a run he could think more clearly. Catherine declared, "Just running help me through all my problems. It's like I don't have to see a shrink."

The majority of participants not only perceived that running helped them cope with stress, frustration and anger, and to overcome problems, but they also associated their involvement in the sport with *positive psychological benefits*. Five of the participants believed running helped them to become more *confident*. Julian, for instance, said,

“You just have this feeling you can do whatever they tell you.” Chris thought that running long distances such as half-marathons had given him confidence. Neil attributed the confidence he believed he experienced when doing business in the commercial world to running.

Five participants said running helped them to *improve their self-esteem*. Fiona, for example, stated that after a run she felt much better and added that she might be addicted to running because after running two or three kilometres she experienced the runner’s high. On the other hand, Alan said that after a run he could start again because he felt refreshed. Chris reflected, “I also feel a lot better during a run.”

Four participants felt that running gave them a *sense of freedom*. Jo described it thus, “Everything in running is like freedom. It gives me a sense of freedom.” Three participants also said that running afforded them *time to be alone*: Michelle reflected that running was her time out and Chris said it helped him to switch off. Furthermore, three participants perceived that running afforded them the *time to think*; for example, George felt that running helped him to clear his mind.

Individual participants also experienced an assortment of some other psychological benefits that may be worth mentioning. Neil perceived that running had helped him become *mentally strong* in difficult circumstances; he attributed this strength to running through pain. Michelle believed that the sport enhanced her *creativity* and described running as her little daily injection. Tony said running helped him to *relax*. Anne was of the opinion that running helped her *state of mind*. Andrew reflected that running had given him a *sense of fulfillment*; he said that running was “something that filled something.” Finally, Jo stated that running had given her a *sense of identity*.

All the participants, with the exception of one, believed that they had experienced *disadvantages* because of their involvement in long-distance running. Six of the participants perceived *injury* to be a disadvantage of the sport. Anne stated that injury was definitely a negative consequence of the sport. Chris called injuries troublesome as he believed that people could not always give him that much advice about his injuries and Neil perceived injuries to be frustrating.

Seven participants believed running had affected their *relationships* adversely. Tom, for example, reflected that he had deprived his family of some of the joy they deserved. Anne expressed a similar sentiment when she stated that running could become problematic if a runner did not have time for their families. George admitted that previously his involvement in the sport had affected his relationship with his wife negatively. Both Jo and Michelle stated that their involvement in the sport put a strain on their marriages. Alan was of the opinion that running could affect relationships

negatively if a runner's partner did not understand the individual's involvement in the sport.

Six of the participants also felt that running had a negative effect on their *social life*. Michelle observed that when her family was at a social function the evening before an early morning run, she kept watching the clock. Andrew stated he did not like missing out on his late Friday night, Paul felt that he could not enjoy his Friday evenings when he had to get up early to go a race the next day and Alan said that his social life played "second fiddle."

Two participants, Julian and George, perceived the *time they spent away from home* to be a disadvantage of the sport. Two participants also viewed the *expense* involved in the sport as negative. Jo believed that when she ran a lot she *neglected* her *other interests* and she added that running had also affected her *physical appearance*, making her "wrinkly." Finally, Fiona was concerned about the *safety* of the sport as she feared getting mugged.

4.4.3 Personal understanding of the nature of running injuries

During their interviews, the participants were also asked how they personally defined a running injury. One of the participants, Michelle, summed up the dilemma associated with this as follows: "Ja, that's a whole *problem* for a runner *to define*." Although the participants' perceptions of what constituted a running injury were similar, they expressed their views in various ways. Furthermore, most defined injury in more than one way.

Ten participants perceived injury to be when they were *unable to run or could not run with ease*. Six participants believed they were injured when they were incapable of running. Fiona said, "I only regard an injury as an injury when I can't run." Similarly, both John and Neil described an injury as something that prevented them from running. Catherine declared, "I'm cripple and then I say I'm injured." The other four participants perceived they were injured when they could not run the way they wanted to run. Tony, for example, described it thus: "I want to do something, run or whatever like hard as I can and I can't." Julian said an injury was anything that slowed him down and added that injury prevented him from reaching his goals and doing his best.

Injury was also equated to *pain* by six of the participants. Alan, for example, considered himself to be injured if he experienced pain for more than a day and he questioned how much nagging pain runners could endure before they had to stop running. Tom described injury as something that caused pain and Paul defined it as a muscle that was hurt. When Jo likened injury to pain, she added that it was dreadful and prevented her from doing what she enjoyed.

A number of the participants in the study also gave their opinions about *niggles*, the aches and pains runners experience. They did not regard niggles as injuries. Julian referred to them as just a runner's thing and Chris believed they were just part of the sport. Furthermore, Anne stated that almost every runner experienced niggles and John acknowledged that like all runners he experienced these aches and pains. Alan believed that 80% of the aches and pains he experienced were not important. Paul said that if he experienced niggles he felt he should slow down, but would not stop. George was of the opinion that a runner needed to make a distinction between niggles which required a rest day and an injury when one could simply not run. Michelle, on the other hand, was convinced that runners knew if their injuries were really serious.

When asked what their personal understanding of a running injury was, two participants proceeded to give an account of various *sport scientists' views* on the subject. Jo felt that when she reached level four of well-renowned sport scientist, Tim Noakes' categorization of levels of injury, it was necessary to stop running.

Four participants also voiced their *views on other factors* involved in injuries. Both Neil and Alan expressed the view that 30% of runners get injured at some point. Tom was of the opinion that an injury does not occur on the day runners first realize they are injured; he added, "It's actually something that happens before." Neil believed that people who had started to run in their early twenties or when they were younger were less likely to pick up injuries.

4.4.4 Experience of injuries

One of the participants, Michelle, voiced a *dilemma* she believed runners were faced with when they were injured: "Can I run with this injury or is it going to damage it more ... or can I run through it?" In this section, each participant's approach to previous injuries as well as the injury they had or had recently recovered from at the time of the interview is reviewed. More specifically, each participant's attitude to running with his/her injuries is examined.

At the time of the interviews, 12 of the 15 participants acknowledged that they were *running or had attempted to run with their present injuries*.

During his interview, Alan gave the impression that he tended to deny injury and ran with pain. Although he had been advised that in order to recover from Achilles tendinosis he should rest for two years, he refused to do so. When Alan spoke about his pain he said, "I normally blocked it off and just run." Previously, he had run 70 kilometres of the Comrades Marathon with a broken bone in his foot.

Andrew seemed to deny he had an injury when he suffered a stress fracture of a metatarsal while training for his tenth Comrades Marathon. When he was told he

needed to rest for 8 to 10 weeks, he exclaimed, “No one can stop me ... I’ll run with an injury ... It’s my tenth Comrades ... I’m definitely running.” He eventually did cross-training and ran the Comrades on less than 20 kilometres of training.

Catherine stopped running after having plantar fasciitis for 14 months. She only stopped because she feared she would have to have an operation and moreover, after a family member was killed tragically she felt she did not have the courage to continue running with an injury. Previously, she had run with injury. On one occasion, she had run the last 10 kilometres of a race with a sore heel. At the time she thought, “I will crawl, but I will finish that race.” Throughout her recollection of her experiences of injury, Catherine appeared to defend and justify her decision to run with injury.

Michelle had also attempted to run with plantar fasciitis for 12 months before she admitted she could no longer run because her pain was so excruciating. However, previously she had run with plantar fasciitis, and claimed that she could have run with Achilles tendinosis.

Anne tried to run with her knee injury, but acknowledged that she was actually walking because when she tried to run, her leg went numb and she had to drag it. She gave the impression that she was confused as well as demotivated as a result of her injury.

At the time of her interview, Jo had been suffering with a piriformis muscle injury for a year. She had reduced the amount of running she had done previously, not because of her injury, but because of a demanding job. Previously Jo had run the Comrades Marathon despite suffering from runner’s knee. She reflected that suffering from injuries had taught her that she could “actually battle through with the right mental attitude.”

At the time of his interview, Julian had recently recovered from a piriformis muscle injury. He related that before a scan had shown that his piriformis muscle was pressing against his sciatica nerve, the extreme pain he had experienced had caused him to vomit during ultra-marathons. He had only stopped running when his leg started to drag. He shared, “It really was very hard not to run.” Previously, when Julian had suffered from Achilles tendinosis he had trained and run the Comrades in under eight hours on painkillers.

Tony had also run with a torn muscle in his groin for nearly two years before he had to have an operation to, what he termed, fix the torn muscle.

George, at the time of his interview, had resumed training slowly after not been able to run for 15 weeks due to suffering a stress fracture of the tibia. Initially, when he had experienced, what he called, a double pain in his tibia he had not trained for three

weeks. It was only after running a 10 kilometre race that he went for X-rays because he could not run anymore.

Although Chris was cautious when he injured his knee, he continued to run. Previously, when he had had shin splints, he had not run for two months which he experienced as a really long time. Chris appeared to be frustrated when he spoke about all the injuries he had suffered.

After Paul hurt his knee during a 32 kilometre race then he ran a very tough long run during which his knee started to burn profusely. He then decided to go for treatment and to rest it, but stated that if he wanted to he would have been able to run. It appeared that when Paul suffered injury, he carefully considered whether he should run with the injury or not.

Finally, Tom had run with Achilles tendinosis for seven months. During this time, he had been unable to put his foot down comfortably on waking each day. He then rested for four weeks. However, at the time of his interview he had resumed training despite the fact that his injury was still troubling him. Tom gave the impression that when he was injured he had little intention of not running.

At the time of their interviews, only three participants had *stopped running* as a result of the injury they had suffered

Fiona, who had hurt her hamstring six weeks previously, said she had not been able to run with her injury because she could not even walk for three days after injuring herself and that after three weeks she had only been able to hobble. She maintained that previously she had run while injured, but because of all the negative experiences associated with this she had since become careful. She seemed to experience this as frustrating and disappointing.

Neil had injured his ITB during the Two Oceans Ultra Marathon. Although he had completed the race, he had not run since. He believed that if he was injured he should not run if so advised by a medical practitioner.

At the time of his interview, John had resumed running after a layoff of five weeks because of a back injury. He said that there was no way he had been able to run with any of the injuries he had suffered.

4.4.5 Perceived causes of injury

During their interviews, the participants explained and deliberated about a number of factors they perceived had caused their injuries. Furthermore, most of the participants gave more than one reason why they believed they had got injured. However, although they put forward their interpretations, six of the participants also said they found it *difficult*

to make sense of their injuries. Neil, for instance, who had got injured during the Two Oceans Ultra Marathon, said he had been prepared for the race, but his injury had “just come out of the blue.” Catherine could not understand why the friends she had been training with at the time she had hurt her plantar fasciitis had not also got injured. When describing her injury Michelle stated, “I don’t know what brought it on” and Anne’s difficulty in making sense of her injury was captured when she said, “So actually I really don’t know.”

Seven participants perceived their present injuries to be the result of *overtraining* and another three participants believed that overtraining had caused previous injuries they had suffered. Tom suggested, “Maybe my body couldn’t just take all this anymore.” Tony admitted that it was because of the training he had got injured; he further explained, “You don’t want to miss out. You must for that logbook.” Both Neil and Chris felt that their injuries were caused by running too many kilometres too soon. Chris expressed the view that because of overtraining “you get to that point quicker and then spend time wrestling with your injuries.” Similarly, Paul considered, “We’re probably putting up too much mileage number one.” Although Michelle did not perceive overtraining to be a cause of her present injury, she acknowledged that if she trained hard she tended to pick up injuries.

Two participants attributed their injuries to *racing too hard*. George believed that he had actually injured himself during a marathon. He explained, “I ran exceptionally hard to first of all overtake somebody and then get a comfortable distance between us. And I believe I injured myself there.” John thought his injury was probably caused by running downhill too fast in a race. Although Paul did not perceive racing too much to be the cause of his injury, he was of the opinion that it could result in injury. He added that he was inclined to challenge or chase runners he knew who were ahead of him in a race.

Three of the participants were of the opinion that their injuries had occurred because of a *lack of preparation*. Fiona, for example, said her injury was a result of stupidity because one should not attempt to run “full blast” at the beginning of a season as she had done. John believed that because he was unable to train regularly while on holiday, he was not prepared to run hard in the race he was running when he sustained his injury.

Five of the participants perceived that their injuries were due to *biomechanical problems and muscle imbalances*. Julian explained that for ten years he had done nothing else but run and this eventually had resulted in a muscle imbalance which, in turn, had caused his piriformis muscle to press against his sciatica nerve. Jo perceived her injury to be the result of spurs on her lower spine, bunions and a weak core. Tony explained that because of training hard he had weak lower back muscles and hip abductors; this imbalance had resulted in torn deep stomach muscles. A further three participants perceived their injuries to be the result of a *lack of stretching*. When considering the

factors that may have contributed to his injury, Tom acknowledged that he was not doing enough stretching and wondered if this had caused his Achilles tendinosis. Alan also recognized that when he experienced problems with his calves and hamstrings, it was because of not doing enough stretching.

Wearing incorrect or old shoes was perceived by eight participants to be a possible contributory causal factor of their present and/or past injuries. Michelle, for instance, attributed her injury to a “nightmare pair of shoes.” She further related that the new shoes she had bought when she got injured really made her plantar fasciitis worse. Catherine blamed her injury on her running shoes; she said, “If I can tell you maybe this is wrong, I think it’s this flipping phs [shoes]” On the day he got injured Paul had been running in old shoes. He recounted that he did not want to run in his new shoes because of the wet, inclement weather. Chris believed that running in what he referred to as defect shoes had complicated an injury he had suffered previously.

Three participants attributed their injuries to *previous injuries* they had suffered. Anne, for example, believed that a previous injury may have contributed to her present injury. She wondered if her knee injury had been lingering there all the time since, as a child, she had fallen off her bicycle. Michelle also linked her injury to an accident she had had as a child. Alan considered the opinion of a medical specialist who had advised him that his injury could have originated from injuries he had sustained years previously when he had played cricket and rugby. He wondered if these injuries were “only coming out now with all the stamping on the tar and everything.”

Age and the number of years of involvement in long-distance running were also perceived by some of the participants to be a cause of their injuries. Three of the participants thought that age was a causal factor in injury. Tony, for instance, suggested he may have got injured because he was a bit older and Paul stated, “The older you get the more prone you become to injury if you don’t do the right things first.” One participant, Andrew, who had been involved in the sport for 11 years, believed that after 10 years of running long distances one’s body gets “running old” and he added that “something had to go somewhere.” He referred to a reputable running publication to justify his opinion.

Individual opinions regarding possible causal factors of running injuries were expressed by five of the participants. Anne thought that doing leg extensions at gym may have caused her knee injury. Chris wondered if hiking and playing a game known as the ultimate frisbee had caused and/or aggravated his injuries. Paul perceived the cold, wet weather he had run in on the day he got injured to be a cause thereof. Michelle wondered if the medical practitioner who had advised her that high cholesterol had caused her plantar fasciitis was correct. Finally, Andrew reflected that each year he put on more weight and he considered that this may have put more stress on his body.

During their interviews, the participants were specifically asked if they perceived *stress* to be a cause of their injuries. Only three participants perceived a *link between their injuries and stress*. Jo believed stress and her injury were definitely linked. She explained that when she suffered a great deal of stress at work her injury really got bad. Both Paul and Tom also acknowledged that the personal stress they were experiencing may have contributed to their injuries. When describing the stress he was experiencing, Paul commented on the accumulative nature of stress when he stated, "Those things add on, you know." Tom also suggested the stress he experienced while driving in traffic may have contributed to his injury.

Although the majority of the participants (12) believed that running helped them to cope with stress, they did not perceive a *link between their injuries and stress*. Chris, for example, said he was happy to train and thus, felt that there was no link between his stress and his injury. Anne conceded that she was anxious about running her first marathon, but did not connect the stress she was experiencing to her injury. Michelle did not believe her injury was due to stress, but suggested her high cholesterol could be related to stress. John did not believe that his injury was a result of stress. He added that he was unaware of any stress he may have been experiencing when he got injured. Neil stated that he used running as an outlet and Fiona said it was her way of dealing with stress; however, neither of them thought it had contributed to their injuries.

4.4.6 Psychological responses to injury

When the participants shared their thoughts about their injuries during their interviews, they all appeared to experience a number of emotions. The following emotions were highlighted: *denial, a sense of loss, disappointment, frustration, confusion and uncertainty, apprehension, personal dissatisfaction, anger, a sense of urgency, and eventual acceptance*.

4.4.6.1 Denial

Five of the participants found it difficult to admit that they were injured and they seemed to experience denial. Catherine said that initially she avoided thinking and talking about her pain because she was scared that she was injured. She recalled that even though, when injured previously, she had walked like a crippled person she had told others that she just had niggles. Despite experiencing pain, Andrew at first continued running because he wanted to run the Comrades Marathon for the tenth time and subsequently, be awarded his green number. Julian shared that it took him six months to accept that he was injured and added that he could not cope. He explained, "I thought I could run as long as I could." Alan admitted that when he experienced pain he typically blocked it out and continued running.

4.4.6.2 Sense of loss

During their interviews it was evident that all the participants experienced a sense of loss because of injury. They seemed to experience loss for a variety of reasons. A number of the participants said they were afraid of *losing their levels of fitness* and not being able to follow their desired training programs. Neil, for example, said his fitness had taken a dip and John said losing his fitness was his biggest worry and he did not look forward to what he described as having to climb that mountain again. Paul and Andrew perceived loss because they were not able to train for the Comrades Marathon as they believed they ought to train for the race. Paul said, "The guys are really adding to the mileage and they're getting stronger and I just plod along." Andrew was not able to follow his "formula" for training for Comrades and felt like a cheat because he could not do so. Some of the participants appeared to experience a sense of loss because they were *unable to participate in races* they wished to run. Anne expressed her loss when she spoke about the races she wanted to run. She said, "You can't do it if you can't run. I can't run and I can't do what I would like to do." Catherine appeared to be distressed when she said, "It's really heart sore for me to skip this Comrades. The Comrades is always something special to me." On the other hand, Alan expressed a sense of loss because he was *no longer able to run the times* he had once run. He stressed, "My times! I can't live out what I want to do."

The participants also described experiences of loss because they *no longer enjoyed the benefits* they perceived running afforded them. When they got injured both Fiona and Jo feared they would put on weight; Jo reasoned, "Nothing is as effective in terms of weight control." A few of the participants missed running with their friends; Tom said he did not want to be a spectator; Tony acknowledged that while it was okay to watch his friends run, it was more fun to take part; and Chris said that he missed the time he shared with his training partner.

A number of the participants described how because of injury they experienced a *loss of the psychological benefits* they associated with long-distance running. They expressed this loss in various ways. Julian said, "Something that used to make you happy is gone." Jo missed being a fanatical runner. Catherine stated, "I don't like the way I live at the moment." One participant, George, explained that whereas running helped him to cope with stress, his running at that moment was adding to his stress instead of taking it away. Michelle also found it difficult to be creative when she could not run and missed experiencing nature; she said, "Something that I really do miss now that I'm injured I didn't see the winter arriving." Chris felt that because he was unable to run, his day was less meaningful. Tom thus described his loss: "I'm not myself if I'm not running." Finally, Michelle appeared to be distressed when she compared her loss of not being able to do what she loved to the death of a person.

4.4.6.3 Disappointment

Ten of the participants appeared to have experienced disappointment as a result of their injuries. Tom conveyed his disappointment when he said, "I'm not feeling well about it." Anne said she was extremely disappointed because she had been unable to run the Paris Marathon and Fiona seemed to be disappointed because she had not run cross-country that season. Chris also expressed his disappointment because he was unable to achieve his goals. George gave the impression he was disappointed when he related how he had returned from Cape Town earlier than he had planned to because he did not want to be there on the day of the Two Oceans Ultra Marathon.

4.4.6.4 Frustration

Eleven of the participants seemed to be frustrated as a result of their injury. It was noted that most of the participants who expressed disappointment had also experienced frustration. Catherine seemed to be frustrated when she stated, "My first injury who can't go away. It doesn't want to go away." Michelle said that despite trying everything, her injury was not getting better and Anne conveyed her frustration when she explained that she could not run through pain. Both Paul and George admitted that they were frustrated because their recovery was slow. George declared, "I know that I'm supposed to be able to run now." Chris seemed to be frustrated when he expressed his concern that there was not enough knowledge about injuries. Alan's frustration was evident when he asked, "Why me?"

4.4.6.5 Confusion and uncertainty

Six of the participants gave the impression that they were experiencing uncertainty and confusion about their injury. Fiona's uncertainty was apparent when she exclaimed, "Where's the injury actually ... where the hell is it?" Michelle, on the other hand, questioned the reason for her injury because she believed the sport was actually good for her soul. Tony appeared to be experience uncertainty when he questioned if his operation had been a success and George seemed to express the same confusion when he considered whether the pain he was still feeling may have been psychosomatic. Both Tom and Paul were uncertain if they would be ready to run the Comrades Marathon; Tom wondered if he would be prepared for "that cruel, cruel distance."

4.4.6.6 Apprehension

Five of the participants appeared to be apprehensive about the consequences of their injury. Both Paul and Neil admitted that they feared losing their fitness. Andrew questioned how he could "cheat something so massive" by not doing sufficient training for the Comrades Marathon. Tony had doubts whether he would be able to run long distances again and added that he felt powerless about it.

4.4.6.7 Personal dissatisfaction

Five of the participants appeared to experience feelings of personal dissatisfaction when they shared their thoughts about their injury. Fiona, for example, referred to herself as stupid and Catherine said, "I don't like my life these last four months that I don't run." Chris admitted that he was fed-up and he believed that it was not a pleasure to be with him. Both Neil and Alan acknowledged that they felt negative.

4.4.6.8 Anger

Two of the participants experienced feelings of anger as a result of their injury. Fiona said she was angry with herself because she perceived she was to blame for her injury. George related that he experienced anger; he stated, "I was seriously contemplating buying one of those bags that I could just hit and lash out at."

4.4.6.9 Sense of urgency

Five participants appeared to experience a sense of urgency with regard to recovery. Tom said he was experiencing pressure because he feared that he would be unable to start his normal training program in preparation for the Comrades Marathon. Andrew, too, experienced feelings of urgency because he wanted to run the Comrades. He said, "I want to finish this damn race." Tony wanted to start running long-distances in preparation for the Ironman which he intended doing the following year; he stated, "Time is of importance." Jo's sense of urgency was evident when she uttered, "I've got to fix it."

4.4.6.10 Eventual acceptance

Towards the end of their interviews, eight of the participants gave the impression that they *eventually accepted* they were injured. Neil said he had resigned himself to the fact that he was injured and had decided it would be better to recover from the injury than struggle with it for the following six months. Paul reasoned it would be better to be undertrained for the Comrades Marathon than to train too much for the event. Tom, on the other hand, said he had reconciled himself to not running the Comrades. Catherine expressed her acceptance as follows: "The last three months I learnt you must take the cards coming to you. It doesn't help to try and not accept it." George conveyed a similar sentiment when he said, "I've made peace with the fact that I can't run at this stage. It doesn't help to fight against it." Julian said that when he thought he would never be able to run again, it had taken him six months to try and forget about running and do something else; however, he added that even then he did not like the idea.

4.4.7 Approach to rehabilitation

During their interviews, the participants detailed the rehabilitation they were receiving and/or had received. In this section, the participants' perceptions regarding their rehabilitation as well as their attitudes towards the medical practitioners who treated

them are examined. Furthermore, the measures the participants believed would facilitate their recovery are reviewed.

Seven of the participants in the study were *happy with the treatment* they were receiving or had received. Furthermore, they gave the impression that that they *trusted most medical practitioners*.

At the time of their interviews, four of these participants perceived they were in the *process of recovering* from their injuries. Furthermore, they expressed *trust in the medical practitioners* from whom they had sought help. Paul who was going for physiotherapy twice a week appeared to trust his physiotherapist. He explained that he was happy with her diagnosis and had seen the benefits of her treatment. Neil was also going for physiotherapy twice a week. It was evident that he also trusted his physiotherapist: he followed her advice and went to her once a month for, what he referred to as, a check-up. Tony was following a program to strengthen his core muscles after having an operation to repair torn muscles. Although he feared he would not make a full recovery, he also stated that he was sure he would recover and intended consulting with the medical team who were assisting with his rehabilitation again. Although George gave the impression that he wanted to take charge of his rehabilitation, he followed his doctor's advice; thus, revealing his trust in her. Although Paul, Neil and Tony appeared to trust the medical practitioners who were involved in their rehabilitation, they did *not trust all medical practitioners*. Paul was of the opinion that orthopaedic surgeons used every opportunity to operate and added that he would only go to one as a last resort. Neil believed it was essential to go to physiotherapists who specialized in treating sport injuries as those not involved in the field had been unable to help him previously. Tony also stated that he would only go to a chiropractor who was experienced in helping runners.

The other three participants had *recovered* from their injuries. During their interviews it was apparent that they *trusted those practitioners in the medical profession* who had helped them. John went to physiotherapy when he was injured. He expressed his trust in his physiotherapist, stating that he always went to her when he was injured and he spoke about the high regard he had for her. He shared that when he was injured, he thought it best to find out what was wrong so he could do something about it. This further illustrated his apparent trust in the medical profession. Although Andrew did not follow the advice given to him by the doctor he had consulted, he gave the impression that he trusted those in the medical profession. Rather, he chose to ignore the advice given because he was adamant he was going to run the Comrades Marathon. Julian was treated by a physiotherapist and biokineticist for four months during which time he did the exercises prescribed by them. He revealed that after he had worked very hard he was able to run again. He appeared to trust the medical team who had helped him. However, it was evident that he did *not trust all the practitioners* he had consulted in his efforts to

overcome his injury. He thus voiced his distrust: "Most doctors don't know what to do. They're not runners and don't know what. No, they can't help you."

During their interviews, three of the participants detailed their unsuccessful efforts to recover from their injuries. They were *dissatisfied with their rehabilitation* and gave the impression that they did *not trust the medical practitioners* they had consulted. Anne had been to a well-known rehabilitation centre; despite following the advice given to her by the centre's medical team, she had not recovered. Her lack of trust in the team was evident when she said that they were grasping in the dark. Michelle had been to a number of medical practitioners who had been unable to help her. She gave the impression that she had no trust in them when she stated, "Everybody has an opinion and they can just tap your shoe and show you what they've done." Alan had also consulted a number of doctors who had advised him to rest for two years. However, because they could not help him and could not assure him that after two years he would no longer be injured, it appeared as though he did not trust them. He uttered, "I can't handle it anymore 'cause it doesn't help to go anymore."

Five of the participants chose to *treat their injuries themselves*. During their interviews, they also expressed their *trust or lack thereof in the medical profession*. Fiona shared that she would have preferred to go for physiotherapy, but because she was not on a medical aid she was unable to do so. Despite her wish, her lack of trust in the medical profession was evident. She described how they had been unable to help her previously and uttered that injuries kept "physiotherapists and doctors and all those people happy because they got money out of it." Chris chose to treat his injury himself because his medical aid would not pay for a consultation with a biokineticist. He appeared to be uncertain whether he trusted medical practitioners or not. He spoke of how friends who were physiotherapists helped him, but also complained that those in the profession did not know enough about running injuries. Initially, Tom had gone to physiotherapy, but had discontinued because he feared he would exhaust the funds in his medical aid before the end of that year and be unable to meet his family's needs. He did not express trust or a lack thereof in medical practitioners. Catherine gave the impression when she remembered previous injuries that she trusted the medical profession. However, she decided to treat her present injury herself and rest after a family member had been tragically killed. She believed she needed time away from the sport to come to terms with the death. Finally, Jo's work commitments did not afford her the time to do the exercises a biokineticist had recommended she do. She appeared to trust some medical practitioners, but expressed distrust in others.

During their interviews, the participants also spoke about *the measures they believed would facilitate their recovery*. An assortment of various measures was perceived to facilitate recovery.

Eight of the participants perceived that *rest* was necessary to help them recover from their injuries. Although Alan did not want follow the advice of medical practitioners and rest for two years, he thought it would facilitate his recovery. Tom also believed that resting would help his injury get better and he was considering resting for another two months. John suggested rest helped him to recover from his injury when he said that it was one of those injuries that time healed. Michelle expressed a similar view: "It will heal itself. It will heal itself. I know it will." Although Fiona had not run when she was injured, she wondered if her hamstring would have healed quicker if she done no exercise. However, she added that would not have been fair on her children and suggested that if she had done no exercise, she would have taken her frustration out on them. Tony stated, "You must rest even if you are healthy because that's what keeps you for a long time."

Three participants believed it was imperative to be *disciplined and start training slowly* after an injury. Tony, for example, said he could not start training too quickly. George said he had to be prepared to take it very, very slowly. He conceded that for every week he had not run, it would take him two weeks to regain the form he had enjoyed prior to his injury. Alan perceived it was necessary to *listen to his body* because he was of the opinion that his body told him if something was wrong.

Six participants perceived that doing *strengthening exercises and stretching* would help them to recover from their injuries. Paul said that he needed to go to gym so that he could improve his running and minimize injury. He also related that his physiotherapist had told him that his muscles were very tight and thus, he had decided to stretch more regularly. Neil believed that he needed to improve his strength and consequently, had decided not to run the Two Oceans Ultra Marathon the following year as he wanted to strengthen his body before he ran the race again. Julian acknowledged that he had suffered his injury because he had only run and never done any other exercises. He said, "I will keep doing those exercises as long as I remember them." Jo admitted that if she had time to do exercises to strengthen her core, it would help her injury.

In order to facilitate their recovery, four of the participants believed that *changing one's running technique and training methods* could assist recovery. Paul, for instance, wanted to avoid running down hills and John said varying his pace as well as running up the side of the curbing and back just to vary the camber helped. George had decided to run cross-country initially when he resumed racing because the distances were shorter and the running surface was softer. Anne wondered if a new running technique she had read about in a running magazine would help her.

Two participants perceived that going to *physiotherapy* regularly would facilitate their recovery. Neil was also of the opinion that it was necessary to be proactive and go to

physiotherapy once a month, and Paul said that after he had recovered he would continue going for physiotherapy.

There were also other measures that individual participants suggested would help them get over their injuries. Michelle deemed it necessary to only go to *one medical practitioner*. Jo thought she needed to have *more balance* in her life; more specifically, she felt changing her job and working fewer hours would help her to get over her injury. Chris thought that finding a balance between his running and hiking was necessary to avoid further injuries. Chris also perceived that doing *other forms of exercise* was crucial for recovery, but he conceded that he found this was difficult because all he wanted to do was run. Finally, George felt that being *at peace* with one's injury was necessary and Tony believed that the most important measure to help his injury was *prayer*.

4.4.8 Coping mechanisms

During their interviews ten of the participants in the study indicated what *mechanisms they employed to help them cope with injury*. Furthermore, nine of the participants spoke about the *support that people* in their lives gave them because they were injured.

Seven participants said that *cross-training* helped them to cope with their injuries. Fiona said she tried to compensate by cycling and swimming. Besides doing gym and spinning, Anne went walking while her husband ran. She reasoned, "It's not as if I have to stay at home." Michelle perceived walking to be refreshing and further stated that she discovered she could walk fast and loved it. Tony found it very difficult not to exercise for four months after his operation. However, he believed that since being able to go to gym, swim and do spinning, he was coping better.

Two participants found that by getting *involved in club activities and administration*, they were able to cope with their injuries. John found that helping at races either as a marshal or at a water point helped him. Alan not only perceived getting involved in the administration of the club he had formed to be a coping mechanism, but discovered that *coaching other runners* also helped him because it took his mind off his injury and he felt that together they achieved something.

Two participants *distanced themselves from running* in order to help them cope. Catherine said, "I don't really want to know what races is the weekend. I'd make myself mad to think that." Even though George was on the management team of his club, he tried to keep away from races because it upset him. Tony, on the other hand, *kept in contact with his running friends* because he valued their friendship and expressed his belief that the essence of the sport was friendship.

Finally, four of the participants coped with their injuries by *rationalizing*. Andrew told himself that in order to finish his tenth Comrades Marathon, he only had to run the race once more. George reasoned that he was not starting to run from scratch because he

was not completely unfit. Furthermore, he tried to reassure himself that although his legs were aware of the injury, he was running a kilometre in under four and a half minutes. The knowledge that other runners also suffered injuries helped Tony to cope. Michelle tried to persuade herself to be grateful; she said, "I've still got my whole body."

Of the nine participants who spoke about their support systems, five were of the opinion that *significant people in their lives gave them the support* they needed. Tom said that his wife was very encouraging and he also said a friend who ran had given him anti-inflammatory medication. Neil related that although his wife was not as keen as he was about the sport, he felt she understood the effect his injury was having on him. Tony related that his club mates supported him and added that it was "nice" when runners tried to be helpful. Jo described the support she had previously received from a running coach. She recalled that when she had started running he had taken her under his wings and had encouraged her to run the Comrades. She also related that she ran with a good friend during the week. She believed they encouraged one another.

Four participants *did not perceive support from the significant people in their lives*. Michelle said his husband did not know that she was injured. Paul's wife was concerned that his involvement in the sport had an adverse effect on their family life. Catherine related that when she told her friends she was injured, they did not even ask her what she had hurt. Although Jo perceived support from a coach and her friends, she gave the impression that her husband did not give her any support. He forbade her to run races longer than 21 kilometres because he said too much running made her look what she described as stringee. Furthermore, she did not go running in the mornings because her husband did not appreciate it if she woke him up while she was getting ready for her run.

The majority of the participants (12) also revealed how they reacted to *advice other runners offered them*. Two participants, Neil and Tony, listened to the advice offered to them by their club mates: Tony said he believed that this advice came from the heart and Neil said he listened to older runners because they had a lot of running experience. Eight participants indicated that they did not listen to the advice given to them by others involved in the sport. Alan, for example, said they did not know what they were talking about because they could not run the times he ran. When Anne was asked how she responded to others' advice, she said, "Ag, I didn't even listen to that" and Julian remarked, "They talk so much rubbish." George was of the opinion that very few runners had the knowledge he had of the sport; consequently, he believed very few of them would consider giving him advice. When referring to another coach he said, "He wisely keeps his counsel to himself." Two participants listened to some advice, but rejected other advice. Fiona declared that the advice offered by runners did not help, but she listened to alarmists and Chris spoke to people he regarded as experts, but he voiced a concern that many people could not always give him that much advice.

4.4.9 Results from the MBTI

Each participant completed the MBTI at the end of his/her interview. As stated previously, results showed that five of the participants had an ISTJ preference, three had an ESTJ preference, two had an ENFJ preference and a further two had an ENTP preference. Of the remaining three participants, one each had an INFJ preference, an ENTP preference and an ESFJ preference. The exact MBTI scores for each participant are displayed in Table 4.3. Furthermore, the psychological responses of each type are reflected in Table 4.4. The number of participants who experienced the particular emotion is indicated in the relevant cell. A brief description of the participants' MBTI results follows.

Participant	Preference	E	I	S	N	T	F	J	P
1	ESTJ	18	9	22	3	24	2	21	7
2	ENFJ	16	11	9	12	8	14	18	9
3	ESFJ	24	5	18	5	7	15	16	12
4	ISTJ	7	20	17	9	16	11	24	5
5	ESTJ	21	8	20	7	22	4	26	2
6	INTP	1	27	11	17	23	2	2	27
7	ESTJ	16	11	27	6	17	14	17	13
8	ISTJ	8	18	21	4	18	4	22	5
9	ENTP	18	10	1	20	16	10	15	5
10	INFJ	4	22	10	17	10	13	17	12
11	ENTP	21	3	6	16	15	6	13	17
12	ISTJ	13	13	31	3	25	0	23	4
13	ISTJ	12	14	27	3	12	7	28	0
14	ENFJ	18	9	7	16	9	10	21	8
15	ISTJ	1	27	31	0	16	3	27	1

Table 4.3: Exact MBTI scores of participants

Psychological response	ISTJ (5)	ESTJ (3)	ESFJ (1)	INFJ (1)	ENFJ (2)	INTP (1)	ENTP (2)
Denial (5)	2	2	0	0	1	0	0
Sense of loss (15)	5	3	1	1	2	1	2
Disappointment (11)	3	2	1	0	2	1	2
Frustration (10)	1	3	1	1	2	1	2
Confusion & uncertainty (6)	2	0	1	1	1	1	0
Apprehension (5)	2	2	1	0	0	0	0
Personal dissatisfaction (5)	0	3	0	0	2	0	0
Anger (2)	0	0	0	0	1	1	0
Sense of urgency (5)	3	0	0	0	0	1	1
Eventual acceptance (8)	3	2	1	0	0	1	1

Table 4.4- Psychological responses of MBTI types.

Five of the participants had an ISTJ preference. They all exhibited many similar behaviours and attitudes associated with those who have an ISTJ preference. Each of the five participants had a strong sense of responsibility to the significant people in their lives; furthermore, they were loyal and dependable. Despite injury, Tom and John helped at races and with other club activities. During their interviews, both Andrew and

Tom gave the impression that they prioritized their family's needs. Four of the participants followed a structured training program and worked in an organized, steady and orderly manner in order to fulfill their goals. In so doing, they relied on experience, were realistic and practical, and focused on facts and details. Julian believed that performance was related to training consistently and consequently, followed his training program industriously. John had been using the same training program since he started running. Andrew described the "formula" he used to train for the Comrades Marathon and felt uneasy when he could not follow it. Furthermore, Julian, John and Tony followed the rehabilitation program their physiotherapists had given them conscientiously. Andrew also did exactly what the swimming coach instructed him to do and moreover, he described his rehabilitation in detail. In varying degrees, the participants became negative when under stress. Julian related that he had become unhappy when he had been injured. Characteristic of those who have an ISTJ preference, Tom and Julian preferred being alone; Julian said he liked running alone.

The participants who had an ISTJ preference all appeared to respond in similar ways to injury. The emotions they experienced seemed to be directly related to their inclination to work in an organized, steadfast and orderly manner in order to fulfill their goals, their need for predictable situations, and the manner in which they achieved success; namely, by being thorough and conscientious. Andrew, for example, experienced denial because he did not want his goals thwarted. Furthermore, he experienced a sense of loss because he could not train for the Comrades Marathon as he wanted to. Tom also experienced a sense of loss because he feared he would not be able to train properly for the Comrades; he feared that he would not be "prepared for the cruel, cruel distance" of the race. The disappointment he experienced was linked to being unable to train for the race. Tony, on the other hand, appeared to be experience confusion and apprehension. This was related to his fear that he would be unable to start training for the Ironman on time. Consequently, he also experienced a sense of urgency as he wanted his injury to heal so he could start training. John also appeared to be apprehensive as he was scared he would lose his fitness. Andrew experienced a sense of urgency as he wanted to run the Comrades for the tenth time that year, and not have to wait for the following year to be awarded his green number. It is interesting to note that of the five participants who had an ISTJ preference, four had almost recovered or had recovered from their injuries when they offered to participate in the study. This may have been linked to the fact that ISTJs are known to be private people who are reluctant to share information.

Three of the participants had an ESTJ preference. They, too, displayed similar characteristics associated with people who have an ESTJ preference. They were organized, systematic and worked steadily and with determination in order to achieve their goals. Catherine, for instance, followed a very systematic training program in order

to achieve her goals. Throughout his interview, Neil stressed how important it was for him to follow a structured training program. Furthermore, they were objective, analytical, logical and valued facts. Neil analyzed his injury in an objective manner. The three participants also valued competence and productivity, and were results-orientated. Alan was concerned that he could no longer run the times he had run before he got injured. Catherine stated that the main goal of her training program was to run the Comrades Marathon well. Neil described himself as competitive and said he wanted to run the Two Oceans Ultra Marathon in under five hours. They also appeared to be rigid, dogmatic, critical and intolerant of incompetence. Alan was very critical of runners who did not train as he thought they ought to and did not run races. The three participants all appeared to experience disappointment because they were injured. Catherine said that her injury had affected her badly and because he could not run the times he had previously, Alan declared, "I can't live out what I want to. The way I want it."

The participants who had an ESTJ preference all seemed to respond in a similar manner to injury. The emotions they experienced appeared to be linked to their emphasis on proficiency and productivity as well as their need for accomplishment. Alan's sense of loss, for example, was linked to his inability to achieve the times he had set himself to do. Furthermore, he appeared to experience denial as well as disappointment and frustration because his desire for competence had been thwarted. Neil, on the other hand, seemed to be disappointed and frustrated because he had put all his efforts into running the Two Oceans Ultra Marathon and was unable to display his competence and achieve his goals when he sustained his injury during the race. As a result of his perception, he experienced personal dissatisfaction. Catherine also experienced a sense of loss because she was unable to accomplish goals she had set for herself. She appeared to experience personal dissatisfaction when she uttered, "I don't like my life this last four months that I don't run." She also seemed to experience disappointment and frustration because she was unable to train for her main goal of running the Comrades Marathon.

Two of the participants had an ENFJ preference. Fiona and Chris shared some of the attributes associated with those who have an ENFJ preference. They both prioritized people's needs: Fiona got injured while helping children at a development cross-country race and Chris coached children at the school he taught at in order to keep them from getting involved in what he referred to as all kinds of terrible things. They both liked variety and change, and enjoyed new challenges. Fiona included variety in her training program and did so by alternating her speed when she trained. Chris wanted to do adventure racing and run up mountains. Both Chris and Fiona were very critical of medical practitioners. Chris said they were not really clued up and Fiona suggested that injury kept medical practitioners happy because of the money they could get from injured runners. Both of them experienced doubt because of their injuries. Fiona

expressed her uncertainty when she uttered, "So, I'm just wondering where the injury's actually, where did it actually happen."

Although the two participants who had an ENFJ preference did not respond to injury in the same way, the emotions they experienced seemed to be linked to the attributes common to those who have an ENFJ preference. The sense of loss Chris experienced as a result of his injury was partly a result of not being able to train with his training partner to whom he was very loyal and valued. The disappointment he appeared to experience may have been linked to desire for new challenges; he said, "I had this kind of unfulfilled ambition" and he also wanted to run 10 kilometres in less than 40 minutes. ENFJs are known to be overcome by doubt. Fiona expressed her uncertainty when she exclaimed, "Where is this injury exactly?" Furthermore, she expressed anger when she became critical of herself for getting injured and of medical practitioners who she believed had previously been unable to help her.

Results showed that *two participants had an ENTP preference*. Jo and Anne shared a few of the characteristics associated with people who have an ENTP preference. However, Anne exhibited very few of the positive attributes of those who have an ENTP preference. Both enjoyed risks and new challenges. Anne did not want to run the Comrades Marathon, but wanted to do something that she perceived to be more of a challenge. Jo, on the other hand, found the Comrades challenging and enjoyed the challenges her job demanded. Both were critical: Jo was critical of her boss and Anne of medical practitioners. Furthermore, Anne was intolerant of incompetence and appeared to be irritable during the interview. On the other hand, Jo expressed a number of positive attitudes and behaviours that are associated with those who have an ENTP preference. She expressed her creativity and innovative ideas during her interview. She was also able to see connections that were not easily apparent to others and had intuitive insight. She sensed one of the causes of her injury was stress.

The two participants who had an ENTP preference experienced similar emotions when they shared their thoughts about injury. Some of the emotions they experienced were linked to attributes that are common to those who have an ENTP preference. Anne's sense of loss and subsequent disappointment were related to her inability to tackle the new challenge of running her first marathon. When Jo shared her experiences of previous injuries she seemed to experience a sense of urgency which was directly linked to the challenge of running the Two Oceans Ultra Marathon. She said, "I've gotta fix it." Her sense of loss may also be indirectly related to not being allowed the freedom at work to have time off and run as she pleased.

Results from the MBTI showed that *one participant had an ESFJ preference*. Paul displayed a number of characteristics associated with those who have an ESFJ preference. Paul was organized, planned his time carefully in order to accomplish his

goals and adjusted to routine. He also preferred structure, order and stability. Paul followed a semi-structured training program and had to organize his time carefully in order to fulfill his family responsibilities as well as his obligations in the community. When he described his responsibilities, his inclination to avoid conflict, and his warm-heartedness and care for others was evident. Furthermore, when he injured himself he was concerned because of the lack of order, structure and stability in his training program. However, he demonstrated his ability to focus on the present and learn from experience by following his physiotherapist's advice.

The manner in which Paul responded to his injury and the emotions he experienced seemed to be directly related to the need for stability, order and structure that ESFJs value. His emotions also appeared to be linked to the quest ESFJs display in order to complete tasks thoroughly and on time. Paul experienced loss because he feared that as a result of his injury he would lose his fitness and be unable to train for the Comrades as he desired. His subsequent feelings of disappointment, frustration and uncertainty were also linked to his loss of structure, order and stability. He was uncertain if he would be able to run what he termed the "Big C" because he had missed a number of races in his build-up to the race. Furthermore, he was frustrated because he perceived his recovery to be slow.

One participant in the study had an INTP preference. George exhibited a number of attributes associated with people who have an INTP preference. He was results-orientated and competitive, and emphasized proficiency; during the interview he detailed his achievements and abilities. George's ability to be analytical, logical and objective, and develop theories was evident when he explained why he believed he got injured. His intelligence and mental alertness was displayed when he deliberated on issues such as theories of injuries and pronation. He isolated himself when he experienced the stress of being injured. At times during the interview, George became critical and arrogant. This was especially evident when he explained why he refused to accept other runners' advice.

The emotions the participant who an INTP appeared to experience when he shared his thoughts about being injured seemed to be directly related to the need for proficiency and achievement for which INTPs strive. George experienced loss because he was unable to run the Two Oceans Ultra Marathon; he believed he could have run a good time in the race. He also experienced a sense of urgency because he had to second a walker in the Comrades Marathon and feared he would not be adequately prepared for that. The resulting disappointment, frustration and uncertainty he experienced were also linked to the need for competence he exhibited. He said, "Um ... now it's becoming frustration again because I know that I'm supposed to be able to run now." Those who have an INTP preference are also known to withdraw and become isolated. George

withdrew from and isolated himself from his running acquaintances because of the loss he experienced.

One participant had an INFJ preference. During her interview, Michelle displayed some of the characteristics that are common to those who have an INFJ preference. When Michelle spoke about her training program, her enjoyment of variety and ability to be creative was evident. She had insight and depended on her intuition to understand complex problems. She was a private person and preferred to be alone. She expressed this need when she said, "You can't really be creative when you're surrounded by people. I need my own time." Michelle also focused on her own growth and wanted to find purpose in her career. She displayed her tendency to be critical when she referred to medical practitioners. Michelle also became more reserved, introspective and self-sufficient because of her injury. She stated, "I'll suffer on my own. I prefer that."

A few of the emotions the participant who had an INFJ preference seemed to experience during her interview may be linked to the attributes INFJs are known to have. Michelle's sense of loss was a result of her need to be creative. She explained that it was difficult to be creative because she was injured; she further stated that her loss of creativity hurt. The confusion Michelle appeared to experience may be related to the intuitive insights that are common to those who have an INFJ preference. She believed that running was good for her soul and wondered if someone was trying to show her something.

4.5 Conclusion

In this chapter, the results of the study were examined. Each participant's running history and training program was described. The benefits they perceived their involvement in long-distance running and the disadvantages they associated with the sport were considered. Their personal understanding of the nature of running injuries, their experience of injury and psychological response to injury were explained. Furthermore, their perceived causes of injury, approach to rehabilitation and coping mechanisms were considered. Thereafter, the results they obtained for the MBTI were described. The chapter was arranged in three broad sections. Firstly, the results of the interviews that were held with each of the participants were detailed. Secondly, a composite summary of each participant's interview and results for the MBTI was presented. Finally, the integrated results of the participants' interviews and results for the MBTI were explained. In the following chapter, the results are discussed in depth and related to the literature that has focused on psychosocial factors inherent in sport injuries.

CHAPTER FIVE: DISCUSSION

5.1 Introduction

The present study was an exploration of the psychosocial factors involved in the susceptibility, experience and rehabilitation of injuries sustained in long-distance running. The purpose of this chapter is to discuss the findings of the study and relate these findings to the literature that has focused on psychosocial factors involved in sport injuries. Furthermore, the findings are considered and examined from the biopsychosocial theoretical perspective. Finally, a biopsychosocial theoretical model that attempts to explain the experience of injury and the successful rehabilitation thereof in long-distance running is proposed.

5.2 Running history and training programs

The present study was borne out of reading contemporary literature on long-distance running in which the passion runners of all abilities have for the sport is captured. In order to place the study in context, it is necessary to consider the popularity long-distance running enjoys in South Africa and throughout the world. A consideration of the running history and training programs of the participants, in turn, links the study to the popularity of the sport.

The following long-distance running enjoys throughout the world is evident when reviewing the statistics of standard marathons held in major cities; these statistics were detailed in Chapter One. Long-distance running in South Africa is also a favoured sport. *Runner's World* columnist, Simon Gear's observation that South Africans are obsessed with ultra distance running (2008) is not unfounded when one considers South Africa's road running calendar (Cottrell, 2010). Over 700 road races are listed in the country's annual road running calendar. Included in the calendar are races that vary in distance from five kilometres to the standard marathon distance of 42.2 kilometres as well as a range of ultra-marathons (Cottrell, 2010).

Many South Africans tend to focus on ultra-marathons and in particular, on the Comrades Marathon and the Two Oceans Ultra Marathon (Cameron-Dow, 1989). Statistics show that in 2010, 14338 runners completed the Comrades Marathon and 5825 finished the Two Oceans Ultra Marathon (Cottrell, 2010). Although the numbers who complete the Comrades Marathon and the Two Oceans Ultra Marathon cannot be compared to the number of runners who finish marathons such as the London Marathon and the New York Marathon, Burfoot (2009a) expressed the opinion that in the USA only approximately 71 runners would attempt races the distance of the Comrades Marathon. A study of the South African road running calendar shows that races are held throughout the country on most weekends in the year. Furthermore, certain races are held at

specific times of the year in order to give runners the opportunity to train for ultra-marathons such as the Two Oceans Ultra Marathon and in particular, the Comrades Marathon.

The researcher has been involved in long-distance running for a number of years and is of the opinion that the participants in the present study are typical of long-distance runners in South Africa. An examination of the running history of the participants shows that they had all run a variety of races. At the time of being interviewed, only one participant had not run a standard marathon; she had been training for her first marathon when she suffered an injury. Three of the participants had each run in excess of 100 marathons. Most of the participants (10) had run the Comrades Marathon and between them they had run the race 87 times. Furthermore, six participants had run the Comrades 10 or more times; thus, earning a green number. Upon running the Comrades 10 times, a runner earns a green number; this permanent number is assigned to the particular runner and no other runner in the history of the race will ever run with that number. The importance attached to being awarded a green number for the Comrades Marathon was clearly exemplified by the participant who was determined to run his tenth Comrades Marathon despite suffering a stress fracture of his second metatarsal.

It was further evident to the researcher that the participants in the study were typical of long-distance runners in South Africa when they spoke about their training programs. When they shared details of their goals and training programs, the majority of them (13) gave the impression that they were committed and dedicated to long-distance running; thus, exemplifying the passion South African runners have for the sport. The participants' passion for long-distance running was, in fact, evident throughout their interviews by the apparent enthusiasm with which they spoke about their involvement in the sport.

An examination of the participants' training programs shows that they all had specific goals that they wanted to achieve in long-distance running. A review of their goals further illustrates South African runners' tendency to focus on ultra-distance running. At the time of their interviews, the majority of the participants (9) related that although they had other goals that they wanted to achieve, their most important goal each year was to run an ultra-marathon such as the Two Oceans Ultra Marathon and in particular, the Comrades Marathon. One participant succinctly captured this when he stated that his running "revolved" around the Comrades Marathon and another stated that besides running many other races, she "just" ran to do well in the Comrades. Three of the other six participants mentioned ultra-marathons such as the Mont-Aux-Sources 50 km Challenge and the Comrades Marathon that they wished to run in the future. Only one of the participants had not run an ultra-marathon and she said that she had no desire to

do so. Although not regarded as a long-distance road running event as such, four of the participants also expressed their desire to participate in the South African Ironman, a grueling triathlon which entails a 3.8 kilometres sea swim, 180 kilometres of cycling and running a standard marathon; thus, further emphasizing South African runners' interest in ultra-endurance events.

In order to achieve their goals, the majority of the participants (11) followed what they perceived to be a structured training program, designed to help them reach their specific goals; one of these participants referred to his program as his formula for training for the Comrades Marathon. Furthermore, five of the participants gave the impression that they planned their training carefully and systematically. Although one of the participants perceived his program to be semi-structured and another said that he did not follow a structured training program, their descriptions thereof appeared to be very similar to those who believed that they followed a structured training program. As stated previously, the calendar of long-distance running events in South Africa is thus arranged in order to assist those training for the Comrades. An examination of the participants' training programs suggests that they used the road running calendar to plan their training. This was evident when injury prevented them from running particular races that they normally ran in preparation for the Comrades Marathon. They experienced a sense of loss, and feared they would lose their fitness and consequently, not be ready to run the Comrades; one of the participants said that because of his injury he was uncertain that he would be able run the "cruel distance" of the race. It is noteworthy that two of the participants who had no structure in their training programs were not training for an ultra-marathon.

In conclusion, an examination of the running history and training programs of the participants in the study shows their interest in long-distance running and in particular, in ultra-distance marathons such as the Comrades Marathon. A review of the country's annual road running calendar reveals that South African runners tend to favour ultra-distance events; thus, making the participants in the study typical of runners in the country. In the next section, the benefits and disadvantages the participants perceived they experienced because of their involvement in the sport are examined.

5.3 Perceived benefits and disadvantages of running

A review of the benefits long-distance runners perceive they experience because of their involvement in the sport may explain why the sport enjoys such popularity throughout the world and in particular, in South Africa. Furthermore, an examination of these perceived benefits may shed light on and consequently, help one to understand runners' reactions and responses when they are unable to run because of injury.

Although not the focus of the literature study of this thesis, reference was made to literature that has dealt with the physical benefits of long-distance running (Fixx, 1977; Fordyce & Renssen, 2002; Higdon, 1993; Noakes, 2001; Sparks & Kuehls, 1996). A few of the many studies that have examined the psychological benefits of participating in the sport were also mentioned (Chan & Lai, 1990; Hassmen & Blomstrand, 1991; Symonds, 1995; Ziegler, 1991). The benefits that the participants in the present study perceived they experienced because of their involvement in the sport concur with those described in the studies listed above.

The participants in the present study all spoke at length about the benefits they believed that they experienced because of their involvement in long-distance running. Their enthusiasm for the sport was particularly evident to the researcher when they described these benefits. It is also important to note that they perceived physical, social and psychological benefits. Although the participants did not directly state that they participated in long-distance running because of the benefits they associated with the sport, it was apparent to the researcher that this may have been the case. Furthermore, as a result of their injuries, they described experiences of loss because they no longer enjoyed the benefits they perceived running afforded them.

The majority of the participants (10) expressed the opinion that their participation in long-distance running enhanced their health. They described a variety of health benefits, but placed the most emphasis on weight control, improved fitness and increased energy levels. Single participants also mentioned the following health benefits: increased life expectancy, good posture, regular sleeping patterns and relief from headaches. Taunton et al. (2002) noted that running is the choice of sport for many because of the health benefits associated with it. The participants who described the health benefits they perceived they experienced also suggested that they had become involved in the sport because of these benefits. Furthermore, when injured they experienced a sense of loss because they no longer enjoyed these benefits. A number of the participants feared they would lose their fitness levels because they could no longer train as they had previously. Two of the participants were concerned that they would put on weight. Although the participants who associated long-distance running with increased energy levels and regular sleeping patterns did not state that they no longer experienced these benefits because of their injuries, previously it has been noted that when runners are unable to run they often experience generalized fatigue and insomnia (Chan & Lai, 1990; Morgan, 1979; Sachs & Pargman, 1979).

Most of the participants (10) perceived the enjoyment they derived from long-distance running to be a benefit. A few of these participants, after initially becoming involved in the sport for other reasons, continued to run because of the enjoyment they

experienced. This suggests one's involvement in long-distance running as well as the popularity the sport enjoys may be dependent on the benefits experienced. The opportunity to form friendships and be with one's friends was also perceived by the majority of participants (9) to be a benefit of the sport. Once again, a few of these participants had originally started running because their friends were involved in the sport and experienced loss when they could no longer run with their friends when they were injured. Hardy and Crace (1993) stated that injured athletes may experience loneliness and isolation because as they can no longer train, they feel cut off from their teammates.

Some of the participants also believed that because of their involvement in long-distance running, they experienced the following benefits: the fulfillment of competitive needs; the opportunity to travel and visit new places; the chance to interact with nature; and time for spiritual needs. Once again, when these participants were injured and could not participate in the sport, they experienced a loss of these benefits. One participant, for example, stressed that he could no longer run the times he had before his injury and another shared that she had not felt the winter on her skin. Once again, it may be assumed that benefits such as these described above have helped popularize the sport.

All of the participants perceived that they experienced psychological benefits because of their participation in long-distance running. Firstly, they believed that running helped them to cope with stress, frustration and anger, and to overcome problems. The question as to whether runners run more than they usually do when they are experiencing more stress and/or higher levels of frustration and anger than normal may be posed. One participant, for instance, stated that when under much stress he would "take it out on the road." Another two participants used the phrase, "kill ... the road" when describing how running helped them to alleviate their frustration and anger. According to Blumenthal et al. (1985), some individuals may run in order to control their distress. Noakes (1992; 2001) stated that these runners may use running as a remedy to reduce their stress and may have no other stress management methods. However, although the majority of the participants acknowledged that at times they overtrained, they did not link their overtraining to stress-relief and/or an alleviation of frustration and anger. Secondly, the majority of participants also associated their involvement in long-distance running with an array of positive psychological benefits. The benefits they described are as follows: increased confidence; improved self-esteem; a sense of freedom; the opportunity to spend time alone; the chance to think; mental strength; enhanced creativity; relaxation; a sense of fulfillment; and a sense of self-identity. As stated previously, the psychological benefits listed above concur with those that have

emerged in previous studies (Chan & Lai, 1990; Hassmen & Blomstrand, 1991; Percy et al., 1981; Ungerleider et al., 1989; Ziegler, 1991).

Although 25% of the participants in a previous study (Symonds, 1995) stated that they had originally become involved in running in order to enjoy psychological benefits, the participants in the present study gave no indication that they had originally become involved in the sport for this reason. However, during the participants' interviews it was evident to the researcher that they continued to run so as to enjoy these benefits. Furthermore, a number of the participants described how because of injury they experienced a loss of these psychological benefits. One participant, for example, declared that whereas running helped him to cope with stress, not being able to run was adding to his stress. A second participant said that he was not himself if he was unable to run and a third compared her loss of not being able to run to the death of a person. Leddy et al. (1994) found that injured runners had significant lower levels of self-esteem following injury. Van Raalte and Brewer (2002) stated injury may be a threat to one basic identity. Furthermore, injury may lead to an attack on self-image, a loss of self-confidence and a loss of self-worth (McGowan et al., 1994; Petrie, 1993; Rotella & Heyman, 1986).

The participants in the present study were also asked to detail any disadvantages they perceived that they experienced because of their involvement in long-distance running. They all spent considerably less time describing these disadvantages than they had spent explaining the benefits they believed that they experienced. They placed the most weight on the possibility of sustaining an injury, the problems they experienced in their relationships because of their involvement in long-distance running and the negative effect the sport had on their social lives. It was the researcher's perception that the participants who spoke about injury being a disadvantage of the sport were linking it to the possibility and actual loss of the benefits they perceived they experienced. Furthermore, most of those who explained that the sport had a negative effect on their relationships appeared to experience much tension when they were unable to meet family obligations and fulfill expectations because of their running commitments. When the participants described the disadvantages running posed for their social lives, it seemed that they regarded this as a mere irritation and not a problem. The other disadvantages mentioned by either one or two participants are as follows: time spent away from home; the expense of the sport; a neglect of other interests; the safety of the sport; and the effect running had on one's physical appearance.

In conclusion, it was evident to the researcher that the participants may have been involved in long-distance running in order to enjoy the benefits they perceived their involvement in the sport afforded them. However, when the participants got injured,

they experienced loss because they no longer experienced these perceived benefits. Furthermore, the benefits they believed they experienced outweighed the disadvantages they associated with the sport. It appears from the participants' experiences that the benefits associated with long-distance running may have enhanced the popularity of the sport. In the next section, the participants' personal understanding of the nature of injury as well as their experiences of injury is discussed.

5.4 Personal understanding of the nature of running injuries

An examination of the participants' personal understanding of the nature of running injuries may lead to a better understanding of their experience of injuries. A study of their personal perceptions of what constitutes an injury may also shed light on their psychological responses to injury. Furthermore, this knowledge may assist those who are involved in the rehabilitation of injured runners.

Researchers in the field of sport psychology face a number of difficulties when conducting research on sport injuries. These difficulties include the various ways sport injury has been defined, ascertaining the role of pain in injury and determining the severity of injuries. In an attempt to overcome these difficulties and offer an alternative approach, the researcher in the present study asked the participants what their personal understanding of an injury was. It must be noted that they mainly deliberated on their subjective viewpoints and not on objective criteria.

As reported in the literature study, a number of researchers have attempted to quantify what determines if an athlete is injured. Brown (1971), Dunn et al. (2001), Maddison and Prapavessis (2005), and Rogers and Landers (2005) amongst others, all used the criterion of time lost from participation to decide whether the participants in their research were injured. Flint (1998) expressed the opinion that in order for a sport injury to be classified as such the athlete must seek medical advice. These criteria of establishing what should be categorized as an injury may be problematic: time lost cannot be determined scientifically and a medical practitioner's opinion may be subjective (Powell, 1991). Although the participants in the present study did not equate time lost from participation to injury, they feared that the time they lost because they were unable to run would have a detrimental effect on their fitness levels and subsequent performance. Furthermore, even though all the participants with the exception of one sought medical advice, it was noticeable that they did not need a medical practitioner to confirm whether they had sustained an injury. Rather, it was apparent that the participants consulted the medical profession for rehabilitation purposes.

The majority of the participants (10) in the present study perceived they were injured when they were unable to run or could not run with ease. A review of the individual

participants' perceptions shows that what they regarded as not being able to run or not being able to do so with ease was very subjective. One participant, for instance, stated that injury was anything that slowed him down while another only considered herself to be injured when she was a "cripple." Their criterion of equating injury with not being able to run with ease or being unable to run may be linked to the third and fourth stages of Noakes' (2001) four stages or grades of running injuries. According to Noakes (2001), a runner is able to run with a Grade I or Grade II injury as despite feeling pain hours after running or experiencing discomfort during a run respectively, the runner's training and racing performance is not limited. However, a Grade III injury is painful and limits training and racing, and a Grade IV injury is debilitating and consequently, prevents any running. A couple of the participants placed emphasis on Noakes' (2001) grades of injury; when deliberating on their personal understanding of a running injury, they gave an account of his categorization of the stages of injury.

Some of the participants also equated injury to pain. Once again, the participants' evaluation of pain differed and was very subjective. As delineated in the literature study, researchers experience difficulty in defining pain. The label, pain is employed to describe an array of unpleasant sensations; furthermore, a variety of words is used to explain these disagreeable sensations (Addison et al., 1998). In sporting terms, pain is also used to express a diversity of sensations ranging from delayed muscle soreness after a hard training session to that associated with injury. The participants in the present study also explained their perceptions about pain and injury in various ways. They described an injury as something that caused pain. They also likened pain to a sore muscle, referred to it as dreadful as it prevented one from running, and wondered how much pain runners could endure before they were unable to run. It is noteworthy that the participant who expressed the latter view refused to stop running even though he was unable to run without pain and medical practitioners had advised him to stop running for two years. Pike and Maguire (2003) emphasized the risks involved in disassociating from pain and subsequently, tolerating pain that should prohibit participation as it may exacerbate the possibility of serious injury. Heil (1993), however, expressed the opinion that in order to succeed, athletes have to tolerate pain. In order to achieve their goals, a few of the participants in the study were prepared to tolerate and/or mask their pain. One of the participants remembered that although experiencing much pain, she had been prepared to crawl to the finishing line of an important race. Another intended running the Comrades Marathon despite suffering a stress fracture, and a third recalled how he had trained for and run the Comrades on painkillers.

A number of the participants in the study also spoke about the minor aches and pains, commonly known as niggles, that they experienced. They did not regard niggles as injuries, but perceived them to a "runner's thing" that was part of the sport. They also

acknowledged that although they believed that most of the pains they experienced were unimportant, it may be necessary to slow down or have a day's rest when they experienced niggles. One of the participants stated that runners needed to differentiate between niggles and injuries. This view as well as that of another participant who stated that injury was "a whole problem for a runner to define" highlights the problems associated with defining the type and severity of injury. It appeared to the researcher that the participants did not identify with the view expressed by Young and Press (1994); namely, that a running injury is defined as a condition that forces a runner to reduce his/her mileage or training per week. Most of the participants believed that this definition more aptly describes niggles.

Besides Noakes (2001), other sport scientists have attempted to classify the type and severity of injury. Petrie (1993) made a distinction between three types of injury. The researcher is of the opinion that all the participants in the study could relate to Petrie's classification. Some of the participants believed that they had self-limiting injuries which prevented participation; one participant stated that there was no way he had been able to run with the injuries he had sustained. The majority of the participants (10) perceived their injuries to be painful, but believed they could still run with them. A number of these participants also identified with Petrie's third category; namely, they perceived their injuries to fall into a grey area because they did not know whether to run or not. On the contrary, one of the participants expressed the opinion that runners know if their injuries are serious. Most of the participants appeared to vacillate between the three categories proposed by Petrie. Applying Petrie's classification to the participants in the present study is based on their subjective ideas and not on objective criteria.

Flint (1998) made a distinction between microtrauma and macrotrauma injuries; commonly referred to as chronic and acute injuries respectively. Long-distance runners seldom suffer acute injuries, but an accumulation of seemingly negligible, gradual, repetitive damage causes them to sustain chronic injuries. One of the participants in the study resonated with this view when he stated that an injury happens before a runner becomes aware of it. The majority of the participants believed their injuries were chronic and acknowledged that their injuries were the result of overtraining.

The researcher is of the opinion that the participants' personal, subjective perceptions of injury as well as their opinions concerning whether they were injured or not enhances the quality of the study. The participants' personal perceptions of injury afforded the researcher a more comprehensive understanding of their experiences of and approach to injury; this is discussed in the following section.

5.5 Experience of injuries

One of the participants in the present study voiced the opinion that long-distance runners face a dilemma when they are injured. She thus expressed her view: "Can I run with this injury or is it going to damage it more ... or can I run through it?" It was apparent to the researcher that the participants in the present study were also confronted with the difficult decision of not knowing whether they could and/or should run with injury.

At the time of the interviews, the majority of participants (12) in the study acknowledged that they were running or had attempted to run with their present injuries. A further participant who declared that she had stopped running as a result of the injury she had suffered, had previously run with injury. The question as to why runners are willing to tolerate injury and run with pain may be posed. A number of studies have attempted to examine why runners are reluctant to stop running. Baekeland (1970) had to abandon a study to determine the effects runners encounter when unable to run for a period of time. Despite offering financial incentives to the runners, they refused to participate in the study because they did not want to stop running. Morgan (1979) reported that in an observation of eight injured runners, three continued to run. In the present study, a brief examination of the participants' experiences of injury may reveal some of the difficulties runners encounter when confronted with the decision to run with injury.

All the participants in the study, as stated previously, had goals in long-distance running that they wanted to achieve in long-distance running. Some of the participants were pursuing and training for specific goals when they got injured. One of these participants who was training for the Comrades Marathon carried on running with Achilles tendinosis for seven months despite been unable to put his foot down comfortably on waking each day. After resting for four weeks, he resumed training despite the fact that his injury was still troubling him. He wanted to train for the Comrades, but was unsure whether he would be able to run that "cruel distance" with his injury. A second participant, as described previously, declared that no one was going to stop him from running the Comrades for the tenth time despite suffering a stress fracture. He did not want to wait for another year to achieve his goal. A third, after resting for a brief period and then trying to run, decided to rest and go for treatment until he had recovered; however, he feared that his decision would have a negative effect on his preparation for the Comrades Marathon.

A couple of the participants who had almost recovered from their injuries after not being able to run for a few months voiced the concern that they were unsure if they were able to resume hard training yet, but feared that if they did not do so they would not achieve specific goals they had set for themselves. The one participant acknowledged that his

recovery was not going to be quick, but was categorical that he had to be ready for a particular event. The other participant explained that his situation was “tricky” as he would be unable to run if he trained hard, but emphasized that if he postponed his hard training he would not be ready to compete in the event.

The researcher sensed that the participants in the study desperately wanted to achieve their goals even though they were injured and experienced pain when they ran. However, it was also apparent that some of the participants feared they would not recover from their injuries and/or risk further injury if they continued to run. As noted previously, Heil (1993) stated that athletes have to tolerate pain if they wish to succeed whereas Pike and Maguire (2003) warned that tolerating pain may exacerbate the possibility of serious injury. The researcher believes that the participants in the study experienced conflict in that they wanted to achieve their goals, but feared their injuries would worsen. Shuer and Dietrich (1997) contended that besides risking further injury, injured athletes who continue to train may exacerbate their emotional distress by training in discomfort and pain. The participant who had run with injury previously declared that she no longer ran with injury because of all the negative experiences associated with it.

Pike and Maguire (2003) suggested that athletes often tolerate pain in order to maintain their athletic identity. Wiese-Bjornstal (1998) stated that injured athletes who have a strong athletic identity might perceive injury as being more disruptive than injured athletes whose athletic identity is not as strong. The researcher is of the opinion that a runner’s athletic identity may partially depend on the races he/she has run and/or is training to run. As stated previously, many South African runners tend to concentrate on the Comrades Marathon and the Two Oceans Marathon; thus, it appears that these races probably enjoy a higher status than most other races in the country. Thus, the participants in the study who had run the Comrades Marathon and the Two Oceans Ultra Marathon and/or who were training for them when they got injured might have also wanted to preserve their athletic identity and consequently, were willing to tolerate pain. Although one participant could not run as fast as he had prior to his injury, he continued to run with runners whom he coached. It appeared that when he helped others to achieve their goals, it helped him to compensate for his inability to run the times he wanted to run, and in so doing maintain his athletic identity.

During the study, it also became clear that the participants wanted to continue running with injury for reasons other than a realization of the goals they had set for themselves. Their choice to run with injury was linked to the benefits they perceived running afforded them. Heil (1993) also expressed the opinion that training with pain is easier to cope with than intense negative emotions such as tension, anxiety, depression and interpersonal discord that surface when athletes are unable to train. Blumenthal et al. (1985)

suggested that running may help individuals to regulate their emotions such as improving their feelings of self-worth or controlling their distress. According to Noakes (2001), runners may use running as an antidote to reduce their stress. However, in order to consider these viewpoints, the participants' psychological responses to injury have to be analyzed in depth.

5.6 Psychological responses to injury

Sport injuries not only affect athletes' physical functioning and concomitantly, sport's performance negatively (Brewer, 2001b), but may also adversely affect their psychological well-being (Lynch, 1988). An in-depth study of injured long-distance runners' psychological responses to injury may not only lead to a more comprehensive understanding of why they are inclined to run or attempt to run with injury, but may also assist those involved in the rehabilitation of injured runners. The participants in the present study all responded in various ways when they shared their thoughts about their injuries.

5.6.1 Denial

Some of the participants in the study found it difficult to admit that they were injured and they seemed to experience denial. In the context of the present study, denial may be described as a distortion, minimization, avoidance or blatant rejection of the obvious (Heil, 2000). In other words, it is the inability to accept the inevitable. One of the participants recalled that it was hard not to run and further explained, "I thought I could run as long as I could." A second participant acknowledged that she avoided thinking and talking about her injury because she feared that she was injured. Shuer and Dietrich (1997) found that 81% of the injured athletes in their study avoided thinking about their injuries so as not to upset themselves. According to Heil (2000), denial may surface as unacknowledged distress. He also stated that denial can be functional as it can enable athletes to remain positive and protect them from distressing thoughts and negative emotions (Heil, 1993). Certainly, a third participant in the present study convinced himself that because he had been able to run the Two Oceans Ultra Marathon with injury, he would be able to run the Comrades Marathon with it too. However, Heil (1993) warned that denial can be dysfunctional if it results in the athlete disregarding prescribed limits and rehabilitation. A fourth participant, for example, admitted that when he experienced pain he usually blocked it out and ran despite being advised to rest for two years.

Long-distance runners appear to find it difficult to accept injury and may tend to deny it for various reasons. Firstly, as examined in the previous section, they want to achieve their specific goals. Secondly, they fear the loss of benefits they perceive as a result of their involvement in the sport. Thirdly, in accordance with Heil's (1993) view, it may be

easier to run with injury than deal with the negative emotions athletes experience when they are unable to train.

5.6.2 Sense of loss

Hardy and Crace (1993) expressed the opinion that regardless of the type and severity of injury, injured athletes may perceive a sense of personal loss. During their interviews, it was evident to the researcher that all the participants experienced a sense of loss for a variety of reasons.

The participants experienced loss because they feared that they were losing their fitness, were unable to participate in races and could not run the times they had run previously. One of the participants related that losing his fitness was his greatest worry when he was injured. According to Lynch (1988), athletes experience both physical and emotional loss when injured. Evans and Hardy (1995) stated that the more athletes have invested emotionally in their sport, the more threatened they are likely to feel when injured. A second participant shared that her heart was sore because she was unable to run the Comrades Marathon. Furthermore, injury and performance are intricately linked (Cashmore, 2002). A third participant, for instance, stressed, "My times! I can't live out what I want to do." Cashmore added that many athletes' perceptions of self are based on physicality, and they depend on a unity of body and self to participate in their chosen sport. When they suffer injury, this unity is broken and consequently, they experience a sense of failure because their sense of wholeness is disrupted. The sense of loss that the participants in the present study experienced may have encompassed far more than a loss of fitness and form. Rather, long-distance running seemed to form an intrinsic part of who they were and thus, when they were unable to run their self-identity and self-worth appeared to be threatened. Van Raalte and Brewer (2002), as noted previously, stated that injury can be a threat to one's basic identity; the researcher believes that this may contribute to long-distance runners' inclination to run with injury.

The participants in the present study also described how because of injury they no longer enjoyed the benefits they perceived running afforded them. The benefits the participants associated with the sport were discussed thoroughly in an earlier section of this chapter. Consequently, it is suffice to state that the participants experienced loss because they no longer enjoyed the health, social and psychological benefits they believed they experienced as a result of their involvement in the sport. During their interviews, it was evident that the participants ran to enjoy these benefits. However, during the course of the study it appeared that they were reluctant to stop running when injured because they feared a loss of these benefits. Those involved in the rehabilitation of injured runners need to consider what mechanisms runners can use to cope with a loss of these benefits and/or offer them alternative ways to enjoy similar benefits. One of the

participants, for example, started to walk when she could no longer run and related that she loved it, found it refreshing and was considering pursuing it as a sport.

5.6.3 Negative emotions

Athletes are known to experience a period of emotional duress after suffering an injury (Brewer, 2001b). A number of studies have examined the effect injury has on the emotional well-being of the athlete. Studies have shown that injured athletes typically experience depression, anger, hostility, anxiety, tension, disgust, negative mood, confusion, fear, panic, frustration, discouragement and a loss of self-esteem (Acevedo et al., 1992; Brewer, 2001a; Brewer, 2001b; Callen, 1983; Chan and Grossman, 1988; Potgieter 1997; Quakenbush & Crossman, 1994). Some injured athletes may also believe they are failures because they perceive themselves as being responsible for their injuries (Heil, 2000). According to Hardy and Crace (1993), injured athletes may also experience separation, loneliness, isolation and a loss of independence. Wiese-Bjornstal et al. (1998) included the following emotional responses in their integrated model: fear of the unknown, tension, anger, depression, frustration, boredom and grief.

When the participants in the present study related their experience of injury, they all appeared to experience a number of emotions. The following emotions were highlighted: disappointment, frustration, confusion and uncertainty, apprehension, personal dissatisfaction, and anger.

The majority of the participants (10) experienced disappointment as a result of their injuries. Their disappointment was probably largely related to their sense of loss of not being able to achieve the goals they had set for themselves. Some of the participants attempted to cope with their disappointment by distancing themselves from the sport as well as from their friends with whom they ran. The researcher is of the opinion that as a result of their decision to distance themselves, the participants may have experienced isolation and loneliness; this concurs with the view expressed by Hardy and Crace (1993).

The majority of the participants (11) also experienced frustration as a result of their injury. Their frustration seemed to emanate from their perception that their recovery was too slow. One of the participants stated, "My first injury ... doesn't want to go away." This perception, in turn, was primarily linked to their desire to return to competition and achieve the goals they had set for themselves. A second participant thus voiced his frustration: "I'm supposed to be able to run now." However, their frustration may have also been related to their sense of loss of the benefits they perceived running afforded them.

Some of the participants appeared to experience uncertainty and confusion about their injury. In most instances, their uncertainty and confusion seemed to be connected to

their recovery and in particular, to their readiness to resume training so that they could achieve specific goals they had set for themselves. One participant, for example, wondered if the pain he was still feeling was psychosomatic and two were concerned whether they would be able to run the Comrades Marathon. Results from Quinn and Fallon's (1999) study showed that athletes' levels of confusion were high immediately after sustaining injury and during the course of rehabilitation, their levels of confidence increased. They asserted that medical practitioners should explain the nature of the injury and rehabilitation to injured athletes. According to Brewer (2001b), injuries may have a profound psychological effect on the athlete. Another participant believed the sport was good for her soul and thus, questioned the reason for injury. Once again, it is of the utmost importance that therapists understand how injured athletes perceive their injuries (Williams & Roepke, 1993).

Some of the participants were apprehensive about both the short-term and long-term consequences of their injury. As noted previously, a few of the participants feared they were losing their fitness and would not be able to realize their short-term goals of running various races and in particular, the Comrades Marathon. Although one of the participants had started training again, he doubted whether he would ever be able to run long-distances again. Crossman et al. (1995) found that during rehabilitation and on their return to competition athletes experienced fear.

Some of the participants also appeared to experience feelings of personal dissatisfaction because they were injured. One of the participants referred to herself as stupid for getting injured. According to Heil (2000), a minority of athletes believe they are failures because they perceive they are responsible for their injury. Another participant reflected that because of her injury, she did not "like her (my) life" and a third participant believed that it was not a pleasure to be with him. Rotella and Heyman (1986) stated that an attack on self-image may be the cause of irrational thoughts which may, in turn, lead to the athlete drawing unwarranted conclusions.

A couple of the participants experienced anger because of their injury. Albinson and Petrie (2003) found that the players in their study who were still injured after 28 days coped with their disappointment by isolating themselves and taking their anger out on others. One of the participants in the present study, who appeared to be disappointed because of his injury, said he had isolated himself from his running friends and acquaintances, and moreover, he had considered buying a punching bag that he could "just hit and lash out at."

Brewer (2001a; 2001b) observed that studies have advised that 5 – 24% of injured athletes suffer clinical levels of emotional disturbance. Smith and Milliner (1994), for example,

noted that some injured athletes have become so depressed that they have attempted suicide. Although the emotional distress experienced by the majority of injured athletes may be subclinical, Arvinen-Barrow et al. (2007) reported that 99.7% of the physiotherapists in their study perceived that 83% of the time all athletes were psychologically affected by their injuries. Even though it appeared that the participants in the present study did not experience clinical levels of emotional distress, they seemed to be emotionally affected because of their injury. It is beneficial for injured athletes to realize that it is normal if they experience distressing thoughts and emotions (Crossman et al., 1995; Noakes, 2001; Williams & Roepke, 1993).

5.6.4 Sense of urgency

Some of the participants experienced a sense of urgency with regard to their recovery. This was primarily related to their desire to resume training so that they could achieve the specific goals they had set for themselves. They expressed their sense of urgency unequivocally; one declared, "I want to finish this damn race" and another uttered, "I've got to fix it." The sense of urgency that the participants experienced appeared to be connected to their feelings of frustration that seemed to emanate because they perceived their recovery was too slow.

5.6.5 Eventual acceptance

Towards the end of their interviews, more than half of the participants (8) gave the impression that they eventually accepted that they were injured. Two of the participants stated that it did not help them not to accept that they were injured; one stated, "I've made peace with the fact that I can't run at this stage. It doesn't help to fight against it." Several researchers have observed that acceptance facilitates the recovery process (Brewer, 2001a; Heil, 1993; Potgieter, 1992; Silva & Hardy, 1991). Noakes (1992; 2001) asserted that once injured runners reach the final stage of acceptance, they are likely to have recovered from the injury. It is noteworthy that not all the participants in the present study who gave the impression that they had accepted injury, had recovered or almost recovered from their injury.

5.6.6 Theoretical models

Udry and Andersen (2002) stated that an understanding of athletes' complex psychological responses from the onset of injury until full recovery has posed a challenge to researchers. Consequently, in an effort to explain injured athletes' psychological responses to injury, researchers have developed two broad categories of theoretical models; namely, stage models and cognitive appraisal models. When considering the present study, the question as to whether these models help explain the participants' psychological response to injury may be posed. This is thus briefly examined.

5.6.6.1 Stage models

Kubler-Ross' (1969) stage model that comprises a sequence of five stages that terminally ill patients are confronted with has been applied to the field of sport injury by several researchers such as Lynch (1988) and Rotella and Heymen (1986). When Noakes (1992; 2001) adapted Kubler-Ross' model to describe long-distance runners' reactions to injury, he omitted the stage of bargaining. Findings in the present study reveal that only some of the participants experienced denial, anger, depression and acceptance, and none of them gave any indication that they had started bargaining at any stage of their injury. Results of research conducted by Udry et al. (1997) showed minimal support for the denial stage and no support for the bargaining stage. Quackenbush and Crossman (1994) found that the injured athletes in their study did not experience denial. Thus, it may be difficult to adapt Kubler-Ross' theory to sport injury because not all injured athletes appear to experience the emotions described in the model.

On the other hand, there may be some value in attempting to apply Kubler-Ross' stage theory as well as similar stage models such as the two stage model proposed by McDonald and Hardy (1990) to the field of sport injuries. According to Brewer (2001b), the fundamental assumption of the adaptation is that injury epitomizes a facet of a loss of self, and athletes' responses to injury are similar to those who are suffering from grief (Brewer, 2001a). The participants in the present study, as discussed previously, all experienced a sense of loss. As noted previously, injury is a threat to one's basic identity (Van Raalte & Brewer, 2002). Stage models may help clarify the emotional turmoil that injured long-distance runners experience as they deal with their loss.

However, stage models presume that an athlete's psychological response to injury follows a predictable sequence and they do not take individual differences into account. The researcher's views concur with those expressed by Petrie (1993) who stated that an athlete's response to injury is a personal thing. Furthermore, athletes do not necessarily respond in a stereotypic pattern (Brewer, 2001b; Quinn & Fallon, 1999). An examination of the findings of the present study reveals that although many of the participants' experience of and psychological responses to their injury were similar, they also differed. Two of the participants, for instance, were both training for the Comrades Marathon when they got injured. While both experienced a sense of loss and were apprehensive, one also appeared to be disappointed, frustrated and uncertain before showing signs of acceptance while the other experienced denial as well as a sense of urgency. This points to individual difference and may be used as an argument against stage models.

Some proponents of stage models such as Heil (1993; 2000) have pointed out that injured athletes can vacillate between stages in a cyclical process. During the study, it also

seemed as though some of the participants tended to move back and forth between the different emotions they experienced. One participant, for example, appeared to vacillate between his sense of urgency to recover so that he could compete in the Ironman and his acceptance of the possibility that he might not be able to run long distances again. This lends some support to the affective cycle of injury proposed by Heil who alleged that his model facilitates an awareness and understanding of the challenges of injury and rehabilitation.

5.6.6.2 Cognitive appraisal models

The participants in the present study, as noted previously, responded to injury in similar yet different ways. Brewer (1994) stated that cognitive appraisal models were developed to account for individual differences stage models are unable to explain. Thus, a consideration of the integrated model (Wiese-Bjornstal et al., 1998) which is regarded as the most evolved and well-developed cognitive appraisal model may explain the participants' differing responses to injury (Brewer, 2001b; Udry & Andersen, 2002).

An examination of the transcriptions of the participants' interviews suggests that their psychological responses as well as behavioural responses to their particular injury were influenced by their cognitive interpretations of the injury. Furthermore, the participants' cognitive appraisals were, as postulated by the integrated model, affected by both their personal and situational factors. It is also noteworthy that behaviours and emotions, on the other hand, may have an effect on cognitive appraisals (Wiese-Bjornstal et al., 1998). In order to illustrate this interplay of variables, a few of the participants' individual cognitive appraisals of their injury, and psychological and behavioural responses to it are briefly considered.

One of the participants who sustained a serious injury while training to run his tenth Comrades Marathon and accordingly, be awarded his green number was unsure whether time constraints due to family commitments and his perception that it was more difficult to get fit each year would allow him to train for the race the following year. Consequently, he had difficulty in accepting he was injured, experienced a sense of urgency, but was determined to run the race. Despite a lack of confidence, he relied on a cross-training program that did not involve running as well as his years of running experience to complete the race in the allotted time.

A second participant who was also training for the Comrades Marathon when he suffered his injury experienced a sense of loss and subsequently, experienced disappointment, frustration, uncertainty and apprehension because he feared becoming unfit and being unable to run the race. Research conducted by Bianco et al. (1999) found that skiers' experience of disappointment and loss was magnified during an

important competition such as the Olympics. However, the participant in the present study decided to rest and showed signs of acceptance when he convinced himself that it was more advantageous to be undertrained than overtrained for the race.

A third participant who had been injured for two years experienced frustration and anger in his difficulty in accepting that he was injured. His reluctance to accept his injury seemed to be ignited by his constant questioning as to why he was injured and his perception that it was unfair. He convinced himself that he could still run with injury even though his enjoyment of the sport was compromised, he acknowledged that injury had a negative effect on his relationships and he had been advised by medical practitioners to rest for two years.

In conclusion, the participants in the study responded in various ways to injury. Utilizing both stage models of grief and cognitive appraisal models may shed light on runners' psychological responses to injury. Furthermore, successful rehabilitation of injury is unlikely without the knowledge of the possible causes of the injury. In the next section, the participants' perceived causes of their injury are discussed.

5.7 Perceived causes of injury

Wiese-Bjornstal and colleagues stated that the factors that may make athletes more vulnerable to injury may also play a role in their adjustment to injury (Udry & Andersen, 2002). The researcher also thinks that knowing what the causes of a long-distance running injury are may lead to a more comprehensive understanding of injured runners' psychological responses to injury. Consequently, an examination of the causes of injury is invaluable to any study on sport injury. In the present study, the participants were asked what they perceived had caused their injury. In some instances, the participants' perceptions concerning the causes of their injury were confirmed by medical practitioners. However, regardless of whether or not their perceptions were confirmed by the medical profession, these perceptions influenced their psychological and behavioural responses to their injury. Furthermore, the participants' perceived causes of injury were of a biological, psychological and social nature.

Some of the participants expressed the opinion that their injuries were a result of overtraining. Research has shown that the majority of injuries sustained in long-distance running are overuse in nature (Bennell & Crossley, 1996). One of the participants stated that because of overtraining runners spend their time "wrestling" with injuries. Overtraining which is characterized by physical symptoms such as chronic and persistent muscle soreness and fatigue (Silva & Hardy, 1991) is often referred to as the plods and super plods (Noakes & Granger, 1995). Chronic injuries are more likely to occur when runners have reached their breakdown point; this usually happens when runners train

harder than their genetic limitations allow (Noakes, 1985; Noakes, 2001). A second participant alluded to this opinion when he stated, "Maybe my body couldn't just take this anymore." Kerr and Goss (1996) concluded their study on the effects of a stress management program on injury by suggesting that overuse and fatigue might make a gymnast more susceptible to injury than stress. Participants in a study conducted by Johnson (2011) perceived psycho-physiological stress such as feeling drained of energy to be a cause of injury. It was apparent during the present study that the participants who overtrained did so in order to achieve their goals and as noted previously, were prepared to tolerate pain in order to do so. Furthermore, it appears that runners may often put pressure on themselves to do the same volumes of training as their running friends. A third participant, when unable to run, lamented that his friends were doing a lot of mileage while all he could do was "plod along." The results of the study suggest that runners are inclined to be obsessed by their logbooks in which they record their training. A fourth participant who declared, "You must for that logbook" indicates that runners may be inclined to think that the more they record in their logbooks the better prepared they will be to run races. Noakes (1992; 2001) contended that in order to achieve their ambitions, once-injured runners will eventually train more than their adequacies allow. However, he further stated that they experience tension because although they want to achieve their goals, they recognize their genetic limitations. Altshul (1981) referred to this as the stage of renewed neurotic disequilibrium.

A couple of the participants also attributed their injuries to racing too hard. Because tense and fatigued muscles have poor shock-absorbing qualities, the risk of injury is increased (Williams and Andersen, 1998). It appears that runners may race too hard in order to achieve their goals. One participant, for instance, stated that he had run exceptionally hard to overtake someone. Runners may also be inclined to run too hard in races because of their competitive needs; a second participant related that in races he tended to challenge runners. A few participants expressed the opinion that they had sustained their injuries because of a lack of preparation. When he shared his experience of injury, a third participant alluded to the fact that runners may run too hard in races despite a lack of preparation. Once again, it may be speculated that this occurs because of their need to achieve the goals they have set for themselves.

Some of the participants believed that their injuries were due to biomechanical problems and muscle imbalances as well as a lack of stretching. One of the participants, for example, stated that weak lower muscles and hip abductors which had caused his injury were the result of hard training. The reason runners tend to train too much has been discussed in depth. Most of the participants (8) considered that wearing incorrect or old shoes may have contributed to their injuries; one participant referred to her shoes as a nightmare pair of shoes. However, it must be noted that when some of these

participants started to run in other shoes, they did not recover from their injuries. It may be necessary for runners to find a cause for their injuries as it may help them to cope.

A few of the participants attributed their injuries to previous injuries they had suffered. Age and the number of years of involvement in the sport were also perceived by some of the participants to be a cause of their injuries. Research conducted by Van Mechelen et al. (1996) showed that the strongest independent predictors for sport injuries were previous injury and exposure time. Results from a study conducted by Steffen et al. (2009) showed that the risk of sustaining an injury was twice as high for those who had sustained previous injuries than for those who had no history of injuries. It is noteworthy that the participants who perceived that their injuries may have been caused by previous injuries were referring to injuries that were not related to long-distance running; one of the participants, for instance, blamed her injury on a fall off a bicycle when she was a child.

During their interviews, the participants in the present study were specifically asked if they perceived stress to be a cause of their injuries. Only three of the participants perceived a link between stress and their injuries. This may appear to contradict the findings of research that has been conducted to determine if there is a link between stress and sport injury. Most of this research has tested one or more components of Andersen and Williams' (1988) model of stress and athletic injury. According to Williams (2001), the majority of these studies have found a positive relationship between life stress and athletic injury. Recent studies that have confirmed that this positive relationship exists include those of Fawcner et al. (1999), Dunn et al. (2001) and Steffen et al. (2009).

The fact that only three participants in the present study perceived stress to be a cause of their injuries does not necessarily contradict the findings of the research referred to in the preceding paragraph. Firstly, the participants were asked about their personal perceptions regarding the causes of their injury whereas in the studies that were discussed in the literature chapter of this thesis, life stress was assessed by using diverse methods (Williams, 1999) such as employing scales such as SARRS (Bramwell et al., 1975) and the ALES (Passer & Seese, 1983) as well as by measuring peripheral vision (Rogers & Landers, 2005). Secondly, and possibly more significantly, Williams and Andersen (1998) acknowledged that their stress-athletic injury model was a better predictor of acute injuries than chronic injuries. The fact that long-distance runners generally sustain chronic injuries because of their inclination to train too much has been examined previously in this chapter.

Although all the participants deliberated on a number of factors they perceived had caused their injuries, some of them also said that they found it difficult to make sense of

their injuries. One participant's difficulty in making sense of her injury was captured when she declared, "So actually I really don't know." The researcher is of the view that this difficulty highlights the disrupting effects injury may have on a long-distance runner's life.

In conclusion, although the participants attributed their injuries mainly to physical factors such as overtraining, their perceptions had social as well as psychological roots and consequences. Devanter (2011) stated that although injury is largely a physical phenomenon, it is dependent on a number of variables such as type of sport, level of participation, training and competition. The next section examines the participants' approach to rehabilitation.

5.8 Approach to rehabilitation

An examination of injured long-distance runners' perceptions regarding their rehabilitation may assist those who are involved in their rehabilitation. It is customary for medical practitioners as well as sport coaches to concentrate on the physical aspects of sport injury rehabilitation (Brewer et al., 2002). However, not all athletes who suffer similar injuries react emotionally and/or respond to rehabilitation in the same way (Flint, 1998). Research has shown that physiotherapists would welcome more knowledge on psychological interventions that may assist injured athletes (Evans et al., 2000; Larson et al., 1996). An examination of the participants' perceptions of rehabilitation and attitudes towards those in the medical profession reveals that an understanding of the psychological responses of injured runners may be invaluable to those involved in their rehabilitation programs; this concurs with the view expressed by Williams and Roepke (1993). In this regard, a biopsychosocial model of sport injury rehabilitation which was proposed by Brewer et al. (2002) may aid medical practitioners involved in sport rehabilitation to view injury holistically.

Almost half of the participants in the study were happy with the treatment they received from those whom they had consulted in the medical profession. Predictably, these participants expressed their trust in most medical practitioners. Furthermore, they gave the impression that they believed the rehabilitation they received was beneficial. Rock and Jones (2002) found that athletes who believe in the efficacy of rehabilitation were more inclined to adhere to the program. The participants in the present study displayed a number of the characteristics identified by physiotherapists in a study conducted by Arvinen-Barrow et al. (2007) of injured athletes who cope with injury successfully. One participant, for example, displayed a positive and proactive attitude towards injury, and complied with the treatment program by following his physiotherapist's advice and going to her once a month for, what he referred to as, a check-up. It was evident that a second participant had an understanding of injury, realistic expectations and tried to exercise patience when he gave a detailed explanation of his injury and acknowledged that he had to be prepared to take it slowly if he was to recover. A third participant

revealed his confidence and trust in rehabilitation when he stated that he had a high regard for his physiotherapist and always consulted her when he was injured. Francis et al. (2000) also found that an athlete's willingness to listen to the physiotherapist was perceived by physiotherapists as being important for successful rehabilitation. Similarly, physiotherapists in the Gordon et al. (1991) study believed that athletes who had a positive psychological response to injury listened ably to advice and asked questions about rehabilitation. The researcher does not disregard the findings of the studies referred to above, but considers that it may be easy for injured runners to display the characteristics outlined above towards injury if they perceive that they are recovering.

A few of the participants in the study detailed their unsuccessful attempts to recover from their injuries. They gave the impression that they were dissatisfied with their rehabilitation and did not trust the medical practitioners they had consulted. One of the participants, for example, declared that the medical practitioners she had consulted were grasping in the dark and another said, "Everyone has an opinion and they can just tap you on the shoe and show you what they've done." Some of the results of the present study contradict the findings of the Arvinen- Barrow et al. study (2007). Both the participants in the present study who were satisfied as well as those who were dissatisfied with the medical practitioners from whom they had sought help and with the treatment they received displayed the characteristics identified by physiotherapists in their study of athletes who were not coping with injury; namely, a negative attitude towards injury, exercise addiction, unrealistic goals, impatience, and stress, anger, anxiety and depression. The results of the present study are also contrary to the findings of research conducted by Moss-Morris et al. (2002) which revealed that athletes who believe their injuries are more problematic experience greater emotional disturbances than that of athletes who have more positive perceptions of their injuries.

A few of the participants chose to treat their injuries themselves. According to Noakes (2001), injured runners can be divided into two groups: firstly, those who want to be in control of their treatment and thus, only require simple advice and secondly, those who need exact and detailed advice from the medical profession. The participants who chose to treat their injuries themselves did not fit into Noakes' first category. Their decision to follow their own treatment program also had nothing to do with their trust or lack thereof in the medical profession. Rather, they chose to follow their own treatment programs because of personal circumstances such as limited medical aid cover and work commitments. However, one of the participants who sought treatment, appeared to trust his doctor and followed her advice gave the impression that he nevertheless wanted to take charge of his own rehabilitation. The findings of studies conducted by Brewer et al. (2000) and Laubach et al. (1996) emphasize the importance of personal control in the rehabilitation of sport injury.

The integrated model (Wiese-Bjornstal et al., 1998) proposes that athletes' cognitive appraisals of injury and subsequent emotional and behavioural responses may have implications for both their physical and psychological recovery outcomes. Their cognitive appraisals may, in turn, be mediated by both situational and personal factors. Bianco et al. (1999) found that skiers who suffered similar injuries to skiers who had recovered from injury were more confident than those who suffered less common injuries. Similarly, one of the participants in the present study said that the knowledge that other runners suffer injuries gave him hope. Athletes may also experience anxiety at the thought of possibly not achieving the levels of performance they achieved before suffering injury (Morrey et al., 1999; Podlog & Eklund, 2007; Vergeer, 2006; Wiese & Weiss, 1987). The participant referred to above, for instance, also feared that he would be unable to run long distances again. His differing thoughts are indicative of how injured runners' emotions may fluctuate during rehabilitation. Research conducted by Dawes and Roach (1997) and Morrey et al. supports this assertion. Francis et al. (2000) reported that athletes believed that knowing how long their recovery would take helped them in the healing process. A second participant in the study who had been injured for two years was advised by the medical profession to stop running for two years, but he refused to do so because they could not guarantee that he would recover from his injury.

The participants in the study were also asked what measures they believed would facilitate their recovery. The majority of the participants perceived that rest and/or exercising discipline by starting to train slowly when they had recovered was essential for their recovery. It is noteworthy that the participant who refused to rest despite being advised to do so by the medical profession acknowledged that it would facilitate his recovery. It is apparent that although runners experience a sense of loss when they are injured because they are unable to run and also have a tendency to run with injury, they admit that rest is of utmost importance. Thus, there appears to be a contradiction between continuing to run and knowing what they should be doing. Some of the participants thought that strengthening exercises and changing their training methods would help them to overcome their injury and reduce the risk of sustaining further injury. The researcher believes that treating the cause of the injury may not only help injured runners physically, but emotionally as well. A small number of the participants also perceived that going to physiotherapy regularly would assist them in their recovery; thus depicting their trust in the medical fraternity. Another participant whose injury had not improved expressed the view that it would help her if she sought advice from one medical practitioner instead of becoming confused by the opinions of a number of them as she had. Although the participants did not state it directly, it appeared that their tendency to go to more than one medical practitioner might have been indicative of their urgency to recover so that they could resume running. The injured rugby player in Vergeer's (2006) study consulted a number of medical practitioners when he faced

disconcerting information in order to find out more or better information. It is possible that injured runners may go to a number of practitioners in the medical field until they find a practitioner who understands what running means to them. Research conducted by Evans et al. (2000) revealed that injured athletes perceived emotional support to be important when they experienced setbacks and progress was slow.

Injury can befall every athlete (Quinn & Fallon, 1999; Udry & Andersen, 2002). More specifically, opinions regarding the potential risk of sustaining a running injury have been noted in the literature overview of this thesis (Fordyce & Renssen, 2002; Noakes, 2001; Noakes & Granger, 1990; Taunton et al., 2002; Young & Press, 1994). Junge's (2000) model of the influence of psychological factors on sport injury proposes that by assisting athletes with their emotional states and coping resources, injury may be prevented. Research has revealed that training in specific skills such as somatic relaxation and stress management may help reduce injury (Johnson et al., 2005; Kerr & Goss, 1996; Maddison & Prapavessis, 2005). Although the focus of the latter studies was on acute injuries, it is possible that similar intervention programs can be implemented in the training programs of runners as well in rehabilitation centres to help prevent injury in long-distance running. On the basis of their findings, Martin et al. (1995) suggested that runners who direct attention inwards and are thus, more sensitive to muscular tension may be less susceptible to injury. This concurs with Schomer's (1990) study that found that consistent body monitoring which is characteristic of associative thinking was responsible for the minimization of overuse injuries. The researcher suggests that such skills could be included in intervention programs for runners.

In this section, the participants' approach to rehabilitation was examined. As noted, cognizance of long-distance runners' perceptions regarding their rehabilitation may be beneficial to medical professionals involved in it. Furthermore, it may be beneficial if training programs and rehabilitation programs also included interventions that could help reduce injury. In the next section, the coping mechanisms the participants employed to help them cope with their injuries is considered.

5.9 Coping mechanisms

A consideration of what mechanisms the participants employed to help them cope with injury as well as the support that significant people in their lives gave them because they were injured may help those involved in the rehabilitation of injured runners. As stated previously, runners experience a sense of loss when they are injured. Coping mechanisms may help runners to come to terms with their loss and subsequently, alleviate some of the negative emotions such as disappointment, frustration, confusion and uncertainty, apprehension, personal dissatisfaction and anger that they experience.

Almost half of the participants said that cross-training helped them to cope with their injuries. One of the participants, for example, said that since being able to go to gym, swim and do spinning, he was coping better than he had when he was not allowed to exercise after his operation. The participants, as examined previously, all experienced a sense of loss for various reasons because they were injured. Doing other forms of physical exercise might have helped them to cope with their fear of becoming unfit; in other words, they might have perceived that by cross-training they would not lose their fitness completely. A second participant related that she tried to compensate by cycling and swimming. A third participant found that she could walk fast and that she loved it. Cross-training might have allowed them to experience some of the other benefits they perceived as a result of their involvement in long-distance running.

A few of the participants found that they were able to cope with their injuries by getting involved in club activities, coaching other runners and keeping in contact with their running friends. One of the losses the participants experienced because of injury was the social benefits they perceived the sport afforded them. Remaining involved in the sport might have offered them some comfort and support. One of the participants explained that even though he was unable to run, running was about friendship and thus, he enjoyed watching his friends run; however, he added that it would have been more enjoyable to run. Andersen and Williams (1988) stated that fostering team cohesiveness and a sense of belonging are examples of interventions that may alter an athlete's cognitive appraisal of a stressful event and subsequently, reduce the risk of injury. The researcher believes that these interventions may also help reduce the sense of loss injured runners experience and hence, help their recovery. On the contrary, a couple of the participants believed that by distancing themselves from the sport as well as the friends with whom they ran helped them to cope with their injury. Carson and Polman (2010) found that avoidance coping such as getting involved in other aspects of the sport, avoiding contact with other people, denial and becoming engrossed in other activities were beneficial during rehabilitation.

Some of the participants coped with their injuries through rationalization. One of the participants, for example, reasoned that in order to complete his tenth Comrades Marathon, he only had to run the race once. Andersen and Williams (1988) also stated that techniques that eradicate negative and irrational thought patterns may also alter the cognitive appraisal of a stressful event and hence, reduce the likelihood of injury. Researchers such as Junge (2000), Potgieter (1992) and Sachs et al. (1993) have suggested athletes need coping resources so that they will be able to deal with stress and thus, prevent injury. As noted in the previous paragraph, techniques that make runners less susceptible to injury may also assist them in their recovery process when they are injured.

During their interviews, the participants also spoke about their support systems. Williams (2001) stated that although what is regarded as social support and how to measure it is unclear, it is mainly associated with the presence of significant people; those people whom an individual values and on whose care the individual can rely.

Some of the participants believed that the significant people in their lives gave them the support they needed. They mentioned their wives and running friends and one participant also mentioned her coach. According to Sachs et al. (1993), because coaches are in regular contact with their athletes it is imperative that they are involved in helping athletes deal with stress. Thus, it may be beneficial for coaches to be involved in their injured runners' rehabilitation in order to offer them the support they need. Research conducted by Woodman and Hardy (2001) indicated that coaches did not practise psychological skills. Accordingly, it may be advantageous for coaches to attend courses in sport psychology so that they understand the psychological needs of their runners.

Some of the participants did not perceive support from the significant people in their lives. One participant's husband did not even know that she was injured while another participant related that when she told her friends she was injured, they did not even ask her what she had hurt. Research conducted by Green and Weinberg (2001), revealed that injured athletes who were more content with their social support networks displayed less mood disturbance than those who were not content. Manuel et al. (2002) found that increased social support was linked to decreased depression in injured athletes. In the present study, there was no indication that those who did not perceive support from significant people experienced more negative emotions than those who did. Because of the small sample, the researcher could not determine the intensity of the participants' negative emotions.

The majority of the participants (12) also deliberated on how they reacted to advice other runners offered them. Most of these participants (8) did not listen to this advice. One participant remarked, "They talk so much rubbish." A further two participants believed they had more knowledge about running than other runners and hence, did not listen to any advice from them. On the contrary, a couple of runners valued the advice given to them; one explained that older runners had experience. Finally, a couple of runners listened to some of the advice, but rejected other advice offered to them by other runners. As discussed previously, runners may become uncertain and confused when they are injured.

This section considered the different coping mechanisms the participants employed to help them cope with their injury. Furthermore, the support the participants perceived they experienced from the significant people in their lives was also discussed. A consideration of a runner's personality is important to facilitate an understanding of his/her experience of injury. In the present study, the preferences the participants exercised as measured by the MBTI was determined; a discussion thereof follows.

5.10 Results from the MBTI

In order to fully comprehend the psychosocial factors involved in injuries sustained in long-distance running and moreover, develop a biopsychosocial theoretical model to help explain the phenomenon of injury sustained in long-distance running, a consideration of personality is of paramount importance.

Only a few identified studies have examined the role personality plays in injury. Early studies used the 16PF (Jackson et al., 1978; Valliant, 1980; Valliant 1981). Subsequently, studies were conducted on the personality factors included in Andersen and Williams' (1988) stress-athletic injury model; namely, hardiness, locus of control, sense of coherence, competitive trait anxiety and achievement motivation. According to Udry & Andersen (2002), most of the studies conducted on these variables have yielded mixed results. The identified studies in the literature study of this thesis depict the roles Type A and Type B (Gill et al., 1995), the estimation and overestimation of ability (Kontos, 2004), and trait anxiety, locus of control and self-concept (Kerr & Minden, 1988) play in an athlete's susceptibility to injury.

No identified studies on psychosocial factors involved in sport injury have used the MBTI. The researcher decided to use the MBTI to explore if the preferences the participants exercised and their subsequent preference type played a role in their experience of injury.

Results showed that some (5) of the participants had an ISTJ preference and a few (3) had an ESTJ preference. A couple of the participants had an ENFJ preference and further two had an ENTP preference. Of the remaining participants, one each had an INFJ preference, an INTP preference and an ESFJ preference. The participants all exhibited many similar behaviours and attitudes associated with people who have their particular preference type. Some of these characteristics appeared to influence the manner in which they trained and to a lesser extent, the way they experienced injury and approached rehabilitation; these attributes are thus briefly examined.

Those who had an ISTJ preference followed a structured training program and worked in an organized, steady and orderly manner in order to achieve their goals. In doing so,

they relied on experience, were realistic and practical. They also seemed to rely on the same training program they had been using for many years. They followed their rehabilitation program conscientiously. Characteristic of those who have an ISTJ preference, they preferred being alone. They all exhibited a strong sense of responsibility to the significant people in their lives.

The participants who had an ESTJ preference also followed a structured training program; they were organized, systematic and worked steadily and with determination to achieve their goals. They valued competence and productivity, and were results-orientated, but were also rigid, dogmatic, critical and intolerant of incompetence. These participants experienced disappointment because of their injuries.

Although the participant who an ESFJ preference said that he followed a semi-structured training program, when he sustained his injury he was concerned because of the lack of order, structure and stability in his training program. Furthermore, he was organized and planned his time carefully in order to achieve his goals. He followed his physiotherapist's advice and was able to focus on the present during his rehabilitation.

The two participants who had an ENFJ preference enjoyed variety and change, and consequently, included it in their training programs. Furthermore, they appeared to enjoy new challenges. Both of these participants experienced uncertainty as a result of their injuries. They were very critical of medical practitioners; because of a lack of medical aid cover, neither of them had sought help from anyone involved in the medical profession when they got injured.

The participant who had an INFJ preference included variety into her training program. Although she trained in a group, she preferred training alone and often ran off alone while training with others; during this time she was able to be creative. She seemed to be critical when she referred to the medical practitioners from whom she had sought help. She became more reserved, introspective and self-sufficient because of her injury. According to Noakes (2001), quiet introverted runners become more even more so when injured.

The couple of participants who had an ENTP preference also enjoyed new challenges. They were intolerant of incompetence and were very critical; one was critical of the medical practitioners who had been unable to help her with her injury. The other participant was able to see connections that were not apparent to others and appeared to have intuitive insight. She believed that one of the causes of her injury was stress.

The participant who had an INTP preference was results-orientated, competitive and emphasized proficiency. He was analytical, logical and objective, and developed theories; these attributes were evident when he explained his perception about the causes of his injury. He tended to become arrogant and critical, especially when he referred to other runners who had tried to give him advice.

Although the present study employed a mixed methods research design with the purpose of expansion, most of the study was conducted within the qualitative paradigm. It is very difficult to draw definite conclusions about the MBTI because of the small sample. However, an examination of the sample reveals that there was a preponderance of Sensing (9), Thinking (11) and Judging (12) types. This is reflected in Table 5.1. The number of participants who experienced the particular emotion is indicated in the relevant cell.

Psychological responses	E (7)	I (8)	S (9)	N (6)	T (11)	F (4)	J (12)	P (3)
Denial (5)	3	2	4	1	4	1	5	0
Sense of loss (15)	8	7	9	6	11	4	12	3
Disappointment (11)	7	4	6	5	8	3	8	3
Frustration (10)	7	3	5	5	6	4	8	2
Confusion & uncertainty (6)	2	4	3	3	3	3	5	1
Apprehension (5)	3	2	5	0	4	1	5	0
Personal dissatisfaction (5)	5	0	3	2	3	2	2	5
Anger (2)	1	1	0	2	1	1	1	1
Sense of Urgency (5)	1	4	3	2	5	0	3	2
Eventual acceptance (8)	3	5	7	1	1	7	7	1

Table 5.1 – Psychological responses of MBTI preferences

Nine of the participants were Sensing types. People who have a Sensing preference are known to like facts, and are realistic and practical. Furthermore, they work steadily, give attention to detail and follow a procedure when working (Bayne, 1995). In their quest for enjoyment they are very observant, especially of the external environment. They are known to depend upon their physical surroundings (Briggs-Myers & Myers, 1980). Sensing types are also present-orientated and trust experience (Myers et al., 1993).

The manner in which the participants who were Sensing types responded to injury as well as the subsequent emotions they appeared to experience may be linked to the attributes that Sensing types are known to have. When they spoke about the benefits that they perceived running afforded them, most of them spoke about the enjoyment they derived from being fit as well as from the friendships they had made because of the sport. The loss all of the participants who had a Sensing preference experienced was partly due to their loss of enjoyment. They also experienced loss because injury had disrupted their training plans and thus, they were unable to follow their accustomed

procedures. A number of these participants also experienced disappointment, frustration and apprehension; once again, these emotions can be attributed to their loss of perceived benefits as well as having their training programs thwarted. The majority of the participants (7) who were Sensing types also eventually accepted that they were injured; this may be due to the fact that Sensing types are known to be present-orientated.

Eleven of the participants had a Thinking preference. Those who give preference to thinking are logical and analytical (Bayne, 1995). They are able to organize facts and ideas into a logical sequence (Briggs-Myers & Myers, 1980). Furthermore, they use cause-and-effect reasoning and strive for impersonal, objective truth (Myers et al., 1993). Thinking types are guided by clear and consistent principles, and tend to be fair, yet firm. At times they may be critical and skeptical (Bayne).

The participants who were Thinking types displayed a tendency to be logical and analytical. They all had a need to understand why they had got injured and by means of reasoning most of them arrived at very definite ideas as to why they had sustained their injuries. They also tried to be objective when they discussed their perceived causes of injury. The manner in which they responded to injury and a few of the emotions they experienced because of injury seemed to be indirectly related to the attributes characteristic of Thinking types. Some of the confusion and uncertainty, frustration and disappointment they experienced may have been partially due to their inability to make sense of their injuries. One of the participants experienced anger and frustration because he believed that it was unfair that he had got injured. Some of them also tended to be critical and skeptical of the medical profession; these tendencies were also accompanied by frustration and disappointment.

Twelve of the participants were Judging types. Those who have a Judging preference are known to follow plans and do not welcome unplanned and unexpected occurrences (Briggs-Myers & Myers, 1980). They like to plan ahead so as to avoid any stress at the last minute (Myers et al., 1993). Furthermore, Judging types tend to be industrious, organized and systematic. They have a need to meet deadlines and are happy when matters have been settled (Bayne, 1995). They also tend to be self-regimented, purposeful and exacting (Briggs-Myers & Myers).

Of the 11 participants who followed a structured training program, nine were Judging types. It appears that the runners in the sample preferred structure and planned their training programs accordingly. When they suffered injury, their plans were disrupted and they reacted in various ways. Five of the Judging types found it difficult to accept that they were injured and seemed to experience denial; some of these participants

continued running because they did not want to alter their training plans. All the participants experienced a sense of loss which appeared to be directly related to having their plans of preparing for an event disrupted. Eight of the participants who had a Judging preference experienced frustration and disappointment. Once again, this was directly linked to having their goals and training programs thwarted. The participants who were Judging types also experienced confusion and uncertainty (5), apprehension (5), personal dissatisfaction (5), a sense of urgency (3) and eventual acceptance (7). In most instances these emotions can be attributed to the fact that their goals and subsequent plans had been hindered because of injury.

It has been noted that the sample of 15 long-distance runners in the present study are typical of long-distance runners in South Africa; however, as stated previously, it is difficult to draw definite conclusions about the preference types of long-distance runners because of the small sample. One will only be able to ascertain whether those who have Sensing, Thinking and Judging preferences are attracted to long-distance running if a larger sample is used. However, a consideration of the results described above indicates that the MBTI may be a useful instrument that both those involved in coaching long-distance runners as well as those involved in runners' rehabilitation can employ. Knowing runners' preference types may lead to a better understanding of their approach to training, their experience of injury, their psychological responses to injury and their approach to rehabilitation.

In the following section, a biopsychosocial model that sheds light on the factors that are affected by and affect long-distance runners' experience of injury is presented.

5.11 The biopsychosocial model of long-distance running injuries

An examination of long-distance runners' experience of injury reveals that injury has an effect on and is affected by the following factors: running history and training program; perceived benefits and disadvantages; personal understanding of injury; personality factors; psychological responses to injury; perceived causes of injury; approach to rehabilitation; and coping mechanisms. Furthermore, there is an intrinsic interplay of biological or physical, psychological and social processes inherent in the experience of injuries sustained in long-distance running. The biopsychosocial model of long-distance running injuries is thus proposed and presented. Although the model emanates from the experiences of the 15 participants in the present study, it may be applied to long-distance runners in general. However, cognizance is also taken that all distance runners are individuals and may respond to injury in a unique manner. The model is depicted in Figure 5.1. An explanation of the model follows.

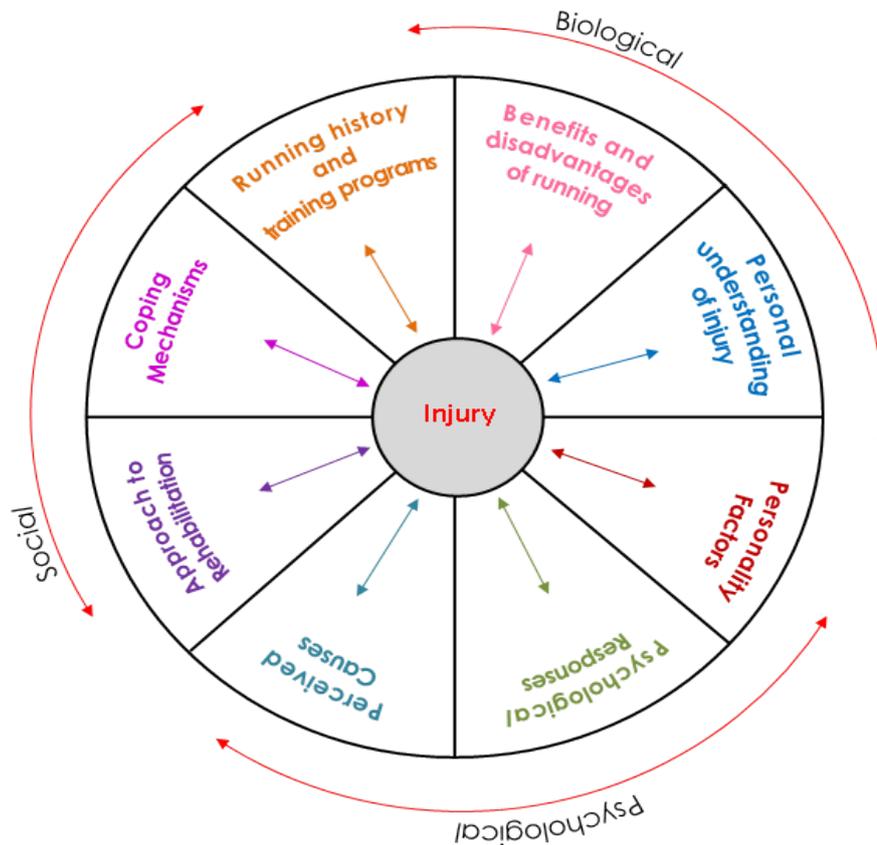


Figure 5.1: The Biopsychosocial Model of Long-distance Running Injuries

A long-distance runner's *experience of injury* is the essence of the biopsychosocial model of long-distance running injuries. Consequently, it forms the core of the model and accordingly, is placed in the centre of the model. Each of the factors that are affected by and have an effect on injury are linked to the experience of injury by bidirectional arrows; thus, depicting the integral relationship between injury and each of the factors. Furthermore, in order to show that all these factors are related to and have an influence on one another, the model is circular. The biopsychosocial nature of the model is represented by the bidirectional arrows outside the circle. A brief consideration of all the components of the model follows.

A long-distance runner's *history of running and training program* is the first factor that has an effect on and is affected by injury. The runner's history of running involves the individual's experience in the sport and more specifically, the races he/she has run. The biopsychosocial model of long-distance running injuries proposes that runners possess an athletic identity which may be dependent on the races they have run. Furthermore, they tend to follow training programs in order to achieve their goals. The experience of injury may be very disruptive as it impinges on the realization of their goals and subsequently, may have a negative effect on their athletic identity. Wiese- Bjornstal (1998) stated that injured runners who have a strong athletic injury may experience injury as more disturbing than those whose athletic injury is not as strong. However, in order to

achieve their goals, injured runners may attempt to run with injury. Heil (1993) stated that athletes have to tolerate pain if they wish to succeed. Pike and Maguire (2003), on the other hand, contended that tolerating pain may exacerbate the possibility of serious injury.

The second factor linked to injury involves the *benefits and disadvantages* long-distance runners perceive as a result of their involvement in the sport. The physical benefits experienced by distance runners have been well-documented (Fixx, 1977; Fordyce & Renssen, 2002; Higdon, 1993; Noakes, 2001; Sparks & Kuehls, 1996). Extensive research has also been conducted on the psychological benefits associated with the sport (Chan & Lai, 1990; Hassmen & Blomstrand, 1991; Percy et al., 1981; Symonds, 1995; Ungerleider et al., 1989; Ziegler, 1991). The participants in the present study not only perceived that running afforded them physical and psychological benefits, but social benefits too. The biopsychosocial model of long-distance running injuries proposes that if injury prevents runners from participating in the sport, they may experience a loss of these benefits. According to Van Raalte and Brewer (2002), injury may be a threat to one's basic identity. This, in turn, may result in their decision to run with injury; as stated previously, this may worsen the injury and result in a further loss of perceived benefits.

The third factor linked to injury, the core of the model, is runners' *personal understanding of injury*. As discussed previously, the difficulties encountered when conducting research on sport injuries include the various ways injury is defined, determining the role of pain in injury and ascertaining the severity of injuries. The model, however, proposes that runners' personal understanding of injury has a direct influence on their experience of injury and subsequent decision whether to run with injury or not. Runners, for instance, who believe they are only injured when they cannot run, are more likely to ignore pain and continue running than those who adopt a more cautious view. Conversely, runners' experience of injury may also determine how they define and approach it; for example, those who have previously sustained debilitating injuries because of their reluctance to stop training when injured may subsequently, adopt a more conservative approach and pay heed to minor aches and pains. Runners' personal understanding of injury and their experience thereof is subjective.

The fourth factor that is connected with bidirectional arrows to injury is *personality factors*. Only a few identified studies have explored the role personality plays in injury (Gill et al., 1995; Jackson et al., 1978; Kerr & Minden, 1988; Kontos, 2004; Valliant, 1980; Valliant, 1981). However, the biopsychosocial model of long-distance running injuries proposes that personality factors may have a direct influence on injured runners' experience of injury and moreover, injury may have an impact on their personality. Thus, the inclusion thereof is of paramount importance. Although the present study employed the use of

the MBTI to explore if the preferences runners exercise and their subsequent preference type play a role in their experience of injury, it is acknowledged that other personality inventories may offer alternative insights of the experience of injury.

The fifth factor intrinsically linked to injury is runners' *psychological responses* to it. Numerous studies, detailed in the literature chapter of this thesis, have examined the effect injuries have on the psychological well-being of athletes. These studies include those of Acevedo et al. (1992), Albinson and Petrie (2003), Cashmore (2002), Evans and Hardy (1995), Quinn and Fallon (1999), and Shuer and Dietrich (1997). The results of these studies, by and large, concur with the findings of the present study. The biopsychosocial model of long-distance running injuries proposes that runners may experience denial, a sense of loss, disappointment, frustration, uncertainty and confusion, personal dissatisfaction, apprehension, anger and a sense of urgency when they are injured. Furthermore, during the course of their rehabilitation they may eventually accept that they are injured. The psychological responses to injury listed above emerged during the present study and thus, are not a comprehensive list.

The biopsychosocial model of long-distance running injuries also proposes that injury is a personal and individual experience and consequently, runners do not respond to injury in a stereotypic pattern as suggested by the proponents of stage models. This view is in agreement with that of Brewer (2001b), Petrie (1993), and Quinn and Fallon (1999). Rather, the model proposes that injured runners' psychological responses to injury are influenced by their cognitive interpretations of the injury which, in turn, are affected by their personal and situational factors. This is in accordance with the integrated model postulated by Wiese-Bjornstal et al. (1998). Furthermore, as contended by Shuer and Dietrich, the model proposes that injured runners who continue to train with injury, may exacerbate their emotional distress by training in discomfort and pain; hence, the inclusion of bidirectional arrows in this component of the model.

The sixth factor linked to injury is the *perceived causes* thereof. The relationship between injury and the causes of it is self-explanatory. However, the model proposes that runners' perceived causes of injury and more specifically, of their own injuries may have a direct influence on their rehabilitation and thus, recovery outcomes. By acknowledging the possible causes of injury, runners may understand and consequently, take charge of their own injuries. However, if they choose to ignore what they perceive to be the causes of injury, they may exacerbate their injuries and suffer further injury.

The seventh factor that is intrinsically linked to injury is runners' *approach to rehabilitation*. Based on the findings of the present study, the biopsychosocial model of long-distance running injuries proposes that runners who perceive they are recovering from their injuries are likely to be happy with their treatment, trust those medical practitioners involved in it

and adhere to their rehabilitation programs. Rock and Jones (2002) found that athletes who believe in the efficacy of rehabilitation are more likely to adhere to the program. On the other hand, the model further proposes that runners who have not successfully recovered from their injuries and are dissatisfied with the treatment they are receiving may experience a lack of trust in the medical profession. Furthermore, these runners may be less inclined to adhere to their rehabilitation programs and may consult a number of medical practitioners in their urgency to recover from their injuries. According to Noakes (2001), some runners want to be in control of their own treatment and only require simple advice. This component of the model is enhanced by the inclusion of the measures runners believe will help facilitate their recovery as it accommodates both those runners who choose to treat their own injuries as well as those who seek medical help. However, the decision whether to follow these perceived measures may depend on their cognitive appraisal of the implications of their injury. This view is in accordance with the integrated model postulated by Wiese-Bjornstal et al. (1998). Runners, for example, who fear they may not be ready for major races if they do not train, may run with injury even if they acknowledge that their recovery is dependent on rest.

The eighth factor that is connected to injury is *coping mechanisms*. This factor includes support from significant others. The model proposes that runners who have coping mechanisms and/or support from significant others are better able to cope with injury than those who have neither. Furthermore, these mechanisms and support systems or the lack thereof may affect the runners' recovery. Green and Weinberg (2001) revealed that injured athletes who were more content with their social support networks displayed less mood disturbance than those who were not content. Similarly, Manuel et al. (2002) found that increased social support was connected to decreased depression in injured runners.

The circular nature of the biopsychosocial model of long-distance running injuries, as noted previously, depicts the interrelation of the factors that are intrinsically linked to injury. This is best illustrated by a couple of examples. Runners' psychological responses to their injuries are likely to have an effect on their approach to rehabilitation; on the other hand, their experience of rehabilitation may affect their psychological responses to their injuries. Similarly, injured runners' personal understanding of injury may be directly linked to their running history and training programs. Their training programs, in turn, may be influenced by personality factors; in the present study, the participants' training programs tended to be influenced by their MBTI preferences.

Finally, the biopsychosocial nature of the model is illustrated by the bidirectional arrows on the outside of the circle. The model proposes that injured runners can only be understood fully if they are viewed holistically. Physical or biological, psychological and

social factors are interrelated. Furthermore, a circular and not a linear relationship exists between them (Borrell-Carrio et al., 2004). Injuries sustained in long-distance running are, in essence, physical but are intrinsically linked to psychological and social factors. Each of the factors that affects and is affected by injury, and which has been outlined in this section, is also biopsychosocial in nature.

The biopsychosocial model differs from those discussed in the literature study in that it encompasses factors involved in the susceptibility, experience and rehabilitation of injuries sustained in long-distance running whereas the models reviewed only focused on one or two of these factors. Furthermore, unlike the models examined in the literature study the biopsychosocial model focuses specifically on injuries sustained in long-distance running which are usually chronic injuries.

In this section, a biopsychosocial model that sheds on light on the experience of injuries sustained in long-distance running has been proposed. The development of the biopsychosocial model of long-distance running injuries was the product of the present study. The model is biopsychosocial in nature and explores the integral relationship between injury and various factors.

5.12 Conclusion

In this chapter, the findings of the present study were discussed and related to the literature that has focused on psychosocial factors that are involved in sport injury. Furthermore, the biopsychosocial model of long-distance running injuries was proposed. The model emanated from the experiences of the 15 participants in the present study, but may be applied to long-distance runners in general. In the following and final chapter, the strengths and weaknesses of the study, and resulting recommendations for further research are briefly considered.

CHAPTER SIX: CONCLUSION

6.1 Introduction

The present study was an exploration of the psychosocial factors involved in the susceptibility, experience and rehabilitation of injuries sustained in long-distance running in order to develop a biopsychosocial theoretical model that will help explain injury and the successful rehabilitation thereof in long-distance running. In Chapter One, the context of and motivation for the study was examined. In Chapter Two, there was a comprehensive discussion on the literature on the psychosocial factors involved in sport injury. There was an elucidation of the research methodology of the study in the third chapter. The results of the study were presented in Chapter Four. In Chapter Five, the results of the study were discussed extensively. In this chapter, the recommendations for further studies that have emanated from the strengths and weaknesses of the study are considered.

6.2 Recommendations

The participants in the study were typical of long-distance runners in South Africa. Purposive sampling with a snowballing effect ensured that specific types of individuals who have particular attributes, namely committed long-distance runners, were included in the study (Berg, 1998). Furthermore, the sample comprised a broad spectrum of running experience and ability. One participant, for example, was a previous winner of the Comrades Marathon and had represented South Africa in the World 100 km Championships while another participant battled to complete a 21.1 kilometre race within the allotted time. Furthermore, one of the participants had run in excess of 110 marathons and ultra-marathons while another was training for her first marathon when she suffered her injury. However, the sample was not representative of the demographics of the South African population. The majority of the participants (13) were classified as white and two as belonging to the coloured community in the country. None of the racial groups in the country were excluded; all long-distance runners were invited to participate in the study. The researcher was put into contact with black runners who were injured, but they declined the invitation to participate in the study. It is recommended that future studies may want to ensure that long-distance runners from all the racial groups in the country are included.

The study was enhanced by employing a mixed methods research design with the purpose of expansion and using case studies. According to Johnson and Wuegbuzie (2004), a combination of qualitative and quantitative approaches allows researchers to answer a wider and complete range of questions than if either approach was used alone. Although both qualitative and quantitative techniques were used to collect data, most of the study was conducted within the qualitative paradigm. The semi-

structured interviews that were conducted with each participant yielded rich, in-depth knowledge of their experience of injuries sustained in long-distance running. The participants also completed the MBTI in order to examine what preferences the participants exercised. By employing both qualitative and quantitative forms of data, the breadth and range of the study was expanded (Johnson & Wuegbuzie). However, because of the small sample it is difficult to draw any definite conclusions from the findings of the MBTI. It is recommended that in order to ascertain whether the preferences long-distance runners exercise are linked to their experience of injury, future research may wish to conduct a study within the quantitative paradigm and select a larger sample than that used in the present study.

The participants were not all at the same stage of injury when they were interviewed. They could be categorized into three groups: some were in the initial stages of injury, some were recovering from their injuries and the third group had recovered from their injuries. Future studies may wish to find a sample of long-distance runners who are at the same stage of injury. However, as stated previously, not all long-distance runners sustain injuries at the same time and furthermore, during their interviews it appeared that the participants tended to be reluctant to speak about their injuries. It is also noteworthy that all the participants appeared to react to and experience injury in similar ways regardless of their stage of injury; this enriched and enhanced the findings of the study.

The findings of the study show that the participants' injuries affected, as suggested by Brewer (2001b), their physical functioning and running performance negatively. A consideration of the participants' psychological responses to their injuries is in accordance with Lynch's (1988) view that sport injuries may also affect the psychological well-being of an athlete negatively. Williams and Roepke's (1993) stated that it may be valuable to include psychological interventions to address the emotional difficulties of injury in a rehabilitation program. Furthermore, as noted by Evans et al. (2000) and Larson et al. (1996), physiotherapists would welcome more knowledge of psychological interventions that may assist injured athletes in rehabilitation. The findings of the present study are in agreement with the opinions expressed above. Further studies may wish to focus specifically on psychological interventions in the rehabilitation of injured long-distance runners.

The development of a biopsychosocial model of factors involved in long-distance running injuries may be regarded as the principal strength of the study. Although not exhaustive, the model shows the factors that may be involved in long-distance running injuries. The model specifically indicates that injuries should be viewed holistically. It was not in the realms of the present study to focus on the biological or physical factors involved in injuries sustained in the sport. Further studies may wish to include and/or concentrate specifically on these factors. Whereas most of the research discussed in the

literature study was on acute injuries, the present study and subsequent model focused specifically on injuries sustained in long-distance running which are usually chronic in nature. This further enhances the quality of the study.

6.3 Conclusion

This chapter has briefly examined the strengths and weaknesses of the present study and suggested recommendations for further studies. The findings of the present study have emphasized the need to view injuries sustained in long-distance running holistically. In other words, in order to understand why long-distance runners sustain injuries as well as their experiences of injuries and rehabilitation, it is necessary to consider a multitude of factors. Furthermore, the study recognized that biological, psychological and social processes are integrally and interactively engaged in injuries sustained in long-distance running (Suls & Rothman, 2004).

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Appendix A

Dear Sir/Madam

Re: Request for Volunteers to Participate in a Study

I am a registered student in the Department of Psychology at the University of Pretoria. I am conducting a study for a doctoral thesis. The purpose of the study is to explore what psychosocial factors are involved in the susceptibility, prevention and rehabilitation of injuries sustained in long-distance running.

I am seeking the assistance of long-distance runners who are at present injured to participate in the study.

The participation will involve the following:

- The participants will be requested to complete the Myers-Briggs Type Indicator which is a psychometric questionnaire.
- I will conduct an interview with each participant. The interview will last for approximately one hour

Each participant is assured of the following:

- All information will be treated with confidentiality.
- Each participant's right to remain anonymous will be respected.
- Participants may ask the researcher questions during any stage of the project.
- Participants will not be obliged to answer any questions they do not want to.
- The research is to be undertaken for the purposes of a doctoral thesis; copies of the thesis will be kept in the library of the University of Pretoria. The findings may also be published in local and overseas scientific journals.

I would be most grateful if you could put me in contact with any injured long-distance runners.

I can be contacted on 083453 5913 or (012) 345 6429.

Yours sincerely,


Genevieve Symmonds
Researcher


Prof Maria Marchetti-Mercer
Promotor

Appendix B: Questions used during Interviews

- For how long have you been involved in running?
- Why did you originally start running?
- How often do you run every week?
- What does your training program involve? How many kilometres do you run a week?
- What races have you run?
- Besides running, what other interests do you have?
- What benefits do you experience because of your involvement in running?
- What disadvantages or negative consequences do you experience because of running?
- How would you personally define injury?
- What injury do you have? How long have you had it? Please tell me about it.
- How is it affecting you?
- Have you been injured before? Please tell me about the injuries you have had.
- How did you get injured?
- Why do you think you got injured?
- How do you usually spend your day? If you look back, had anything changed in your typical day just before you got injured?
- Were you experiencing more stress than usual just before you got injured?
- Had your training program changed just before you got injured?
- Are you having any treatment for this injury?
- How long have you been going to?
- What does your treatment involve?
- Are you the only one in your family and/or close to you who runs?
- Are you still in contact with your running friends and others who run?
- Have you had any advice from others? Do you find this advice helpful?
- Are you still running?
- What do you find particularly difficult about being injured?

Appendix C: Factors explored during the interviews

Questions	Factors
For how long have you been involved in running?	Running experience
Why did you originally start running?	Running experience Perceived benefits
How often do you run every week?	Training program
What does your training program involve? How many kilometres do you run a week?	Training program
What races have you run?	Running experience
Besides running, what other interests do you have?	Running experience Perceived benefits
What benefits do you experience because of your involvement in running?	Perceived benefits
What disadvantages or negative consequences do you experience because of running?	Disadvantages
How would you personally define injury?	Personal understanding of injury
What injury do you have? How long have you had it? Please tell me about it.	Experience of injury
How is it affecting you?	Psychological responses
Have you been injured before? Please tell me about the injuries you have had.	Experience of injury
How did you get injured?	Experience of injury Perceived causes
Why do you think you got injured?	Perceived causes
How do you usually spend your day? If you look back, had anything changed in your typical day just before you got injured?	Perceived causes
Were you experiencing more stress than usual just before you got injured?	Perceived causes
Had your training program changed just before you got injured?	Perceived causes Training program
Are you having any treatment for this injury?	Approach to rehabilitation
How long have you been going to ?	Approach to rehabilitation
What does your treatment involve?	Approach to rehabilitation
Are you the only one in your family and/or close to you who runs?	Coping mechanisms
Are you still in contact with your running friends and others who run?	Coping mechanisms
Have you had any advice from others? Do you find this advice helpful?	Coping mechanisms
Are you still running?	Personal understanding of injury Perceived benefits Approach to rehabilitation
What do you find particularly difficult about being injured?	Psychological responses

Appendix D: Myers-Briggs Type Indicators

Description of 16 Personality Types

1. ISTJ

People with ISTJ preferences are known to be quiet and tend to be serious. They are known to be private people who are reluctant to share personal information with others. They have a strong sense of responsibility and are loyal to significant others in their lives; they are known to be dependable. They work in a steadfast manner in order to fulfill their commitments and/or to achieve objectives they have decided upon regardless of any distractions or objections from others. Although they will go to great lengths to complete something they view as important and/or necessary, they shy away from things that do not make sense to them. They also like predictable and organized situations (Myers et al., 1993). ISTJs achieve success by being conscientious, thorough, orderly, logical, realistic and practical, and by means of their powers of concentration and determination. Furthermore, they trust and learn from experience. ISTJs also tend to focus on facts and details (Briggs Myers & Myers, 1980). Although they are comfortable working in a group in order to complete a job correctly, they prefer working alone and being accountable for the results. If their gifts and contributions are not appreciated by others, ISTJs become frustrated and may become rigid, critical and find it difficult to delegate (Myers et al.). When ISTJs experience great stress, they may become inactive, withdraw from social interaction and concentrate on the negative things that may happen. They need closure in conflict situations (Killen & Murphy, 2003). People who have ISTJ preferences tend to rely on religion as a coping resource (Quenk, 2000).

2. ISFJ

People with ISFJ preferences are quiet and unassuming in their relations with others. They are loyal, dependable, considerate, kind and sensitive when dealing with others; in their concern for others, they often put significant others' needs before their own. They also work devotedly to honour their commitments. Furthermore, ISFJs go to great lengths to accommodate others and find it difficult to confront others. They are known to be conscientious and responsible, and fulfill their obligations completely and on time. However, they have an aversion to doing anything that makes no sense to them. ISFJs are thorough, practical and realistic. They pay attention to detail in their quest to be accurate. They tend to become frustrated if their talents and contributions are not appreciated, and then may become rigid and resentful, and complain much. Furthermore, they may then also focus too much on the effect decisions may have on others. However, when under stress, ISFJs may express negative possibilities without considering how their suggestions affect others (Myers et al., 1993).

3. INFJ

People with INFJ preferences are compassionate, caring and show others empathy. However, others often find it hard to get to know them as they tend to be private; they are perceived as deep and complex, and are known to only share their internal intuitions with those whom they

trust. They put their best efforts in their work in order to find the purpose in it that they desire (Myers et al., 1993). If they do not receive support, they may become introspective and self-sufficient (Killen & Murphy, 2003). They have definite principles and are intensely committed to their values. INFJs are loyal to people and institutions who epitomize their values. Although they are reserved, they are resolute when their values are infringed upon and can then become both insistent and persistent. They are experienced as intense and individualistic people. INFJs have a gift for intuitive insights of complex meanings as well as human relationships; they assume a sense of conviction about these insights and moreover, they value their insights. They tend to focus on the essence of a matter and only give consideration to details in order to confirm their intuition and insights (Myers et al.). Furthermore, they are creative and derive emotional satisfaction from their creative pursuits. They enjoy variety and new experiences (Briggs Myers & Myers, 1980). People who have INFJ preferences usually succeed because of their perseverance and desire to do whatever it takes as well as because of their creativity and originality. They may become resentful, critical, inflexible in their judgements and withdraw their energy if their efforts to use their talents are thwarted. When INFJs suffer great stress, they may become obsessed with things they normally consider irrelevant and overindulge in sensing activities (Myers et al.).

4. INTJ

People with INTJ preferences are known to be original, creative, insightful thinkers. They thrive on complicated, intricate challenges, and are easily able to make a synthesis of complex, abstract and theoretical matters. They are long-term thinkers and exhibit great organizational abilities, especially in areas in which they have an interest (Myers et al., 1993). Furthermore, they display determination and purpose for their own ideas, and are often stubborn in their pursuit of these ideas (Briggs Myers & Myers, 1980). INTJs value competence and knowledge, and they loathe inefficiency, confusion and chaos (Myers et al.). They tend to be very critical of themselves and others when the expected standard is not met (Killen & Murphy, 2003). Because INTJs tend to express their insights and creativity into organized, logical plans and decisions, they are often perceived as obdurate even though they are willing to change their views in the face of new evidence. They experience social encounters and conversations as difficult and thus, are perceived to be reserved, private, aloof and independent. When their contributions and talents are not acknowledged, people with INTJ preferences tend to become abrupt, sceptical, critical and single-minded (Myers et al.) When they suffer extreme stress they may pay attention to specific details they normally disregard (Killen & Murphy).

5. ISTP

People with ISTP preferences are reserved and quiet. They are known to observe their environment carefully in a detached manner. If necessary they are able to analyze the essence of a problem and solve it efficiently with a minimum amount of effort and exertion; they tend to do so in a logical, detached, objective and critical manner. They flourish on

solving new challenges that offer variety and they balk at rigid regulations. ISTPs are realistic and pragmatic, and rather pay attention to what is to be done and the results thereof than on conceptual possibilities. They are viewed by others as confident, self-determined and independent. They are also perceived to be tolerant; however, if their logic and actions are criticized, they may astonish others with their unyielding judgements. When ISTPs are subjected to a great deal of stress, they may have outbursts of inappropriate anger and tearfulness which others may experience as awkward and embarrassing (Myers et al., 1993).

6. ISFP

People with ISFP preferences tend to be quiet, retiring and unassuming. They are known to be friendly yet are reserved and private; consequently, others may be unaware of their enthusiasm and sense of humour. They are kind, considerate and caring, and show deep concern for others' well-being by doing things for them. ISFPs live in the present and are spontaneous and joyful in a quiet, taciturn manner. They value freedom to follow their own plans in a relaxed manner which they are reluctant to spoil by unnecessary haste (Myers et al., 1993). They shy away from conflict and do not force their ideas upon others to whom they show tolerance (Quenk, 2000). However, when something that they value deeply is challenged they may no longer be accommodating and flexible. ISFPs tend to learn actively by doing rather than by passively listening or reading. They are observant and realistic, and focus on concrete, practical facts. They are often modest about and underrate their own abilities. If the contributions and gifts of people who have ISFP preferences are not acknowledged, they may withdraw from people, feel unappreciated, passively resist structures and become very self-critical. When under extreme stress, ISFPs may become very critical and express harsh judgements (Myers et al.).

7. INFP

People who have INFP preferences are guided in their decisions and relations by their values; it is of the utmost importance to them to be committed and live according to their values. They are also loyal to people and causes that epitomize their values (Myers et al., 1993). They are known to be caring and sensitive, and value deep, authentic relationships that foster mutual growth (Killen & Murphy, 2003). INFPs do tend to be reserved and are very selective with whom they share their feelings. Consequently, they may be perceived by others to be introspective and complex (Myers et al.). They are friendly, but are not sociable because they are often too engaged in their own projects (Quenk, 2000). People with INFP preferences desire to work in situations that contribute to self-development. They enjoy learning, reading, reflecting and becoming involved in discussions (Myers et al.). They enjoy working independently on their own projects (Briggs Myers & Myers, 1980). They have great powers of concentration and tend to work in bursts of energy (Myers et al.). Sometimes they take on too much, but are able to complete their projects on time (Quenk, 2000). When suffering from much stress, INFPs question

their own abilities as well as the competence of others; they then become excessively critical and judgemental (Myers et al.).

8. INTP

People who have INTP preferences are outstanding problem-solvers who are able to critically analyze ideas and situations logically and objectively which they do with great enthusiasm, energy and intensity. They tend to be sceptical and challenge other people as well as themselves to find new logical solutions. They enjoy developing theories and discussing abstract ideas. They are competitive and achievement is important to them (Myers et al., 1993). INTPs value intelligence and proficiency; they are mentally intelligent and tend to excel in exams, especially in scientific and theoretical subjects (Briggs Myers & Myers, 1980). They are perceived by others to be quiet, reserved, independent, controlled and detached. They are tolerant of others unless their principles are questioned (Myers et al.). Furthermore, they communicate in a succinct and concise manner, and dislike superfluous explanations where the obvious is stated (Killen & Murphy, 2003). When their gifts are not appreciated, INTPs may become sarcastic, negative, argumentative, cynical and very critical; the latter may be damaging. At times, they may become arrogant. Furthermore, they may withdraw and become isolated. When people with INTP preferences are subject to much stress, they may become exceedingly emotional. Their anger and tearfulness may be inappropriate and cause embarrassment to themselves (Myers et al.).

9. ESTP

People with ESTP preferences are enthusiastic, energetic and tend to enjoy whatever happens. They rarely allow regulations and procedures to hamper their lifestyles. Rather, they find easy ways to do difficult things, adopting a matter-of-fact attitude. Furthermore, they usually do not rush or worry. ESTPs show a keen interest in their environment, especially new experiences. They are known as people of action and learn best by doing; they focus on the immediate event and trust themselves to respond appropriately. They are also observant, practical realists. Other people view ESTPs as fun-loving, gregarious and uninhibited. They are also perceived as venturesome risk-takers who understand the need of the moment and react quickly to it. They are normally flexible, but can be unyielding in tough situations. When the contributions ESTPs make are not regarded, they find it difficult to accept structures and tend to focus on excitement and enjoyment rather than on obligations. When suffering from excessive stress, they fantasize that people don't care for them and distort sensing information to prove this lack of concern (Myers et al., 1993).

10. ESFP

People with ESFP preferences are effusive in their love for life. They are known to enjoy everything and make it easy for others to have fun. They are outgoing, friendly, relaxed, flexible, congenial and accepting. These qualities allow them to be good at interpersonal relations. They are able to identify and empathize with others. Their generosity, optimism,

warmth and tact as well as their interest in people enable them to be outstanding team members. Furthermore, they are often viewed as peacemakers and are perceived as supportive. They ably help people in crises. People with ESFP preferences dislike learning by means of theories and written experiences, but generally learn by becoming involved in their environment. They seldom make plans in advance and proficiently deal with situations as they arise. They tend to find ways to avoid structure and routine. When their contributions are not valued, ESFPs may become distracted and very impulsive, and may find it difficult to accept decisions and meet deadlines (Myers et al., 1993). When under extreme stress, ESFPs may become overpowered by negative possibilities (Killen & Murphy, 2003).

11. ENFP

People who have ENFP preferences view life as an adventure that is full of stimulating opportunities. They have an eager interest in their environment and derive stimulation from people, experiences and ideas. They tend to initiate projects and expend much energy in them. They are curious, ingenious and insightful. ENFPs generally do not plan in advance, but rather rely on improvisation. They detest routine, structures and schedules. They are capable of doing anything that they are interested in. People with ENFP preferences are sociable, lively, warm, enthusiastic and high-spirited. They do, however, prize deep, close relationships and value open, honest communication. Furthermore, they are ready to help anyone who is in difficulty and usually find solutions to problems with ease. While ENFPs support and show appreciation to others, they need affirmation from others. If their contributions are not appreciated, ENFPs may be easily distracted, become rebellious and ignore procedures. When they experience extreme stress, they tend to become overpowered by detail, lose their sense of perspective and focus on irrelevant detail (Myers et al., 1993).

12. ENTP

People who have ENTP preferences are quick and creative, and are continually on the lookout for new opportunities. They are innovative, and enjoy new challenges and taking risks. ENTPs are also known to be enterprising. They are intuitive and are able to see connections and patterns that are not evident to others. Furthermore, they excel at creating and analyzing conceptual possibilities and are also skilled at solving difficult problems (Myers et al., 1993). ENTPs work best in environments where they are given the freedom to follow opportunities and are not limited by excessive rules and regulations (Briggs Myers & Myers, 1980; Killen & Murphy, 2003). Those who have ENTP preferences also applaud competence, intelligence and efficiency, and can be overly critical of incompetence and inefficiency. They use their enthusiasm and energy to motivate others to support their vision. However, at times they may be awkward and abrupt when expressing their thinking principles. ENTPs are perceived by other people to be self-reliant, enthusiastic, lively, assertive and outspoken (Myers et al.). They may also come across as impersonal and indifferent (Dunning, 2003). If their gifts are not acknowledged, ENTPs tend to become rude, critical, irritable, rebellious and easily distracted.

When suffering from extreme stress, they may pay attention to minor details and be unable to generate ideas (Myers et al.) Under these circumstances they may also become exhausted and become ill (Quenk, 1996).

13. ESTJ

People with ESTJ preferences enjoy organizing people and events. They are known to be outstanding administrators as they are systematic, are able to make projections, delegate responsibilities, are skilled at solving problems objectively and analytically, and when necessary can be unyielding. ESTJs focus on accomplishing tasks. They like facts as well as logical, sequential data and employ practical, proven methods to achieve success. They are results-orientated and lay emphasis on proficiency and productivity, and have little tolerance for incompetence and confusion. They are perceived to be conscientious, reliable, confident, determined, decisive and positive people (Myers et al., 1993). They often participate in physical exercise as a way of relieving stress (Quenk, 2000). ESTJs are fairly sociable and enjoy interacting with others, and they take their responsibilities in their relationships seriously (Myers et al.). They live according to clear principles and beliefs, and they insist on the same from other people (Killen & Murphy, 2003). If their contributions are not recognized, ESTJs may become critical, rigid, dogmatic, impatient, and refuse to listen and over-power others. When under much stress, they may feel isolated, unappreciated and not be able to speak about their distress and despair (Myers et al.).

14. ESFJ

People who have ESFJ preferences enjoy organizing events, and are conscientious and cooperate with others in their quest to complete tasks correctly, thoroughly and on time. They use facts and experience to arrive at decisions and are known to be practical and realistic. Furthermore, they tend to focus on the present. ESFJs prize security, stability and harmony; they are most at ease in structured situations and enjoy ensuring that there is order and stability. They adapt to routine with ease (Myers et al., 1993). People with ESFJ preferences are energized by social interactions; they care deeply for others and are warm-hearted, sympathetic, tactful and helpful (Dunning, 2003). They avoid tense situations and conflict, and tend to agree with others when they can (Killen & Murphy, 2003). They do, however, give expression to their strong values when appropriate. If their contributions are not acknowledged, they may doubt themselves, only try to satisfy others' needs, worry excessively, feel guilty and insist that there should be harmony. In these circumstances they may also erroneously think that others have insulted them. When under extreme stress, ESFJs may become critical of others as well as themselves, and may be troubled by opinions and negative thoughts (Myers et al.).

15. ENFJ

People who have ENFJ preferences are very aware of and understand other people's emotional needs. They give priority to supporting and considering others; furthermore, they are

known to draw the best out of others. They are known to be warm-hearted, compassionate, loyal and tactful. ENFJs have definite values and opinions which they express clearly and on which they base their decisions. They are curious and imaginative, and are stimulated by new challenges which will allow them to make a contribution to humanity. They also enjoy change and variety. ENFJs are energized by people and are viewed by others as socially adept, optimistic, congenial, popular, expressive and persuasive. They also have a need for genuine, intimate relationships. If their gifts are not regarded by others, they may be overwhelmed by feelings of doubt, negativity, despair, guilt and worry. Furthermore, they may become too sensitive to criticism and controlling in their insistence for harmony. When ENFJs experience excessive stress, they may become very critical and find fault with others. They find their negative thoughts upsetting, but usually keep these negative opinions to themselves (Myers et al., 1993).

16. ENTJ

People with ENTP preferences are leaders and organizers. They are adept at turning possibilities into plans and are known to be exceptionally skilled at solving organizational problems. They have the ability to conceptualize, theorize and see complicated connections. They are also objective, analytical, logical and critical. They do not enjoy being involved in routine activities, but thrive on stimulating challenges where they can be innovative. ENTJs derive their energy from invigorating encounters with people. They enjoy challenging discussions and admire people who can argue deliberate convincingly. Other people can be overpowered by their ability to reason and communicate as well as their decisiveness and desire to organize. At times those who have ENTJ preferences may be confident in situations that they have little experience in. When their gifts are not appreciated, ENTJs may become excessively critical, intrusive, too personal, verbally aggressive and curt. When subject to severe stress, they may feel isolated, unappreciated and be filled with feelings of self-doubt. In these circumstances they find it difficult to share their unhappiness with others (Myers et al., 1993).

Appendix E

INTERVIEW WITH PARTICIPANT 1

R: How long have you been running for?

P1: Since '89.... So it gives you what? ... 10, 11 ...16, 17 years.

R: 17 years?

P1: Ja.

R: Why did you originally start running?

P1: Well, I was quite involved in sport. Cricket and rugby and so on, and then er ja, then I started. Maybe it was my brother 'cause he had done his second Comrades at that stage. So I started training with him and that's where I got stuck in.

R: So, it was through him that you started?

P1: Ja, ... it was for him and he was thinking of me.

R: When I spoke to you on the phone you said you have started your own running club?

P1: Ja.

R: What is the name of the club?

P1: Club A

R: I have heard of it. How old is the club?

P1: It's now ... we started in January.

R: You only started it in January?

P1: Ja.

R: Why did you start a new club?

P1: Well, I was chairman of a couple of clubs as well and my last club was Club Z. And ... er ...ja and from there on I decided that's not the way I want to work. I want to get involved with the people and a big club like that situated all over Pretoria ... 70 to 100 people you know out of 700 guys and it wasn't lekker for me. And there was a couple of other problems as well. So I just decided to break away. Get a nice sponsor. Ja!

R: You got good sponsorship?

P1: Ja! I got a good sponsor and that's how you break away.

R: Did a lot of the members of Club Z break away with you?

P1: Not a lot. There's quite a couple that was coming over. Then there was a couple that wants to come over and I didn't want them.

R: Oh?

P1: So. Ja! *(laughed)*

R: Where are you situated?

P1: Okay. The main thing where we really are is School M. At the main gate, we start there so it is more central than anywhere for everybody and it works out quite fine.

R: Do you have time trials?

- P1: We practise on Tuesdays ... speed-work and hill-work and then Thursdays we have a time trial. Ja ... four kilometres.
- R: Do you have organized weekend runs?
- P1: Weekend runs. We are trying to start the thing now 'cause er most of the people are up to 21 kilometres. And er I got about five who are now running races for Comrades.
- R: How many members have you got at the moment?
- P1: Up to the moment there is 35. Ja ... so we got and there quite ... a, still a couple of ones who still wants. So, ja we are on top of the league at the moment.
- R: You are?
- P1: Yep! (*laughed*). At the last league race we scored 620 points.
- R: How does the league point system work?
- P1: Right! To get it ... it's like ... they work it. 'Cause you know they take off for the league ... the time you are running on this distance and then you get a certain number of points. Now you add up all those points for all the members of the club. Then you multiply it by 200. Then you divided it by the amount of ... ja ... the number of licences that's been bought from the AGN.
- R: From your club?
- P1: Ja, from the club. So if you bought ... let's say 400 licences then you are going to divide by 400 and that is going to give you your handicap points. Then if you got a higher handicap points for that race then you are going to get ... depends what league you are ... you are either going to get 20 or 30 or 50.
- R: That's why Club B can never win the league?
- P1: I don't know what is going on with Club B, but not last year but the year before that and the year before that Club B was top of the league. I was part of Club B as well. In 2001 I was there. Okay, me and Runner X ... we are big buddies.
- R: What other clubs have you belonged to?
- P1: Er ... Club Y, then Club B and then Club Z.
- R: You yourself, how often do you run a week?
- P1: Well, if the injuries are keeping away then I am doing it six times a week.
- R: What does your program involve? What do you cover every week?
- P1: That depends what I am aiming for.
- R: Are you aiming to run Comrades this year?
- P1: No, this year I am out of Comrades. But if I am going up to Comrades then I got a program.
- R: If you were going to Comrades?
- P1: Okay, then I start in February. February, March and April is my highest quality months. Then I am going up to between 90 and 120 kays a week.
- R: Are you training for anything specific now?
- P1: Up to now I am training with this one girl that's going to Comrades. She gonna run Comrades. And we are doing so 80 kays a week.

- R: And what does your training involve every day?
- P1: The one Monday we do a morning run of about 10 kilometres or we are doing five kilometres in the morning and then in the afternoon we are doing a 10 kay or a five kay. Then Tuesday morning er we are doing an easy one in the morning of five and then we are doing sprints or hills in the afternoon of five as well. And then Wednesdays is your slow run of 12 kays, but very slow. Thursdays is a time trial. Friday is a complete rest. Then Saturday is either a race or a long slow one. And then Sunday it depends what we did Saturday ... we change that. So, actually it alternates between Mondays, Tuesdays and the weekends.
- R: How many times have you run Comrades?
- P1: Seven.
- R: And Two Oceans?
- P1: Two Oceans. I've done six Oceans.
- R: What was your best time?
- P1: The best time for Oceans was 4 hours, er ... I think 4 hours 42.
- R: And Comrades?
- P1: Comrades was 8.27.
- R: Was that up or down?
- P1: That was up. Er, I prefer the up. The up is better. I hate the down.
- R: Do you go to a lot of races or do you just select a few?
- P1: There was a time that I was doing each and every weekend race ... that's including Pretoria and Jo'burg ... sometimes doing Saturday and Sunday races. But er ... my body couldn't take it anymore and then I dropped it. Now, I am doing mostly the league races and selected races. Otherwise, we have long races.
- R: And when you go to races, do you race them?
- P1: Ja! ... Ja! I am not playing around. If injuries stay away I move it. But on Saturday at Kentron I couldn't ... up to that 10 mark then I could feel it was starting, then I could feel it was starting, then I had to cut down. But ja.
- R: Do you do any other training besides running?
- P1: Besides running, then we have cross-training in the week or during the weeks as well. We are doing gym, spinning and cycling.
- R: What does your gym program involve?
- P1: That varies as well. Sometimes we are just doing upper body. Sometimes we are just doing lower body. Sometimes we combine the two. We are doing abs, we're doing ... ag, you name it. We try to play around, not with every day the same exercises and so on.
- R: How often do you go to gym?
- P1: Three times a week.
- R: What benefits do you experience because of your involvement in the sport?
- P1: Benefits. ... Well, the main one I'd say is that I'm a coach as well. So and then you see how the people in the club ... is getting forward. The improvement ... that is really something to

see. Other benefits ... er ... is more or less I'd say for me is how to ... how can I put it ... how to analyse people. ... If you know what I mean by that?

R: No?

P1: It's like er the different people you come ... How they are coming forward and whatever and so on. You get different pictures of people. Sometimes you hear this one is like this and this. And after working two or three weeks with him you can see it ... he is a completely different person. And er ... because I had one in my club that he was in a other club and he was so quiet that they said it was unbelievable that that oke was rocking up at the practice, practice, change and off he would go again. He is now so ... he's actually my club captain. ... He's open completely and that was by just telling him something, giving some sort of clues he's got to be involved in the club and he's a completely different person. ... But at this stage, financial benefits, I am not going into that yet.

R: And if you were out running alone, what benefits would you experience?

P1: If you ask me about running ... Benefits for me ... it's helped me quite a lot because I started running with these fast guys ... and that helps, that helps. Normally they're doing their two laps or what-have-you and then they finish and I take one or two of them and I run with them. So they help.

R: And other benefits? ... Many runners often speak about the psychological benefits that they experience because of running.

P1: Ja ... there is some sort of sorting out that goes on in your head. But ... er ... the other thing is I take it more that if you out and run in the morning or after you finish running you automatically completely down ... you're downloaded ... put it that way ... and you start all over again, you're feeling refreshed. You're thinking more clearly, you're not worked up anymore. And that helps quite a lot. Ja, I'd say not just running, any training session has got that benefit in it.

R: What do you see as the disadvantages of running?

P1: Ag, what is the most disadvantage of running or of sport ... it is the cost involved in it and it doesn't matter what sport it is, this is quite bad. Ag, but besides that, everybody picks their own sport. Other disadvantages ... um ... I would say the biggest one is the social life. Yes, er you haven't got that much of a social life, especially on weekends. Er, where other people normally on Friday evenings go out or have something you can't do that. Not if you got a big race going on a Saturday. There's no way you can do that. So, unfortunately you have to cut out. Ja, so that is quite a disadvantage, but the social life is playing second fiddle.

R: Have you experienced any negative consequences because of you involvement in the sport?

P1: Negative consequences in the way of ... what do you mean?

R: Let me give you an example: some ex-rugby players say they can't stand up straight because of old injuries.

- P1: Okay. Negative consequences because of running ... Er ... I think the biggest one here is self-discipline. How to overcome that otherwise, you know, it's negative right through especially when it's cold, the weather is not good and you have to go for a run and you don't want to go. So your mind is going to tell you, no stay away, you are not going to lose anything. That can be and will be negative on the one side. Other negatives ... ja, I will say if you've got a partner ... that is either your spouse or your girlfriend or whatever it might be and they don't understand what is going on with running or what's the involvement towards running, but then you get a I am not talking about a fun runner. Then it can be quite negative in the beginning. Ja. And that happens ... did happen to me as well, but you can overcome it by talking and sharing what is going on. And then, ja you can overcome it, but by not talking about it then you can create a bigger problem.
- R: How do you personally define injury? I am asking this because some people say they are injured if they have a little strain and others have to be almost crippled before they admit they are injured.
- P1: It's a good question. Er, for myself what is an injury? If the pain is such that you can't really carry on, then I will call it an injury. If it's something that's just nagging ... how bad can you push yourself before you're going to injury you up to a point that you had to stop running. So you must draw the line ... Er ... hamstrings and calves. That, when I start feeling that and it's really there for more than a day, then I start calling it an injury. But not by just feeling it ... it must come for there ... 'cause that's my biggest, well for me personally that's my biggest problems.
- R: Hamstrings and calves.
- P1: Hamstrings and calves, ja. But ... I must tell you ... that 80% of all ... I will say it's not important.
- R: You mentioned your Achilles when I first spoke to you.
- P1: Yes, ja ...
- R: That's the injury you have now?
- P1: Well, up to this stage I'm running through the pain, I'm running through the pain and what happens now is ... I start overcompensating, depends which achilles is going first. And then I start overcompensating, then again pains up right ... to my left.
- R: You have problems with both of your achilles tendons?
- P1: Ja ... um and I was at three different specialists ... I was at a homeopath ... I was at physios. Everybody tells me about the same thing.
- R: And what's that?
- P1: Rest for two years. "Maybe" it will be gone. So, not rest for two years ... it will be gone completely. "Maybe" it will be. So MAYBE is not good enough for me so I'm just carrying on.
- R: How long have you had this injury for?
- P1: It's going on now for two and a half years.

- R: Does it prevent you from running races?
- P1: Sometimes, yes. Sometimes, it was ... at such a stage that I can't get out of bed in the morning. I can't stand up right. I had to wait about two, three minutes then I could move. Now, by running a race ... two or three kays into the race then I really start feeling it ... I mean I can still run but not my time.
- R: What's your favourite distance?
- P1: What now! Not further than a 21.
- R: If you had to race a 21 now in comparison to when you weren't injured, how much longer would it take you?
- P1: Well now the time I had to add on now is nearly half-an-hour. I mean I didn't push for a 21 yet ... to go flat out, but I'm half-an-hour off my times.
- R: What was your initial reaction when you realized you may have an injury?
- P1: WHY ME? I said, WHY ME? I mean to me a lot of runners ... I mean really they not even "runners" and they're carrying on and they going and there's nothing wrong with them. You can go and ask them after a race ... Have you got any injuries ... no, nothing. ... And I'm training five, six times a week. Not over-trained because I've stopped before you get over-trained. And I've got an injury. And I mean it's not like sommer injuries. ... So, why me?
- R: So, you have never over-trained?
- P1: No. Well, right in the beginning I was over-trained, but I quickly stopped that and then I had two years, nearly two years of complete break from any races and so on. Complete break. I was having 10 kays, but er not races anymore. Then I started slowly out again and I had no problems. And then in 2003, 2002 at Comrades I was feeling ... here's a problem. Nothing wrong. Nothing wrong. So, but ... my feet just don't want to carry me so I had to stop. ... I couldn't carry on.
- R: Did you fall out of the race?
- P1: Ja ... I'm not gonna spend 10, 11 hours on the road. That's not me ... That's one thing of me. I stop on a 10 kilometre, you know. But one race, it was a big race as well ... last year I was two kays in the road race I pulled out.
- R: So if you feel you can't do what you want to do ...
- P1: I can bail. I can. There was a time I didn't do it, but I can do it now.
- R: How is this injury affecting you now; not only your training but your whole life?
- P1: Ja, I had ... well, not had I'm still working on my mind. That to run the times I run in the past I must first try and get that out. ... And to do that is a bit bad.
- R: To forget about the times you ran in the past?
- P1: Ja ... so just a race and I really want to push it and I'm feeling it then I automatically I said, cut out ... you can't do that. And I just see my times going past. ... So, ja it's working mentally ... it's still there, it's still there. But by doing the coaching and so on that I've done for the last two, three years now ... that helps quite a lot. So I don't have to run as hard anymore. I'm giving back something now and that takes my mind off. And now lots of

paces I'm trying to run with someone, especially a girl and I don't feel as bad. *(laughs)* So, er helping them while you get a time feels as though it's not my time. Ja, it gives me some sort of okay ... we achieved something. But, er ... it's still there, ja.

R: What other injuries have you had?

P1: Well, er ... where do you want to start? *(laughs)* I've had lots of injuries. First Comrades, on ten kays into the race I break my bone in my foot-bone ... at three places. I still carry on 'till the 70 kay mark. ... I couldn't go further then. Okay, ... then I had ITB. Ok, er ... hammies and calves that's coming ... like I said that's normal problem if I'm not warm enough and not doing enough stretches. I can tell somebody this and this stretches you must do and I show them everything but when it comes to me I am doing ... I'm lazy in that regard, ja.

R: Do you have a specific gym program that you can do to help your calves?

P1: Yes, yes. ... Er, it depends what I was doing or what I was running in the mornings 'cause the running affected my gym program, but we got for your abs and everything we have got certain programs.

R: Do you find that is helping?

P1: Yes, that is helping. No, that is helping.

R: Do you feel that your injury is getting better?

P1: I would say so. ... Okay, except the achilles, but the others yes.

R: How did you get injured and why do you think you got injured?

P1: *(Sighed)* That's a good question, but a specialist said to me it could have been old injuries. It could have been from my rugby days ... from my cricket days that is only coming out now with all the stamping on the tar and everything. Only starting now.

R: How would you describe your typical day?

P1: I'm not working for anybody anymore. I'm my own boss. So, the times. First of all, I've got certain times that I'm training or helping other people. That's their certain times. So, for myself then all the times up to that one I fit in where I want to run, what time I want to run. So, sometimes I run at six o'clock, sometimes I run at ten o'clock and I'm running at one o'clock. So, that's about it. Then I'm training with these people as well. So, basically it comes down where I start running. After that is finished in the early morning, I'm going about my own work then and then then on. And in between I still have to work out the training program.

R: Do the people you coach all belong to Club A?

P1: No, I've got different people from different clubs as well. ... Ja, that I'm not coaching per se, but they are using my training programs.

R: Are you involved in coaching at school level and university level?

P1: No, I wasn't actually er ... I wasn't interested in it. Nothing, whatsoever. And then when we was starting and we was running time trials ... you're there and everybody's running. There was nothing going on. So, then I realized ... then let's try something. That's how I started ... reading about coaching jobs and everything I could find about coaching, especially from

Tim Noakes and so on. And then I attended quite a lot of classes and courses for coaching. Ja, talking about people who's really into coaching. They're giving me quite good tips and everything. Ja and from there on ...

R: Have you coached any high profile runners?

P1: Um ... not really. Er ... it depends what you mean by high profile. I've got people now that I'm training that's run a 10 kay in 33 minutes. Er ... but that's still not in my eyes high profile. ... If you're talking about 10 kays you run it 31, 30 minutes, yes, then you start talking. That is people, they won't go to my club, they won't go to Club Z. They will go to Club C, Club Y because they're got to be paid. ... So ja, if you leave those people out, those 1% out, then you can say I've got high performances. Ja, I've got five of them ... and I've got two girls that's er doing 42 ... 44 around.

R: Do you think that anything had changed in your training program and your daily life just before you got injured?

P1: I would say no, but yes. It's like ... whole lookout upon life, from my point of view had changed and it comes back to, why me? ... Why it happened to me and you was feeling quite negative, really negative 'cause what you can really enjoy what you are doing and now it's happens. Getting ... ja, sometimes you're off from the road for a couple of days. Then people mustn't be near.

R: I'm with you, but do you think anything had changed in your daily life just before you got injured?

P1: You mean from the one injury to the other one?

R: No, what I am asking is: Do you think there's anything in your lifestyle that could have contributed to you being injured?

P1: ... No, I don't think so. ... I can't think of it.

R: Were you under any stress before you got injured?

P1: No. ... The only stress related ... um if I leave the achilles out because that's a thing that only happens now ... and it was coming a long way and only pops up now. When it was coming to the calves and the hamstrings ... yes ... while I was working there was quite a lot of stress and then you are going to take it out on the road. You really take it out on the road and again, you're not warm up enough to do this strenuous thing.

R: So when you were under a lot of stress at work, you trained hard?

P1: Yes, that happened quite a lot of times to me. Ja!

R: Had your training program changed just before you got injured?

P1: Yes, it changes quite a lot since I'm working out programs for others and then I can see. Okay ... whow ... mine must look this as well. Not the way I was carrying on.

R: Do you think your training program had anything to do with you getting injured?

P1: No. I don't think so. No ... it was quite helping it to get better.

R: You have been to specialists and physiotherapists?

P1: Physios have cost me thousands. Unbelievable!

- R: Have you been to any podiatrists?
- P1: Ja and the first thing they say ... maybe it's your shoes. So, it's not my shoes.
- R: Did they advise you to use orthotics?
- P1: They did. I was running with a couple of them and then I throw it out. It was hurting me more. So ... er ... like I said when I get to the last two specialists both of them was saying ... it's like er ... sorry. The only thing they can think of it's coming from old injuries and suddenly pop up now. You can do nothing about it ... you can just forget it.
- R: Are the specialists you saw involved in running?
- P1: I won't say they're involved in running as such but they're sportsmen, specialists. Yes. They know and I know that quite a lot of league runners are their patients.
- R: Did they suggest any treatment?
- P1: Ja, but the treatment was basically just go for physio. Cut out running ... cut out your mileage. Start slowly again. Do it. But it lasts for a month. Then it's back again.... But that's what they are going to say to me. Did say to me as well.
- R: Some sportsmen say physios don't help; they just make the injury worse. What is your experience?
- P1: Not really. Er ... it depends what physio you are going to get for what injury. If, if the physio know what he or she is doing, then it's good. Because you've got physios and you've got physios. But I go to a physio that's a sport trainer, that's really going in for sports injuries.
- R: What things do you think will facilitate, help your recovery?
- P1: Ah ... rest.
- R: Was rest recommended to you?
- P1: Yes ...
- R: And you won't?
- P1: No.
- R: Why not?
- P1: What am I going to do then? That's all I'm asking. What am I going to do then?... The thing is when I was last year down at Oceans as well ... luckily I could have manage it to get into The Sports Science ... there where Tim Noakes and there was one girl who was working with Tim Noakes and she was seeing me as well. And then she said what's the problem. Acute ... what do you call it? Acute inflammation ... into the Achilles. And they say er they can help it. Er ... continue and so on, but they don't recommend it. So, but rest, carry on, don't increase your mileage too hectic. But ... but ...
- R: Do any of your family and close friends run as well?
- P1: Er, like I said my brother did run, but now he's only running at ... fun runs. He's a fun runner now and er ... then his daughter. Well, she's in her first year now at varsity in sport. She's quite a good runner.
- R: Do other runners offer you advice for injury?

- P1: Everybody! Everyone! 'Cause at that stage it sounds to me everyone is a doctor. *(Laughs)*
That is quite a lot. Ja.
- R: Does this advice confuse you, annoy you?
- P1: No, not anymore.
- R: Did it once before?
- P1: In the beginning, yes. In the beginning, yes 'cause especially if you know the people and you know he doesn't know what he's talking about. Er, that's one of the things. The other thing is he can't run your times so how can he tell you what to do. But afterwards ... ag, it's like after I saw all this business ... ag, ja, okay, you can talk but you've got to feel better, not me. So I accept it.
- R: Do they start telling you about their own experiences with injuries?
- P1: Umm, yes, yes.
- R: I suppose many have a better story to tell?
- P1: Oh, ja! Ja! No, you're quite right there. You're quite right there. It's like, it depends what injury you've got. Then I will say it's 80, 70 to 80 % of people that normally talks to me about injury that nearly has the same injury, but in a worser way. It's always like that. So, ja.
- R: Fordyce once wrote that for every runner who runs the Comrades there is another injury. What percentage of runners do you think gets injured?
- P1: That's about it. But er, you see I'm thinking critical to the whole situation. What do we call runners? I've thought about it. Not these fun runners. I'm leaving those out.
- R: Who would you regard as a serious runner? Someone who runs five to six times a week?
- P1: Four to five times. Four to five times ... really going for it. Not playing around. That is a runner. Not one that's once or twice on the road and then on the weekend races.
- R: So someone who just runs on weekends and runs all the races all the races is not a runner?
- P1: Exactly ... so that's why I don't call them runners. Ja, percentage-wise ... I will go so far as to say as what I experienced, about 30% ... ja 30%. ... The thing is I don't know about other provinces. I'm just talking about here. So, I don't know about other provinces.
- R: When you say 30%, do you mean 30% of all those who run or 30% of those who have a licence?
- P1: No, no, no! That is the one problem as well. If you say everyone who's got a licence, 30% of those or even a bit more, but I will stick to 30%. But many have got a licence and they don't run. So if you've got to count those in, then you'll come to 50, 60% talking about injuries. But er ... no, I'm not counting them. Just come and buy a licence. No, I don't know what for. So ja, er for me, I really go into that, get them out of the way. Then come to the point where I say 30%. Just in Gauteng North. Why I'm saying that then I'm leaving 5% of the top runners out because you have them every year injured. Sometimes you lucky to hear them, otherwise you never hear them.
- R: What percentage of runners do you think have a licence number and never run?

- P1: Whow! A lot. A lot. Okay, okay, what are we meaning by never? Let's take 20 races in a year. Er ... if they're running two of those I say they didn't run. Even if they run three of them, I still wouldn't call them runners. So, ja then you're going and see based on the results of a race. And that we going to take off the ten league races. Base the results there and go and see to the clubs how many of them have finished off a big race comparing to how many are there in the club. The one club, there was 500 in the club, but 70 is finished the league race. Where is the other 430? Now I'm taking a 100 of those away ... work or ... they couldn't make it or there's something there. That still leaves you with 300. So yes, if you're talking about percentage here I would say as much as 60.
- R: What do you find particularly difficult about being injured?
- P1: MY TIMES! I can't live out what I want to do. The way I want it, I must add that. The way I want it. I mean I can stop carrying on. I can stop doing everything, but if you see and I think that is getting me as well ... that there is a couple of guys ... who wouldn't match me in races and every time they beat me in races. And I don't like it. *(Laughs)*
- R: You mentioned earlier that this injury is preventing you from running Comrades this year.
- P1: Ja.
- R: When was the last time you did it?
- P1: 2002. In 2003 I was on my way to the start when a lady skipped the robot, right into me. Broke the car. *(Laughs. Demonstrates)*
- R: Was she a runner?
- P1: No, she was a lady of the night.
- R: What about 2004 and 2005?
- P1: Ja, 2004 and 2005 I couldn't. Well, maybe I could have done it, but er I was just realized listen I'm battling on a 42. How am I going to do another 42?
- R: Have you learned anything about yourself and running because of the injury?
- P1: Yes, first of all, listen to your body ... I mean there's ... no seconds thoughts about it. Er, your body is the main part telling you listen, something is going to happen to you. Am I blocking off your mind from that? You can sit and really have big injuries. That's it, that's the main thing I learned because I was normally blocked it off and just run. I start realizing it ... so, if you go running you start realizing quite a lot of things about myself.
- R: And you are still asking, why me?
- P1: Yep. That will always be there. It won't leave me. I don't know why. Every time it's there.
- R: Is there anything else you would like to add about running and running injuries?
- P1: No, er ... I didn't know ... but you get different kinds of people on the road, yes. That's affirmative ... er, people doesn't feel nothing for who's coming. But you get quite a lot. And start wondering now, why runners? And the other thing is I'm working on the races, I'm working with people. ... What comes to mind is that the runner thinks he owns the road. There's quite a lot of them ... 'cause it doesn't matter how you tell them, watch out for the cars, I'm the runner. And here again, unfortunately, I have to say most of them that I'm

calling social runners. Because you're going to look at your main runners, you're going to look at the fast runners and so on. You just have to show them the flag to the road ... they know what to do. But going back to the pack ... I said how many times to my people as well, not in the road. One behind the other. I was working on Saturday in the race. And really, really, the cars are coming. The cars are coming from the back! They have to run in a ... two lanes has been situated up there, but they run the whole street. So yes, unfortunately a runner thinks he owns the road.

R: I have seen what you are describing.

P1: No, that's why I prefer long runs. But I prefer with a group that can really run. Then I take away, I try, away from the traffic. No, it's hard to do that, but you must go on.

R: Earlier you spoke about a few of the races you have run. What is your favourite race?

P1: Ah, my favourite will be Oceans. Oh yes, it will be Oceans. I don't know what, why but I ran the old route, the one they're running now again. I run the new one, but yes that will still be ... The one I dislike the most is Comrades. I don't like Comrades, but I'm doing it. *(Laughs)* I wonder why? 'Cause it's lekker.

R: What's your favourite racing distance?

P1: I will say 21 is nice. Ja, but now I will stick to a 10 for my favourite, just to get it finished and over. Go sit down and get my feet up. That's all ... 'cause otherwise the pain is going to be that too much.

R: Would you say your injury has improved during the last year?

P1: That's hard to say ... that's hard to say. You asking me that question last year this time I'd say yes. But it feels like it's a bit ... bad after all the treatment and stuff like that .

R: Are you still going for physiotherapy?

P1: Um hum. Ja.

R: How often do you go?

P1: Ag, I'm going now when I really feel it, when I can't handle it anymore 'cause it doesn't help to go anymore.

INTERVIEW WITH PARTICIPANT 2

R: What club do you run for?

P2: Club X.

R: How long have you been running for?

P2: Umm ... for quite a number of years ... um, probably about 10 years. I just stopped um ... during the time because of an injury. Um, then I started again. I've been running sort of ... very regularly for the last three years. ... But, um ja, it's about 10 years, then I stopped for a while.

R: Why did you originally start running?

P2: Um ... I think it was just because I enjoyed it. Um, I liked it. Umm, I started running when I couldn't find a job, it kept me busy. It gives me something to do. Ja, I know why I started. I started for that reason.

R: And why did you continue?

P2: Sometimes it was to lose weight. Um, more of the time it was to ... um, for me, it is to get rid of stress. I get ... aggressive when I don't ... um, you know, exercise, any kind of exercise.

R: Are you running at the moment?

P2: No, because of the injuries. Um, I've got hamstring injuries. It's now my sixth week. I was hoping to start soon, but I'll give it another week.

R: How often do you normally run a week?

P2: About three times a week. Um, I'd like to run more, but ... I'm so injury prone that I can't run everyday. Actually, I'm a triathlete so um, I mean, um don't run everyday. Cycle sometimes twice a week.

R: Have you done the likes of Ironman?

P2: No, but I want to, but I've done um ... the Energade series. I want to do the Ironman but I land up with this injury thing.

R: You said you train three times a week. What does your training program involve? How many kilometres do you run a week?

P2: I don't run far because I don't ... er ... don't like long distance. I find it boring. Um ... when I race, I race a 10 kilometre. I find it faster than say a 21 or a marathon. I don't ... um ... don't like running far. But when I train it's about five kilometres and then um, it's fast, it's fast, you know. Um ... but it depends who I run with.

R: Do you run alone or with others?

P2: I normally run with a friend. She's a bit slower, but sometimes it's frustrating. I actually enjoy running on my own. But ... because it's so dangerous to run on your own, I always has to run with someone.

R: What time of the day do you normally run?

P2: You know, whenever I can get time I prefer running in the mornings in summer when it's still light. But now it's starting to get dark so I have to run ... after er ... when my friend knocks off from work ... which can be anything from five ... six. Um, I don't really have a set time.

- R: Do you include farklek in your program?
- P2: Ja, I do that kind of stuff. Um ... you know, you can say that. Sometimes, I will run a fast five kay, see how fast I can do it. Sometimes I will start off slow and do the second half fast. Um ... what I like doing is I like warming up and then running for several, two minutes and three minutes fast. Which is how I race ... and um ... for me it's fast. I think I use my watch which also makes it more interesting. I've also been doing cross-country which is what caused the hamstring injury.
- R: How many kays a week do you run?
- P2: You know, not far, about 20. It's not far. But um like I say I do a lot of other stuff too. That's how I'm training now. In the past I used to run long distances, 10 at a time training, then do 21s and I did the JCE and that kind of stuff. Now it's called City-to-City. ... But um ... now I just run short distances.
- R: What races have you run recently?
- P2: Um ... I've run all the ... um league races last year in ten kilometres. Um, I haven't done a race so far because of the injury. ... Um ... I was planning on doing cross-country. That was my plan for year was cross-country running and that's just four kays and it's fast.
- R: When does the cross-country season start?
- P2: It's already started about ... it started in March. But they've got a longer season this year. We're already into it. I think they're trying to get more people to run and give them um more um opportunity to get league races done so that they can qualify for Northerns. It's ending ... the beginning of October with SAs.
- R: Besides running what other interests do you have?
- P2: Cycling and swimming.
- R: How much do you swim a week?
- P2: Well, er ... I sort of dropped it um, but when I start training it's ... it's about ... ranges from one kilometre to one and a half kilometres, sometimes up to three kilometres. ... Um, per time, about two or three times a week. Then the cycling um ... the Energade series is short, it is a race track, it's fast ... 600 metres swim, 20 kilometres cycling and five kilometre run. So the cycling is also ... if I can get it done in an hour um ... range from 25 kilometres to 20 kilometres. Um ... sometimes I go out with other riders, but then they go further. But ja, everything is short 'cause I don't have a lot of time so I shouldn't actually get injured ...
- R: But you do.
- P2: Ja well, um not this last one was because of stupidity, that's all. It wasn't because of overtraining.
- R: When you say stupidity?
- P2: Ja, I mean we had simple development cross-country races in the country and er I went to one of them and a whole lot of us were just running with the little kids and um the last laps the kids was finished, we sort of came ... starting to dice each other and the final sort of 500 metres it got full blast and it was stupid because it was even pre ... pre, pre-season. The

cross-country season hadn't started at all and we weren't up to it, so two of us pulled ... um hamstrings. ... Stupidity.

R: How would you personally define injury? ... Let me explain: some people who have a little niggle regard themselves as injured while others only regard themselves as injured when they cannot run at all.

P2: No, that's me. If I can't run at all then I'm injured.

R: If you were a bit sore, would you run?

P2: Um ... I might wait a day or two. If I find ... because I've had an ITB and I've had operations on both knees. So now ... if I ... if I feel something then um I will um just be careful. Um, I will maybe give it a break for two days ... I won't go for training, cycling or swimming. Um, but if it's hurting then I'll stop for a week or so. Um, but I'm only like that now because I had all the nightmares previously. ... I would go all the way and um then just bugger it up. I've learnt through mistakes. ... Um, I normally get highly frustrated if I can't run.

R: You said you have had this injury for about six weeks?

P2: Ja, for six weeks. Um ... hamstring ... so I've been doing strange things to try compensate like running in the swimming pool and um swim in a tiny little swimming pool forever ... swimming, swimming, swimming ... cy, cycling and that kind of stuff, but it's ...

R: Does your hamstring hurt when you cycle?

P2: Er ... I can feel it and someone told me you're stupid. You shouldn't do anything, but ... so I don't run, but I do other stuff. ... Ja, it's stupid.

R: What was your initial reaction when you realized you were injured?

P2: Well, right after the race I felt this terrible burn so I put on ice so it didn't get in and I helped them take off ... er move all the equipment and stuff. What I should have done is I should have put ice and everything. ... Um, I think ag, a few days and it will be okay. But the next day I couldn't even walk. I couldn't sit down or anything. It was, it was so painful. Um, it was like that for about three days, it became better and better, but I couldn't even walk fast. The next day also I couldn't walk at all. The day after that I couldn't ... I could sort of hobble along. Um ... even three weeks after that it wasn't ... try to run, I just forget I can't run and I tried to run, but I couldn't. Um ... my weight, my leg couldn't hold the weight. I never went to a doctor or a physiotherapist or anything like that. I normally do that, but don't work now. I'm not on a medical aid now so I didn't do all that stuff now. I'm just wondering what's going on. Um ... what's the question again?

R: What was your initial reaction when you realized you were injured?

P2: My initial reaction was to deny it ... it's going to come right. But when I finally realized what had happened and that I've messed it ... um, er, um ... I was very angry with myself.

R: How is the injury affecting you now?

P2: It certainly ... in a way that I have put on some weight ... um, a little bit, but that's not a problem. It's frustrating. I want to run, but my way of dealing with stress so um ... ja. It's frustrating

- R: You mentioned that you have had ITB and an op on your knee. Was that because of the ITB?
- P2: Ja, the ops was because of the ITB. I ... er ... that injury ITB was because I tried to do too much. And I would cycle a 100 kilometre on the Sunday and the next day go and run, go and run. Um ... I wasn't used to that kind of training. I was training for the ultimate, the Ironman. ... It's a series of long-distance events like long-distance running, triathlons, um rowing, you know paddling. I also do rowing. Um, it starts in January, finishes in in March. One of the things was a 180 kilometre cycle race, things like that. I could cycle, but I couldn't run. I did one event where we did a 25 kilometre off-road cycle which is quite battering and two hours after the we did the ... no it wasn't 25, it was 45. And after that did the 25km run. And I was already severely injured and I walked ... I er did race walking. I walked that whole ... that whole 25 kilometres. And um ... then I was walking faster than some guys were running. And I knew then, I had to go for the operation. And that was the final event, I had to finish it. And then I went for the op.
- R: Had it been bothering you for a long time before that?
- P2: No, it came suddenly. It was ... it was acute, it came suddenly and it didn't go away. ... So I had to st ... struggle through the the final event. Oh and actually um I was a front runner ... I was the the ... fifth event I came first with the ladies and with the men ... ag um I came ag ... ja, I just wanted to finish it. I thought after the operation it would be fine, like it wasn't. Um ... I came to the conclusion I can't run downhill ... down a hill.
- R: Even now?
- P2: Even now, I can't do it. So I don't think it was ... as such organic was the problem. The problem was somewhere else.
- R: Where do you think the problem is?
- P2: I think it's to do with my hip alignment. Um ... I will have to go to a orth ... what you call it? ... No, no um what's it ... a chiropractor ... I will have to go to him and find out. But um ... ja.
- R: How do you usually spend your day? Please describe a typical day in your life.
- P2: Well ... my ... my typical day at the moment is not so typical 'cause I'm not working at the moment. I um ... when I was working I would ... try and train in the morning. I would wake up at five o'clock or quarter to five, go for a run and get ready to go to work. I would even try and fit in something during lunch-time ... either be a cycle if I've run in the morning or cycle at lunch-time or er whatever, whatever my program said, but I would train in the morning, train in lunch-time and train in the er ... evening. Um, but it would be say run in the morning, cycle or run in the morning, gym. Whatever my schedule was, say if I had a lot of meetings around, say Gym N, I would go to the gym that time. But for now, it's because of ... I got even less. I thought I would have more time, but I've got even less time now. It's basically whatever I can fit into half-an-hour.
- R: So you have less time now that you are not working?

- P2: I've got less time, ja. I'm doing home school with my kids and studying. I thought I would have more time. Um ... but you know ... it's ... I'm trying to get to that again because I'm going to have to if I have to take part in the tri, triathlon series and still take part in cross-country. ... Um. I've actually filled my day with other stuff; because of the injury, of the injury I wasn't able to train like I wanted to. So say I will resort back to that. About one and a half, two hours training a day which is not much if you compare it to other triathletes. They train much more, but then ... they ... you know, I think the men have got more time to train because they don't have to look after kids. And naturally can fit in more.
- R: Would you say that leading up to the injury you were experiencing more stress than usual?
- P2: No ...no ... er ... it was true, it was ... it ... This injury was a freak injury, it was a freak injury. Ja, totally.
- R: Do you think your injury had anything to do with stretching?
- P2: No, stretch ... um, ja. I ... I stretch. I do stretch. Um ... um... especially because my proneness to for my iliotibial band to play up. ... You know, I was really ... I don't think it works, but um ... um it was ... This injury was a freak injury. It won't happen again.
- R: You'll make sure it doesn't happen again?
- P2: I won't see that it lasts ... you don't do that kind of stuff at the beginning of the season. It was stupid.
- R: Had anything in your life changed just before you got injured?
- P2: I raced in the pre-season ... I sometimes train on the track, but ... um ... that's actually when I feel these niggles in the hamstring ... now that I think about it. When I train on the track there's always this ... that niggle, but I never push myself to the extent that I get an injury.
- R: You say your hamstring was niggling before the day that you got injured?
- P2: Probably ... I never thought of it before. Probably because when whenever I do track training, actually short distances then, then the hamstring gets sore.
- R: You mentioned that you go to gym. What strengthening exercises do you do there?
- P2: Um ... um ... no, I don't actually do strengthening exercises in the gym. When I go to the gym I ... swim. But I do strengthening exercise ... um ... actually it's not much, it will be lunges ... it will be part of a strength ag stretching sort of thing that I do. It takes about 15 minutes so it's probably not sufficient. ... Probably not.
- R: You said that you are not on a medical aid. So you haven't had any treatment?
- P2: I haven't had any treatment. No ... ja.
- R: Did you have any treatment for your ITB injury before you had surgery?
- P2: I had cortisone injections, but it had absolutely no effect whatsoever. Nothing. All it did was make me feel sick. And probably it wouldn't, it doesn't have any um effect on me.
- R: Had you been for physiotherapy?
- P2: I went to physio, ja ... a whole succession of physios. Um, cortisone injections. No effect whatsoever. ... So, actually the first week whenever I start feeling the niggles, I now start to change my shoes. ... So ...

- R: When you go to a physio, do you go to someone with a sports background?
- P2: I go to KJ Centre. I've been um I forget the name ... but I went there.
- R: How long did you go to physio for?
- P2: I went five or six sessions.
- R: Did you realize then that you would have to have the operation?
- P2: Because it didn't work then ... even a cortisone didn't work. I mean the doctor said to me ... you ... could do that if you wanted to. I thought, well ... and the I went for it. I was ... disappointed when I got an ITB messing me around after the injury. Um ... it was long after the operation and it was just a downhill, downhill, downhill. Strangely enough I got severe ITB, I call it an ITB attack with the Spar Ladies and there's no downhill, but I had changed my shoe. And when I started again it, it wasn't there. Then I went back to the um people I buy shoes from and they said that it's impossible, it's impossible. It will ... that's what happened. I just got another shoe. So, um ... it got me no money because I mean I couldn't um have a refund or something like that. So I decided to stick to the shoe ... but they don't last. You know, Brand C don't last.
- R: How many kays do you get out of a pair of shoes?
- P2: Not much, you know. And I I um actually supposed to run ... I only get three months of running. You see, consider how long, how many times a week I run and the distances I run, they don't last. So I'm not oh ... quite annoyed with them ... so I actually changed. ... So I use Brand W. They don't believe me ... I mean they don't believe that it was the shoe.
- R: Do you get advice from specialists in running shops?
- P2: Ja. I do go to another shop before and er it wasn't satisfying me. ... And they tell you to run up and down and check if you pronate or stuff, but you think but you do pronate a little bit. Everybody pronates a little bit ...I'm not sure if if their um suggestions will work, the guidance they give you is good or not. The the previous, the shop that I went to just to to find out, they let you run on the treadmill and they out stickers all down your legs and then they take a video and then they show you. I don't understand any of it anyway. Um, it doesn't make sense to me. But I believed them ... because she was going to be cheated, not me.
- R: Were you happy with Brand W?
- P2: That's how I got ITB.
- R: You mentioned Brand C earlier?
- P2: Brand C works ... um I I use Brand C, but but they don't last. They really don't last. And now I run cross-country in them ... and you know they've got air in them, so if if you stand on a stone you lose the air. They say it doesn't happen, but I showed them this thing has collapsed. Okay, it's collapsed. So, okay run with Brand W you're not going to get the same problem ... I think when I walk in the door they ... want to run away.
- R: How are you treating your injury at the moment?
- P2: Um ... I'm just ignoring it.
- R: Just resting and ignoring it?

- P2: Ignoring it, yes ... I'm hoping ... I did put ice on initially. I don't think gonna work, er work anymore, but I did take um ... wasn't ibuprofen, was something else ... um some other what do you call those things?
- R: Anti-inflammatory?
- P2: Yes ... ja ... um ... norflex ... but I did take that for a while ... I'm hoping that it was just strained and not torn. ... Then it will come right after six weeks. That's what my logic tells me. If it's torn then I don't know how long it's going to take. I can't actually find information. When I was working I had access to internet and I could look up all of these things and now at the moment I don't have access. ... So I want to go and do some reading on it. ... If it's torn, what then? ... I hope it's not, the verdict's not going to be too bad, like no running ...
- R: But do you feel that it's getting better?
- P2: It has got better, yes! I can swim without pain, I can cycle without pain. Sometimes I feel it ... I'm not actually sure where it is, if it's in the mid middle of the leg or higher up in the bum. And sometimes when I sit, if I sit a long, sometimes it's paining there. I can ... it's sore, I can feel it. ... So, I'm just wondering where the injury's actually, where did it actually happen. Um, what part of the muscle is sprained or ... at the um ... aanhegings or is it in the middle or where the hell it is. Is it hamstring or it something else? I don't know ... I I also wonder if it's not, if the ITB and hamstring injury is not related because maybe I've been suspecting for a long time that my hips ... there's a, there's a, ja.
- R: Imbalance?
- P2: Yes and er if if it's isn't the same kind of thing. That's why I would have to go to a chiropractor and most of them are very expensive. So, ja, but eventually I will have to go. If I if I um run and it's not gone. But I've heard of somebody who tore er er um a quad, one of these (*points to her quadriceps*) so badly that wh when he is in the army it pulled up. It act, it actually pulled off and pulled up, and you can see it's like a lump (*demonstrates*) ... and they never saw it, you know when he was in the army, they never saw it. So now he he had a problem. I suppose they can put it right with in, ag with surgery and things and ... anyway.
- R: How long are you going to wait until you go and see a chiropractor?
- P2: Um, I'm going to give it another week, this week and then I'm gonna start running. If it's painful then I know I have to go to the chiropractor. Then, ja ... if ... I'll have to cross that bridge when I get to it. Um ... it would have total different story if I was working. Totally. I would have gone to the ... physio straightaway. That's what I would have done. I I'm mo more diligent about that than if um I had a cold or something like that. I would immediately.
- R: Is that what you would have done in the past?
- P2: Yes, that's how I would have ... I would have gone to a physio or something.
- R: The very next day?

- P2: Yes ... I would have gone from the er race to a to a physio. I would have gone to ... (*giggles*) ... to the hospital's um ... physio and said ... you know that's how finicky I would have been about it.
- R: Because you have been unable to go, what do you think has helped you recover up to this point and what do you think will further facilitate your recovery?
- P2: I think the fact that I've stopped running. Er, um I mean, I I couldn't run anyway. It was too painful to run. Um ... I stopped running. Um um I'm wondering if if it wouldn't have been better if I did absolutely no exercise whatsoever ... um, no swimming or anything like that, but it wouldn't have been good for the people in the house for me not to train at all. It would have. Um ... um ...
- R: Does anyone else at home run?
- P2: Yes, my kids run. Ja, they're actually enjoy enjoying it at the moment that I I can't run because I run with them and we train cross-country, I train cross-country with them so ... often now we just forget about them and training and then they would keep quiet about it. ... And I say, hey, you guys didn't train and then ... oopsie. You know, they don't remind me because then I would go out with them and we train in the park outside our house. ... But still they're also actually not ... been able ... they haven't been running as much as they should.
- R: Are they in high school?
- P2: No ... er one's in high school and er one's in er primary school.
- R: Do they just do cross-country or do they do athletics as well?
- P2: Cross-country ... ja ... well you see, they're not in school at the moment. They're doing home school. ... But er we do it to keep them in ... er some kind of sport.
- R: Earlier you spoke about running with someone. Are you still in contact with that person?
- P2: Ja ... ja ... what we do is I cycle and she runs. Otherwise, she's she's not going to do any training. She won't run on her own 'cause she's afraid. There's a lot of ... er ... um ... I live in Suburb E. So, there's a lot of er um a lot of people walking around um that could be a danger. Er, we try to avoid running on our own. So she runs and I cycle, but I spin. I put it er on the very ... easiest gear and my legs are doing that and (*demonstrates*) and it's it's not nice. I don't like it so. But she still runs. I normally run with her, but she's slower. She knows it so I can say it. It's frustrating, but ... ja.
- R: Do you ever run at your club?
- P2: I don't run at ... the ti time trials 'cause it's too far. They're in er the east and we in the er west. So I don't run the time-trials ... I actually er um did a lot of running for them for the ten kilometre league race ... er earned quite a few points but er now at the moment I'm useless. Hh.
- R: Have you run for them for a long time?
- P2: No ... about three years ... I only joined a cycling club, ag um a running club and cycling club and all the rest when I wanted to do the Ultra Man.
- R: Haven't Club X got a cycling section?

- P2: They have, ja. ... But er I didn't join them again because I cycled. I don't really take part in cycling competitions. I just do the triathlons and it wasn't worth er ...
- R: You don't have to belong to a club to do triathlons, do you?
- P2: You don't have to belong to a club, no.
- R: Do you swim on your own?
- P2: Ja.
- R: Do you belong to a squad for triathletes?
- P2: No ... no... I was actually thinking of it. I was actually asked by Club T to consider it. Um ... two years ago I think. But then I had such a bad season ... that um ... I didn't join them but I had a very bad season that season so ... I didn't pursue the matter. I didn't think they would be interested after my bad season ... and last year I had a good season, but not good enough. But ...er ... ja. It's not that important for me anymore to ... um ... My motivations for why I train is sort of ... sort of changed ... um I'm not that competitive anymore.
- R: So do you just do it now for enjoyment, to relieve stress?
- P2: Yes ... ja. ... Although that's what I say but as soon as I take part in, as soon ... er the gun goes off then ... (*claps hands, imitating the sound of a gun*) Forget it, it's competition.
- R: What's your best time for a 10 kay?
- P2: Um ... 50 ... 50.08. Not to too good, but not to too bad either.
- R: What would you say is your best distance?
- P2: ... Umm ... the five kilometre.
- R: In a standard triathlon is the run five kilometres?
- P2: Ja ... but I'm I'm not that bad on running because I often I run to get ... to make up especially when I have a bad swim. Um ... and then on the bike part ... when it comes to the running, I consistently take, overtake. Consistently, so ... I don't think um the running's that bad. But takes if you got five kays, if you got ten kays ... I never do well because I just do short distances.
- R: Do you get a lot of advice from people because you are injured?
- P2: Ja ... when I run in a race ... you can see with the ITB, you can see them ... the way they start running with a stiff leg and stuff like that ... 'cause I was there. And they say, come on it's not so bad. Keep on going. Um ... but you can't. You should actually just not even take part. Um ... or they'll say, strip put put a strip around your knee, you know um that ... and you know they don't help, that stuff just doesn't help. Um ... or you must drink this or you must drink that, that's really irritating. But what really annoys me is when you are injured along the road and then they tell you, ag it's not so bad, come on. Keep going. It really irritates me ... because if I could run I would run.
- R: Do you get advice from others about what you should and shouldn't do to get over an injury?
- P2: Not that much. No, I normally ask for advice ... er especially not only the injury and stuff like that ... you know, when I'm injured I would say, hey it's there, anybody out there that has

advice for this and they would stream in, but when I ask for it you see. Then I would sift through everything. But a lot of their advice doesn't work.

R: Are you referring to websites where you can make contact with other runners?

P2: Yes ... there's so many. There's so many.

R: What about runners you come into contact with at races? Do they tell you what to do?

P2: Ja ... they're full of ideas.

R: Do you find that some runners tell you not to run at all and others tell you not to worry, it will go away?

P2: It's not so bad ... don't worry.

R: Who are you more likely to listen to?

P2: You know ... I don't take an injury casual anymore. ... So I listen to the alarmist. Um, you know ... if, if somebody says to me, I've had ITB, then I will listen to them. ... Er, that's why I had the surgery because one of the guys that works um ... he was in the Ironman, ag the Ultraman and he showed me. He said look at, you see I had um surgery. Look at, look at, look at um the cut, you know. And then I remember him saying my my ITB um ligament was as thick as my finger. You could see it there and eventually that were the only thing that worked. Um ... so I actually listened to him.

R: How long did it take to recover from your ITB operation?

P2: ... Ooh, I can't remember. I think it was eight weeks.

R: You mentioned earlier that there was a time that you didn't run for about three years.

P2: Oh, that was the previous, that was along time ago. I started taking running um ... when I was in my early twenties and I didn't compete or anything, I just ran. Out of pure frustration I just ran. Um ... wherever ... around the rugby field, around and around and around until everyone thought I was crazy. Then I started running out. Um, when I came to Pretoria um I noticed that there was competitions and things and then I started. And then people said, no man you if you haven't done Comrades you haven't done anything. So I'm gonna run Comrades and that's when I got an injury. Then I just stopped.

R: Did you run Comrades?

P2: No ... I did the er City-to City, it was then the JSE. Then I did something, they called it the Crocodile Marathon. It's in Nelspruit. It's up and down, up and down and think the downhill ... um ... I went and ran a race and halfway couldn't couldn't um run anymore. Then they, you know, when they come and pick you up along the way. All the er injured runners. And they put you in a van and er um that was too much for me. I just stopped running (*chuckles*) just stopped. Then um I started ... I actually started walking again ... and then eventually, you know, when you walk walk and eventually start running.

R: What is the longest race you have run?

P2: In my life ... I would say um the JSE. It's 50 or 56, something like that.

R: What do you find particularly difficult about being injured?

P2: ... Er, can't run. I hate it, ja ... um, not being able to run ... you feel useless.

- R: Earlier you said that the benefits you experience because of your involvement in running are related to stress relief?
- P2: I think I'm a little bit addicted to this endorphin thing because I seem to run for about two or three kays and then then I got the, they call it the runner's high or whatever, um whatever. I just run for a short while and then ... and I think that's that's it. ... You know, if I haven't ... and that sort of gets rid of stress. You always feel so much better afterwards. ... I can have a headache, go for a run and come back and there's no headache, nothing.
- R: What disadvantages or negative consequences do you associate with running?
- P2: Injuries (*laughs*) Um ... I suppose it would have um ... if you overdo it, you know long, long distances ... they say you could have ... I've heard you can get arthritis. I don't believe it. Um, I don't, actually I don't believe in disadvantages anymore. No ... um, the only disadvantage is if you go run and get mugged or you get an injury because you're stupid. That kind of thing.
- R: Have you learnt anything about yourself and running because of this injury besides not to be stupid and race in the pre-season?
- P2: To be creative and find other kinds of er ... I mean you can run in a swimming pool. You can tie a pull-loop around your waist and you can run. It gets my heart rate up to ... Um, ja um to be cre creative in all others of other ... I can walk very fast you know because I've had to walk and not run.
- R: Do you feel your injury when you walk?
- P2: Um ... sometimes, ja ... not so much anymore, not so much anymore. Um ... I can walk quite fast. But still it's not the same as running. I start ... I've learnt to be creative with other training and to to ... learn to control my er frustration. Because I can't run I can't take it out on my kids. I just have to ... do something about it. When I can run, I just go and run. Now I can't. I have to control it ... which I don't like doing. I want to run.
- R: Is there anything else you would like to say about running and injuries?
- P2: I think most injuries are due to stu ... stupidity, to being um ... to put it only a bit more in bigger words, is being irresponsible ... not taking notice of those niggles or ... um things happening to you and just pushing through. That causes an injury. I think if you if you are more aware of it.
- R: You said earlier that you don't regard niggles as injuries.
- P2: I don't regard them as niggles, er as injuries. I only regard an injury as an injury when I can't run, but I do pay attention. I will put on ice when I get home. I will take an anti-inflammatory if necessary. Um I will ... my daughter is in high school, in Grade 8 now. She's not in school, she's in Grade 8. She ... I taught her to massage. So she will massage whenever there is something. I will do things like that. ... But um, I take notice of them, but I don't think they are injuries, if you get what I'm saying.
- R: Do you what to add anything else?

P2: No ... I don't believe if you haven't run Comrades you're not a runner. It's a stupid philosophy.

R: But many people in the country almost expect all runners to do the Comrades.

P2: Ja ... to be a runner you must do the Comrades, to be a cyclist you must do the Argus, to be a swimmer you must do Midmar and to be a runner you must ... to be able to paddle, if are you call yourself er a canoeist you must do the Dusi. I haven't done any of them. And you want to be a triathlete you must do the Ironman. The first thing they say if if you run, oh have you done the Comrades? No, that's too easy for me. (*laughs*) But did you see that advert, advertisement on TV where it said where it said every South African should run the Comrades at least once which is ... so wrong. I feel it's so wrong because there's so many people who can't run. You know, um disabled people. Um, not everybody can run that far. And it's, a lot of people say, okay I'm going to do it and then they get injured. It's the physiotherapists and doctors and all those people happy because they get money out of it.

INTERVIEW WITH PARTICIPANT 3

R: How long have you been running for?

P3: I've been running for let's say ... since since er about 1986, 85, 86, ja. And er in 1996, I've been running on and off, you know, for half-an-hour, 45 minutes. And in 96 I decided to ... actually 1992 I er registered as a member to a local community based club and in 96 ... I decided to tackle the Big C. The Comrades, ja.

R: When we spoke on the phone you mentioned that you ran for Club D. Have you always run for them?

P3: Ja, all along, ja ... so from 92 onwards.

R: Why did you originally start running?

P3: I ... er funny enough, my mom is a cardiac er patient and I decided that er that normally that the that the hereditary er could could kick in later in my life and and the way to strengthen my heart was to start running, you know.

R: Why did you continue?

P3: I continued for er the same reason, you know. Ja.

R: What benefits do you experience (*participant interrupts*)

P3: Benefits ... lots lots of it. Er, stress, ja, er work related er stress. You know, the stuff you might encounter with having children and being married, wor and er work and so on. So, so that is like er an opportunity to spend time on my own and and and er go out in nature and blow it off and you know. Ja, so so that's basically. And also to get to know people because since I started running er no race is at the same place every weekend, you know. So you get to know lots of places in and around Pretoria 'cause I'm based in Pretoria. Yes.

R: How often do you run every week?

P3: Er ... well, normally if if I'm looking at preparing for Comrades we at least look at three to four runs a week, you know. And that er and that excludes your, your, your races on Saturday. So let's say four to five times a week.

R: How many kilometres a week do you run?

P3: Um ... it's ... once again with the objective of running Comrades you...

R: How much do you run in March, April and May?

P3: Ja, a week. March, April, May. I would be moving towards 80, 75 to 80 kilometres a week. Ja, including your weekend runs.

R: And during the rest of the year?

P3: The other times. After June, after Comrades there's like normally er four to five week layoff. Then ... you go out twice, three times a week and you start at races such as er City-to-City, then there's the Volkswagen McCarthy in October. City-to-City is in September, in October you've Volkswagen, then you have 10, 21s and then also the Soweto Marathon in November. So, tha that's the part of the year would be basically to go for shorter runs, but a bit more quicker and so on. You know, not the long distance runs.

R: Do you vary your training program?

- P3: Er ... well, I run as I feel, you know at ... but with no specific objective presently.
- R: So, you don't follow a specific training program?
- P3: ... As they say in the book you go and you say, right you build up, you say you go. You do build up, but I don't. For instance, I know what I'm supposed to do is probably go for one long run in a week and then go for hill training and go for fankleks, you know. And a bit of variation ... er like tempo runs and so on, ja. That's ideally speaking, you know. So what I do is ... ja, what I what I normally would do because time I would have for myself er in the mornings would be when I go for my run would be to to to go for maybe a 10 kilometre or 12 kilometre loop that has hills ... So you would be doing, you'd be sort of doing a bit of of ... of hill training, a bit of speed and and and tempo.
- R: I suppose living in Pretoria one hasn't a problem finding hills.
- P3: Er ... ja, ja I agree with you yes. I agree with you 'cause where I live there's there's quite a number of places that one can do a bit of hill training. Ja.
- R: Do you train with a group?
- P3: No, no because one has to go out in the morning about five and er finish off by six. Make sure you help the wife with the kids. They have to get to school after six. Quarter to seven, they should be ready you know. You ... ja, I I do it in the mornings rather than ... because at work you don't know what time you finish. And it gets darker quicker. And that's normally the time that you sta ... you need to build up in terms of your mileage. March, April, May until Comrades. Ja.
- R: How many times have you run the Comrades?
- P3: I've done it 10 times.
- R: So this is the year you are going to run with (*participant interrupts*)
- P3: With er my green number. If if everything goes well ... compared to the physio um treatment that I get.
- R: Do you go to a race every weekend?
- P3: I would love to. I would love to, ja. Again, strictly speaking every weekend because er one element of running er is to train, the other is to to to and become race fit, you know. An and the benefit of being race fit is that er you push yourself beyond what you would normally do and you train. Because when you train time is a constraint. Normally you can you can relax and walk it off and start over again. But with running ... time ...
- R: So when you go to a race you go out to (*participant interrupts*)
- P3: Not necessarily race, but at times the challenge is ... ja, you would normally go faster. You always go faster than if you run by yourself. ... And I think that that that er er discipline ... causes one or or is the cause and effect of this type of of thing er tends you to get injured, you know. Because that discipline er adrenalin pumps when yo there's a lot of people around you. You you know who which people that you can er pace yourself with and if they're ahead of you, then you'll try and sort of challenge them or chase them, you know. Ja ... even if you look at the pace you say, no I'm I'm running too fast and you say, okay I,

just just another two kays and I'll relax, you know. And it would just be over-exerting yourself and towards, especially an ultra or 50 kilometre, here between 42, 43 then you start struggling you know.

R: Do you think that's one of the causes of injury?

P3: It could be one of them. It could be one of them.

R: Would you say that is a reason why you got injured?

P3: Look for myself, I've got that problem you know. Even having done Comrades 10 times ja, ja. Because last year I was running my tenth Comrades and on 1st May I ran the Wally Hayward, okay. I ran I ran a very good time. Er, it was a marathon, but the last three kays I pushed myself and no, four kays. And that in itself um sort of pushed me beyond er, you know to a limit where where where I was prone to injury because what I furthermore discovered was I went to work in the garden. And when you work in the garden you stretch your muscles. And that was immediately after the 42. That was the afternoon I had a thigh injury that I couldn't shake off.

R: What's your best Comrades (*participant interrupts*)

P3: My best ... I I I ran ran a 8, 8 um 8.50. Was my best times and those days Bill Rowan wasn't really part of your ... incentive, you know. Ja.

R: Do you prefer the up or the down run?

P3: The up ... ja ... the up is a better run. It's uphill, but ... the recovery after the up is er much quicker than the down. ... Much quicker. ... You're hurting more for the down especially the last, let's say towards er from 70 onwards. Ja.

R: But isn't running towards the sea very motivating and inspiring?

P3: You see it, ja. That in itself also helps.

R: What about the support from the crowd?

P3: That's also another thing. The support is bigger towards the finish because you're moving into Durban ... than when you do the up, when you're moving into Pietermaritzburg. Er ... Harrison Flats can be quite quiet. You get er sort of a dry patch when you do the up compared to when you go the down.

R: Have you enjoyed the Comrades?

P3: Yes, I have. I really ... it's it's it's it's ... it's a mixture between not ... It's something to do with the challenges in life, the psychological barriers that you have to go past, you know. Because it's beyond the physical. You you have to er ... you run with your mind after after 70 kays, you know, 65 kays and ... this is what puts you through: your head.

R: Have you run the Two Oceans?

P3: Yes, I ran the Two Oceans. Ja, it was also a good race. Um ... I think er um it's a bit earlier in the year. You're not as fit as you are when you do Comrades. But but that's a good barometer, you know, when you move towards Comrades because if you have a good Two Oceans then you're going to run a good ... provided you don't get injured, ja.

R: What other interests do you have besides running?

- P3: None. ... Apart from running or apart from being the chairman, chairperson of the club, I think there's er an element towards upliftment of of of um ... the unemployed or the the youth. You know, to keep them busy and keep them um er motivated and er keep them away from them doing the wrong things because I think that running in itself is is also a way of life. Er, you would have er a stimulus towards these people. Er where there's talent you can unearth, ja , you know community based. And ... so that's one important thing, ja. And ...
- R: What about the negative? What disadvantages and negative consequences do you experience because of running?
- P3: WELL! Huh. Disadvantages would be er races are normally in the morning. You have to wake up early. You're not going to enjoy your ... your Friday night that you would as a normal person would, you know. And you have to go to bed early. And er big races normally er is a bit far-off, not in Central Pretoria. And you know, maybe you go do Om-die-Dam. You have to be up three o'clock if you don't stay over the previous evening. Two Oceans also, you have to be up very early because the race starts at six o'clock. And er basically that's one one thing that that er that er you have to condition yourself. So you have to hold back in the previous ... you know, from maybe over-indulging the previous evening especially in the ultras, ja. The Comrades. Once again, if it's a down run you have to be up early and er then you have probably two o'clock up so ... ja.
- R: I believe there was terrible traffic congestion at the Comrades last year.
- P3: Yes, yes I I actually ... (*laughs*) ... I actually ... Er, what happened was we drove a er jeep. Um, my brother-in-law. My wife was on the route because it's a down run so he had to take us through to Pietermaritzburg, you know. And then er about 12 kilometres before we get there we realized hey the petrol won't make it. So we had to zip off, you know. But when we came back, the there was like congestion and er ... I had to disembark and we had to run three, four kilometres to the start 'cause that's how congested it was ... and we continued running. (*laughs*) We had started already ... we had done 15, 20 minutes already.
- R: How would you personally define injury?
- P3: Well, I think injury ... could be a result of er over-exertion of ... Injury in your terms or in what I understand is probably muscle that get hurt or and and the central nervous system kicking in then, alerting saying, hey listen, something is wrong.
- R: So if you just felt a niggle would you say you're injured?
- P3: No no no.
- R: When would you regard yourself as being injured?
- P3: Well, I ... quite interestingly speaking I had a chat with this lady, the physiotherapist who said I'm more of the old school. We ... if you feel an injury, then you you you say, okay maybe I should just slow down, but not stop okay compared to the youngsters if they, if they anything they feel they go for treatment. Okay. And if I feel ... for me injury would be um if I feel my muscle is sore and it sort of doesn't go away within two to three days then I say, no

that's definitely not, something's not ... and I would normally go and ice it and so on, you know. If, if it if it ... continues then I know, listen I must go for treatment because the injury that I currently have er is the result of me ... having done a 32, running a 16 and walking the other 16. And ... wrapping my er wrapping the knee so to speak because that's where I got injured for ... about one and a half weeks, go running again and still have that discomfort and then realize, listen I must go for treatment and I haven't run for four weeks.

R: So you have rested for four weeks?

P3: Ja.

R: What have you done in those four weeks? ... Do you miss running?

P3: Well er ... I do, I do miss it. Er, I try to stretch, you know and so on. But I don't go out physically on the road then and plod, plod ...

R: But how do you feel?

P3: I I'm going to get unfit, ja. I'm going to lose my fitness levels ... that's one, that's something in my mind, you know.

R: So you have had this injury for quite a long time?

P3: Ja ... it's it's been since February, the second week in February. Um, the second Saturday.

R: Earlier you mentioned that it happened during a race?

P3: The Bronkhorstspuit ... it was quite wet and and and and er cold.

R: Do you think that the weather conditions caused or contributed to the injury?

P3: It contributed because the logics here what I experienced or after discussion with the physiotherapist was that um ... Well ... er a week before that I went for a two and a half hour run, slow. But I ran with my old takkies. Okay. And then on the Saturday that I ran the 32 it was wet as I have mentioned and I discovered, no er listen er I'm not going to use my clean takkies. I'll I'll run with these. Ja and I ran. Ja. And after 16 kays I felt ... a bit of niggliness on my knee. I said, okay let me just stop a bit ... rather er put Vaseline on and continue. I hardly ran another kilometre. So I walked literally the last ...

R: What does the physiotherapist describe your injury as?

P3: She said ... er ... stretching is one of the causes, you know.

R: You weren't stretching enough?

P3: No ... er, I did not stretching enough. Any stretch shorter than 30 seconds is not effective. So ... er I really er ... What I mean, what I recall was she said my muscles was very, very tight. There was knots in them. Okay. And she also asked without me telling her it was cold and wet there, was it cold and wet? Did I feel the pain when I was going down ... I said, ja it started there. She said, do you know why, 'cause your hamstrings, right, were contracting, because they were basically doing the braking power and if you're not stretched enough and warm enough, you know. Er, it resulted that the other associated muscles, neh, that comes to the joint of your knee also got inflamed.

R: So is the injury behind your knee?

P3: On the side of my knee. On the side and she said it's ITB related as well.

- R: How is she treating it?
- P3: She's ... she's she's um um mobilizing the muscles. She unknot or untied the muscles' knot sort of.
- R: Has your physiotherapist got a running background herself?
- P3: Er ... she treats lots of runners. She she knows ja and explained me a few things and gave me a couple of er exercises. And ... er with my myself, one downfall is I ... must try and get into a gym, you know because your overall um exercise with the body ... er er er can can can improve will improve my running and ... minimize injury, you know, because I'm not getting younger, I getting older, I'm a veteran now. *(laughs)* And er ... I started realizing and also the healing process is a bit slower.
- R: What was your initial reaction when you realized you were injured?
- P3: I thought, no maybe er I must just er rest it and ice it, you know. And and it's just because of the old takkies that I ran with. I said to myself, maybe the takkies collapsed, you know. That's the root cause and let me leave it and rest it. But afterwards, after the four weeks or so, I mean the additional four weeks. A week thereafter I ran a very tough long run, okay. I think two weeks, two weeks thereafter. Er, and I realized, no. After seven kays it started burning again profusely. Then I stopped and said, now *(hits table)* this is the point where I must er rest it a bit longer and there's this for six weeks um ... mindset that, you know, that I've heard of that if you rest it for six weeks then ... then it will come right.
- R: Could you have run with it?
- P3: I could ... I I could. If I wanted to. Maybe. But not as regularly as I would prefer. So it's it's one thing to try and run because I wanna I wanna keep fit. It's another to rest it totally and ... er then have a better base to run from.
- R: How is the injury affecting you now? Do you think you will be ready for the Comrades?
- P3: That, that's the sad thing. The Comrades ... I ... I I'm not sure. You know, I'm not sure er because there's quite a number of races building up that I've missed. You know, I've got a few programs ... die Om-die-Dam, there's a 42 that I've missed, you know. And now, okay I'm not going to do the Oceans, but there's a ... 22 April there's the Loskop ... that's coming. Today or tomorrow is the last day for entry, you know. So ... um I don't know, I don't know how I'm going to ... to to to deal with it. I went for a run yesterday. And um er ... there's a bit, you know, er inflammation coming through, you know. A soreness, um especially when I go a bit down. There's a suggestion I try and keep level. You know, try try a flat route. But on the uphill, no problem. I felt okay. But it's just going down, I feel ... just slightly tender on the side.
- R: Have you been injured before?
- P3: I've been injured before. I er ... I think last year I had a thigh injury as a result of going into the garden after a 42 er and I think two years before that I had an achilles. Er ... and it was also one of the injuries that I've encountered ... which I rested for a time.
- R: Did you go for physio?

P3: I went to physio, I went to physio, ja. At work. You know, there's a general physio there. But I've said, no listen. Um, based on what I've heard from a lot of people is that people um er er you know, you're you're new in running. You open up the phone book or you just ask people in general. They refer you to a physio or a neurosurgeon, not a neuro er an orthopaedic surgeon. Right. And I er huh I always believe that the word surgeon is under, I must underline because the sooner these guys get an opportunity to cut and you indemnify them, they will do it, you know. I I know about two or three guys. They went to er er orthopaedic surgeons and you know within the second or third appointment they were st stuck to their knees and so on, you know. So I said, no that's the last thing I will do. I will not have myself cut or opened. Ja. So, er I try stay away from from those people.

R: How do you usually spend your day?

P3: Okay, a typical day. Um, starts, wake up about 4.30, leave home, go for a run, maybe from about ten to, quarter to, five to five, de depending on the day, you know. And go out for an hour, come back home, er take a shower, prepare sandwiches, lunch for the little ones wh while the wife prepares them, getting them dressed. I've got a six year old son who's just started and then a daughter who's turned 11. Um and then drive off to work, get to work about 8.30. Er ... I mean after that get dressed myself, drive off to work ... er ... be involved at work. At times ... I'm supposed to leave at about fiveish . Normally I get out of there about quarter to six or so, depending if a meeting hasn't been scheduled, get back home, help the wife with the er homework of the kids because nowadays, you know, you're doing, you're doing, you're doing the teacher's job as well, you know. (chuckles) And then umm before you know it after seven, eight o'clock, must have supper ... I think the problem is I have er late supper and that's not good and then by ten, you're in bed, you know.

R: Were you experiencing any more stress than normal just before you got injured?

P3: ... It's it's a good question. It's a good question. Er ... when looking at that er ... I would say ja, ja. There's been some stress, there's been some personal stress, you know, 'cause my wife's and she thinks that um I don't spend enough time in looking at at the daily chores, you know. I'm concentrating on the running too much or maybe because I'm involved in in er ... at church. There's a, there's a ... finance committee. I'm chairperson apart from being chairperson in the running club. Those things add on, you know. And er, ja, I mean, that like you say if you look at it ja. That that also could contribute to to to ... injury, ja.

R: Had your training program changed in any way before you got injured?

P3: Er, no. Not really. Not really, no.

R: You spoke about old shoes earlier. Would you say that old shoes are a major factor (participant interrupts)

P3: It's one of the factors, ja. One of the major factors in running injuries.

R: How long can you run with a pair of shoes?

P3: I I go um I go ... a year, s full year and a bit with shoes. I'm quite light on shoes.

R: How many kays, would you say, you can get out of them?

- P3: I would say umm close to 2000 kays, 1500. Let's say 1600 because like the build up to Comrades is the bulk. And I also make sure that I er have er a replacement pair. I have two pairs.
- R: Do you alternate them?
- P3: Alternate. Normally, the older pairs I will use for shorter distances which was not the case this time ... and that that ... that was the sort of difference, you know.
- R: What do you run in?
- P3: Brand A. ... It's a, it's a good shoe, it's a very good shoe. Ever since I've used them I've never had problems with my feet. You know, ja.
- R: You mentioned that the physiotherapist has given you exercises (*participant interrupts*)
- P3: Stretches. Stretching mostly.
- R: Has she given you a gym program?
- P3: No ... no ... no... no.
- R: How often do you have treatment?
- P3: I ... I'm ... seeing her about every second or third day. Er ... I had my third session today. So, the next one would be on Thursday. So, every three days.
- R: When I first spoke to you on the phone, you spoke about going to an orthopaedic surgeon.
- P3: Yes, I spoke about er Dr X. And er I actually felt that, you know, after seeing the physiotherapist here I'd rather hang on and not seeing him and see how I progress. That would be my last resort, to go to him. Ja. I mean at the end of the day there is some um I would say er I'm happy with the explanation and the logics and the er massages that I get. And, you know, the treatment from the physio currently. I've seen ... I've seen the benefits now ... I would rather stay with her, ja 'cause ... and I I've started thinking that th the that logically speaking in future any advice I would give to all, the advice I would give to a runner is to if if they've got problems, that's it. Let them see the physio first and thereafter they can go to an orthopaedic surgeon ... if it doesn't improve.
- R: What do you think will facilitate your recovery?
- P3: Er, er ... I think stretch exercises. Right ... coupled by intermittent rest, neh. Er and and and you know probably going to the physio once a week, you know. I think that that would aid recovery and speed it up.
- R: I gather your wife doesn't run.
- P3: She's not a runner ... She's not a runner.
- R: Does that cause problems?
- P3: That that sort of creates ... you, you can't compare us, you know, or... I always pick up that ... She's she's complaining about weight, you know and er and er and er and being putting weight on the side too. (*indicates hips*) And I said to her, maybe you should start walking you know. And thereafter maybe strengthen your knees and so on and then ... 'cause I'm sure it will also er eliminate stress because she is a person that is very er ... she she worries

about everything and she always also have a you know. She thinks will ... this is what can go wrong, you know. Always worrying what can go wrong. Ja. I think er ...

R: Does she understand your injury?

P3: Not really ... because er based on ... so called she's not a runner and she feels er running takes a lot of of of er the time that we share as a family and me focusing on other issues that's not important to her, you know. Er ... and ja. It's it's it's kinda kinda difficult and I've made with peace with it 'cause I'm married now for since 92 for ... ja 13 years getting to 14 years and er ... to an extent when we sit and we, you know, we are involved in some couples' evenings where we talk about marital life and and pressures and you know things that we think maybe are unique to us. We also discover, no it's basically as common as most of the couples will have. Ja. Ja. And um ja, but it it I have to accept it the way is. She must also accept me the way I am.

R: Even though you are injured, being the chairman of your club you are obviously still in contact with other runners?

P3: Yes, yes ... yes. I am.

R: Do you feel that you are missing out because you haven't been able to run?

P3: Ag ... ag, I've felt like that you know because the physical ex, I mean the personal experiences is is is better than being told about something, you know. And this is how we ran and Om-die-dam was like this and so on.

R: Does it make you envious?

P3: Ja, I ... I ... I'm just saying, ja geez guys ... I wish I was along, I was along with you guys.

R: Do you find that you get a lot of advice from other runners?

P3: Yes, er ...

R: You know, from those who always have a better injury?

P3: Oh, oh, better advice. Yes, I have picked that up and er and I picked up ... There's quite a number of guys or in general, you know. I can't pinpoint on that exactly, but er you would get advice ranging from what type of shoes to use, what sort of stretching exercises you must do before you run an and and and maybe if you you encountered this, this is what you must do and so on. But er um I pretty er ... conservative when it comes to that ... I would take advice such as ... take take that I've got from the um physios. You know, stretching exercises.

R: So, you wouldn't pay much attention to other runners' advice?

P3: Ja, no. You would see a guy doing som some sort of funny stretches and er okay. I said to myself, this is what works for me, I'll stick to it. Basic hamstrings and your calves and your thighs because they start this is the part of the body that works the most. Ja.

R: I suppose they tell you about their injuries too?

P3: Ja! Ja! I mean there's a friend of mine who has a, an Achilles now and it's swollen. You know and er, ja, I mean if it swells you know something not quite good, you know. Ja and er I said to myself, maybe it's because we're probably putting up too much mileage number

one or the other thing is the shoes that you use, you know. And maybe doing too much hillwork could also result ... Ba, but I wouldn't say the advice I give you is the the only, is the right and only. But I would say, right! Rather go and see this person or that person. Ja.

R: Do you find that advice comes in the form of two extremes? Some tell you never to run again and others say, don't worry.

P3: Ja, there there are some instances where where where would say ... or I hear them talking.

R: Who are you more inclined to listen to?

P3: I would say midway. I wouldn't say er I will definitely go with the guy who said, never run again totally. Or say, listen it will go away because I'm of the belief that um if you feel pain ... er ... it's a signal, it's it's your body tell talking to you, telling you there's something, you know. I can't just ignore it. You know, I will even going through books and read a bit and phone a few people that's more knowledgeable, you know.

R: What do you find particularly difficult about being injured?

P3: The fact that er ... recovery is slow...

R: That you can't run?

P3: That I ... ja, you know ... I ... I I ... it's it's pretty frustrating, ja when you say after two, three days. The guys are really adding to to the mileage and they're getting stronger and I ... I must just plod along, you know. But then over the years I realized that no you're probably better off being undertrained than overtrained.

R: Have you learnt anything about yourself and running from this injury?

P3: Ja ja ja. I mean er ... a few things come to mind. The one thing being um ... running with old shoes long distances number one. Um, the other thing is stretching. You know, if you don't do stretching. And also the third one being you've got the injury, you do do the home remedy and ice it and so on, you know, and it didn't go away. And and the last thing that the older you get the more prone you become to injury if you don't do the right things first.

R: Is there anything that you would like to add about running that you think is important?

P3: No ... I think er er if I look at my reasons why I started running um er er er for whatever it's worth it's it's one of the best decisions that I made in my life, you know. And er if I look at guys my age ... how fat they look um, you know. Because they go there and take life as it comes and you know. Don't give the body enough rest and drinking and you know becoming fat and so on. It's something that will prolong er life, you know. Ja. Ja. And and and secondly also, when you look at um er de-stressing, getting time out there. It would be one of the best things to embark on as a human being, you know.

INTERVIEW WITH PARTICIPANT 4

R: How long have you been running for?

P4: Well ... er I've been I've been exercising and running since I can remember, but er long-distance running I started in 91.

R: Why did you originally start running?

P4: You talking about distance?

R: Yes, why did you become involved in long-distance running?

P4: A friend of mine that er ... well we were involved in in soccer. Er ... he was one of my officials at the time and also a player. And then ... he started started the athletics club, Club D and er ... well, I wasn't involved in the original phase of it, but after ... they registers and everything I I started running with them and er I registered with the local club.

R: Club D?

P4: Club D.

R: Do you still run for them?

P4: Ja.

R: How often do you run a week?

P4: *(Participant does not respond; looks confused)*

R: How many times a week do you run?

P4: Basically ... sssix days a week. Er, that's if I'm not injured.

R: What distance do you cover every week?

P4: Depending on the time that I get home er during weekdays and also taking in consideration winter er ... I can run everything between six and 20 kilometres.

R: Everyday? ... For the whole week?

P4: No, no ... my, my ... for, for ... depending my preparations f for Comrades. Er ... from January around between 50 and 55 kilometres a week. Er, February I up it to about 65. Er, March and April it's anything between 65 and 85, 95.

R: And May?

P4: Well, May is basically one of those months ... slow, taper a bit. Not doing any heavy running, but still ... er in May there's a 50, the Jackie Meckler 50 kilometre that we run. So it's one race that we sometimes take as er part of our practice and then the Wally that's er just passed. Er, 42 kilometres. But then, before then I run er 60 kilometres ... just ... er ... to keep the body going.

R: Did you run the Wally?

P4: I've got injured on the 4th er ... March. ... Er so ... I'm not feeling well about it because er ... last night er I start thinking I must still get myself to such a point that I can go run the Jackie Meckler next week, but the deadlines for the registration for Comrades is Monday. So ... I ... don't know if I'll er be ready to run 87, 89 kilometres ... without my March, February and May normal training sessions that I used to do.

R: When did you get injured?

- P4: I read somewhere that when you get injured, it's not really that you get injured on the DAY. ... The injury doesn't occur on the DAY. It's actually something that happens before, something that is there. But on 4 March I started feeling this pain ... er in my calf, but er ag it's more in my tendon ... achil
- R: Achilles?
- P4: Achilles tendon, ja. (*pulls leg of pants up and moves hand up tendon*) It'sss over here. Ja. It was even sorer ... I was on a few tablets and so ... only for the week I used the those tablets. I've I've been using er I dunno. Somebody told me Tablet B ... some sort of ... anti ... inflammatory. I've used that er all along. ... This week, Michael gave me 16 bluish tablets, I'm not sure what it is. ... Er and the the the sw swell ... whatsiname it's gone ... it's not swollen so on. It's those tablets I think. Or maybe it's my mind.
- R: What does your training program involve? Do you have a structured program?
- P4: Ah-ah (*no*) I ... I don't follow er structured program 'cause ... I er my training route is such is that I have my er hills, I have my er straight runs or flat runs. I have my downhill. So I work my runs out in such a way that on Mondays I'll go in this direction, er ... which will be er a easy run, on Tuesdays I will go and do much other. Wednesdays, Thursday, I will go easy again 'cause Friday I rest. Saturday if there is a race that I do, I go do the race. And I normally go out on a Sunday afternoon, 12 o'clock especially er April, May, that's before Comrades. I go out at 12 o'clock to do a two hour run.
- R: In the heat?
- P4: Ja.
- R: Living in Pretoria, you probably haven't got a problem finding hills?
- P4: Ja well, there's a lot of them.
- R: How many times have you run the Comrades?
- P4: Er ... so far only four. ... Er er ... when I initially started my running I I ... it was just some ... something just for fun. So, I'm telling myself. Er, I didn't go any further than a 21 kilometre. ... Then the Monster once bit me and I started with a 32 and after that I started a 42 and then a 50. But that's why I say ... and um I had ... I had a little hiccup. I think it was ... I'm not I'm not I'm not sure about the exact time but up to three years I didn't run. Er ... it was just something that go, that left me. One of our ... this current set of physios I've got, she's er ... a nurse. She never ran, never did any sports in any way. She ... er ... only walked, I think she was working near Wilgers. She walked from Wilgers to Eersterus on a daily basis, going in, coming. And that was her sort of exercise and she started running. She finished Comrades ... twice or thrice and then ... that was an inspiration to me. So I said to myself, er I well went with them once the Comrades distance and SMSed her then. She answered, this is for Peter. And then ... well as I said I think it was 2002 I ran my first Comrades. Or was it 2001? Ag, I dunno. That was what happened in any case.
- R: Was the Monster you spoke about the Sunrise Monster?
- P4: Sunrise Monster, ja. That's er a good conditioner.

- R: Have you enjoyed the Comrades?
- P4: My first one ... I was excited, I I enjoyed it, I had a good run up until the 70th, 70th kilo kilometre. Then the cramps started killing me. I think my finish time 9.38. Er ... I wanted to run a sub nine. And that was the time that I er had it in me. My training and everything was good. Um ... my second one was also fairly good. My third one wasn't that good ... I had a flu three weeks prior and it didn't stop. Even the morning when I left here my doctor told me not to run.
- R: But you did?
- P4: Ah, well.
- R: And the fourth one?
- P4: Last year's one wasn't also that that that well ... I got injured in the day before the race 'cause normally what we do is have a talk. Get together in the morning before the race. Just go out two, three kilometre jog just to get a feel ... of the temperature of Durban and we sit and have a little talk. And I got injured on that day. And I still went out and ran the race the next day, but it wasn't ... er ... I think that's where the injury comes from 'cause I think it's something that was there all along.
- R: Do you prefer the up or down run?
- P4: Up ... up.
- R: What other races have you run? Have you run the Two Oceans?
- P4: I've never run the Two Oceans. ... As I say er my plan was never to run anything beyond a 21, but then ... Even up to 40, but if I run a 50 kilometre it's when I get to 42 um not tired as such, I just feel that now I want to get finished.
- R: You've had enough?
- P4: Ja, I've had enough.
- R: Have you run Om-die-Dam?
- P4: Quite a few times, ja. That was one of my first er 50s that I did.
- R: Do you enjoy the Jackie Meckler?
- P4: Jackie Meckler I only did once. O only ran it last year for the first time ... because er normally during this period er I go to er Mpumalanga ... with my wife. Go on holiday for a week or two and I I train on those er hills and so on.
- R: And Loskop?
- P4: Loskop, twice. I've ran Loskop twice ... it's quite a good race, ja. Loskop er I think Loskop and um Om-die-Dam is still the best ... for me. Loskop er Loskop is a better er route, but er not a better er er er event than Om-die-Dam.
- R: Do you enjoy the Comrades?
- P4: Ja ... I do, I do. ... Ja, so up to now I'm still in a puzzle. My mind is on ... two things now. Er ... I know I'm not ready to run the Comrades, but I want to.
- R: So the injury is affecting you badly?
- P4: Ja.

- R: What benefits do you experience because of your involvement in running?
- P4: Personally ... I er er ... I have a very stressful job. Er, I use it to ... what's the word?
- R: Download?
- P4: Download. Um ... family-wise sometimes it doesn't go too well ... I mean ... er I suppose that's in all families. But then what I do is I put on my running shoes and I go and kill the road ... and then ... er ... I think it helps me a lot to get rid of my frustrations and it's good. ... Er, in a sense er ... The doctors once, not once, about two and a half years ago diagnosed me and said there's something wrong with my heart. I went for the necessary er tests and they found there's nothing wrong. Er, then the guy even said er he thinks it's because of my er training. I'm not sure. I'm not sure but but but for some reason my my ... I applied for a ... policy. I bought a new house and had to to get a policy test and stuff and my blood pressure and my heart pressure and my everything wasn't well, so I was sent to the doctor and and another doctor for his opinion. And he couldn't find anything wrong.
- R: Did the doctor say it was because of running?
- P4: Ja ... well ... they said I'm I'm I'm fit, physically fit.
- R: Are you scared when you run?
- P4: I'm not sure ... because er remember ... no, no, don't say remember. Now that I I'm ill and I went to the doctor, my blood pressure is, well is quite high, er my heartbeat is not normal. Er ... and er those ... in in the gym ... those ... treadmills and stuff that you run on that says er your heartbeat should now be 134 and yours is on 150, 153 ... that that scared me a bit. But what I did now, two weeks ago when I was there, I upped the tempo ... and I did it for 20 seconds just to see. ... This thing keeps on saying, so you're going to ... it said, it said I must I must keep down the speed and I must get my heartbeat down to a certain er er beat.
- R: Do you think those heart rate measurements on treadmills are accurate?
- P4: Well, I never used them. What I do is when I when I run on them I don't use those things. This was the first one that I really looked at then and noted what it was saying. And and because of my condition ... er um I mean I'm not running regularly anymore as I would like to. I'm not feeling that good so ... I started thinking maybe this thing is ... this machine is er talking the er truth. And that's it.
- R: Have you ever run with a heart rate monitor?
- P4: No.
- R: What do you see as the disadvantages of running?
- P4: Ja ... er ... It's an expensive sport. Er ... lots of sleepless nights. Well, not sleepless nights, you er you don't you don't get proper sleep. If if you serious of of running, ob obviously the proper distances, maybe 50 kilometres and that. Obviously you need to put a lot of rest in which you don't get. There's a er you spend less time at home 'cause I mean if I go out and run a race in Loskop, er the Loskop race I leave home at half past three in the morning. I must be asleep on the Friday evening very early. So let's say I go to sleep at eight o'clock ... I deprive my family of ... some joy that they deserve. Er, as somebody said, running is a

selfish sport ... that is why I try to get my wife and family in so that they can do it with me. The children started and they stopped because they don't like it. My wife started. She stopped because of other commitments. Er, but like if I go to Comrades, since I started running Comrades I take one week full leave. I book me somewhere for that week and myself and my wife go and spend time there.

R: Does your wife understand your need to run?

P4: Ja. Yes, she does. In fact, she's very encouraging at this point in time.

R: Does she ever feel like running with you?

P4: No, no, no. Not really. Although although she'll ... she's especially the times that there was a, if you go run the er Loskop and you leave that time. Er, if you are two, three guys who travel together in one car ... some of the guys run for five hours, some for six hours. Then afterwards we normally get together and braai a piece of meat. Er ... as you know how these guys are, we are. There's ... a bad box of eggs somewhere and we get home four, five o'clock. And then you're tired. You don't want to hear or see anybody.

R: Does your wife understand your injury? Do you feel she's giving you the support you need?

P4: She is giving me the support. Yes. Er, it's just that when you say she she understands it ... she understands it in that sense. But she don't understand why it should be so long, why it's taking so long because she knows what this means to me. She is trying quite a few things to assist me. Er ... she's trying to motivate to go and register on Monday even if I don't feel right. ... And then she help me with ... if by say, by second week in June I feel that I'm done ... she encourages me to go. But what I'm telling her is yes that's fine with me that I I might feel good to go down, but physically I'm not prepared for that cruel ... cruel distance. If it was a shorter distance, yes.

R: Do you feel that if you did enter for it, it would pressure on you? ... Like telling yourself, I have to be better by ...

P4: Nay, I've I've put pressure already from the word go definitely. 'Cause I had an injury, I couldn't walk properly, I rested for two weeks. And then I was already registered 'cause Om-die-Dam was took place on the 18th ... and I was already booked in at er Mount Amanzi for the weekend. ... So I left the Friday, put my stuff ready the evening. I got up the morning, I got dressed. I was there in the start and after three kilometres I felt um um, this distance will be too long for this injury ... so I stopped.

R: Earlier you said one of the disadvantages of running is the expense. What about running shoes?

P4: That ... I'm I'm on my second pair of running shoes since January ... although I didn't run much. That's so the the what happens because somebody told me th that running shoes you using causes the swell. You must get one a bit harder. And I got harder ones. And there's no difference. ... Now now the type of shoes that I've been using; in fact, I've never used the same shoe every year when I go and run Comrades. ... I'm I'm a bit heavy on shoes. Like other guys can buy a shoe in December and they can run with it up until the

end of December. I took out my shoes last night except for those that I've given away already. My running shoes at home, I've got eight or nine pairs there. They all look good ... but three or four pairs I've been ... I took to the ... shoemakers or whatever to fix them. This is what happens. (*demonstrates how shoes wear, mainly on heels*) Ja, this is what happens ... all of them. In two, three weeks time the heel is gone.

R: Have you tried to use shoe patch?

P4: I've used that. It it it ... but it works for a week or two, but I'm I'm very heavy on my shoes.

R: Do you experience any negative consequences because of your involvement in running?

P4: Negative in what sense?

R: Let me rephrase that. Do you think that because of your involvement in running you have suffered any negative things in your life? ... Let me give you an example: Ex-rugby players often say they can hardly move when they get up in the mornings because of all their old rugby injuries.

P4: Nay ... no, I'm not doing this as a professional so it er er won't negatively affect me. Okay, obviously if you have an injury ... it's very important for me to get to my my work even no matter in what state I am. It's the place that I should be. Er er ... I have to be. And er ... if I have other problems er er I'd rather see to that first because that's where I get my bread and butter. An an and if I'm not at work I can't look after my family. And ... and I can't see to my needs. That's one thing that I I want er that. Any other things are second.

R: Do you have a stressful job?

P4: Er er it's not it's not that stressful. It's that for the past three months I've er been assigned with additional work. I I have I have um people working, doing the work. I'm actually assist ... I'm a deputy manager supervising er in a certain subsection. Er ... but it's just that we've been assigned er um more work and it's very difficult sometimes to ... to assign the work to to dif different people. Everybody is not on the same level if you know what I mean. Huh! Er you get the ones that moan and groan and do nothing. And er um um I'm at the moment busy with um one or two of them which I feel ... I rather be without them ... 'cause they of ... of no use to me. And have less stress. Because I think they causing the stress by not doing the work and I can do the work.

R: In other words if they were not there you would be doing the work anyway and you would (*participant interrupts*)

P4: Ja. I must leave the work to them. If it's done is it the correct and if it is done I must in any case er er correct ... so it's of no use. But then again then again the other thing is er er ... people are looking at those type of people. Like my supervisors are looking at me saying I'm protecting people, but you can't be hard on people who's got a family. ... Or maybe my reasoning is wrong. Er ... they should get something else for these people to do. They like want to ... to to to mould d d this thing in the direction where the people should lose their jobs because they're not competent. Er ... I feel that losing your job, go and sit er at home and not having income is just going going to cause more problems, not only for this

person, but for the society. I mean we have er a lot of unnecessary break-ins, killings and all those things so so ... you don't force a person in that direction. But I'd rather try help the person. But then again some people can't be helped.

R: How would you personally define injury? ... Is an injury for you just a niggle or is it when you can't run at all?

P4: ... An injury is an occurrence of er ...

R: Too much?

P4: I ... er I just want to get the correct word to use um but er ... I suppose you will work it out.

R: If you want to speak Afrikaans, please feel free to do so.

P4: Okay. 'n Besering vir my is iets wat ... of pyn kan veroorsaak er of dit kan veroorsaak dat jy nie kan gemaklik doen wat jy doen nie, wat jy dan weerhou er er van dinge wat jy graag wil doen. Dit is wat ek dink is 'n besering.

R: So, in other words, if you are not running comfortably that's an injury?

P4: Er ... because er er as gevolg obviously van een of ander er er effek ... effect.

R: Did you have problems with your achilles before?

P4: To be honest n no no. The only thing is that er for the past six, seven months after every run I would feel sore on that er ... Ek kan nie lekker trap nie. Ek moet eers my been laat warm word, my spier eers warm voor ek reg kan stap in die oggend as ek opstaan. En en maar dit het my nooit gepla nie. Ek het gedink, oh wel die is net seker een van daai dingetjies wat gaan oorbly ... en nou my gevang.

R: So has it been bothering you for a number of months?

P4: It's been there for quite some time. It's just that I wasn't worried.

R: What was your first reaction when you realized what it was?

P4: As I say it happened on the day of the Monster. I reg registered for the 32, but because of other commitments I could only do the 10. So at the first kilometre I felt the pain in my ... kuit ... in my kuit en er nog stadig aangegaan en op 'n stadium gestop ... probeer kyk, voel waar is problem, daar's trekkings so aan en um na so twee, drie minute weer so stadig gedraf. ... Toe val ek weer in my pas, jy weet op daai stadium was so 4. 14, 15 per kilometer. En er toe op nege kilometer gekom toe voel ek nee hy raak nou erger want ek kon nie lekker op my haak trap nie. Toe begin ek maar stadiger, my bier toe klaar gemaak, er onmiddelik huis toe gegaan en in'n bad geklim en iets aangesmeer en hom gestap. So as ek gese het ek afspraak vir negeuur er wat ek nie sou kon maak as ek die 32 gedoen het. My plan was so om net so onder die drie uur in te kom op die 32. ... Geen gedwas dat ek dit nie gedoen nie. Er maar er maar daai dag was dit baie koud ook gewees. Ek weet nie of jy kan onthou nie. Dit was lekker koud daar agter en ... so deur die dag wat dit baie moeilik om op my linker haak te trap.

R: So how did you feel when you realized (*participant interrupts*)

P4: At that time?

R: Yes

- P4: No ... my mind was already on the day of Comrades. Will I be properly healed in two or three weeks time? Will I start my my normal training program? Will I start running my normal times that that ... I thought of and and that kept me ... occupied for quite some time. Two weeks as I say an and in two weeks I didn't do anything. And then in the third week ... no the fourth week ... that up to two weeks I was to run the the the Om-die-Dam and then I left it. And after that I didn't run again ... I think for two weeks and then I started my training again, a five kilometre, a six. And last week I did a ten kilometre er this Monday and I did the Tukkies 10 last weekend and it wasn't feeling er bad. I ran about 55 minutes. But then on Tuesday I felt it ... back again.
- R: So have you cut down your running?
- P4: Ja.
- R: Have you run since the Tukkies race?
- P4: Nope ... nothing. Yesterday I think I ran about a kilometre. Just er ... around my house, another house, another guy, one of my colleagues' house. Just to get a feel ... it's not bad. Er, as I say it's not swollen anymore. That's why I tried it. But er I can feel won't be won't be ready er for Comrades. I think it will be a good thing er if I ... close my mind as far as Comrades is concerned.
- R: For this year?
- P4: For this year. Maybe maybe a rest up until end of June and then after that start a slow comeback all over.
- R: How does that make you feel?
- P4: ... I am going to Durban. My my booking is, has been made already. As I say myself and my wife has made that booking in September already. Er ... I was thinking of getting somebody to buy this ... holiday from me and go 'cause I I said to myself I won't go to Comrades if I don't run it.
- R: Will it make it worse?
- P4: Er ... um ... ja.
- R: You don't want to be a spectator?
- P4: No, no. I don't want to be a spectator.
- R: What other injuries have you had since you started running; not only since you have trained for Comrades, but since you started running in 91?
- P4: Er ... er ... er ... I have this on. (*shows bandage/leg warmer around his calf*) because I have er this muscle of mine. (*points to calf*) I think it's the same as muscle (*points to achilles*) And from time to time I feel it ... you know pulling and so on. I have this on just to keep it warm. I started in January al also running in races with this.
- R: Does it help?
- P4: Huh ... you know ... huh after I've massaged it bit and I've put this on. (*lifts leg and points to bandage again*) it it ... as I say just keep the the muscle a bit warm. But ... I think the real ... maybe it's all in the mind, I don't know. Just keep it warm makes me feel better.

- R: So you've had trouble with your calf?
- P4: With my calf!
- R: Do you think your achilles injury is a result of that?
- P4: Ja ... from that. And then er I had er an ankle injury ... last year ... I think it was in January ... I slipped on the stairs. And the other thing is what I told my physiotherapist the other day. I'm not sure whether it was ... I can't remember even if, was it the left leg or the right one?
- R: So you aren't sure if it was the same leg that is now injured?
- P4: I am not sure if it was the same leg that I have a problem with. I can't remember.
- R: Earlier you said that last year you didn't have a good Comrades because you got injured. Was that also your Achilles?
- P4: No. No. That was on on the ... you know, I hurt this badly. They insisted we must go and run barefoot on the beach (*laughs*) ... for three kilometres. Okay, slow ... but I don't know what I did.
- R: So what did you hurt?
- P4: My ankle ... but that was the left one.
- R: I have heard that running on the beach strengthens the ankles if you are used to it.
- P4: So it's better not to do it ... although it can be a good training also.
- R: Why do you think you injured your achilles?
- P4: Why?
- R: Yes, was it because of a lack of stretching or (*participant interrupts*)
- P4: Well, er er I must be honest, I'm not stretching as I should, as much as I should ... as much as I used to.
- R: What stretches did you do?
- P4: Er ... wh what I normally did is er before any any run I would ... just in my yard, on the grass just run slowly, a few times in a circle and then do basic stretches, you know.
- R: Calf stretches?
- P4: Calf er these muscles here as well. (*points to quadriceps*) I concentrate on my calves and on my, this thing ... What you call it?
- R: Quads.
- P4: Ja.
- R: And your hamstrings?
- P4: Hamstrings is fine.
- R: You said you have done much stretching recently?
- P4: No, not really. ... You know, when I get home from work the first thing is take off the clothes and er get on the running clothes and then ... start running. No stress. And even coming back sometimes you pressed for time 'cause I must go to this meeting or I must go there. Get into the shower.
- R: There's no time?
- P4: No ... get dressed. Gone.

- R: Do you think there's any other reason besides stretching that may have caused the injury?
- P4: ... Maybe my body couldn't just take all this anymore. Um er otherwise I don't think there's anything else.
- R: How do you usually spend your day?
- P4: A weekday?
- R: Yes, a weekday.
- P4: I normally ... er, once I'm up and I'm awake by quarter to five in the morning I don't get up, take the phone. I phone my two kids to find out if they are awake because they must get ready for school. I just give them missed calls, let the phone ring two times. Er, then they know they must get up. Er ... I must get up about quarter to six, wash. Er, sometimes I have a cup of tea or er some what's this ... weetbix or something to eat. Sometimes, not always. Most of the times I don't. Er ... I leave home quarter to seven, get to work, stressing in this terrible traffic. Supposed to start work at half past seven. I'm normally there between 7.40 and 7.50 ... if if ... 'cause what happens is I still drop off my kid and then I drive back and that's also in Pretorius Street, oh not Pretorius; Schoeman or in Skinner Street. It just gets terrible in the morning. Er, coming from that side in the morning, doesn't matter which road you take, it's it's ... I dunno. And then you still get taxis that drive on that side of the road. If I don't get a heart attack 'cause I think I'm killing myself. I get very cross with these things these guys are doing. ... And then obviously when I get to work it's ... no it's not the same everyday. Depends. Sometimes I get to work, I take the newspaper and I sit and read first. I just go through it for ten minutes. Sometimes I have to prepare for a meeting or sometimes I ... sit and just er get through work that I had the previous day that I have to complete. And my lunch is from half past 12 to one o'clock, but er nobody checks on me what I do and how I do it so to me lunch is something that I do when I'm hungry. If I'm hungry at 10 o'clock I eat. I go out and eat something. If I have work to do between a normal lunchtime then I work ... er, as long as my work gets done, that's important to me. I leave work at about four depending on the load of work I have so I leave normal work. The time to leave is four o'clock. I leave anytime between four and half past five and er then when I get home then I ... my work clothes go, my running kit that comes in and take a run, come back, sit with the family and watch TV. My wife wants to do something else, I will do whatever she ... planned. I will take a drive to her mother's place, sit and eat. Sometimes I take a book home of work and sit and do something and eat. While I'm in bed I sit and read and do work. Or I'll read a book.
- R: You mentioned earlier that you have been under stress at work. Is there any other stress you have had leading up to this injury?
- P4: ... My wife was a a bit ill ... and um things were not so good, going very good, things were not going that well at home, er at my parents' or my mother's place. My father passed away 12 years ago. So my mother's on her own, then I have a sister with two kids staying there with her ... who left school and not working. ... Er, it's things that I thought wouldn't

bother me a lot because I tried to to keep that out of my mind as well. It keeps coming back 'cause er if my mother has a problem ... I have I have to explain them. They are in Potchefstroom so. And er I have two sisters. The one sister is staying with my mother with the two kids. She's a single mother. And then I have a sis sister who's divorced ... three, four kids. She's staying on her own. But also not going that well ... so as I say er something that I thought that I can keep out of my mind and er, but it always keep a way of slipping in ... and it's all those things that affects my mind. I'm not that much worried about er my sister and the kids and so on. But my mother is more worried about the kids. Do they have something to eat ... and she would try and give them what she don't have. ... And then obviously I get all the complaints. There's not this, there's not that, there's not this, this happened, that happened ... I try to play the hard line: don't give them ... I know there's no other way.

R: Do you think that the extra stress in your life has contributed to the injury or not?

P4: No er er I can't have that much knowledge of of these type of things 'cause I er ... but I know I've heard and I've heard somebody saying once that you you you might not think about it that way, but there's there's some other factors that's influence er certain things in your body. ... It's possible, I I think it's possible that that that all of these factors can influence or might have had an influence on injury.

R: Had your training program changed in any way before you got injured?

P4: No.

R: What about the running shoes you mentioned earlier?

P4: I think I think th that they are not really the factors maybe. As I say I have this different running shoes. Look they can they can still be used, it's just that it depends where I'm using it and how I'm using it. But to repeat this one, I'm definitely going to reuse them. Er er I have to. But this is a new takkie.

R: How many kilometres have you run in them?

P4: I I didn't run up to now, I didn't run up to 120 kilometres in them.

R: What shoes are they?

P4: Brand E. But as I say I never ran, I cannot run 120 kilometres in them. And this is soft. This is a soft one. The hard one that I got now is Brand Q ... then I have a Brand F, then I have another Brand E, then I have a Brand I.

R: What do you think are the best shoes you have run in?

P4: There was this Brand K ... er ... I'm not sure which one it is. There was also this aahhh ... I can't this name, but it was discontinued some time ago, but it's back again.

R: Brand K?

P4: Brand K. That's it! My Brand K xyz was was Brand K xyz that was that was my best. I got myself er er another one last year, but er I wasn't interested when they came back.

R: Are you having any treatment for the injury?

P4: At the moment?

- R: Yes.
- P4: No ... I went to the physiotherapist for I think it was two weeks and I had about six six sessions. But I didn't feel any relief and and the other thing is er last year my medical aid was exhausted er I think it was just before September and and it's very different especially when you have a family ... if your medical aid is exhausted. So I stopped it for that purpose.
- R: Did the physiotherapist recommend anything? Did she make any suggestions?
- P4: She that er er ... in fact, what she said to me with before my last session was that if if I have the same pains and it's still swollen she wants me, she wants to send me for a scan first and then see ... get get other er er er get other advice, try something else ... with another ...
- R: Earlier you said that you ran a race recently. So do you think the injury has got better?
- P4: It got better, but it's still there. Still there. It's not properly healed. I mean er I I I thought of of of when we have the cross-country tomorrow in Eersterus ... We have a cross-country tomorrow and and we are going to be busy from about half past eight. I I was thinking of trying my legs and going and doing the 32 ... although I didn't train.
- R: The Agape 32?
- P4: Yes. Er er ... I know my body will will tell me ... I know my body will tell you're not ready for this but just to test the leg. Will it last three hours of running and then my idea was to register for Comrades on Monday and go go do Jackie Meckler next Sunday.
- R: And then see?
- P4: No er I've I've registered already then for Comrades 'cause Mon Monday is the last day.
- R: Okay, so if you run the 32 and it feels fine you will register for Comrades?
- P4: Register, yes.
- R: And if it doesn't feel good?
- P4: Then I'm not going to register. And if it doesn't work then also also then I won't register, go and do the Jackie Meckler. But it's still something, I'm still ...
- R: Confused?
- P4: Ja, I am confused.
- R: It is a difficult decision. ... What do you think will help your recovery?
- P4: Rest ... rest and treatment. While I'm at home I do this hot-cold treatment. I do my own hot-cold treatment. I have this icy ... what. Ice ... that gel. That the ... help me with.
- R: Icy Hot?
- P4: Something like that. It's a gel in a in a container. ... But that's what I do. I have er um ultra-light that I use sometimes. Er ... I also use that.
- R: Do you find that it works?
- P4: Ja ... I've also wondered.
- R: I have seen it advertised: Treat your own injury.
- P4: No, no. After I used it for ... I think after the third time I realized what people go through that keep going through chemotherapy. Er because like now I can walk at this stage. The other thing I sort thought ... is it must be terrible. And then I used this light for 10 minutes or so.

Feels fine. Go to bed. The next morning when I get up ... stand, can't walk with it. Then it takes another day or two before I can walk on it. Now what I said to you that like ... using it dit help die bloed selle of wat maak dit loss of weet ek nie wat noem dit nie en dan kandie bloed beter vloei. Dit help my met die besering. But it hurts before it heals if I understand the thing correctly. And the other thing is er I I'm I'm not I'm not working with these lights. I'm not sure if I'm using it correctly.

R: You spoke about going to cross-country. So you are still in contact with others who run?

P4: Ja.

R: Do you get tips and advice from other runners?

P4: A lot! Not not a lot of the correct tips and advice obviously.

R: Do you find it confusing when one person advises you to do one thing and another tells you to do something else?

P4: Th ... that's what I said earlier. I I went and bought another set of shoes because somebody said maybe these shoes are too soft. That might have caused the injury and I went this ... the the the F Sports Shop and he said whoever told you this isn't true. I I I can tell you the truth. This the the shoes is not a problem. I can sell you the the the shoes. It's not a problem, it's money for me, but that's not your problem. Here we got people who like stretching and also who taught me you punishing this muscle or this muscle. A lot of running er ... what happens after some time?

R: It shortens.

P4: Ja, it shortens. So what you should do then is you do long stretches. He taught me to some some stretch techniques, some stretches.

R: Have the people you run with also told you about their injuries as well?

P4: Ja ... like Michael has this injury which I can't understand ... I think he's talking the other day stupid. He has that injury which he complains about ... around his knee. Ja, he has this injury. There's a league race, he go and run this race and er said he's going to take it easy, but then go and run er 42 or 43 minutes and come back and say it was an easy race. And then after two two days, he's complaining it's painful again. So ... ja that's one of the things that I've learnt that sometimes you listen to people, you take their advice and then you think ... now this is over. When I go out I I I decide I'm not going to go faster than six minutes a kay. But then the past Saturday because I was feeling better, I felt I'd do it in just under six minutes a kay. So my plan was about 57, 58 minutes, but then I say I finished in 55 minutes.

R: I suppose there's always a danger that when you go to a race with an injury, you run faster than if you had run on your own.

P4: It's because of the people ... it's because of people that's why that's why I said said to myself it would be better to to to if I going to my training sessions than than races. You feel obligated. You run better times or but you decide. If even even on the 10 kilometre race places were I felt I was going to pass then I slowed down. But then there's still somebody that comes and says, hey come come with me. And you stick with this person, more or less

the same pace that you were going, but then after a while this guy starts going a bit faster. You can feel it. Sometimes you don't realize it. Er, but I think it happened four times on the road that I had to tell somebody, no ... after a while no you can go. I'll carry on at my pace.

R: What do you find particularly difficult about being injured? ... What's the hardest thing for you when you're injured?

P4: To see people running. Ja.

R: And you can't?

P4: That's why I didn't go to any races in the time I was injured. ... That's why I don't want to go to Comrades. Although as I said the the place is booked where I go. And I'm also using this as a holiday so I suppose I have to go.

R: Have you learnt anything about yourself and running while being injured?

P4: Er ... as far as running is concerned they say ... even at the time I was playing soccer I used to go out running before I went to to tra train with the guys. I ran between 6 and 10 kilometres at a time. Er, three times a week. So er, as far as that is concerned I don't have a problem. I don't think I feel bad about it. I don't regret it. I I I just ... the thought that crossed my mind is why didn't I start earlier with this and stop the soccer. ... Er, but otherwise I enjoy it. I'm I'm not myself if I'm not running. That's what I know about myself now. I'm not myself if I'm not running

INTERVIEW WITH PARTICIPANT 5

R: How long have you been running for?

P5: I've been running now for four years, ja. Four and a half years, ja.

R: Why did you originally start running?

P5: Um ... for health reasons.

R: Health?

P5: Ja, um I lost the usage of both of my arms and um I ... started with the Body for Life training for three months. I was overweight and stuff like that. So I lost a lot, I lost about 17 kilograms in three months. And my arms got going again. And I was ... from a training point of view I was just sort of going to the Body for Life training every now and then. And my wife started running and she said, just come for one run. So I did the Menlyn um George Claasens. It was my first 10 kay and I got hooked.

R: So your wife runs?

P5: Sh she, well she's starting to run again. She actually stopped for quite a while. I've got more seriously into running where she like walks and runs. She's not as comp um competitive as what I am. So ja.

R: Have you regained the use of your arms?

P5: Ja, no problems anymore. I couldn't turn the steering wheel, I couldn't lift it up. The doctors couldn't find anything with it and it was ... something to do er I was eating and ... obviously unhealthy food and stuff. And when I cleaned up my systems that was sorted. I was very very unfit at the er tender age of 20; I'm in mt thirties. Nou ja.

R: How often do you run a week?

P5: I run er ... six days a week.

R: Six days?

P5: Ja.

R: What does your training program involve? How many kays a week do you run?

P5: Well, it depends on with what I'm training for. I'm sort of a Two Oceans runner so I run umm in peak, we peak at about 100, 110 kays a week. Um at the moment I'm suffering from of an injury point of view, but normally about 90. We do... on a Monday I would do um speed work. That would be about 10 kays or so. Tuesdays would be a easy run, just a recovery run of about eight to 12 kays again. Wednesdays would be hills; that can be between eight and ten kays to 12 kays or 14 kays sometimes, depends on where you are and then Thursdays is a easy run again, about 10. And Fridays normally is about er 14, 12 to 14 kays. And Saturdays, depends on your long run. It can be anything from 20 to 40 or whatever the case may be.

R: Who do you run for?

P5: Club W.

R: You spoke about the Two Oceans. Is that (*participant interrupts*)

- P5: That's my race, ja ... That's what I wanna ... Er, I've done two now; this year's my second one. ... Every year I pick up an injury in Two Oceans. So I'm very disappointed. Now I've got the will. Now I'm going to do it. Well, I thought I'd run a sub five, so I was on pace at 42 this year and er ... my ITB just left me. ... So so that was it.
- R: Have you done the Comrades?
- P5: No. I actu, I actually want to move towards Ironman ... so I've been swimming as cross-training and I've been er spinning and stuff like that and um ja I actually want to move towards that as a endurance, a more endurance thing. Ja, Two Oceans and Ironman.
- R: Have you done any open water swims?
- P5: No, no. I've just, this year for cross records, for Two Oceans I wanted ag I just changed my training program little bit for the cross-training point of view. So I picked up my kays in the swimming pool for my ... I went to about 1.5, 1.25' that's kays at a time and then spinning. I was spinning once a week, twice a week just to that gains for cross purposes. And then I did a lot of gym work and so forth.
- R: So you haven't done any triathlons as such yet?
- P5: No. I'm gonna do my first one now in September. It's the Energade one. ... That's the reason why I joined Club W.
- R: They have cycling too, don't they?
- P5: Ja.
- R: What other races have you run?
- P5: Long ones?
- R: Yes.
- P5: I've only done four, eight er ul er marathons and ultras. I've run er Deloittes, I've run Om-die-Dam this year, I ran Pick 'n Pay, I've run um ... let me think I've run Johnson's Crane ... I did Two Oceans and ... ja, that's it. And then I've run a lot of 30s also, the Monster and er Bronkhorstspuit and those kind of things, ja.
- R: Besides the Two Oceans, which race ranks as your favourite race?
- P5: Um ... of the one I've done I've enjoyed Om-die-Dam actually. It was a nice run for me. And Pick 'n Pay I also enjoyed.
- R: That's the one in Bedfordview?
- P5: Yes ... that's the one. But I I um wanna like er still try and do the Long Tom and I want to do Loskop and ... I haven't had a chance to ... I haven't been running on a Saturday. So I still want to do all of those.
- R: A lot of runners rave about Loskop.
- P5: Yes. I want to try that. Actually, I wanted to do it after Two Oceans this year. It's just that normal ... run and um obviously I couldn't run this year again 'cause of injury. So I'm not going to run Two Oceans next year. ... I'm going to take a year's leave of the Oceans and then sort of run Loskop and Om-die-Dam and all those things and then the following year go and do Oceans again.

- R: Have you any intention of ever running the Comrades?
- P5: Um ... later on, yes. Er ... what I've learned is okay maybe I'm dumb, but I've learned that I must strengthen my body much more than ... 'cause I never ran at school. So um ... yes.
- R: Many experienced runners would agree with you. They say one should not run the Comrades when they first start running.
- P5: Ja, so that's my ... that's what I ... and if my ITB gives me problems in Oceans every year ... In my my mind saying if I run a good Two Oceans, a sub five Two Oceans without injuries, I think that's the year I'll run the Comrades. That could be my ... that I would know I'm right.
- R: Besides running, what other interests do you have?
- P5: Um, I play golf. Um, I ... obviously rugby, I'm involved in coaching rugby. Um, you see my children are at school so I'm very involved there too. So it's ...
- R: Did you play rugby yourself?
- P5: No. ... Well, at school yes, but not pro professionally, no.
- R: Okay. I just wondered when you spoke about not being able to use your arms.
- P5: No ... it's just an in internal thing. Muscle, where it joins the muscle got swollen up and the doctors couldn't tell me what's causing it and then as you would turn your arm it sort of stopped it ... um on that, in that range. So that was the problem.
- R: Earlier you said you were hooked to running. What benefits do you experience because of your involvement in the sport?
- P5: Um ... I think the camaraderie um between runners. Um the fact that you you you know if you're fit , then you're strong, you've got a lot of confidence in the commercial world um for a business perspective, feel good about yourself. So I think from that point of view you you I I think that's the value running's given me. And it's also given me the ability, especially if you run the long ones, mentally to to know... I always think to myself if somebody has run past 42 in his life then that guy's got guts. And there's not a lot of people. So mentally, it made me mentally strong also ... in tough situations. So from that ... that's why and then obviously the social around running is very nice.
- R: I suppose that during hassles a runner is able to say: it's okay, I'm a runner, I've got endurance.
- P5: Ja, yes. And and the pain that you go through, undergo at that time. Your body says you must stop and you still go on and ... Take this year's Two Oceans, my body wanted to go home, but I finished. And if you could just push yourself through that ... the pain when you needed to stop at th that point.
- R: Where in the race did your ITB start troubling you?
- P5: At 42, just before Constantia. Er, my splits were perfect, I was feeling good, everything. And it just went (*claps hands*) My leg just went up and it just pulled. And that was that. And then it was physio station to physio station.
- R: Running or walking?

- P5: Um walking and then the last ... as I er walked up the final stretch. And, of course, that was terribly sore and then um as I got to the top I started to sort of stroll a little bit and then the cramps would start again and then run; of course, obviously you start compensating ... so, ja.
- R: What time did you finally do?
- P5: 5.28.
- R: What is your best time for a 42?
- P5: Er, 3.40, 3.47, I think, this year.
- R: And a 21? Have you done a lot of those?
- P5: Ja, it's about 1.36, I think um. But I've still, I've never had ... What happened is I ran for two years and then I said, um I've I've got to run the Two Oceans this year and I got involved in a group that, sort of a training group that's structured training and so forth. So I've never had the opportunity to race a 21 or because I've never just had enough time to prepare. So I just have to qualify or just run the long ones and so forth. So ... but ... and obviously now with ... when I get and last year after I got the injury I only started running er um constantly every day in a structured program this year, last year November. So I basically for that and then now again, I got a picked up an injury and um but it it looks like it's it's sorted now.
- R: Do you find it beneficial to train in a group?
- P5: Yes.
- R: From a social point of view or running point of view?
- P5: Structured point of view. So there's a structured training pl er er er running ... what do you call it? Er, a training plan and the we all run to that, to our own pace and stuff like that, but ... So I know today the group, we al always run in the afternoons, but if I can't make the afternoons because of work or whatever the case may be I go and run in the morning.
- R: And you know what they are doing?
- P5: Ja.
- R: Do you experience any negative consequences because of running?
- P5: Ah ... no ... er ...
- R: What about disadvantages?
- P5: Ag, I must be honest, from a disadvantage I've I haven't picked up any disadvantages. The only thing that that frustrates me is the injury. And it's it's it's a mental thing to get of. I get negative because I was very fit for Two Oceans this year. Now I feel I've lost three weeks now ... I'm running five kays, six kays just rehabing to get back into this process. But I've never had this opportunity just to go through and just continue. So that's my frustration, but it's not, I haven't picked up any negativity and stuff like that.
- R: How would you personally define injury? ... Let me give you an example: some people say they are injured when they have a niggle while others only regard themselves as injured when they cannot run. Where do you stand?
- P5: If it prevents me from running that's when I say that then I've got an injury.

- R: Prevents you from running altogether or prevents you from running the way you want to run?
- P5: Prevents me from running totally. So, it forces me not to run. So I can't can't get into my takkies then I've got an injury. And if the the doctor says wh when they look at my injury and say, no don't run, then that's an injury for me.
- R: You said that you picked up the ITB injury in Two Oceans. Was there any warning beforehand?
- P5: No, look I I picked up the injury last year and then with the physio um A and Dr H; I've worked with them and they solved the injury and I had no problems in the build-up. I actually had great long runs, no pains, anything. It just came out of the blue, this year. I did all my stretches. I did all my preparations, everything. So, it this year it just came out of the blue. So it was recurring from that point of view. I don't know why and stuff like that.
- R: What was your initial reaction at 42 kays into Two Oceans (*participant interrupts*)
- P5: I wanted to cut my ITB out. (*laughs*) That was my initial reaction because otherwise I was perfect. I had so much energy left so no that no ... I wanted to trade it in somewhere.
- R: How is the injury affecting you now?
- P5: Um, well fitness-wise it's obviously taken a dip um and you you can't I can't get up to that level quick enough, so from a ... you can't train a much as you want to.
- R: And how is it affecting you in other aspects of life?
- P5: Ja ... um so so, other aspects I I I sort of work in a very tense environment, so I mean to use that as an outlet so I um ... unless you getting it rid of it more regularly you're getting frustrated more regularly and stuff like that, yes.
- R: Earlier you spoke about swimming. Have you done any?
- P5: Um ... I must be I must be hon, oh the other thing is what I must also mention is with an injury I tend to get lazy because I'm not in a structured program anymore. So I so I don't train 'cause it's not the case. So I didn't get back to swimming and I didn't get back to all of those things. So er ... which I should actually do. So if I get back into that structured discipline then again I think it will ... 'cause it's easier to pop out now than when you're you're running obviously, when you're training for something.
- R: Is ITB the only injury you have had?
- P5: Ja.
- R: So, in the four years you have been running you haven't picked any other injuries?
- P5: No. What I must also say from an injury point of view is I tend to go to the physios once a month just for a check-up, just if everything's okay, rub-down, if there's any problems with muscles and so forth and then if there's nothing, I continue. So I'm very proactive from that point of view.
- R: You go even (*participant interrupts*)
- P5: There's nothing. I just go for a check-up.
- R: Do you do any gym work?

- P5: Yes.
- R: Prescribed by your physios?
- P5: Um ... it's jus, that's just because I use to gym and um with the with the doctors your core stability and all those sort of things they said, okay I need to improve that. So I'm I'm training according to those those training programs at the moment, yes. When I get back to the gym that is.
- R: You've given that up too?
- P5: *(laughs)* ... I do some work at home like you er, she's given me sit-ups, a certain way to do sit-ups and your back and strengthen your er er ITB exercise, that's ... I'm doing that at home. I'm not doing that in the gym at the moment. I do some little bit of weights at home, but nothing serious gym work at the moment, no. Sort of maintaining.
- R: Where do you go to physio?
- P5: At at School F. Behind the main pavilion there's a physio and there's a gym also there. I must actually go to the biokinetics there. They've got a program for eight eight sessions where they train you how to do improve your core stability so you can use that in the future also.
- R: You seem to emphasize core stability.
- P5: Yes and I I think the reason for that is just because I wasn't um running at school so I never had that base to work from and I just wanna create a base I can work from in the future.
- R: Why do you think you picked up the injury?
- P5: Like I feel overtraining ... this year... 'cause I ran the Monster, the following week I ran Akasia 42 and the following week I ran Om-die-Dam.
- R: Did you race them or just run them?
- P5: Um ... I must say the Akasia one I ran a little bit faster the last half of the race ... sh ... shouldn't have maybe and then Om-die-Dam I just ran easy and and and monster this year was a tough one with the Menlyn car and stuff like that. But I never raced it. It was an easy run for me. So um I think I should have run the Akasia 21. I did the 42, after came the 50 afterwards. So that's my theory. Overtraining, that's my feeling.
- R: Because the three races fell over three consecutive weekends?
- P5: Ja ... I should have broken it up then.
- R: Do you rest on a Sunday?
- P5: Yes. Yes, I rest on Sundays. ... Ja, no I rest on Sundays. What I tend to do if I've got time I might go for er a easy swim. On a Sunday.
- R: Why do you think you trained too much?
- P5: Because I wanted to achieve my goals too quickly.
- R: How do you usually spend your day?
- P5: Er ... a typical day would be if I got meetings in the afternoon I would um wake up in the morning ... at er run run in the morning, do my training for the morning, then obviously go and do my day, depends on my f ... Look Mondays and Wednesdays, I coach so then

Mondays I go and coach or I must rather say on a Monday in the morning I would go to the gym and swim or whatever, do my day, coach in the afternoon and run from school or run back home. That would be my Mondays and Wednesdays. Thursdays is recovery run so I would then gym maybe or do spinning. When I used to spin, I used to spin with the Ironman guys. So I'm spinning on Tuesday mornings and then run in the afternoons. Thursdays I just run, Fridays I just run. Fridays I would do some gym work at home, sort of just do a bit of weights, sit-ups, stuff like that and then on Saturday your long run. That's it.

R: Would you say you were experiencing more stress than usual just before you got injured?

P5: No, it's the same ... yes.

R: So you don't think stress contributed to the injury?

P5: No ... it's the same kind of work environment. No.

R: Earlier you said that you had overtrained. Had anything else in your training program changed, that you should possibly not have done?

P5: I would, I would do, I would have done more hills and I would have done more base training. Er ... and then, um well I didn't, I don't think I did enough of that. But earlier earlier in my training this this, Om-die-Dam was moes at the end of March. So that's three weeks. I would've done, I would like to do that sort of November, December, January. So th that at my high hills, high base, I finish my base training ensovoorts and then p peak on that. But, ja.

R: What about shoes?

P5: No ... shoes I had problems er I used to run with um Brand G. I had problems with, I moved to er Brand J 234. Um and they worked for me and then I tried the after, I tried the Brand T 564 and my injuries just sort of just ... um they don't go away. It actually got worse. I went back to Brand J 234 and it obviously it's it won, it was fine. I'm still running with them. So I haven't got a ...

R: How many kays do you normally get out of a pair of shoes?

P5: About ... on my logbook um I work on about ... 700, 800 on a set of Brand C.

R: You can't get any more kays out of them?

P5: No ... er I I run my shoes out internally, not externally. If my bridge in my shoe goes then I know it's pop.

R: How often do you go to physio and what does your treatment involve?

P5: With regard to this injury?

R: Yes.

P5: Um, I went now, since I got back I went twice a week and then um they did I dunno what it is. She obviously does that needle that they put into your leg.

R: Acupuncture?

P5: I have acupuncture there. Um she did um that; you know they've got those little machines that they put on to you that sort of stimulates the muscles and stuff like that. And um ... then obviously they rub it and put their elbows into you and (*laughs*) It's a lot of pain, yes. (*continues to laugh*) And er I went twice a week and I actually finished with my treatments

with her now this week. And now it's just really um now I must just run eas easy runs between five and eight kays at the moment. ... And then picked it up from there.

R: So you have done exactly what they have told you to do?

P5: Yes.

R: Have you used a cybex machine during physiotherapy?

P5: No, no they haven't. ... What was interesting, maybe I must mention this. They measured my um ... my alignment and when I got to the physios the first time um 'cause I went to a few physios before I went to A at School F. Um and the one said doctor, one said shoes and the one said this and the one said that and um I got to M and they measured my alignment. Dr H and both of them. And they saw that my legs weren't the same line. And er they picked up, they asked me if I have lower back pains which I had at the time. They could pick up that there was spasms in my back. They worked on that and for the first time after that treatment I could that I've got rhythm, my rhythm back and I felt much better. And then after that my alignment went. My one leg was taller than the other one and so I'm a, I think my right one is a little bit taller or longer than the other side. Ba ... and since then it was fine. And again they've released my back again now and on my first run: no problems. I could feel my rhythm is again there.

R: Did they also give you back exercises to do?

P5: Umm.

R: You mentioned that you have been to other physios. Were you not happy with them?

P5: Well, I didn't get results. Um and there er, the one said it was my shoes. So I went to the shoes and I changed to Brand T and it just went worse. I started again. Pains over my shins, I started to get pains all over the place and the reason was my ITB. So I went back to and then I went to the Dr H, she's a sports doctor also and then she said to me um why did I do. B by that time I also w-ent back to what I knew worked for me. And um other physios sort of jus just did normal treatments, they said they must look at it and so forth. And Dr H and A both specialize in sports injuries. ... So ... and obviously I started to get results from them. And they gave me the right training programs, right stretches.

R: And you trust them?

P5: Well, yes because I got results there.

R: Do they have a background of running themselves?

P5: Dr H does, runs herself. She runs um she does the Ironman and um sh she runs also. She's also a member at Club W. Er, A um does a lot, looks at a lot of sports. She does, she was the physio for the, you know, for some cricket ... She's got the pictures up for cricket teams. Um she was X's physio. Um, some of the rugby players go to her. Obviously with School F being there she picks a lot of er expertise. So, I think from a, from how I look at problems um she's she's got a lot of knowledge around sport ... injuries and so forth. So yes. And I've referred a lot of people to her also and they all come out with er great results and stuff like that.

- R: You don't think your injury has anything to do with pronating or (*participant interrupts*)
- P5: No ... I think the science around that, to be honest with you, I think the science around that is so good. If you go to J Sports Shop, they've got a video camera there and they can see if you pronate or you don't pronate. If you go to J they know exactly, they've they've got so much experience in that. They stick those tapes on the back of your leg and they measure if you pronate or you're neutral or whatever the case might be. So I don't think that ... um ... what was interesting for me was the back spasm. Um ... that I think was just one of those things that happen. But I think if you look after yourself, ja the science for that is too good.
- R: What is your feeling about going to chiropractors for treatment?
- P5: Chiro ... ja, I haven't got a problem with chiropractors. Um ... I get the same benefit at the at the physios. They work on my back and it also goes CRRR (*laughs*) and there's just more pay involved. But ja ... I I would suggest sport physios, people who, I've always said if I go to a doctor for personal health, I go to a doctor who's also a doctor like Dr H as well, I went to there. And A who who gets a lot of sports injury people coming to them because that just increases her experience on sports injuries. But if you're a physio that just sort of does general work, you're not going to have a lot of knowledge around sports injuries or running injuries and so forth. But if 80% of your practice or 90% of your practice is just related to sport, I think then you have a very, more experience around sports injuries than others.
- R: Have Dr H and your physio, A told you not to run at all?
- P5: Yes ... um A said it to me after Two Oceans now ... That I'm not allowed to run at all ... I wasn't allowed to run at all for two weeks and I can start running now again.
- R: How did that affect you?
- P5: Well er it's bad for me. (*laughs*) I would rather get over my injury in three weeks time than than battle with it for six months like I had happened last year.
- R: When you can't run do you feel negative?
- P5: Oh yes. Ja.
- R: Do you ever fear that you may not be able to run again?
- P5: Yes ... you always fear that.
- R: What factors do you think will facilitate your recovery?
- P5: Um ... some ... I must be disciplined, obviously do what they (physios) say and then and then the advice they give you er I think is ... um strengthen your body, do the ITB exercises, make sure that your injury and try to prevent that. Um and I'm sort of a person that sort of works proactively rather than reactive, so. And yes, I would would take it slowly now and slowly, but surely build myself up. That's why I decided in my mind that I won't run Two Oceans next year again. I would rather take a extra year's rest and then sort of run it the following year. Um ... and see if I can't strengthen myself and get continuity on the 42 and maybe run one ultra, two ultras next year, something like that. And to make sure that I get my body strong enough. Because I spoke to um ... an athlete, he's he he runs the, he came sixth and

tenth in the Comrades already and he's won a few ultras and so forth in his life and he said to me um, run a lot of 10s and 21s first before you start running the long ones. And that advice and of course strength, obviously it strengthens your body. He said to me, get your body strong because he also he also never used to run at school, but he started running in his twenties and er um he said to me he did a lot of 10s, 21s before he actually went. And he was a triathlete also. He was South African captain for the triathlete team. He just to do like a lot of tens and those kind of sp and their bodies and to strengthen and me starting to run so late in my life I actually ... can see why he's been saying that. Um, so ja. I would rather run I would rather run until I'm 70 than have to stop running at 50 if that makes sense.

R: Yes, it does.

P5: So ... and there's nothing chasing me. I don't don't wanna become the winner of the Comrades or I don't wanna become anything like that. I just wanna be fit and healthy, that's the ...

R: And enjoy it?

P5: Ja ... I've got two young boys so I can run onto a rugby field with them and play touch rugby with them. I can run onto a tennis court with them and play tennis with them at the moment. So I haven't got ... it's that, it's those benefits also. That fitness.

R: You mentioned earlier that your wife runs, but not as much as she used to.

P5: Um ... no, not a lot. She she actually had a er injury in her hip at a stage. And she didn't want to go to doctors and stuff like that. She just stopped and um she slowly, but surely she walks like one day. She started to run now like 5 kays a day and so forth. She's not as as keen as I would be.

R: Does she understand your injury? I'm not only referring to the facts.

P5: Yes ... yes.

R: Do you feel she's giving you the support you need?

P5: Ja, no, absolutely.

R: Are you still in contact with the group you normally run with?

P5: Oh definitely. We have a leader of the pack, F. Anyway, but through with him he, this training group used to be with P ... I don't know P's surname now. P moved to the UAE and we just continued training. So, so I sort of keep in contact with them and say to them what my progress is and so forth and ... what do they suggest etc.

R: Do you feel you're missing out because you're not out there with them?

P5: No absolutely ... 'cause there's a, I run with a black guy called D. We train together and um he he goes on for the Comrades. I do, we normally do all our long long runs together and so forth. And I would like to have just continue with that. And he's sort of moving away from me again and I must catch up with him again.

R: So you would have trained with him until he went to Comrades?

P5: Ja, I would not I would not do, I would not do the 60 kay long run, but I would do all the training with him and so forth. We're always been training together for that.

- R: Have you had any tips or advice from other people who run?
- P5: Yes.
- R: Do the opinions and advice dif (*participant interrupts*)
- P5: Ja, I think with any sport it's like that. Um, there's a lot of opinions ... what people say from their experience. I tend to ... open my ears up to the old guys. That's just the thing that that I've learnt out of life. Um, I had a lot of problems in the beginning with um ... supplementation wi on your long runs and um ... and som there's some of the guys you can hear they've done research and they know what they've done and so forth. And then I would listen and I would try it. And if it works for me then I would use it. Um ... but yes that's, I would take from the older and people who've got a lot of running experience. Um, but ja. And and I've got an argument: if a super athlete runs the Comrades in 5 hours 30 minutes, he doesn't know what happens to your body on 8 hours.
- R: And he doesn't know what happens in 12 hours.
- P5: Yes ... so, so um so I would th then listen to the people who's who's done their 10 or 20 Comrades and what happens to the body at seven or ten or eight, eight hours or whatever the case may be.
- R: That's valid. However, did you initially find all this advice confusing?
- P5: Yes.
- R: Do other runners relate their own experiences with injuries to you?
- P5: Yes ... ja, no absolutely, ja.
- R: Do other runners' stories about their injuries frighten you?
- P5: I listen to a lot of people talk about, a lot of my friends are doctors and and they say to me, if you go and they also used to run and er they say to me if you go past your ultras' time, your ultras, your 50s you tend to, your body takes a lot of strain. So that's also maybe why I've never sort of looked at the Comrades. From from a that perspective. Same as, again coming back to what I'm saying I'd rather run until I'm 70. I might run one Comrades in my life ... for the sake of it. But I won't be a Comrades runner, no.
- R: So you obviously don't share the view of many in South Africa that if you don't run the Comrades you're not a runner.
- P5: Not at all.
- R: What do you find particularly difficult about being injured?
- P5: ... I think the fact that you can't be in your normal routine because I'm a very routine person so I'm missing out on a lot of routine everyday. That's frustrating, ja.
- R: Have you learnt anything about yourself and running from this injury?
- P5: Oh absolutely, ja. Er, um I think from a self point of view it's it's to control yourself. It's not to push yourself no more. Um ... because I've got this attitude: if I run I I always run a hill, I never walk a hill, I never walk a hill. Um and to walk to me is ... I just don't want to walk. So now if the pain comes, I have to walk. So it's it's, I've learnt I I've I've started teaching myself to listen to my body, um especially if you're still young um you and sort of be more

disciplined from that perspective. So I think that's ... that's the lesson I have learnt out of this. To control yourself more, take time, be patient, all those kind of things. 'Cause I never was. (*laughs*) So I think that's the strong, er I think that's the positives out of it.

R: So you don't subscribe to the idea that you must incorporate segments of walking when you are running?

P5: I, when I started to run for the first time I downloaded a ... er training program from the Old Mutual website and that said walk, walk three minutes, run for six minutes and so forth. And I started on a program for two weeks and I just said, there's no way, I'm running. So ... to me if if you walk, you're gonna walk in races. If you wanna improve your time I gonna tell you ... and I must say I do. These people come to me and say, I want to start running, I would say, listen ... do this for two weeks and sort of feel yourself out, but don't to prevent injury again. But then from there on decide what you want to do, but just don't start running a 10 kay or don't start running a 21 for the first time because you you're going to get problems. So ... but um but my opinion is is if you're going to walk in your training you're going to walk in your runs. So, how you train is how you're going to run. That's my feeling with this and in a race also, if you start to walk that's how it starts recurring. If you run it, it won't.

R: Even if you're tired, you won't stop running?

P5: Yes ... ja and that's why in training if I see a hill, I run it.

R: What percentage of runners do you think suffer from injuries?

P5: Overall?

R: Yes.

P5: I would say ... quite few, 30%.

R: Do you think the other 70% will never have an injury?

P5: I think I think more people are more prone. I think a lot of people start running later in life. That's why I ask you what age. Um ... a lot of people who started running earlier in life like maybe at school or in their early twenties tend not to have so much injuries and also it depends on how they manages it. I'm I'm seeing a guy, there's a guy in our club who's run 300 ... six ... I dunno how many marathons and ultras and stuff. So look at him, I say to myself, I never want to go there 'cause I can see he battles. He ran his Two Oceans this year, I think it's his 23rd or 24th Two Oceans. He ran it in 6 hours 50 minutes. ... He made the cut-off with ten minutes. But when I look at him he battles. Um, so from that perspective um I would 30 to 40% if they start running late in life. But if you've managed yourself throughout life then I think you're pretty okay. ... And there's not a lot of people who goes past the 21 mark ...ac according to me. That's what I see at the races. I am starting to find faces that I see at the long ones and so forth.

R: Yes, if you go to a 10 and 21 kilometre race, the majority run the 10 kay.

P5: Ja and then and then and then if you go to your and not a lot not a lot of them go past the 21 mark also, the 21 runners. Um if you look at your 10s, tend to sort of have races of about 1200 people, 900 might or er 800 might do the 21 and percentage wise it just gets smaller

and smaller and smaller ... to 42s, to 50s and so on. So that's why I think about 30% of your total running group maybe pick up injuries. ... That's my reason.

R: Do you regard anybody who runs as a runner even if they jog around the block?

P5: No ... to me if you're ... you're a member of a club and you've got a licence, you're a runner. ... To me if you you're registered with a club and ... your intention is to run. So if you run the club runs, ja. But er you still ... but maybe the definition should be if you in a training program every week and you run at least four or five times a week and you run your races on weekends. Yes.

R: Is there anything else you would like to say about running or injuries that you think may be of value?

P5: Ja ... I th I think there's two things: you're proactive and you look after yourself and you're disciplined from those perspective, I think you can prevent lots of injuries. In ITB I I know, what I've learnt out of ITB in speaking to a lot of people that say ITB is too many kilos too quickly. ... Um that's why you get ITB injured, er ITB injury. And if I look at my background that makes sense.

R: So you did too much too soon?

P5: Umm ... too quick, the long ones was too quick. I should have wa, I should have actually started with my long ones this year.

INTERVIEW WITH PARTICIPANT 6

R: How long have you been running for?

P6: Seriously from ... 91. I did my first races in 87.

R: Why did you start running?

P6: As I grew up I had to run where I wanted to get. There wasn't money for anything else ... so ... And then at varsity ... I ... um had a girlfriend that was into long-distance running ... and that's how I got involved in ... road running as such.

R: How often do you run every week?

P6: I actually er don't ... er ... peak training I do 10 to 12 sessions a week.

R: In a week?

P6: Yes ... I would would train ... um ... Mondays, Wednesdays, Saturdays. I would do double sessions. Tuesdays, Th ... and Thursdays. And then Tuesdays, Fridays single sessions. Sundays, rest.

R: And how many kilometres a week does that involve?

P6: Peak training, 120 kays a week. Um ... on average I do about 60 kays a week in a year, but then I take a couple of weeks off. My work is such ... that I can't always do what I want to do. ... Um ... I very very seldom go over a 140. I try to do ... a couple of weeks around 100 plus a week ... with um hill training, with speed training etcetera.

R: What does your training program involve? Could you please describe a typical week's training.

P6: Typ typical week would be ... morning runs ... comfortably. Um, that's just for extra distance, clear the mind; those type of things. Um ... Monday afternoons I would do speed-work, Wednesday afternoons I would do either hill training or a long run. Thursdays, time trial... or ... hills if I didn't do the time trial. Saturdays would be a race or a long run.

R: Have you done the Comrades?

P6: Yes, I have done 12.

R: What other races have you done?

P6: I've done a couple of 100 kay races. Er ... I've done Oceans a couple of times. I've done Long Tom. ... Er, my favourite is Om-die-Dam. I've also done 12 times. I've done Loskop. I've done City-to-City. ... Er, I've done 40 other marathons. In in total I've done more than 100 marathons and ultras.

R: Have you ever done the Washie?

P6: No ... er er I haven't done the 100 miler yet. That's ... was part of this year's planning. So I ... that's now moving onto next year.

R: What distances do you prefer?

P6: Two distances, 15 and 50. 50 seems to be my absolute best distance.

R: And 15?

- P6: 15 ... I don't know why, but I've run ... a number of very good times over the distance. It's it's not as hard as a ten kay and it's ... um, but it's not as long as a 21 so ... it seems to be a very good intermediate distance.
- R: What is your best Comrades time?
- P6: I haven't had a good Comrades. My best is a 7.22. Um, but I'm supposed to be able to go much faster. I've done a 3.56 Oceans, I've done a ... 3.22 at Om-die-Dam which is a 50 kay race. Looking at that I should be able to do at least a sub 6.45 Comrades, probably around 6.30, 6.45.
- R: And your best marathon?
- P6: Um ... on a standard course 2.48. I've done ... re results say a 2.45 at Elandsvallei. I don't count that. ... It's it's not a recognized course. It's an aided course. The variation in altitude is too much. It's more than four to five metres per kilometre on average.
- R: Besides running what other interests do you have?
- P6: Sports wise, I don't do anything else. Um ... but I mean I've got a lot of other interests, but that's as I say unsports related. ... Reading ... um ... birding etcetera. So.
- R: Do you incorporate gym work into your training program?
- P6: I did previously ... I simply don't have the time. Um ... until 2001 I just used the gym at Centre ZZ ... I was a member there until 2002. ... Um, then I left the club ... after about 15 years.
- R: Club E?
- P6: Yes ...um, I was chairman there for four years and deputy for another, it's about four years. Um ... but ... I don't have access to a gym at this stage, but ... I mean ... I do power training and plyometrics and those type of things, but that I do at home. So I would do push-ups, I would do crunches, I would do sit-ups, er ... um we've got um ... parts of tree trunks er so I can jump over and onto and those type of things. I use steps.
- R: What does plyometrics involve?
- P6: It's basically bounding exercises ... like that (*demonstrates*) which means it's it's pow ... power exercises. It's it's more typically your sprinters and er your hurdlers that would use it. Um ... but traditionally I've been very strong on the hills. There's nobody that runs my type of times that can stay with me on a hill. They can catch me on a downhill and maybe on er a flat, but not on an uphill. Um ... er those are the typical exercises that strengthens you. I also do a lot of running over hilly routes. So, that makes a difference.
- R: What benefits do you experience because of your involvement in running?
- P6: Well, it's the best way to sort out your problems. You go ... I I can really if I'm absolutely frustrated I can go out and I can kill myself on the road within ... 18 minutes ... being one of my shorter routes, about just over five kays. Um ... I'll be completely wasted. I'll probably finish with a pulse of ... close on 190 ... and when I finish I'll stagger around literally for half-an-hour before I can catch my breath ... but ... I'll feel so much better. And also if you go for a long run. I mean the longest runs I've done on my own is 68 kays.
- R: On your own?

P6: On my own ... and ... it gives me a lot of time for yourself which I don't always have. Not with my work, family and er all the other commitments as well. ... And I get the benefit that I'm ... reasonably competitive. I'm ... I do sometimes make top ten etcetera. Um ... out of town races I've had ... two second positions, a couple of thirds, a couple of fifths etcetera. So ... it does make a difference. And ... I mean ... I'm I'm turning veteran this year ... so I can get back to speed ... so I'll um be um um ... top three in my age group category quite regularly.

R: What do you see as the difficulties and disadvantages of running?

P6: ... The only thing is probably time. ... It does take you away from other things that are sometimes important. Um ... although it's it's not important for meee in that sense anymore because ... for the last close on two years I've been working for myself and from home. Which means I am there. It's not as though I leave home at seven in the morning, or go to work, get back at five, say hi and bye, go for a run, get back at six and everybody's upset. I'm there so in the afternoons ... when my wife has to take the children to their extra-mural activities, she'll always leave one or two with me. So, she doesn't have to take them all along. ... That's made a very big difference so ... Disadvantage ... I really don't see any.

R: Have you experienced any negative consequences because of running?

P6: Well, previously when I was ... not working from home we did have our fights because my running was taking up too much of OUR time. Um ... which, I then started to run in the mornings. ... Um ... but, as I say, it's not a problem anymore.

R: Moving on to injuries, how would you personally define injury? ... Some people regard a niggle as an injury while others only see themselves as injured when they cannot run.

P6: Okay ... ob obviously you have different degrees of injury which um ... that's from, while it depends on who you read, from one to three or from one to four or ... even to five where you have something that niggles you and you say, er maybe I should just take a rest day or whatever. Um ... something that ... that goes away after a couple of days once you ... and then you get those type of injuries where you simply cannot run. Um ... I haven't had those ... much in my life. I had an achilles ... um ... in 1998 which took me off the road for ... I think six weeks I couldn't run at all. Um and ... each time I started doing hard training it came back until about two years ago and I believe that's ... finally gone. And ... on two occasions in the last seven years I've sprained an ankle during running where I ... um ... where a rock gave way or whatever and then obviously you're out for a week or two weeks and then now with this stress fracture. I've been off the road now for, tomorrow will be 15 weeks. So ... um ... up until ... in my running career I've been off for um 22 months at one stage with a knee injury, but that was caused by wrestling, not by er road running. It was something external.

R: If you had a niggle would you regard that as an injury?

P6: No ... no... it it might sometimes you you you'd find that the niggle persists, that okay fine I should take a rest day or two or even um have um a very easy week or something like that, but no it's not an injury.

R: Is it only an injury when you cannot run?

P6: ... You have to see how serious it is. I mean if you can't run then obviously it's an injury. Um ... but you you can feel that um an injury that something is starting to happen and if if you don't look after yourself then something will happen. Um ... so ... I mean even with this injury I was, the niggle was there and it was persistent so I backed off a bit and then I started to run just twice a week and everything and ... Obviously it wasn't good enough and then it finally gave way and I ... couldn't run.

R: You've had it for 15 weeks?

P6: Umhmm.

R: You spoke about a niggle. Don't stress fractures just happen?

P6: No, no but I. No, I I felt ... a double pain in my tibia and ... it didn't go away so I backed off a bit. I just ran a time trial and a race. And and not even racing, just as a hard run. I mean I was doing ... last year I was running 37, 38 minutes in a 10 kay and I was running this year comfortably 41, 42 minutes. So it was not as if I was racing. Um ... but then on 4 February I I did run a race; I ran a 38 anddd after that it I just couldn't run anymore.

R: Did it happen during the race?

P6: I was very much aware of it during the race and ... I did a route race course that um ... well we did the practicals that day. Um I had to be on the bicycle and it was with me all the time and then after that ... I had to go for x-rays and found that that I was probably lucky that it was just a stress fracture, not a complete fracture ... because if you look at thee um x-rays, that I was with Dr F you find that if your tibia is let's say 25 millimetres, the crack that actually went through was about 20, 21 millimetres so it was very close on a full and complete break.

R: What was your initial reaction when you realized you had a stress fracture?

P6: ... I didn't realize it initially. Um, the symptoms were really um shin splints um symptoms. So I thought, okay we'll give it three weeks and start again and ... when after two weeks I'm still very much aware of it I felt like making an appointment with Dr F. She was fully booked for another two weeks so it took four weeks before I could get there. It was then it was um ... identified as such. And typically a stress fracture is supposed to take about six weeks to heal. So I thought I've got two or three more weeks, no problem. Although I had already been missing some of my key races 'cause I was really going for a good Oceans; I was going to try break 3.55. Um ... and ... um ... then the whatever a lipid gram is in English um ... and ... it showed that the stress fracture as such had completely healed. There was no more radioactive um radioactivity in in the area. Um ... but a bursa had developed as well so there's now still a problem with the tendons and so, um probably attached to them. So er ... I started running last week but it's literally ... We live opposite ... um one of the

municipal parks. And I would do a couple of rounds jogging around the park at ... I started at about five minutes a kay and at least now it's down to four and a half minutes a kay which for me is still slow. And I haven't even done four, five kilometres in a sin single session yet. And I only do two or maybe three sessions a week. It's still very very much ... I have to be ready by the time of Comrades because I'm going down with friends. I'm seconding her. But she's walking. She's a power walker. Er, she's walking Comrades and her husband and I are going down to second her. But it means that once we get onto the route I have to go in a couple of kays, meet her and get back, get to the next point. So, I'll probably be doing 30 or 40 kays of that. So I have to be ready for that. Obviously it's not it's not running hard or anything. Part of it I can walk ... which I'll probably have to do. Um and then I I still hope to be ready in time to make the um AGN team to the SA Cross-Country Champs which I did last year as well.

R: Is seconding allowed in the Comrades?

P6: Yes. Stand and hand to the guys. No vehicles, no bicycles or anything. So you can drive to one of the points where you can get access from um the highway and then you can stand next to the road and hand. That's no problem.

R: And run with them?

P6: No, I can't ... I may not run with them. Um or not more than I think 20 metres. But I can run against ... the oncoming runners, go in five or six kilometres, give her her stuff there and then her husband will be here (*demonstrates*) which means we actually get to her twice within 10 kilometres. Then I'll I'll get back, but I won't be running with her. I'll be running ahead of her, behind her or whatever, but I won't run with her. I don't want her to be ... disqualified or anything, then we'll go to the next point and we'll do exactly the same. Which means she should never be without ... um something for more ... maximum 25 kays. And that, um ... well for that she can carry whatever she whatever she needs.

R: Are there a number of power walkers who do Comrades each year?

P6: There are four of them that are going together this year. Um, they're all from AGN. And there will probably be a couple from other provinces but I would be surprised if there are more than 20 or so that are walking ... I mean it's, power walking is tough first of all and secondly, you don't have that much time to complete. I mean ... Comrades you have to dooo ... just just about eight minutes a kay ... the whole distance ... and there are not too many walkers that can do a ten kays in under 1.20. I mean you have to do that nine times in a row on a tough course. Not many can do that. But I mean she does a 58 minutes on a 10 kay. ... she's a master.

R: What other injuries have you had? You mentioned your achilles earlier.

P6: I I had the achilles and that was simply ... overtraining. Same as now. Thought I was stronger enough to ... well a little bit different, where I was simply going up too fast. I was going from 50 to 70 to 80 to 100 to 120 ... Obviously, then er things went wrong. Um, other than this now all the other injuries that I've had um were not running in or running induced

injuries. I mean it's ... er spraining an ankle, that type of thing, but it's not overtraining or ... something like that. Um ... what happened now I've got a theory. I ran the Sani Pass Marathon last year. Um ... I ran ... from the top the first seven kays in that. In those seven kays you probably drop 1000 metres which is very steep. And remember with, we've already done 21 to get to the top before we turn around. And I ran exceptionally hard at that stage to first of all overtake somebody and then get a comfortable distance between us. ... And I believe I injured myself there. After Sani Pass I didn't I didn't really run much. We were overseas for a week and a half and after Sani Pass you feel worse than you feel after a down Comrades anyway. Um ... so, I had about a week's complete rest. Then I ran a 10 kay race which I jogged with some of my friends. That was a slow race, it was about a 41. It was over 40 minutes anyway. Um ... then for the next week I think I did a single session of about six kays. Then we went overseas for a week and a half. Over Christmas etcetera I didn't train much. And then January I stepped into excessively hard training after Sani Pass and within three weeks I was injured. ... So ... I suspect I got the injury at Sani Pass. I hadn't completely recovered and then the hard training just ... worsened it. Because I didn't think I would be injured within three weeks ... of doing just over 100 kays a week. Not considering that my average from July up to end of October was about 80 kays a week. And when I st when I did my training in January I didn't do any speed training, I didn't do any hill training specifically because I was star starting to do longer runs. Just easy ones.

R: Earlier you spoke about clearing your mind when you run. How is that affecting you now that you cannot run?

P6: Um, it's it's affecting mee ... very much in the sense that I simply don't have that at this stage. And also the family has gone through a torrid time because er my son had to go for a heart operation, correction of the aorta etcetera. Um ... which means I've had a lot of ... additional stress that ... I actually needed to get rid of and now my running is adding to my stress instead of taking it away. Um ... also working for myself I mean I don't know if I'll have money tomorrow. It's ... whether you've got work or not. And then if you've got work, will they pay you? Um ... so I'm under that type of stress as well. So ... in that sense, yes, I really miss my running. Um ... I've made peace with the the fact that I can't run at this stage. It's simply ... it doesn't help to ... fight against it. Um ... it was very tough around the time of Om-die-Dam. I mean I lay in bed the morning of Om-die-Dam and I looked outside, said lovely weather for Om-die-dam etcetera and I knew I would have been able to run it in a good time if ... I didn't have an injury. Um ... so ... yes, it's yes it's it's ... in in in that part which was after about six weeks it it really started catching me and I mean ... we had already booked and everything to go to Oceans and ... we did go down 'cause otherwise we would have lost the deposit and everything. But ... um ... the day before Oceans we started driving back. I didn't want to be there. Um ... I was at the Jackie Meckler last weekend last weekend ... um because I'm also registrar of the club and there was some people that still

wanted to register. And it was good seeing the people. Um, I miss that ... but ... I tried to stay away from that because it just ... upsets me.

R: How do you usually spend your day? A typical day?

P6: For me it's a very difficult question because it depends entirely on what work I have or don't have etcetera. Um ... probably three or four out of every five days I'll be at home the whole day. And sometimes I need to go out to clients, Jo'burg and further. Um either every day for two weeks I travel to Durban, Port Elizabeth, Cape Town, on a relatively regular basis and then I'll be out for three days, two days whatever ... which of course plays havoc with your training program, that type of thing. I mean at this stage where I'm going to be I stay at the same place or try to stay the um same bed and breakfast every time and I've ... I've already got a couple of running routes (*laughs*) there that I know quite well. Um ... but typically um I'm not an early riser. I'm I'd rather go to bed at one o'clock and get up at 10 o'clock if I could. I typically get up half past sevenish and then I will go for my run ... because most businesses don't open before nine o'clock. Then I go for a run, half an hour, hour, get back, shower, have a decent breakfast, start working. Um ... in between ... I break every hour or so and do a couple of household chores which is another advantage of working at home. So ... I can pack the dishwasher, washing machine and those types of things. Um in the afternoons again I go for my run. Um, I've got a lot of meetings in the evenings because I'm very involved. In athletics I'm on the board of AGN's ... and I'm um manager of the club. Um, I'm also I'm I'm on the church council and lots of committees. So ... um in the past two weeks and over the next week I'll probably have ... two or three week evenings at home. The rest will always be a meeting somewhere. Some of them might finish at ... eight o'clock, some of them finish at 10 o'clock, some of them finish at half past 11 ... And then when I'm at home in the evenings I'll either sit working or I'll spend time reading. Friday evenings, where we try to play board games or something like that. So.

R: If you look back, had anything changed in your typical day just before you got injured? ... You mentioned that you had been running hard around the time of Sani Pass.

P6: Um, I mean that ... okay, we obviously said we would have holidays. So we were taking it relatively easy. Um ... I really didn't have much work to do over the December holidays. There were, there were little odds and ends that I needed to tie up etcetera. Um, but in general it was a very relaxed time. Um, I said we were overseas for a week, a week and a half or so. Then after that, still not too much to be done. I had three or so days that I had to do a lot of work. And then January, first week or so wasn't busy either which was part of the reason I had a lot of time to travel. Um, in hindsight I mean I started to do too much too soon after Sani Pass ... I think I started with 50 kays, then a week later 70, then 80 for another two or three weeks and then went on to a 100. I probably just jumped in too soon.

R: What did you do?

P6: January, I started with a 100 plus.

R: Why do you say you jumped into it?

P6: I had, I'd done a lot of training from after Comrades. I mean I was fit from Comrades etcetera even though I'd had a terrible run. But um ... I felt strong. I mean I made the AGN team to SA um Cross Country Champs for the first time. I was running times that I had not run for six, seven years. Um ... I felt strong. I mean, I had done the training. And I thought I could just then go on to extending my long runs. Um, I very deliberately, as I said um cut back on speed work and hill training because you can't go longer and do those at the same time. And ... I did quite a bit of my running on the sidewalks; when I say sidewalks I'm not talking about paved sidewalks. Specifically to stay, to try stay off tarmac etcetera just so that I have that little bit of extra push.

R: When you speak about sidewalks, are you speaking about sand?

P6: Well, on grassy ... whatever is in the area. Obviously it varies quite a bit. But definitely not on concrete sidewalks. That's the worse. Let me rather run in the road. It competes for two and a half times hard as tar.

R: How many kilometres can you get out of a pair of running shoes?

P6: Quite a bit. I'm one of those lucky ones that get over 3000 kays on a pair of shoes. I used to run with Brand X and I could get about 3500 a pair, then they went off the market and I was trying around between other running shoes and never getting more than 500, 600 kays a pair. And then I met up with Brand U and I can get over 3000 kays a pair. But the shoes that I was wearing in um January are virtually new shoes. They probably had a 140 kays on them. So it cannot be because I was wearing old shoes. ... My experience with Brand H is not being very good. I've tried three different pairs of Brand H and I had problems with all of them. So I'll never buy, wear Brand Hs again. As for Brand P, I didn't have a problem with them, but I couldn't get more than 600, 700 kays out of a pair. I had, I enjoyed my Brand X, I enjoyed my um Brand L which I wore as racers; I mean they weren't racing flats, but they were much lighter and a neutral shoe than I would normally wear because I would normally use a supportive shoe or one which is um anti-pronation because especially my left foot pronates quite severely. My feet instead of like that arep like this (*demonstrates pronation using hands*) Not like this. So this is neutral and this is pronating. Um, but then I then A.G. ... put me on to Brand U and I wear the what is now *12 if it's not the next model already. I mean my previous pairs were the *5, I skipped the *6, *7, *8 and *9 ranges. But what I do is when when I have a shoe that works for me I buy a couple of pairs. And I'd rather put them in the cupboard ... for two or three years and then ... use them because then I know I've got shoes that works for me. Um ... and it is a shoe which is officially for a heavy runner ... doing high distance. Now typically when I'm fit I weigh under 70 kilograms so you can't really call me a heavy runner. And I think that's part of the reason why I get such a lot of distance out of a shoe. Wear the shoe for somebody that weighs 90 to 100 kays.

R: Have you had any treatment?

P6: Um, I was actually on crutches for a couple of weeks. It was that bad. Um, just to try and take any pressure off it. She originally put me on medicine balls and ... it just actually

worsened it um which shows how ... far it had developed. So I was taken off those, it was crutches for a couple of weeks. And er I went through three full cortisone treatments. First, um ... it was five days where you have two pills in the morning and two in the evening. Then I had two injections and then I had another cortisone um five days.

R: Did it help?

P6: I don't know. I'm not ready for that yet ... I don't know where I would have been if it wasn't for cortisone.

R: Did you only have cortisone? Were you given any exercises?

P6: Um ... she she also gave me extra calcium tablets. Can't remember the name. I think Calcium S. I specifically asked her what's the difference between two kinds and she said the that Calcium S, in fact, was the better product, but it's lasting which makes it. Um ... and I mean she gave me some exercises to do which I then, when I was put on cortisone I left it there.

R: Do you normally take supplements?

P6: When I'm training hard, yes I do. Um, I take er um vitamin B complex and then before a big race I would start loading magnesium as well. Otherwise, as in ... now I haven't taken a single supplement since January.

R: And you've stopped taking calcium?

P6: Um ... I've actually forgotten about it. I mean I I took it for ... the time that she told me that I had to take it but I've got a couple of, I've still got a couple left. And obviously it can't do any harm just to take it, but then as I said the sonar had shown that the um bone has healed completely. So I mean there's not really any need to do that. Um ... I also ... love diary products so I I consume a lot of milk, cheese etcetera, so I I get in much more than my required daily allowance required calls for anyway.

R: What factors, besides what you have done up to now, do you think will help facilitate your recovery? ... Earlier you spoke about seconding someone at the Comrades and making the AGN cross-country team. What do you think will help you to achieve these goals?

P6: The first one which I think at least I've done is you you have to be at peace with yourself because you you can't rush it. If if I start training now the way that I would like to start training I I would beee injured again within two, four weeks. It means I simply have to be mentally prepared to take it very very slowly. And physically as well because I mean once you've been off the road for more than three weeks, you really start losing your fitness, very quickly. And I know that it's going to take me two weeks for every week I was off the road to get back where I was. Considering I've been off the road now for 15 weeks it will take me another 30 weeks if I can start training now to get back to where I was. ... That takes me right up to the end of this year . Um, that's the thing why I'm looking at cross-country because first of all it's a softer type of um surface. Secondly, it's a short distance. I only need to 10 kays. So, I won't be doing 30 kays, 40 kays, that type of thing. So ... um and you can prepare for a 10 kay from scratch within probably 16 weeks or so. And I don't think I

started from scratch. So ... I started very close to that but um it's it's not as though I haven't been active or anything in the last five years or ten years. So, I'm not starting from a completely unfit position. Yes, when I do run my three to four kays in the park at this stage ... I'm aware of it, my legs are aware of it. But I mean there are many people who can't even run that distance. And as I say I've got it down to just under four and a half minutes a kay. So, it's not too bad.

R: Are you the only one in your family who runs?

P6: Um, okay my wife doesn't run at all. My children would sometimes once I'm finished running go for a jog with me around the block or round two blocks or something like that. My son was very very keen on starting cross-country this year and two days before his first league race he was identified with his heart problem. So, he's completely out. And we'll have to go back in September and um look at how well he's recovered because there's also problems with some of his heart valves. And at this stage he may not exercise at all. I mean he can carry on with normal life and climb trees and get on the swing and those type of things. But he may not exercise per se. So yes, he's very keen on running, but I'm not sure whether er medically he will be able to do it.

R: How many other children do you have?

P6: I've got three in total. ... So, he's the oldest and er I've two daughters. He's 12 and there's one of 11 and the other one just turned seven.

R: I suppose being on the management of the club as well as on the AGN Board you are still involved with people who run.

P6: Yes, yes I am. Um, I'm also coaching a number of people including this lady that's going to walk the Comrades now. Um ... so yes, I'm I'm in constant contact with them. Er, I'm also the club statistician so I know exactly who runs what, where, when, what times. Um ... so yes ... my name is conspicuous in its absence for races run this year. *(laughs)* So.

R: Do you find that difficult?

P6: Well, I think I've made peace with it. Um, I know I can't do anything about it. At one stage I was seriously contemplating buying one of these bags that I could just ... hit and lash out at, but I didn't. Um ... so at least now I think I've started to improve now. Just just the simple fact that I can go out, even if it's for five to seven laps around the park. ... It really makes a difference.

R: Did it take you a long time to make peace with it?

P6: Well, as I say the first week or two weren't too bad because I thought I would get over it quickly and then when I realized it was not going to be that quickly ... um that was terrible. It probably took me another six weeks to really peace with it. Um ... at this stage it's becoming frustration again because the six weeks and even ten, 12 weeks that you would think you would recover fully um ... have passed and I'm still not there. Um ... now it's becoming frustration again because I know that I'm supposed to be able to run now. Medically there's not a reason why I shouldn't be able to run now. But I can still feel it. So

I'm aware of it ... I don't know how much of that is psychosomatic and how much is actual physical. Um ... but, for instance, yesterday after I ran I was more aware of it than I was before I ran which to me says it's not 100% yet.

R: Have you had tips and advice from other runners?

P6: Not too much because I don't really have that much contact with the runners as such. Um ... when I meet them at our management meetings etcetera, there are very few if any that have the knowledge that I have of running. I mean I've been a coach now for ... what seven, eight years. Um, I've read quite widely. Um, there's one other coach on the committee. He's about the only other one who would be able to say anything. Um, but he wisely keeps his counsel to himself.

R: I think a lot of runners who have injuries get confused with the bits of different advice they get from others.

P6: I know you often get that. Again, um um th there are many people on the road that know me than I don't know them ... because first of all I've been involved for such a long time and when I say involved it's not only running. I've been involved in management and coaching and on route management and all those type of things. Er ... and having been chairman of Club E for so many years and having grown it up from when we started it, 300 members to by the time I'd finished as chairman to something like 650 members. Um, I mean a lot of people know me and they know my background, they know my knowledge. So they are very few of them that would give me advice because I probably know more than them.

R: Earlier you said that you are now a member of Club V. How many members does Club V have?

P6: We're pretty much down this year. We ... 253 members now whereas last year we were about 330. But from speaking to other clubs it seems as though the um membership on average has decreased quite a bit this year. Don't know what the reason for that is. Um ... one thing as far as our club is concerned that I think has made a difference is that ... we pressed very hard at the ... annual general meeting last year that we're going back to what the club actually stands for, why it was started in the first place ... which means that if you're not a Christian, if you don't believe in God and that you're called for that, then you don't belong in this club. We're a Christian club. Fullstop. And I think a couple of people took offence and left. And frankly they should never have been in the club. I mean last year we even had a Muslim in the club. I'm sorry but ... I don't have a problem with her. Um ... we're even friends today, but it's not a club for her. It's a Christian club.

R: Some runners believe that people should only regard themselves as runners if they run races regularly? What do you think?

P6: My perception is ... you turn a jogger the moment you believe you're a runner. ... It doesn't matter whether you run at eight minutes a kay. If that's running for you, you're a runner.

- R: So it doesn't matter if you run 1 kay a day or even only around the block?
- P6: It's ... the the difference between a runner and a jogger ... is as far as I'm concerned 100% in your head. If you see yourself as a jogger then you are.
- R: Have you learnt anything about yourself and running from this injury?
- P6: Probably that I'm not as young as I used to be. I can't just ... do what I want and like I could when I was young. I mean ... I ran my first marathon in 1988. What was then the Pretoria Marathon, the Phobians one but still out on the old road and then you came through Waterkloof somewhere. It was quite a tough race. Um, in the preceding two months I had probably run about 70 kays in total ... which included three races, um 10 and two 21s. Um, I went through the halfway two minutes outside my half marathon PB ... and then obviously had a very very bad second half of the race. I think I did ... I went through halfway in 1.33 and finished in 3.39. ... The rest of Saturday I couldn't walk, Sunday I couldn't get out of bed I was so sore. Wednesday night I ran a 63 minutes on a 15 kay ... that's youth. Now then no ways. So I think it's it's if I did exactly the same running that I did from let's say July last year until end of January this year ... if I did that ten years ago I would have been ... So, it's, one has to deal with that aspect. You have to become, but you can't necessarily train harder or you can if you you if you eventually get there, but you have to take it slower and you have to look very definite at what your training, where you train, how you train ... I mean this this friend of mine that's doing Comrades now who's a walker, um my biggest fight with her is getting her to NOT overdo it. She's walking some walking some weeks 136 days a week ... and I mean she's walking. In the morning she's walking with one of the er older walkers. Er, that's relatively slow, that seven and a half minutes a kay. That's good because that's the pace she'll have to walk Comrades. But in the afternoons it's lots of speed work, it's hill work, it's long distances and it's only just over six minutes a kay. But even then, I mean my average training speed is ... if I look from the first time I started keeping a diary, I've done over 40 000 kays since then. My average pace, whether it's race, whether it's training etcetera is 4.15 a kay. Now 4.15 a kay compared to her six minutes a kay, the time that she spends on the road, she's not going to get injured. But she's been training over many years, okay. Road walking doesn't have that same impact as you have with running. It doesn't have the same stress, but still ... 136 kays walking a week. I won't be told that it doesn't stress the body. ... But I mean I'm I'm bringing it down to every fourth week or so just 50 kays, just to have one good solid rest week and then she'd go on again, so.
- R: Is there anything else you would like to add about running and injuries?
- P6: I don't think so so because norm normally you you can feel that injury progressing. You, you, it starts out as a little niggle, then it becomes a bit more, then it starts to worry you etcetera and this ... it never follows it what I would call a standard pattern. It's like it was there and still and easy one night and the one minute it ... snaps. So.

INTERVIEW WITH PARTICIPANT 7

R: How long have you been running for?

P7: 19 years.

R: Why did you start running?

P7: Okay, I just start. I see the Comrades on ... on the TV and each year when Bruce wins and then I just feel I wanted to be one of these people there. And then the one year in 87 ... no er the end of 86 my my roommate at at college, she call me and says she wants to run in 87 the Comrades and I said to her, but I also want to run it. So ... we start in 87. And I still run.

R: Is that why you originally started?

P7: Yes.

R: Did you run for Club U then?

P7: No, I was in Alberton. I run for Club F.

R: When you came to Pretoria did you start to run for Club U then?

P7: Ja, we ... er I was ma. Er, at that stage I was married and we moved er because my husband's work from Alberton to Pretoria and then I decided to join Club U so. From 90 ... I think it was in 1990 that I ... 19 1990 I start or 1991 I start with Club U, somewhere there.

R: And you won the Comrades in 1992?

P7: Yes.

R: I suppose that was the most wonderful feeling?

P7: Ja, ja, no it was my highlight of my ... whole running career. It was as ... it was the sixth year of my ... six running years. It was the sixth Comrades because I start 87 January running and then I run the Comrades. That year was my first Comrades. I run it each year so it was like a ladder I climbed. Each year I better my time. And then in 91 I was the fifth lady and in ... So I was ... thinking at that stage I could actually get gold. So I thought I thought, okay if I get up two, two, three better then it was gold. So I I decided to train for gold to get gold in 92 and gold was not like now, ten. It was only the first three ladies. Not ten like now. So I had to be under the first three and then I was lucky to get up first. So it was a ... very nice moment and like I said, the highlight of my career in running.

R: What was your time?

P7: 6.51.

R: How many silvers have you run?

P7: Just the previous year was my first silver. ... And er then in 92 I win the Comrades and that was ... I don't know why I also land up with choices because was I winning the year before I didn't have a choice to make. But the then in 93 was the government changing so it was the first time we can participate in the ... 100 kilometre world championship. And then we we not allowed to run Comrades and the championship because it was just a month out of ... out of what uitmekaar uit. So er ... I actually didn't um run Com, I had to choose. Run for your country or run Comrades. So it was a very, that was my ... worst nightmare to choose because I was desperate to to defen what defend my title. And then it was an opportunity

of a lifetime to, you know, to run for your country. So I chose to go to Belgium. And 94 it was the same choice because then we had the 100 kilometre in Japan ... but then the choice was easier because I didn't have to defend my title. *(laughs)* Then I go to Japan and from now I don't still know if I did the right choices but um oh well I had er ... it was nice to run for my country and in 95 I ran in America, in Dallas in Texas. And um in 96 was the first time I run Comrades after my win. And then I was a veteran and then I run not gold, but a silver. I run ... 7.21. ... And that was my last ... silver. Um ... 6 ... ja 96 I was my last silver. Then 97 I train again for silver and there was the first time I get a injury. So it was, I was lucky to get 10 years, ja nearly 10 years ... of hard running. Each year I had a long run, a hard long run and I had never problems with injuries. Er ... small niggles, but I run it away. But in 97 was my first real big injury. It was my achilles and I was on ... full schedule, but after my achilles it was too close to Comrades. So I couldn't run Comrades 97. And after 97 I run each year Comrades but ... not any silvers anymore, it's just bronze and um this new Bill Rowan. And um ... the injuries is ... each year I battle with some injury, each year another or a different one from then.

R: I suppose you have run races from 10 to 100 kilometres. What other races have you enjoyed?

P7: Ja ... you mean the distance?

R: Yes, the distance *(participant interrupts)*

P7: You know I I also in the first ten of my running years from 19, from 87 'till 97, it was clear to me that I I was good in the er er ultra distances. I was loved I liked the long ones and I was good on the long ones and I loved ... It wasn't for me a problem to go on a 42 or a 56 or the Comrades or the 100 kay. It was ... I enjoy it the most. On the moment I think I I now I like the 10s. *(laughs)*

R: Have you done the Two Oceanss?

P7: Yes, I've got 11 two Oceans.

R: Have enjoyed it?

P7: I enjoy the the Oceans very much, of the beauty of the scenery, but I never raced in in the first 10 years of my racing. ... I will say the first ten years of my running career was my racing years that I wanted to do good and I went there sometimes, but not every year like Comrades. Comrades was my goal. I just run for Comrades. Not now, but the first 10 years. But I mean I was just running for Comrades. So that was my main aim, to do well in the Comrades. So I run Two Oceans and I enjoy it. I just do it for a long run. And I en enjoy that scenery very much. But the one year I end up sixth. And my best position in in the Two Oceans is six in 3.11. But also then it was in this first ten years, I didn't think six was then gold. I don't know why it wasn't but I don't think I got a gold there.

R: What other long distance races stick out in your mind as being special?

P7: Oh, now on the moment the last three years I did the Mont-Aux-Sources, the Mont-Sources er mountain race. And er nowadays I love the the mountain runs, I I love nature and I love

... the beauty of the scenery. I love ... Er, er it must be, when I get tired it must be beautiful, er the countryside and so. Then I love it. So I love mountain races. In my early days of my first mountain race um will always stick in my mind. It was Der Vorst in Switzerland. Er er and dit was oor die Alps. You run just literally over the Alps. It was a amazing experience and it was really um um ... beautiful. So that I I always said I want to do that race again because it was ... breath-taking. The trees, the whole concept. Everything.

R: Have you ever done the mountain race in Rustenburg?

P7: Yes, yes a few times. The 25 one?

R: Yes.

P7: Ja, ja. Nowadays I I try to do it each year.

R: What did your training program involve the year you won Comrades as well as during the years you ran the 100 kilometre world championships?

P7: Um, um ... I think ... I I came from the farm and maybe so I love um, hoe se mens, die eenvoud? Wat is eenvoud in Engels?

R: Simple.

P7: Simple. I love things simple. I don't want ... and I'm not a track athlete. So I was very uncomfortable to do track, anything to do with track training. So ... I I end up with K S. He when then ... when I moved to Pretoria I I start training with his group and he was like my trainer. He's he's a old-fashioned guy and very simple ideas. Um, he's also he run five gold in his days and he end up, his best once was second. So, I was lucky to end up with him because ... um I think er I can relate with his training. It was not track training, not repeating hills. We do once a week one day's Klapperkop. That was our hill training. Not not up and down. No repeats. And we do like um ... um Thursday nights we're going to K's home and we do our midweek long run like 18 kays or 20 kays. Er, in Irene he stays so it's really nearly flat there. At um Tuesdays, we're going to two days a week to him, Tuesday afternoons and ... and Thursday afternoons. Tuesday we have a short session of like 40 minutes with ... up er warm-down, what! I mean warming up and warming down. It's including in the session, 40 minutes. And then we have, he he go with a bicycle with us and then he ... blow the whistle. Then we run hard. Then when he blow the whistle again we run slow like ...

R: Farklek?

P7: Ja, like farklek. Um.

R: How many times a week did you do that?

P7: Only Tuesday. Only Tuesday. We're going only twice a week to K. Tuesday, then we do this and Thursday when we do the long run. And Mondays we going to do Klapperkop. Er Wednesdays, at that stage Wednesdays was the time trials. More or less changed now to Thursdays and and Tuesdays, but at that stage the most um time trials was on um Wednesdays. So I go to Club U's trial time trial on Wednesdays and er normally at Saturday we do a marathon or a 32 in a ras er race er with ... to train and um we do a lot of for Comrades a lot of 42s. Um ... it was ... I I remember when I go at start line at the Comrades

at 92, I was thinking by myself, oh 42 is like a short run for me now because I was so used to do a 42. But we not really do really very long ones. I do one 60 and um that was the most. So now I hear that people run 70s. I said, why you run 70 kays a week and then er er at one session. It's too long because I run my furth the further, wat die verste wat ek hardloop het run was a 60. One 60, not two. One.

R: How long before Comrades was that?

P7: That was a factor. I think er a month before Comrades. Um, at that stage it was on Wally Hayward. We do the Wally slow and then we do extra. That was a marathon and then we do er another lap. And um ... I and at that stage the Comrades was end of ... May. So, the Wally was like the 1st or something and then the end of May was ... the 31st was Comrades. So it was like a month before Comrades and it was your last long run. Then you cut down.

R: How many kilometres did you cover a week?

P7: Okay er ... it really difference because I had only for that year only really three high weeks. The three high weeks was ... the last one was a month before and the three before the month. You know, before, the week before the one. It was like 160, 170, 180 and that was the last.

R: And now?

P7: Now I ... on the moment zero because for the last few months I didn't run, but um ... I know I battle now to get 60 or 80 a week (*chuckles*) when I start training um um. I really battle to get 100 now. So I I try now when I go to Comrades like last year I try to get a few 100 kays a week ... I did it, but ... now it's a problem. (*laughs*) but that stage er when I trained in my in my my competitive years it was easy to run 100 or 120 kays. I was ... you know, at that stage, not now, I was always see when I ... because we ... just trained for Comrades. I just had a specific training program for Comrades so I I do three high weeks and the other weeks was like 100, 120 and I never really run a 140 a week and going up to 160, 70, 80 for the last three weeks. The other ones was ... rou roundabout er I will say a 120, but only from April. At January and February we ... K er S believes you have to get your kays late. You don't go over 100 kays. But now I can't get over 100 kays before Comrades. (*chuckles*)

R: Why is that?

P7: 'Cause I'm old. I'm not um ... wanting to compete anymore. I just want to enjoy it now.

R: Has your program ever included gym?

P7: No, it never. I don't like gym at all, never liked to go to gym, but then but on the moment I also didn't like to go to gym, but like um ... two years ago (*whispers as though talking to self*) two ... two, one year ago. Ja, I think one year ago ... all, with all my injuries and every year I've got a injury, I think I go to Centre PH. Um, my ... my doctor, GP said to me I must go there because then I'm suffering with my hamstrings. And then um er I was there. I het aangesluit toe daar om my hamstrings bietjie te versterk want hulle het er ... I've got a lot of problem with it and it got injured quickly and so so I know it will be ... maybe if I always gym I didn't end up so many, that's what I think, with so many um injuries now. I don't know.

Maybe I'm wrong, but that's what I think. I think to run well you have to do gym work to keep your body strong. But I was lucky. The first 10 years of my running years I just put on my takkies and run. I didn't do anything else, but run. But I think it was maybe not the best thing to do.

R: Nowadays many people cross-train. What are your views on this?

P7: Ja, but I never cross-train. But but I will love to have a bicycle. I love ... on the farm where I was raised um I had my own bicycle and and I do bicycle and I do horse riding and I do everything, but I I'm not ... willing to try with a bicycle, ride a bicycle in in Pretoria. I'm too afraid so that's why I didn't have a bike. If I be on the platteland I'll, one of the first things I'll buy a bike to to to train on. But but I'm too scared here and I don't like gym work and er I don't like to be on a bike in the gym. I can't do it. Er, I can't sit vas. When I was at the gym at Centre PH last year and a half I, sometimes I try, but I can't go longer than five minutes on the bike then er I ... I can't. So if if I get to the platteland I will I will definitely do bicycle.

R: Besides running what other interests do you have?

P7: You know, not many. I I love the nature and I love to travel. I love to travel to new places and see new places. I love people and and I love to see how they live in a lifestyle. I was there with a running trip and I love to mix my my um my races, er wat is ... trips to other countries, to different places with some road race. Because if you going to a road race like I was in Hawaii and I just walk with my running takkies and the people said, are you going to do the Honolulu Marathon? And then you get friends. You end up you've got the same type of mind and you've got friends and you talk with them and er I love to see the world through my running shoes.

R: Have you ever run the New York and (*participant interrupts*)

P7: No, I never did New York, but the biggest one I did was was Honolulu in Hawaii. And then I like smaller races. I do the Der Vorst race. Er ... I don't have the desire to do the New York or Londen. I think it's too busy, too many people. I don't think ... I'll I'll go to Der Vorst if I have courage to, if I think I'll go over the mountain I'll go back to Der Vorst.

R: Have you ever done Kilimanjaro?

P7: No, no. I didn't do that one. Er, but I also do a mountain race in Cape Town, call it the Pass and you start at er ... and you run over the mountain and you end up in the Water Front. So, but that I did twice, I was so, I want to do that one as well because it's beautiful view to see, but I also think I won't make it anymore. (*laughs*)

R: You have spoken about nature. That's obviously a benefit you experience because of running. What other benefits do you experience because of running?

P7: While I run?

R: Yes.

P7: Oh, a lot. Running is my ... my life ... although I didn't run the last two months, but um it um ... I love the free feeling. I don't like anything in ... like a gym. I don't like to gym because it's it's feel I couldn't get air. Er, I want to be free. I want to be outdoors, you know. Er, er in

nature, I love to be in nature. Maybe it's the way I was brought up on the farm. You're never in the home. You're always in a tree or on the horse's back or somewhere in the mountains or somewhere. You're not in the home. So I love to be outside in the nature and the running, you see that feeling. The other thing ... er if I've got any problem I just get a run and after the run it's if I can see it clearly. If it's ... it's um 'n sielkundige waarde vir my. I think it's like er I don't have to see a shrink. Just running help me through all my problems. Any problem. I just go and run and while I run I sort the problem in my, you know, mind. If I come at, if I go for my home running and I think, ag I've got such a big problem today, I don't know how will fix it and I will do it and I come back it's sometimes I've got an answer ... while I run. So if I'm cross, I will love to put on my takkies and go and run ... and when I come back I'm feeling much better.

R: And now, that you can't run?

P7: Oh, it's it's different. Er, I don't like my life this last four months that I don't run. It's not ... I sleep late. I sleep 'till ... I don't er wat is die wekker? The ...

R: Alarm clock?

P7: Ja, alarm clock doesn't wake me up because when I run I always had to wake me up, the alarm clock because I had to run early in the morning before work. So now I sleep. I had ... the alarm clock doesn't. You know, I sleep 'till 'till I wake in the mornings, then I'm up. It's such a lazy ... er lazy life. I don't like to be that. Er, I want to be ... And the other thing when I come back from a run I've got more energy to go back, to go through the day. But now I ... I dunno. I don't like the way I live on the moment, but soon I will be in my takkies again.

R: Do you experience any disadvantages because of running? ... Some people, for example, say that the problem with running is that they can't socialize as much as they would like to.

P7: Oh no, I socialize. I I can go on. The people I know knows I can run and talk the whole 41, 42 kays. (*chuckles*) So, no I socialize my running if I want. Sometimes I love to run a race on my own and talk to nobody. It's when I really want to race hard. I don't want to talk to anybody. I really don't. But when I train, the most of your long runs you train in, then I love and talk and ... socialize with the people.

R: But do you see any disadvantages with running?

P7: Ja, all of those flipping injuries on the moment that I had. It's it's like a drawback. It's like ... I want to run, but it's not comfortable, it's not. ... On the moment I can run, but ... then I'm cripple afterwards and it's not, I don't like it.

R: How would you personally define injury? I'm asking this because some runners believe they are injured if they have niggles and others believe they are only injured if they cannot run.

P7: I I ... Must I choose one?

R: No. What do you think an injury is?

P7: No, I'm definitely one I'm cripple and then I say I'm injured. I always, because if you race hard like I did for ten years and you always sometimes have a knee ... doesn't feel right or er er a hamstring pulling, but you never want to talk about it because you you scared it is an

injury. I remember my first injury, real injury, the achilles I told you about in 97. I was hurting then and I, when I come at the school I walk like cripple at school and er the the teachers ask me what's happen. I say, no I just have a niggle ... something here. (*indicates where injury was*) And the one lady said to me, are you going to run this afternoon? I said, yes ... when I run I'm not cripple. But that was the first time I run in the afternoon and I couldn't run. So, so I had to stop. But other way ... I know when I train hard there was sometimes that I couldn't walk. I know I can't explain it, but I know I can remember sometimes I walk like in those ... at school, but I walk cripple because something's not right in my leg, er especially that er week you do the high mileage. So when I get my takkies on and I run, I'm not cripple. Then then this niggles away. So that's what I thought that year when I get that Achilles as well. But the Achilles you can't run with it. (*chuckles*)

R: You have a problem with your plantar fasciitis now?

P7: Yes, I've got it from March last year. So it's ... this year it was a year since, wat is ... April, Mei, Junie ... hoe lank?

R: Fifteen months?

P7: Laas April, Mei. No. Ja, first er it was maybe vierteen, fourteen months on the moment. But it's still not 100% right. And I never run ... Maart, April, Mei ... four, no three months. I didn't run for three months and it's still not right. I can just feel it when I walk on ... in my home.

R: When you realized it was an (*participant interrupts*)

P7: Injury?

R: Yes, when you realized it wasn't just a niggle, but an injury what was your reaction?

P7: Ok , so er er I think to explain what I said just um in the previous one. Um I've ... last March I was starting feel my heel is sore, but I didn't talk to anyone about it. I didn't think it was an injury. I thought it's just this niggle. And I thought, er just next week it will be going away. So I think maybe that's why I suffer so much ... er it couldn't get healed because if I realized I I've got a injury ... It was maybe after a month that I had it that I ... my doctor, er W train with me and then I said to him, you know my heel is sore for nearly a month now. I thought I step on something, I thought I step ... on a rock and er it will be fine but it doesn't heal, it get more sore each time. And then he said to me ... I think it was more than a month that I was injured. He said to me, it's not er er you didn't step on something. It's a injury. It's your plantar. And then it was maybe in one in April, somewhere in April he said to me I've got a injury. So, I had the injury more than a month before I realized it was a injury. But but I didn't er I didn't think it will strike back. It didn't go. It's just a injury. My first injury who who can't go away. It doesn't want to go away. It just be there. I did everything ... in Tim Noakes' book. I had a night stretch strip, I sleep with it. I've got a inners made from from, special inners in wat is orthopediese, er orthopaedics. I've got this in my shoe. I I've cut a hole in where is it, where it's sore like I read the Runner's World or Tim Noakes' book what they said the plantar fasciitis. And I did everything in the book. And he said if you suffer after a year

with it then you have to cut it up. That's why I stopped running because I I won't cut my foot. So, I will stop running 'till it's going away.

R: Have you been to any specialists about it?

P7: I wasn't at a specialist, but I was at a er a a I had a sonar and um ... er I mean a platte, a scan or what. I did sc, the er ... At some stage I thought I had a er stress fracture. So I had this platte ge geneem van my voet and um then it wasn't a stress fracture. I go for a sonar and then he see they see it's the plantar ... er wat geontsteek is. And I had in injections. I've got two injections, but before last Comrades, ten ten days before the Comrades I had my first injection. That's why I could finish the Comrades last year. Er, it wasn't bad. I could feel it the whole way but it doesn't, it wasn't going more sore at the end of the Comrades. But I was always aware of it, it's not 100%, it's a little bit sore. But after Comrades it was coming back when I start training again.

R: Why do you think you got injured?

P7: Ah, I I can't I can't er ... explain why's it's coming because at that stage when I I when I thought back when I start feeling my foot my heel is getting sore it was er me and W and X going to Tuks on a on to do 400s on er a track. But er it was a grass track. But we did the same. They didn't get anything about it. But just me get this injury. So I don't know if it can be that. I bought new shoes. I dunno. I thought maybe Br I always run in Brand R ph and I believe the last few phs was when I put it on it's as if I can feel my heel is a bit lower. Now I don't know, I I don't know if it's the shoes, but ... but that was the first time in all my running years that my heel was ever sore. I never had problems with my foot. So I I my, if I can tell you maybe this is wrong, I think it's this flipping ph, but I bought other shoes meanwhile and try and run with them, but it's still sore. But but I wasn't happy with the ph when I got the injury. ... But now I've got er other shoes an and er it's still sore. So, I don't know. I got an inner sole. I've got everything. But ...

R: Have you been to any physios?

P7: Yes, yes. When it was sore I was a lot to S and she put on this ultrasound and ... other machines on. ... And then when I was at the physio it was a little bit better, but when I trained it came back.

R: Did the physio give you any exercises to do?

P7: Yes, I did it and I put ice on it and do everything, but I'm not. Say on the moment I do nothing. I just rest because I was like ... failing. Geemoetig. I couldn't even er, I had to ... to pu put such a lot of time to treat my foot that I don't want to treat my foot. (*speaks very slowly*) You know, I was too too many times to ice it, to roll the bol, ball to do all this exercise. It was just too much time and then you don't feel the benefit of it. So I stopped. That's why I really stop running. I just do nothing on the moment. Just nothing. I didn't ... you know, I sleep with the er the night strip and I walk with the inner sole. That's ev, everything I do now. Only thing.

R: And you don't want to go to an orthopaedic surgeon because you don't want an operation?

P7: Ja, but I won't. Er, ja, I won't er cut my foot. On this stage I haven't er another title in sight. I'm too old now. So, so I rather stay out of running for the year if I had to, but I don't want to cut on this stage. If I maybe was in competition, yes, if it was so important to get healed to run again. But now I just want to run to have a healthy life or I just enjoy running so I want to run.

R: This injury is affecting you badly?

P7: Ja, ja, er it affected me badly. My, I don't like my ... hoe se 'n mens 'n lewenstyl ... the way I live. But I cope well with it because I um ... read this Paula Radcliffe ... the book, the biografie. I'm read it on the moment so it's helped me a lot to cope scraping the Comrades and scraping the Two Oceans.

R: So it's a good book?

P7: Ja, for a, I think I think for a outsider would find it um ... verveelig because she told about her races and stuff. She didn't ... I expect more er of her of training program, but she didn't give anything of that.

R: They never do.

P7: *(laughs)* Ja, ja but but it's very um ... What helped me a lot on the moment because it's it's really heartsore for me to moes skip this Comrades. The Comrades is always something special to me and from ... This is the first year I decide to don't go to the Comrades because they always invite us as VIPs and I did think it will be very heartsore for me to there and I know my, my body's not ... um strong enough to do it this year. But I was there when I was running in Belgium and an and Japan, I was a a Comrades athlete there. I do go also there and I was heart sore when um the gun go off that I couldn't be part of this lot of people running, but the heart sore away quickly because I was fit. I was ready to run. I can run the Comrades at that stage, but a month later I've got a different race, another aim. But this year ... it's it's different. This year I can't ... I'm not fit. I can't do any other race. I can't do Comrades.

R: Earlier you said you had had an Achilles injury. Why did that happen?

P7: That happened, also I think, er what I think that year, I think my shoes was I didn't um ... You know what, I was running for 10 years hard. I didn't um ... my shoes was old. I think my shoes was too old 'cause um er ... I was log, before that I was logging my kays and I know if I got 1000 kays on the shoes I must put it away. But that year I ... I just run. I er I was on another stint. You, you get comfortable. You think you can just run, you don't get injured. So, so that's ... I really think my shoes wasn't ... was the problem that stage. That's what I feel. I I'm not sure. I can't say it was it, but that's what I think 'cause my shoes was, when I get injured I I read and shoo but my shoes are old. I run more than 1500 in this pair. So, maybe that is, that's why I get it. I'm not it was that, but that's what I think.

R: You say you normally only get 1000 kays out of a pair of shoes?

- P7: More, but a 1000 hard kays. You know I I I then just use it for training. Then I just go for, when I go quickly a 10 kay in the morning, I put it on. Then I don't race anymore with it. I won't race with it. I won't run a 30 or a 42 with a shoe over. Then I buy a new shoe, a new pair of shoes. I train with it still.
- R: Up until when?
- P7: ... Okay, now I can't tell you anymore because now I I I did. I know on the moment. I can't remember what I did ... earlier, but now I run like er three pairs in a year. I buy one in January, just one before the Two Oceans and er just one before Comrades.
- R: Do you alternate your shoes?
- P7: Ja, then I train with the other ones. When I, January's shoes when I buy a new one when I go to Two Oceans because I always believe if I run Comrades or Two Oceans I have to have a new pair. Not like brand new but just with a few kays on it.
- R: Can you describe a typical day?
- P7: When I was training or now?
- R: Both when you were training and now.
- P7: Okay, when I was training now I was standing, my alarm clock was half past four. (*speaks slowly with emphasis*) It's going off each each and every morning from from Monday 'till Sunday. And maybe sometimes at weekends earlier er er depends on where the race are, so how far must I go to drive for the race, to be there in time. So some Sat Saturday mornings is alarm clock is before half past four. But the normal days half past four my clock going off, stand up, drink my coffee; er the enige only thing I had before I run. Then I go out for my run. And then I come back ... er clean me up and bath and go to work. Teaching and working with the kids and then ... Nowadays I didn't train twice a day, but when I was um ... the first ten years competing, competitive I run like um two days, two times a day on Tuesdays, Wednesdays and Thursdays. So three three days in a week I had I run two times. But now one time is enough. I can't do two times anymore.
- R: Would you say you were experiencing any stress before you got this injury?
- P7: You mean ... um er a stressful life?
- R: Yes.
- P7: ... Oh no, I can't remember what was last year's ... No, I I don't think so. ... I can er tell you why I maybe stopped running because I hear what you say ... I've heard someone say a doctor told them you only stop running when you had a ...
- R: Stress fracture?
- P7: Stress fracture. So, I want to agree with them and I think why I stopped running now, we, our family had a terrible terrible thing happened with us last, end of last year. But then I still had the injury. So I think, I think by myself if maybe this didn't happen with our family I I will still jog ... with injuries too. Because I I I can never ever in Tim Noakes' book, he said you must stop running. He said you must stop doing hill work and speed work, but you can still run. But I I er and my doctor also said to me, go and run. But I, myself, decided to stop run because

my brother's child, 29 is killed in a terrible accident last November and I think I'm still battling to get over it. And so when I I going for the marathon in in PE this year in February, the 12th of February I was running and er it wasn't a good run. And I was cripple at the end of this injury and I come back and I don't know if it's courage to try again, to just keep on trying you will get better. I just ... gee moed op en now I just want it to be 100% away. Then I think I will start again. But I think this gee moed op it's the first time in my career and I think this is this death of this lovely son of my brother's so early. So I it was very terrible the accident was so. I think at on the moment I think that affect me because I really think a lot it and it come to my mind often. (*eyes full of tears often*)

R: Don't you think it would help you if you ran?

P7: It will help if I ran and I think I was running while he was in the accident and and he was like 39 days in the ... intensive care unit and I run through that stage and I run through his and and then he died and I run through his um the the begrafnis, what funeral and I I still don't er feel it. You see it was a lot , but then I ... ek het moed opgegee nou. I I think my body, I I feel my body wants a rest. I had to rest now. I'm I'm drained. I'm ... my brain is drained. Er er my running will be good, but I try after his death and I was ... And your head is sore and your or not your head, but your heart is sore. So, so I think, but otherwise I won't give up the Comrades, but but this year I just give it up. I I think if this terrible accident didn't happen I won't give up my Comrades this year. I will still try and do it with this cripple foot because I can run. It's just not so comfortable (*tearful*)

R: So the only major injuries you have had are this one and the Achilles?

P7: Er ja, I had in this competitive years I had niggles. Um, but you know wat short ones, not not really an injury like this one. It's more than a year and it doesn't go away. It's the first time I've got a injury so long like this one. But the achilles also was not very long. I did everything in the book what you have to do and it was quickly over. But it was just before Comrades. So it was just after Comrades over and I couldn't do the long run if this doesn't ... right on the moment. But er ... I do have a heel ... Er, I I remember when I run in Japan, the 100 kays for South Africa, the my heel was very sore the last few kays like the last 10 kays I starting feeling my heel. But not the heel like now. It was it's the bone. And maybe it was a stress fracture. I dunno what was it but when I crossed the line that day I was ... hopping on one foot. I couldn't step on my other foot. But at that stage er my er I've got a very um strong willpower so if I want to do something ... I do it. So there was nothing that I will stop in the last 10 kays of a 100 kays and I've got my green and gold on. I will have I will crawl, but I will finish that race. So I finished and er not too bad time, but um um er I wasn't able to walk for long, but then it wasn't necessary for me to run or walk after the race. It was just 'till the race. So I had to rest for the rest. So I rest for one or two months and then I start running again and then the heel wa was fine and I never had troubles with the heel. Like this is now my plantar and it feel likes my heel, but that one outside of the outside of the heel that that time. But ... like I said it doesn't affect any of my races ... and er ja. And I got er my

hamstring's pulling a lot. Um, not now but almost certain times. That's why I started doing gym work because I thought. They tested me at at G and they see my hamstrings are very ... weak. Weaker than they should be. So, so I think that's maybe and I must say in that year I was at the gym at G working on my hamstrings, when I was running it wasn't sore. So it it was definitely helping my hamstrings.

R: The achilles and now your plantar fasciitis injury. Is it the same foot?

P7: Oh, I don't know. I can't tell you. But but if I look in in my um ... I will do look in my book and see. There was a spinnekop wat er 'n spinnekop wat my een jaar opgebyt op Comrades. Toe was my voet ook seer. En die volgende jaar het ek er ook 'n besering gekry daar waar die spinnekop my gebyt het. Dit was seer.

R: Really?

P7: Ja.

R: In the middle of the Comrades?

P7: BEFORE the Comrades. I think it wa were, net hier waar jou sokkie waar jou sokkie sit. (*indicates*) Ek dink dit was in my sokkie of iets. Dit was net daar. Toe was hy seer en ... toe ek klaar Comrades gehardloop het, kon ek amper nie op my voet getrap. Die volgende dag het hy so gestaan. (*indicates size*) Toe gaan ek dokter toe want ek weet nie wat is fout nie. Toe is dit 'n spinnekop. En die volg, toe gaan dit weg al, die volgende jaar toe kry ek soos my achilles was. Hier (*indicates*) tendonitis. Hier, op hierdie tendon daar, net waar hulle gebyt het. Toe se dis die um ... er ... wat is die goed wat agterbly? Die scar ... tissue scar. En dit het nou weer ontsteek. Maar ek het, dit het my nie, dis wat ek se dit laat my nie in die kop invat ook nie. Ek hardloop net stadiger maar ek doen ... want dis nie ... ek het nooit 'n stress frakteen gehad nie.

R: Now you are resting. What else do you think will help you get over the injury? ... What else will help your recovery? You said you have been to physio and followed Tim Noakes' advice down to the (*participant interrupts*)

P7: Ja, everything except the operation. No, I think if I stay long enough, don't do anything it will hea heal. But I think on the moment it's my heart and my body must heal. Both I think.

R: So you feel your body needs a rest?

P7: Ja, I ... not, ja my body and my heart, I just feel ... Ja, I think um because my brother's son is not in a normal accident. It it's a very weird and sad accident, but you can't think why it happened. So I think, now ek kry my broer en sy familie baie jammer ook. Dit is, dit is baie sad en die kind het vir my kom kuier. Er, hy het die dag wat hy die ongeluk het, het hy die dag by my kom eet het en als die dinge, dit is net ek dink vir my te veel. Ek ek kan nie glo. Dis so so iets iets, dis ... Ek kan nie glo dat dit gebeur het nie. I can't ... (*tearful*)

R: Was it a motor car accident?

P7: Ja, he was. Dit dit was in die koerant. Hy's in 'n car gesleep. Hu hulle het oor hom gery en toe haak hy vas onder die kar gesleep om hom. So dit is nie. Dis dis wreed, dis nie menslik moonlik. En nou a sy ongeluk as ek gaan hardloop het, was ek so bang vir die karre ek het

nie in die pad gehol, ek het daar in die bosse gehol en ek was te bang dat 'n kar ry my om en hulle sleep my ook en ... Ek was sielkundige ... maar dis net 'n paar maande, dis nog net eers 'n jaar nie. 'n Mens moet, ek dink, jousef kans gee om dit te kan verwerk. Jy moet ... moet ... moet ... (*very tearful*)

R: Give yourself a chance to work through it?

P7: Ja, eke k dink dis hoekom ek nie nou want sou ek Comrades gehardloop het want ek met almal behalwe daai een achilles nie Comrades gehol nie.

P7: Are you the only one in your family who runs? Are you related to I B?

R: It's my brother's not; I've got two brothers. But er, I B is my peetkind. It's my brother's, my other. Not the brother whose son has died. This is my oldest brother whose son has died last year, but I is my younger brother's child. Ja, my my godchild and sh. I'm very proud because she said um she always going when when they were small they coming with me to races and that luckily in the days I win a lot of races. And it was so funny every time they come with me and they watch at the Comrades when I win and we going at the platteland and everywhere to race. And luckily every time they're with me I win the race, the ladies' race. I mean not the men's race, the ladies' race. But so they were small and they think, the peetma always win. You know, the godmother, the peetma. And she said when when I know er on the er ... wat is onderhoude in Engels? The ...

R: Interviews?

P7: The interviews they're they're got when she starts running good. They ask her what what inspire her to run. She says, ja she was always there when I run and they give me water and ... cold drink ... you know, from the side. She said, and it always looks so nice. So she tried and it's really nice for her also. This is really fun. So it was proud for me to ... to let someone else and she's really talented. She can run very good.

R: Are you still in contact with other runners?

P7: Not so much but er as I know Bruce. Er Bruce Fordyce was, er I was not so caught up with him. But we had this Comrades, ex-Comrades winners' races er often ... Er, each year Bruce get a few old Comrades winners together when we ru run ... a aflos um ...

R: Relay?

P7: Relay in Jo'burg. This March we did two there. It's ... there a, you know, a Comrades winners' team. You know, then we're like a team. And so er Rae Bischoff and I, dunno if you know who's Rae Bischoff. She's the last South African lady winning Comrades. Me and she is nearly the same age so so we. And she was with me in Japan. We start knowing each other when we share a room in Japan for this 100 kays we run there. So, um er er me and Rae are very big friends. So I've got contact with her. Not so much with L because I I didn't train with her or ... and now the few months I didn't er run I didn't see her because I see her always on races. But I'm not going to races anymore so I don't see her.

R: Before you stopped running this year, were you training with others?

- P7: No, er the last few years I trained by myself but only this. On some Wednesday mornings I'm was going to W, this W wat my dokter is. But it's just for me. We do a 15 kay loop. So some Wednesdays er I go there. Er, like last year, I go there some Wednesday mornings. But all the other mornings and stuff I run on my own. But I run at Club M on Sundays and I run Saturdays the races. But the races is more for me for practice, not for a race because I don't want to run a 21 on my own so I go run a 21 race. That's why I run nearly every Saturday a race because that is my ... Then I'm not on my own when I train. But then from in the week I train ... totally on my own.
- R: So you haven't had any contact with the people you run with at Club M since you have been injured?
- P7: No. No, no, no.
- R: Have you had any tips and advice from runners re your injury?
- P7: Advice from them?
- R: Yes, about what you must do.
- P7: Ja, I I I will remember one day an at one stage, you know Jackie Meckler? He was moes he's al also a former Comrades winner and and ja and the race named after him I saw once, a few years back at that race. And I said for, I said to him like you ask me now, don't you have any tips for me because I'm starting battling to keep up running. He said to me, jy weet you want good, if you want to run a good Comrades you have to train twice a day. But I don't know how ... er er like er I dunno ... I think for some people it work and for some not. But because he said to me that and I believed him because when I was winning Comrades I run, but not every day, three days a week I run twice. But like Rae Bischoff, me and she became good friends after Japan. So we had very, like yesterday I spoke to her two times. So we I've got very ... And sometimes she also. We and the same things. When I'm sick, then she's sick, then I'm injured, then she's injured. So so we had a lot to relate and we all both was Comrades winners so we know what's to run in front. And now it's it's like a battle to run at the back, but that's all you can do on the moment. (*chuckles*) So you do it and er. Nou ja, ek weet nie wat ek wil nou gese het ... wat het jy gevra?
- R: What ad (*participant interrupts*)
- P7: O o okay. Jackie Meckler said to me twice a day training. But Rae Bischoff win the Comrades in a very good time and she only trained once a day. Never two. So, so I think ...
- R: It probably depends on how strong you are.
- P7: Ja ... I know Madaleen Otto also trained once a day. Although she didn't win Comrades she had a few golds, I think and she had a gold or something at Two Oceans as well. But um she she also run just once a day. She always said she can't run two times a day because she's got a kid and stuff. So I I don't think that the ultimate.
- R: What about advice regarding your injury?
- P7: Huh! Everyone had to say something about the injury. I dunno. Roll the tennis ball and put ice on. Ah ...

R: Do you get a lot of different advice?

P7: Different?

R: Yes, do some people tell you to do one thing and other people tell you to do another thing?

P7: Ja, they they ... there is a lot, but it doesn't affect me a lot. I ... I dunno. They ... Most of the the things they said is the things I already did or ... um, you know, like they said I have to ice it and I did en ek moet die balletjie rol en dit het ek gedoen en weet ek moet dit doen and they said. But they some they said to me I had to go to R H. I don't go to him because I won't go to Jo'burg to see somebody. Um and ja, they they can can't wanting to, like now I'm not in, not there so ... they won't give me any ...

R: Don't you miss socializing with other runners?

P7: Er, not so much. I can't say I didn't miss it, but er I have other my other not running friends become now more part of my life because I I er skep hulle af as ek hardloop en they moan baie want as hulle bel en ek se, no, no I cannot come for this tea. I have to run a race there and there and okay jy is altyd aan die hardloop. So they know me as a hardlopende girl and everytime they call me for something. And now they call me and I said, no I didn't ha run, I will come. Then they say, really? You don't running. Whow! I'm injured. Okay. Then they don't ask me where or what. Injury doesn't mean anything to somebody who didn't run. They don't tell me what to do. They don't even ask me what is sore. Sometimes they say, where? In my foot. Okay. And that's fine for them. So, you know I I like to to have this running people and not running people. But like me and Rae Bischoff we are both Comrades winners and we never talk running when we're together. We talk other things. We're not really very into running. We, maybe when we're at the Comrades together we will talk a little bit of ... but we normally talk about something else.

R: Do you find that a lot of people tell you about their injuries if they know you are injured?

P7: Ja, if you said ... ja, er when my foot was in the beginning sore and after a race I put ice on it I go to the ... In the beginning when I actually recognize it's an injury and not bumped my heel or something, then I get ice at the end of the race, put out my takkie and put ice on my heel and then the people said, yes I got also this and this. And I remember some of them said to me it was one or two years they struggle with it. And I said what? So long? And I didn't believe them. But er now I believe them. (*chuckles*) So they said and what. There was a few in the beginning who said to me, it was so, it took so long to heal.

R: What do you find particularly difficult about being injured?

P7: ... Ooh, in the beginning it was the running I miss. But on the moment I'm fi, I think I'm fine on the moment be. But but I don't want to know about the running, what races is on. Er, it's better for me. That's why I didn't have contact a lot with Club U or Linda or ... because I don't really want to know what is, what races is the weekend on because the first month I stop I was going, ah I want to run that race. Oh shame, they are running now. I thought I'd make myself mad to think that. So you cut out. You don't run it. Don't worry what the

other people say. So now I'm I'm good to cut me off something. I want to cut me off 'cause I think I've got a strong mind and a strong will. So, so I just cut me off ... So, so on the moment, in the beginning it was a little bit. But the Loskop was like a heartsore story for me because I did 15 Loskops in a row without skipping any year. ... And this year w will be my 16th one and this is the first one I skip. I thought I will do fif 20 in a row, but now I just do 15 and then ... So, so then I was heartsore and then I thought I must do something. I can't think every race, ag shame, this race I miss or this race I miss. So now I I don't worry. I don't even know what races is there tomorrow and ... I don't mind to know.

R: Have you learnt anything about yourself because of the injury?

P7: ... Yes, the last m three months I learnt ... you, you know what you must take the cards coming to you. If you get bad cards, you must accept it. If you get good cards, you must accept it because you always get good and bad. So I just accept what happened to me now because it doesn't help to try and don't accept it. You must just, if you can't run a race, just accept it. Don't try and do it in and you're injured and you're going and you're cripple and afterwards you're more cripple than you start. You know so, so I think you must, in life you must just because there's so ma many unfortunate things happen to you. You can't do nothing about it. So, I think if something happen to you that you could do nothing about it, just accept it as good as you can and go on.

R: Did it take you a long time to accept it?

P7: Ja, I think the first month or two I was ... you know, in what race and then I ... ag, shame they're running now. They're busy. I wonder when they will finish. Okay, then they finish it and I call W and said, what was your time? Now he call me and he said to me his time and I said, what? How long was it? What did you run? You know ... at first I call him, now he call me and he said, O er he go to this Warmbad 28 race. I love to go to that race because it's in nature. You don't run in the road. So, we always going there every year. Then he call me after the run 2.30. I said, gee but it's a stadig, what's it, a 21? He said, no man it's a 28. Ek se, ag shame. Ek het gedink jy het stadig gegaan. Maar ... it's better that I didn't. That's why I don't want to go to Comrades. I don't want to. I think it will be too ... too emotional this year to go there because I'm not fit and I can't. But I dunno, but on the moment I don't think I will go.

R: Have you any other words of wisdom about running?

P7: ... I think anyone who wants to or loves running must go on running until he can't run anymore because er I think it's so healing for your soul. It helps you through life. It helps you. Because an an you know there's some ... One of my brothers did the Comrades once. Because of me he starts running. My brother's daughter running ... because of me um. And I will love to learn this niece habit. I always said to the people, I'm ek is verslaf aan hardloop and it's better to be um ... Wat is verslaf in Engels?

R: Addicted.

P7: Addicted to running than to anything else. To smoking ... er drugs or anything. So be addicted to running is it's better for everyone around you. For your soul, for yourself, for your health er and um ... Um and there was some people in races telling me also I inspired them to run and er that's what ... If there is only one I could inspire to run that will be ... help for me. It will make me proud. Somebody to come and run not just one race and stop. It's a way of life, it's your style of living. Or not only run. I've seen it's ... you know, if someone er to er er prefer the bike before running. Or it's it's the same. But I think sport must be. But there is sports you can't do then when you're old. But running is one you can do when you're old. But I think um ... I will ... be glad. I I um I'm a child lover so I'm working with child so every child must have sport that ... and and because one thing to to er participate in one thing ... training you in most things. That is important I think. It's self-vertroue, confidence, self-confidence. From ... before I was running I I didn't have much self-confidence. The running gives me lots of that. But running makes my lif life much easier, much ... It gives something to me. Ja and I think any anyone who runs gets confidence from it because you can do ... except a race like Comrades. If you do it, just once, then you know you can do it. You can do 90 kays. You've got ... um ... confidence.

INTERVIEW WITH PARTICIPANT 8

R: How long have you been running for?

P8: Well, about fif 15 years I think. ... Ja, because I've done 12 Comrades. This this one I won't run ... and two years I haven't run. So it's 15. This year it's 15.

R: Why did you originally start running?

P8: ... Ag, I always liked type of sports. I played rugby and tennis afterwards and then at university I've got a friend that started running. On that run then I started with him and I kept it going with friends at Club G. I just enjoyed it.

R: You said you've run Comrades 12 times. Did you run it in your first year of running?

P8: Ja, the first year, ja. Because I've gone and joined Magnolia and they like was well at that stage everybody did Comrades. So we started training with a group and er did it the first year. Or, I er ja, I I joined the club and in the first year. Ja, I'd done it in, like my first Comrades was 10.38. It was still 11 hours. I think my time was 10.45. *(laughs)*

R: What is your best?

P8: My best time?

R: Yes.

P8: 8.07. Look for me, time my time ... I, because I'm not actually a runner. I'm too big for that, but I enjoy it still. So for me that was a good time. Ja.

R: When was that?

P8: It's about ... 2000 and ... 1 or 2 about. Ja. But that year me and J we had bit, quite a bit of time off. At least I didn't have to go far. I worked close to Pretoria so we could train a lot. So it's that's the difference. If you can train a lot you, even if you don't have that much ability you can run a good time. Um ... I'm traveling to Jo'burg and back. I don't have the time. So the times show it. *(laughs)* Ja.

R: How often do you run a week?

P8: Well, if I'm not injured we run er at least ... at least five times a week. Saturday, Sunday and at least two times a week or perhaps four when we have big weeks. ... Friday we normally rest. Friday we don't. On the other days when we don't run at least I go to the gym or spin or something like that. Still now when I'm injured. Cause now um I'm not running every day. I can't. So every other day I run and then I go to gym to ... practise this muscle. *(points to lower abdomen)* Get a six. *(chuckles)*

R: Do you think spinning helps?

P8: Well at least it's not er aggravating the injury that much because I I'm setting the seat a bit lower so that I don't have to stretch it. So, at least you get your bit of ... It's not as compounding as running hard to th the running. So, er in the ... but when I had the injury he said I can't cycle or swim or ... 'cause you stretch it with cycling. Your legs do that. *(demonstrates)*

R: What injury do you have?

- P8: It's this groin because I had an operation ... 15th of December. But I struggled with it. It comes now about for more than a year about, ago nearly two years that I, cause I stopped and then I just didn't run and so did some that um ... What's that other type of doctors that give you that, test you on this machines? To test your muscles, um ... biokineticist.
- R: Yes.
- P8: Okay, yes. He first give me exercises. He said it will, they will first try to with the muscles to ... like to train you, um try to get that muscle strong again or whatever. But the tear, but when I started training again that tear just got worse or aggravated again. So they had to operate it and stretch it to fix the the torn muscle. But it it's not sore from the swimming itself because I couldn't swim er 'cause of the swimming kick or or ...
- R: So you couldn't even swim?
- P8: No, because I had to ... When I when I had the injury before the operation I had to with that other thing you put between your legs just to you afloat, your don't sink.
- R: A pullbuoy?
- P8: Yes, just to er swim with my arms. So you don't use the legs. So I did some of that things to try to get fit sort of or stay not unfit. ... Ja, it's bad when you athletic. (*laughs*) because you want to something and you can't.
- R: What does your training program normally involve? ... You said that you train three, four times a week as well as on the weekends. When you aren't injured what training would you do?
- P8: The type of training?
- R: Yes.
- P8: Okay, Wednesday we'll normally go for a bit of longer run like 15 to 18 kilometres. And then Tuesdays we do a time trial or try to do some sort of short sprints and at least one or type of hill session. It's not that complicated. We try to do something something around the club where's there's lots of different hills like at Club H, that hill there or what or Klapperkop perhaps, and do a bit of hill work. And then Sat Saturday we run a race or something. And then Sundays there's the club run. It's just at least to keep going.
- R: Do you do any farklek?
- P8: Ja, well that year we we we actually had more time to to train. We had like a off week. We came to I to do short sprints. Even now we we we with J there in Marais Straat in Brooklyn we did er 500 sprints or a 1000. So we did repeats of that for for speedwork because we couldn't. In the past we did when it was still er KU that J took it over there at the Fountains Circle, that campus there. We did er track work there, but it's now part of J so I don't know if we can run there anymore. Ago, but we did 1000s on the road. But maybe we can because sometimes there's nobody there. Ja, so sometimes in on Saturdays or whatever when there's nobody we run there, but then in peak time there's a lot of er er athletes

there. But we are we did some er at least some structuring at times when we when we can.
(*chuckles*)

R: How many kilometres a week do you do?

P8: Well ...

R: Let's say two months before Comrades.

P8: Well the that. Well, we try at least to do 120 or something like that a month. Ja, we might do 140 or so. But normally we try to do at least 80, 90 a week for and then three or some good weeks 120 or something. ... But it's it's a lot. (*laughs*) You can't do more because then you are too tired at work and er stuff like that. ... Ideally it's to to run two times a week, ag two times a day. But that was Freddie. But he's just working here here in the city, so ... Then if I go in the mornings with him, then I work and he run in the afternoons again. But I can either train just in the mornings or in the afternoons. But it's bet, but but that year when I worked in Pretoria we did times a week, er two trainings a day, in the morning and in the afternoon. Then you don't have to do one long 18 or 20 in the afternoon. You split it up. And that worked quite well. It didn't feel so bad on your legs if you run two shorter ones. Ja ... (*chuckles*)

R: Do you do any gym work?

P8: Ja. Well I ... I go to the gym so I swim there and do spinning some once or twice a week. Now at this stage er at least two times a week I go to the gym just for my legs and that new type of ball exercises. But before I even know before this (*points to lower abdomen*) I I go to gym, but now I must do that lower stomach muscle type of ...

R: With those big balls?

P8: Balls and stuff, ja.

R: Is it helping your injury?

P8: Ja. In the beginning I thought it's not working, but that things is that is quite strenuous, if you you think ja it's easy, but er it's it's ... because if you're working different types of muscles. Because with the normal sit-ups that you do and the normal you you are actually ... normally train more the upper type of muscle, but they. It's more your stabilizing muscles that they want to train. It's more part of your, on the sides. Ja, no you actually see how weak you are when you train on that type of. It's not just the ball. There's other ones as well. But the ball is at least to sta, to learn your muscles to stabilize yourself because you must move around and you use them. You must tighten your stomach muscles. And then you must er balance yourself on that ball so it's working actually that type of muscle where the injury are. (*chuckles*) So I bought myself one 'cause last year we worked overseas for six or nine months, but then I got injured. So I bought a ball and take it with. So I trained there. So then it was, it was quite good again, but then I come back and trained hard again, it just came back again. Then I had to do the operation. (*chuckles*)

R: Besides the Comrades what other races have you run?

- P8: Well, I did a bit of triathlon. I did er we started with the short Radio 5 type of things what's now the Energade Series. Then we, then we did them. Because all them is in Benoni and Rynpark. That Half Ironman distances. And then I did the three-quarter one and about two years ago I did the er, not in the sea one, but before the PE one started. I did the full Ironman distance, but it was here in the Vaal Dam.
- R: Have you done Two Oceans?
- P8: Ja, la ... last year I think. Ja, before then I've done just twice and this year the 21 because my injury I couldn't do the other one. So I just did the 21, but it was two and a half hours. *(laughs)* But I wasn't fit. I couldn't run. It was my first one since the operation in December. So I just ... We had er um planned everything and all the things arranged now. I was staying there at. So, I er just walk and run. It was not actually a run. Just just to do it because I was there. *(chuckles)*
- R: Did you enjoy the Two Oceans?
- P8: Ja, no it was because the previous one, the last one we did was was the old route or the the route so I did one of one of both. Ja. Ag, but there's not like the Comrades much more better for me, the Two Oceans. Ag, nice to every two few years to do it. Take a bit of a holiday. Ja.
- R: Have you enjoyed the Comrades?
- P8: Ja, no, no. Have a good time at the Comrades. Well, you struggle there, but at least you run it *(chuckles)* you know.
- R: Do you prefer the up or down run?
- P8: Well, I'm more sore from the down because I'm heavy. I'm 84 whatever kilograms. But because I'm heavy I'm I'll I'll, my best time was on the downs. So at least I'm sore afterwards, but on the down at least I can keep going. *(laughs)*
- R: What is your favourite distance?
- P8: ... I I like the 50s. You know, the Loskop and Om-die-Dam and stuff. 'Cause I'm not that quite speedy to run like sub-40 tens and stuff. So at least with the 50 you can get ... Ja, I dunno.
- R: What is your best marathon time?
- P8: Ohf, not that good. About 3.14 or something like that. I've done a few sub-90 half-marathons. And 50, it's about 3.57 at Loskop. Not at Om-die-Dam. *(laughs)* Loskop is is much easier than than Loskop, ag Om-die-Dam. Loskop is 20% less difficult than Om-die-Dam.
- R: What benefits do you experience because of your involvement?
- P8: Well, benefits ... Well, at least ... I I just sometimes when I'm just um 'cause I like to ... But that's phys, physical type of sports 'cause I tried golf and stuff but doesn't give me that satis satisfaction afterwards. Then I played tennis. Tennis was also good, but I did it with the running. So normally some Saturday mornings I run and Saturday afternoons I play tennis. But er running, you know, for a short distance and 'cause I sit a lot at a computer. The

whole day I sit. So at least when I feel um ... You you just feel more energized and alive. *(laughs)* And lots of friends and opportunities because with the running you always have away away weekends and stuff that we we wouldn't have done if we didn't run. So personally and with just jis your whole life gets better, but it works with running. It can with other sport as well but where we chose now running.

R: Do you experience any negative things because of running?

P8: Like for example?

R: Early mornings?

P8: *(laughs)* Oh ja ja ja like that ja. And normally the people that normally are at work they say, ja ... normally there's like a heart attack at some races, you know, and you're always there. Ja, you runners. Check what happens to you, but they don't see all the other stuff. Ag, sometimes when especially with the cycling perhaps the motorists ... you know and so. Kom en klap. They don't, even if you drive in not in a bunch and stuff like that. So you always, always ... jis, always have to check out them. I always worry because when I train for the Ironman I train alone. I didn't drive in this cycling bunches because I do do my own thing. So I had to ride on my own to Bronkhorstspuit and Delmas. There was a 150 kilometres loop I did on weekends. So it just feel unsafe.

R: Have you got any intentions of doing the Ironman in Port Elizabeth?

P8: I've done the Ironman distance, ja. Ja, that moes 180 cycle, 3.8 swim and marathon run afterwards. It was just Ironman distance her in Vanderbijl Park. Two, three years ago. Ja, but because I I wanted to go this year to Pe, but when I started training last year in October, November, it started to get worse. And I stopped a bit and when I started again, it was just bad. So if I'm here er er getting on now and can run long longer then I plan to do it next year because I have a three year contract and next year's the last one. Perhaps they will renew it. But it's the last last one for this current series. And running is also for me um 'cause I'm a believer in Jesus and stuff so for me it's nice just go out and sometimes when I run just ... gi gi just feel relaxed and free. Just praying and ... Even with the cycling 'cause ohf you cycling seven hours on my own, by myself. *(laughs)* Imagine. So for me it's just time off, it's it's time that I bid, speak with the Lord and just talking 'cause you're on your own and just thank for a able body and for friends and opportunities. 'Cause running give you lots of op opportunities. When I went overseas and I ran there in the Middle East then we and there was some races like that. I went to Dubai and did the Half Ironman there with some friends. So I took my bicy er bicycle with. So, at least no, sport gives you er at least some opportunities.

R: Did you run any races overseas?

P8: Ja, just where wh in er Bahrain, there was a marathon and half-marathon and 10 kays. Because running er they don't in the Middle East because there's not lots of sports. But because there's lots of western types of people and Asians so they have some er races organized. Very small, they don't go for anything big. Just drink water *(laughs)* But luckily G

G sent me some er ... Some of his friends was there and he he and they told him to send me um some sweets and stuff. So they sent me a lot of stuff. So I could run there.

R: So you don't really experience anything negative?

P8: No ... Okay, well injuries and stuff that negative, other negative things. Er well if I had more time I'll I'll do more still. (*laughs*) The negative is that I haven't too much time.

R: How would you personally define injury? ... What does injury mean to you?

P8: Well er I I can't ... I want to to to do something, run or cycle or swim or whatever like har like hard as I can and I can't. Because it's very frustrating now. I can a bit, just safely a bit ... er standing at this stage. So I as ... everything that keeps me from from doing ... my 100% what I can.

R: That's an injury?

P8: That's an injury, ja. Well even though it's sometimes normally well I've got lots of like hamstrings and stuff you going to the physio. I struggled also with my right. I dunno because that's what I decided 'cause my right ... um ... hamstrings giving me problems. Now it's the right so 'cause all the muscles is is like intertwined or whatever so I think it's, ja, so. For me an injury is like anything that keeps me from training as ...as I should, as as I would have if I don't have anything.

R: So you've had this injury for a long time?

P8: Ja, this one is now about coming now about two years now. That's because we first tried to fix it. And it was coming right, but then it was ... torn again because he, the doctor said in the end it was ... it was too weak for this. Ja. So they had to. Ag, it's like a like a stitch when you've had an operation there. They had er they had to cut it and there's, you see there's three layers of muscle in that and and and the bottom two they had to stitch er it separately 'cause it was now open. So, it it was taking too long to to heal on its own, ja. It's like the groin. You know you normally hear rugby players they've got this groin groin injury. And they have off a bit. At least they get ... trained.

R: When you realized that the injury wasn't getting better and you would have to have an operation, what was your reaction?

P8: ... Er normally, it was frustration. (*laughs*) Because you want to do something you like and all the other friends and stuff is doing it. So you have to sit on the sideline and just sit the whole day and at night. Just sit. You feel so frustrated. You've got lots of time on your hands when you come from work. It's just frustrating because you sit the whole day and you want at least to to train your body somehow. And ... you feel like powerless, but at least ... I've got lots of other things to ... to, not be glad. What's the word? ... To er ... dankbaar. What's it in English?

R: Grateful?

P8: Grateful, ja. To be grateful for for that. So er ... you know if you've just negative and feel sorry for yourself but you you have to look at the whole picture, what the Lord provides for you every day and all the other years that you did well. So at least I did that from that point

of view and thank Him and ask Him if it's possible I'll do it again in the future ... and if it's in His plan and thank Him for the other stuff and for the time I've been. So even if I have to do without maybe I can do short things. Ja, I'll just have to accept it. (*chuckles*) I hope not. Pray not. At least I want to do one Ironman in the sea because I did one in the dam. That's actually the only one thing I want to do still.

R: What about Comrades?

P8: Er, no look I'm not setting a goal when when er if I'm not injured or stuff I like running. So I'll run every year when when I'm able because there's no reason for me not to run it. I like it. So if I comes to 20 and I'm now 41. Claude did it last year and he was 61. So, I will easily make (*laughs*) easily make 20 because I'm now on 12 so so I'll easily make 20. No, when I'm not injured I'll keep running. At least during the year it motivates you to to keep fit and the rest. Because when you go stop training you know it's ... just sit the whole day and get fat. And you don't feel good. Jis you your whole outlook on life is different.

R: For how long were you unable to run?

P8: Ja, okay from now after the operation it was like, I started just before Two Oceans. Two weeks about. Just to ... be sure. Check if I will be able to do the distance. For four months of doing nothing. No gym, no swim, no r, nothing nothing.

R: So you couldn't even swim?

P8: No, no can't swim. It was very sore because for the first week Freddie and Claude did night, day. I was just lying like that. If I cough or something ... It was a very sore operation. That was ... ohf it was terrible. No, it was, I don't if it was a sensitive place or whatever. No, it was. And I can't even walk or drive for ... jis, I think I didn't drive for 10 days or something like that. I couldn't, couldn't ... couldn't drive. So I, before the operation, then I went overseas. Down there I didn't think I'd stop training. But I train with the balls and gym work. Er, but I didn't run for about two or three months. Just to check, to get it back. Then I just do short, short, short distances. In fact, that seems to work ... 'cause it didn't get worse. So we had to you know the town where we stayed we had a small gym outside with a treadmill and er and um a spinning bike. So I st started running again but when I came back and train like harder then it ... it sort of tore, torn again torn again on that same same same spot. Ja.

R: Had you been to physio before that?

P8: Before the injury?

R: Before you had the op.

P8: Ja, no. There's that er in Rosebank, there's that sports clinic. Ja, with the physios and er the biokineticist and the er who's that doctor that did the operations? You know that umm ... I don't know what type of doctor that is, I forgot the name. But we went to him and he and that biokineticist working together. So, they decide first to try to try the exercises. And er, and when I er but that's before I went overseas. So when we got back I went to went to see him again and then ... 'cause he know my history. So he said, well if that didn't do it the next because it's it's it's at that stage it was the same bad stage it was the first time it was ...

It got better but it was worse again. So he said, no then we, the only thing is to operate ... Just to just to bind it, er hy moet heg ... dit moet bymekaar ... to put it together.

R: So it was badly torn?

P8: Ja, it was badly torn. (*chuckles*)

R: Have you started to run again?

P8: Ja, I started to run again. So, now I'm starting ... So, last, actually this weekend is our first time from ... December that I I run two days because we run Saturday 11 kilometres and now yesterday the Sunday run. (*laughs*) So it's normally about ... It's back-to-back, ja back-to-back but it's just a short distance. But at least I starting to move forward. After five months.

R: Do you feel it's better?

P8: Well I, in, if I take a bit of ... I try to now at least now in my run just to get a bit faster in the middle or so. Just warm up and just, and sometimes in the next day I can still feel it. So I'm still a bit frustrated because I can't train full out. I must still hold myself back the whole time, especially on the downhill because you tend to give longer er steps or what. Then it's sore the next day. Even when I step, ja when I stand up and walk first, the stitching is like that. (*demonstrates pulling*) So I don't know it's just er type of friction or what or whatever. But I'm seeing the biokineticist the end of June again. Because he must er test my strength muscles on that machine. So I'll ask him if if I can still ... It's a long time still to feel it because it's five months now after the operation, nearly six months. So it's frustrating to not be able to ... Er, when I had the operation it's was sort of healing, but if you, if it was healed properly at least in this ... er in supposed to be pre-match. (*chuckles*) But after six months and jis the year's coming to an end and now you must get fit for next year. So if you feel under pressure if you are, if I'm going to be able to to run ... which is not get injured. feel not getting well, but that's fast. So ...

R: How far are you running now?

P8: Well, about three times a week, 12. Less than 50 kilometres a week. Just 10, make it two times 10, 30. Make it 40. Ja. It's four times 10.

R: You said you still feel it?

P8: Ja, when I ...

R: Are you getting used to it?

P8: Ja, this is what I'm going to ask him, if it's because when you normally get a cut or the oper or the stitch, you know there's something like hard ...

R: Scar tissue.

P8: Scar tissue. Ja. That's the word. He said, I'll get some scar tissue. In the beginning they, the physio massage it just after the operation. That was very sore to get that scar tissue out. So, but he said I could still or still feel it er because I'm running and it'll twitch and er what's the word again. Er inside it will cause friction it's now hard hard. So I'll just ask him if that's happening. If it's just that I won't worry that much. But I'm just concerned because I'm not

running long. It's just it's just, you know, I'm still feeling it the next day. So er ... I don't know if I'll be able to ... just because I need to run like 32 or something at some stage before the end of the year just to ... if I want next year just to do the Ironman, Comrades or whatever. You must start doing longer things. ... It's keeping me a bit back still. So, I suppose I'll know more after the winter time ... To make a decision because I have to start training hard er about October. Run, some cycling because you need to do long cycling because the Ironman is in March. So?

R: Can you swim now?

P8: No, I haven't started swimming. I'll start swimming after we come back from Comrades. But I'll still start with the pull-buoy between my legs for a week or two and then I'll see if I can increase it. And then from then, 'cause he give me some exercises up to now and then he will tell me what I must do.

R: Why do you think you got injured?

P8: Ag, perhaps it was an imbalance in my in my um ... muscle ... er strengths because I told the biokineticist and that doctor me you can't get that type of operation, that type... Er 'cause I told him we did lots of stomach exercises and stuff. And he said, ja, but you know, you know if it's just that one he'd agree. For one part of your muscles it's strong but then the supporting muscles on the lower side it's so er ... I think you concentrating on one because you don't have the knowledge to do all those ... You see all those people doing the balls and you think, no it's for sissies or whatever. (*laughs*) Hey, I tell you when you starting doing that they you feel how sore you get when you do those things. So I so he sent me to it because they tested me on those machines.

R: Cybex machines?

P8: Ja, cybex machine and there was some other thing as well. So they saw my supporting muscles and stuff was was in comparison. It was like your hamstring must feel like two-thirds from your ham er from quads or whatever ratio. So they said my supporting lower back muscles and stomach muscles was was was weak in comparison. So. Well, that was the 'cause of the injury. Because he said they my my back and this bone (*shows hip*) it moves too much.

R: Your hip?

P8: Ja, hip because that hip muscle that sit at the, support the stomach muscles he said it moves too much 'cause when they saw on the graph and those type of things. So when it it must be stable when you when you run or swim or whatever. 'Cause mine made like that (*demonstrates movement*) so it was lots of more er friction or whatever to and that causes the ... ja and they never take the lower core muscle.

R: So it was the deeper muscles?

P8: Ja and it's that that deeper muscle that tore because there was three layers he said and my lower two was er was torn. He said normally you you ... so he said er stomach muscles

you must do like sit-ups and things that you lift your legs and stuff to do that other part as well. More stabilizing type of ...

R: This is what the biokineticist prescribed?

P8: Biokineticist ja together with that er doctor that did the operation because he said that he said he's got this guy, he's doing lots of it.

R: I presume he's a sports doctor?

P8: Ja. ... Because I was here at the physios and she, B. I don't know if you know B. BS. Where is she now? At the H ja. 'Cause I was there with them and they told me ... I think at some stage I got some ... um ... what this in injections? I think it's er ...

R: Cortisone?

P8: Cortisone things. This that I do to do something and she referred me to them 'cause she had also a runner in the past and this that K it's just like a sport, a sport centre for for people. For sports injuries type of thing.

R: What other injuries have you had? You mentioned earlier you had had a hamstring injury?

P8: Ja, I've still got the hamstring and I dunno. It's quite stiff and sore normally, but I think when I'm doing more stretching and cycling a bit, stretching help. So I must. (*chuckles*) So I'm struggling a bit with with my hamstrings still, but for that the normal physios I normally get ... go there for the hamstrings.

R: Have you had any other injuries?

P8: The one year I've got this er um ... it's just behind your knee. That soft ... soft er thing behind your knee. I don't. There's, there's also a name for it.

R: Baker's cyst?

P8: Ja, cyst cyst. Yes, cyst okay. Then there was this other doctor here at K. Also, a woman doctor. I also forgot her name. But I will ... But she was the sports doctor here at K at that stage. So I also got her and she also got me this injections. But this, that year also because it was so sore. That that ... it was very ... ja, no that soft tissue, but it was very sore. So I also got some cortisone injections. That that year also I couldn't run Comrades. I think that was about my third third year. And from there it was, I was fine. Ag you know, the normal muscle things, but up to two years ago. Ja, ja I've got no major things. So, I actually had a good running running day for all those years. We actually trained very hard. It was sort of injury free.

R: How do you spend a typical day?

P8: The whole day?

R: Yes.

P8: Well, normally I work. Depending how late I'm going to work. Sometimes we when we work work at the other side of Jo'burg we normally leave about quarter past five in the morning so it's a bit then ...

R: Bit too early to run?

P8: Bit too early to run. Jisee. So I try, but 'cause we work like complete hours we can be flexible. I don't have to be there eight to five. So so if ... Or what I sometimes do er um um went early and then stop there at um um ... Gym A, there in Midrand. So um ... At the other side there's also a gym, there on the other side of Jo'burg and do whatever. I go to one of those gyms. So I arrive early there, gym and then go to work. So we had to be so like early in the mornings like now I'm normally at work already. So then I ... then I leave because just before the traffic. It was, it it ... If I was working here I would there at half past seven at work so. But if you don't leave like a bit early then you like just after Centurion that that N1, then you sit for an hour and a half. That's that's what happened. An hour and a half, two hours just to get to work. So we rather leave at five, be there at quarter past six and work and leave like four, half past four. But now I'm working now at Midrand so it's not that far from to go now. So, so it depends. If I'm running in the morning then I'll work a bit later in the afternoons so I'll go early and leave half past five, then I'm running in the evening. Yesterday I ran so tonight I'll I'll go to gym. So it will be now either a gym day or a or a running day. 'Cause it's now cold for the next two months I rather go early to work and go and run in the afternoons. Because they're not running now after Comrades, they're training for Rhodes. They're doing long runs so I'll just keep on for myself.

R: Are you going down to Comrades?

P8: Ja, with G and H and Z. Ja. Because H's not running also. (*chuckles*) Ja, ne next year we will. At least me and him and M and who's not running? Y's not running also. So next year we will run again. So, ja, so we will just. He had like also one year. Four or five places, so when we go to Rhodes we will wait for the people. (*chuckles*)

R: How does that make you feel?

P8: Ja, well I did it, also in my third year I was running I was injured. But at least you still have the experience and be with your friends and stuff. So, at least from that point of view you can just ... not running. No I ran there, bit short. Well I ran just on my own the day before me and H. At least I can run. That's a huge support and from December to ohf March, it was like ... When you're running four, five days a week, well training at least 'cause you sit. Well, at least now perhaps I can't, well won't be able to run long for a couple of months. Well I'll see. At least I can run and enjoy enjoy the running (*chuckles*)

R: Why I asked you that question is because some injured runners don't want to go near Comrades.

P8: Ah no no! Ja okay, but like I say I'm I'm grateful for all the other things the Lord provides. So, and and for the years I could run. So er it's ... No, so I still enjoy my friends and the stuff 'cause that's what running is. It's not for my I like it a lot or like or it's not like um I don't have hope. ... I rather keep conventional distances if that's what the ... rather than injure myself again. Because I could have entered and tried to do 12 hours, but that will defeat the purpose. Perhaps aggravated that thing again. No, so it's. Ja, so.

R: Would you say that the injury had been building up for a number of years?

P8: Not a number of years, but like two years because um because we trained quite hard for that Ironman here in Vanderbijl. Did lots of cycling. But I don't know why it didn't happen before. It was, other years, maybe I'm a bit older. Other years we trained a lot more. That year when we went just over eight hours, me and Freddie, um we trained a lot more kilometres running running wise 'cause we did like 140 or something some weeks. So, perhaps it was just on a point or you don't know, sometimes it happens just, got a weak point because it keeps going on and on and on and then it just get to ... It got worse so. But at least at least I've got a reason why it happened 'cause I could see the results when they tested me. And they actually ... When they start you can see jeez those one leg is totally out of like 30% the strength than this left muscle where it tore. You you can see wh when they showed the graphs on the computer. You can see what, what's the reason. You can fix it. You know what the reason are and try to work at that. So that's a positive thing like I know I can do something about it.

R: Do you think stress contributed to your injury?

P8: Well, I don't think so because it's not like ... But at least running helps you from stress.

R: You said that you picked up the injury because of an imbalance in your muscles.

P8: Yes.

R: Do you think you may have overtrained because of extra stress?

P8: Well, norm. No that. Oh, there is a lot of stress in our work like when at some stages when they had to make people less and stuff. And perhaps you train a bit harder the afternoon because er running is a stress reliever when you go out or whatever you do at least you feel better afterwards. But er ... I don't think this specific one. Well perhaps ... It's because of the training that I got the injury. But er at least running helps you with the stress at work because if you just keeping, keep it inside and don't get it out with some sort of physical exercise. *(chuckles)*

R: You mentioned going to a biokineticist. Were you given exercises to do?

P8: Ja.

R: Were you told to go to a physio?

P8: Er, because they had a physio there after the operation I have to come up for follow-up sessions. So, at some stage, well he said he done his part. You know, I must just er because ... You know, they have all those machines. But he said I must go to the biokineticist because he can't do anything. The biokineticist is the next guy. Him and the guy that did the operation, they visited after the operation. They must actually now test me again. So, actually I had to see them before, earlier on but I was too afraid. *(laughs loud)* I want to give myself more time to get the muscle stronger. I don't want them to tell me. No it's not looking good. So I keep er pushing out the dates. Ja, so you see all the time you want good news. *(chuckles)* So I rather keep going a month or two because I I actually trained er that er exercise they gave me because it hurts too much in the beginning because he said some people um the operations got a more influence on them. So I trained a bit less. Um, I

decided I'd rather train longer because it's the same, you get the same results 'cause I don't want to ... train er three sets of those stomach exercises and be sore the next every time. So I rather do about 20% less and then um take it longer. Cause it's winter now I I rather give myself a bit longer time 'cause it's been coming now for two years this thing. So I rather keep it a bit longer and try to make it stronger.

R: What factors do you think will help your recovery?

P8: ... Well, I must not overtrain at least or start training too quickly. I want to because er everybody when we run on the road they also run full out and then they run to get me, but they must now do it. So it's frustrating, but I I know I must be di disciplined to like overtrain because I won't be able to run. But, but on the other hand, there's time is of importance. You know, if I wait too long again I won't be able to compete in long distances next year. So, it's a bit tricky. I must I suppose I must do my exercises what they gave me. I must be disciplined in that. And ... ja pray. *(laughs)* I think that's the that's the most important one. *(laughs heartily)*

R: Are you the only one in your family who runs?

P8: Ja, my ... one brother is a doctor. He he ran a bit and cycling a bit, but he's not like that committed. But sometimes he starts off now. *(laughs)* But at least he's doing something. And my other brother is doing this long-distance horse riding. So he's not a ... his wife is walking in this all this routes and stuff. But they're not running. But um at least they're also doing some some sort of some sort of stuff. Sports stuff, I think.

R: You mentioned you have been in contact with other runners. How does that make you feel?

P8: Due to er er injury?

R: Yes, because you can't run and they can.

P8: Ja. Well at least because you know all the runners and you um have seen them in passing. You knows lots of them also that pass have run lots of years, also have some injuries. You don't see them a couple of months and then you see them. So you know it's not just you. It happens to lots of them. And I've read that book of Hansie Cronje. And also there they spoke of injuries and they, on that level that they get. And if you think ... miss the Comrades or a race, they have also er miss lots of races. And your friends also, you know, they have lots of injuries and they can't run. So at least you know now if you feel sorry for yourself, it's like what I said earlier, at least you have you still have in the company. You still, is you still have all your running friends even though you you can't run. You can enjoy the activities, festivities and all the stuff. It's still not not lekker to be able to join them 'cause it's okay to watch them, but more fun to take part. *(laughs)* So er ja, but that's I suppose the way it goes. It's not not lekker, but ag well it's ... you must accept it. But I mean you must be cautious for the future. But I sure I'll I'll be better because um that guy told me he's done a lot of people operations.

R: The same type of operation?

- P8: Ja, same type of thing.
- R: And they're running now?
- P8: Well, ja, but you know some people run, they run, like for them a 21 is the ultimate. So they run *(laughs)* I'm running now 'cause I want to run. So, it depends how how well the recovery goes if I'll be able to run ... long again or whatever. So, I'll still have to accept that. It won't be ... won't be er nice to accept that. But ja ... but hopefully not.
- R: You said earlier that a lot of people have injuries; that they have been there before. What percentage of runners do you think have injuries?
- P8: Well, perhaps not like ... others that's for a long time, but about everybody got. Knees or ham er hamstrings that's off for a few few weeks. They can't can't compete or run now. Lots of them. Ja, lots of them. I dunno. Can't speak of professional guys. They perhaps get more specialized help so they don't get injured that much. But the normal guys, lots. *(chuckles)*
- R: Fordyce once said that for every runner in the Comrades there's an injury.
- P8: Ja, no er because the normal ones is always the foot or the knee or one of those muscles, the hamstring or whatever ... and and the lower back, also quite. I also struggled but er I went to this er, what's it, chiropractor, P. He's there at Club H. I know lots of runners who went to him there. You actually feel better. You must get the right one I think. I won't let anyone or a normal doctor because they didn't learn how to do it. But my neck and ... 'cause I think because of my work type of thing. I sit the whole day so I think that stress on my lower back ... 'cause at some stage it was so sore in the evenings when I sleep I woke up from my lower back. And when he started er ... when I'm going to see him ... it's much better now. So, once in a couple of months. But he's also for for long-distance runner you you always running like on one side of the road and you run skew like that. *(demonstrates with hands)* So you get out of balance.
- R: Have you had any tips and advice from people who are not doctors?
- P8: *(laughs)* Telling you what to do?
- R: Yes.
- P8: Ja, because some people have got their own diagnoses in the past. Ag and at least you know every ... there's that tips in Runner's World. Or they said if you read that or the internet now. No, no at least if you're got something, you can find guys at the club or at running, they will give you the same story. But at least some help or type of new stuff, stretches. 'Cause one guy showed me one of those when you lie on your back with your er ... What's a handdoek in Engels?
- R: Towel.
- P8: Towel. *(chuckles)* when you lie on your back and stretch it. So it actually works for me, that type of stretch for my hamstring. But now it's just my hand that lift it like that. *(demonstrates with hand)* No, you get, at least a runner's not afraid to give you some help. *(chuckles)*
- R: Do you find the advice helpful or is it confusing?

- P8: Well, you must get all of it and and and and try to do it. Some people have got an injury and that type of one works for them. Well, at least try it because everything works for some people. Perhaps go back if it won't work. Some say needles won't work, but for me I had this stiff muscle in my back. Then he put those needles in my back.
- R: So you've also had acupuncture?
- P8: Ja. That actually er works quite well. You can feel it gives you the relief even though it's lekker sore. Jeez, it's hell. (*chuckles*)
- R: Does it make you scared when others speak about injury?
- P8: Their injuries?
- R: Yes, especially if they paint a negative picture of what happened to them when they have had similar injuries to yours.
- P8: (*laughs*) No, I'm not, no what. I'm, it's actually nice to hear about people's things because you know they are, at least, trying to be helpful even though perhaps sometimes it's foolish. But you must take all the information and and decide what's good and bad. But normally I don't think they will ... they give bad advice. At least, it will come out of the heart. (*chuckles*)
- R: Have you learnt anything about yourself and running because of this injury?
- P8: Ja, well er I learnt you must not take everything for granted because all the good years, you know, you just you feel like ... not invincible, but you you feel as like you see those people just doing the 10 and/or 21 or whatever and now you're you're (*laughs*) or you're in the gym waiting for the treadmill. They're just walking on the treadmill. You think those guys are just wasting your time when you're waiting that 20 minutes for the treadmill. And there's a queue waiting for that treadmill. So now you know it's not ... Now you do it yourself. So you know it's, you don't know other people's situations. You think that guy's just looking this healthy and he's walking on the treadmill or just doing a 10 kay run. So at least you're ... Ag, but running you learn to, at least what you'll be able to do and you know you're going to have some vasbyt or whatever. And the injury ja just teaches you just not to be hasty. Just accept it and give it time because normally you don't do it. You get hurt and the next day you just run again.
- R: Do you think that it's important to rest or does it depend on the injury?
- P8: Well, ja well. From now I will say you must rest even if you are healthy because that's what keeps you for a long time. You won't be able to or you won't get injured then if you rest enough. Even if you're healthy you must rest. The problem is you don't want to miss out. (*chuckles*) You must for that logbook. If you want to do 20 and you only do ten, you're under stress. You want to pick up. I'd rather have a few injuries and run than not run at all. So you used to run through a small injury.
- R: You don't think that's a problem?
- P8: No, it's not.
- R: Would you like to add anything else about running?

P8: Well, er you either like it or you don't like it. It's like a big ship. I dunno ... You just feel free and be glad the Lord gave you the ability and the friends the opportunities and all this stuff to run. Because what else would you have done with your with that times. Lots of experience you get with that. So it's it's a joyful life.

INTERVIEW WITH PARTICIPANT 9

R: How long have you been running for?

P9: About four, five years.

R: Why did you originally start running?

P9: Um my husband has been running since we've met. That's about 18, 20 years ago. And he always tried to motivate me to run. But I've never felt the urge to do that. Then about four, five years ago I just ... I just wanted to run. So I started. I I and I won't say run. I would rather say walk. So, um then I started to walk or participate ... in events. So every Saturday morning we would drive somewhere and go. Johan would run and I would walk. So that's how it all started and ... ja.

R: How often do you run a week?

P9: Um ... I would say between four and five times I would do a, I've got a five kay ... um route that I do, but that's more ... at the moment walking more than running because of the injury.

R: But normally you run four or five times a week?

P9: Yes.

R: What does your training program involve?

P9: I don't have a very structured program. I just do whatever I feel like. I like to go um running or walking and I go to the gym as well ... when I'll do the circuit. And we did the Midmar Mile as well ... so I swam a little bit as well.

R: So you've done a bit of cross-training?

P9: Umm.

R: How many kilometres do you run a week?

P9: ... Well ... um I got the route that I do is five kilometres. So I would say five times four in the week and then on a Saturday I would usually do a 10 kay. So that gives you about 30 kays a week ... on average, ja.

R: Do you find that doing the circuit at the gym helps your running?

P9: Mmm ... I really don't know. I suppose it, it's supposed to help, but I can't say that I've seen anything, any drastic improvement.

R: And swimming?

P9: ... No, not on my running ... It must help with the overall fitness.

R: Have you done any triathlons?

P9: I would really love to do that, but I don't have a bike at the moment. It's the only reason I haven't done that.

R: You mentioned you have run 10 kay races. Is that as far as you've gone in a race?

P9: No I've done, I've done 21s.

R: What races have you run?

P9: For the 21s ... The first 21 that I did was the Two Oceans. Ag, but I finished just out of the ... the cut-off time. At that stage it was still two and a half hours. So I didn't make two and a

half hours. Then I ran the Knysna. It was, the cut-off time was three hours, so I made the cut-off time of three hours. And then after that ... I can't remember. At the beginning of the year I did one in Atteridgeville, but then my knee was already giving me problems so I couldn't run the whole time. ... And then I did one in the nature reserve in, at the beginning of the month.

R: Have you run a lot of 10 kay races?

P9: Yes, we do that almost every Saturday. ... My husband trains for the Comrades so we, he would go and do the 21 most of the times and I would do the 10. So that would be almost every Saturday.

R: Are there any races that stick out as being very memorable?

P9: For the 10 kays?

R: Yes and the 21.

P9: Mmm, ja obviously the Knysna was very nice, running through the woods. ... Umm ... for the 10 kay ... er, last Saturday we did the Ou Voetpad over the ... mountain there. That was very nice. That was actually more rock climbing than running. So that was very nice, ja.

R: Did you do the Marcel van 'Slot?

P9: Oh yes, oh ja, but then I did the 5 kay because Jo Johan wants to go and watch the rugby. *(laughs)* So I didn't bother to do the 15; I did the five.

R: You said your program is not structured?

P9: No, I just do whatever I feel like.

R: When I spoke to you on the phone you said you were a member of Club O. Have you been a member there since you started running?

P9: Ja, since I started running I've been a member there.

R: Besides running what other interests do you have? ... You mentioned swimming and circuit training at the gym.

P9: Mmm I don't have any real other interests except for the family. *(chuckles)* So, um when my kids were small I took care of them. I worked ... so there wasn't much time for anything else.

R: You said that you didn't run for many years while your husband was running and then you started because you felt like it.

P9: Yes, that was the one thing and the other thing was also the children were bigger then. So when they were very small, it's very difficult. What do you do with them every Saturday morning? You can't phone your ... sister or whenever every Saturday morning at five and drop off the kids. So when they were older they did the five kays. So that was very nice. Johan did the 21, I did the ten. And in the beginning I did the five kays with the children. So that was very nice so the whole family got involved. And that made it much easier for me as well. You can't have a small child *(giggles)* on his own. So. So, when they were big enough to start running with us that was very nice.

R: What benefits do you experience because of your involvement in running?

- P9: Mmm, well I would say it assisted with weight loss. I have joined Weigh-less so so Weigh-less and running, the combination of the two really made a difference. Mmm it's nice to get out ... and er ... go for a run so ... For your state of mind it's also a benefit. And um it's something we can do as a family together.
- R: Do you experience any disadvantages because of running?
- P9: ... Mmm, injury is definitely a disadvantage. ... But apart from that I really can't see any any disadvantages if you do it in a balanced way. Only if you overdo it and later on you don't have time for your family and the responsibilities anymore then it will become a problem.
- R: So you haven't really experienced any negative consequences because of your involvement in the sport?
- P9: No ... ahah, except for the injury there has really been no other negatives?
- R: Is this your first injury?
- P9: Mmm.
- R: You mentioned your knee. What exactly is the problem?
- P9: Well ... um ... it was at the beginning of the year. We were sup, well we did go to Paris in April and that would have been my first marathon. So I started to train for that. ... Um, I was fairly fit at the time. That was in January. And then I increased the mileage and the amount of running that I did because up to then I ran a bit and I walked a bit and I ran a bit and I walked a bit. So I wanted to increase the running and then my knee started to give me problem. And I went to the GP and he said that there was ... er ... a ligament or something that is ... not vasgeknyp. He gave me an injection and said I should run through the pain. I couldn't run through the pain. It was as if my whole leg became lame. I couldn't physically run anymore.
- R: Your quad?
- P7: No, my whole leg. I cou couldn't keep on running any more. And then I went to the CPH and they said, no there's also motion here and they gave me medication and ... um transact plasters to put on. And they, then they said the quads aren't strong enough. I should do some exercises. They gave me exercises to do. I did everything. All the strength of all the muscles increased. Everything should have been perfect. Every time when I start running I get the same problem again. So then they said, no maybe the GP was right and they gave me another injection and said, okay now this is it. If it's, no if the injection doesn't do the trick, then I'll have to go for an operation. But I don't want to do that because it's only when I'm running that I'm experiencing the problem. If I'm walking or cycling I don't have any problem. So I don't wanna go for an op ... if ... if it's not really ... a disadvantage for my entire lifestyle. It's just when I'm running when I have the problem. Only then. It's sort of a deep-seated thing in here. (*points to knee*) ... But so the pain starts here (*points to knee again*) but if if I continue running my whole leg ... is numb after a while. I I physically can't run anymore.
- R: So it stiffens up?

- P9: Ja. It doesn't want to move. I've got I've got to drag it along. (*stands up and demonstrates leg dragging*) So it's not as if your toe is sore, but you just keep going through the motion even if your toe is sore. I can't physically RUN anymore. I've gotta stop, start walking ...
- R: Can you feel your leg?
- P9: I can still, I can feel the pain but it doesn't want to move like it's supposed to move. I can't really control it. I can't go through the motion of running. Then when I've walked for just a few steps, 5 or 10 or 20 steps, then the pain goes away and then I can walk normally. So if I continue walking then I'm fine again until I start running again. Then it just go from the start again.
- R: And you saw your GP?
- P9: Yes. ... So he and Dr N at the Y in the end did exactly the same thing. So it cost me a lot of money to go to Y and a lo of time and a lot of this and that and a lot of blah, blah, blah, but in the end it didn't make any real difference. I'm still stuck with the same problem.
- R: Did Dr N also say you should have an operation?
- P9: Ja, she said a op. If if if the cortisone injection doesn't do the trick then I must go and have an operation. And and there was no improvement whatsoever. She said if the injection ... if there's an improvement as a result of the injection, it means I can get another injection. But there's no improvement whatsoever. Not the exercises, nothing, not the injection, nothing. There's no improvement. So ... um ... I don't know what I'm going to do.
- R: Did they say it may be your ligaments?
- P9: Yes ... it's caught between something, but all the technical details I don't know.
- R: Have they been able to tell you why you don't feel it when you cycle, swim or walk?
- P9: They don't know. ... When I went there initially they said, no it's going to be fine. When I did the exercises they said, no it's going to be fine. And they kept on asking me while I was doing the exercises, do I feel any pain? And I said, no! I only feel the pain when I'm running ... And they the biokineticist said they will have a discussion with Dr N and ... they can't understand it. They ... So, ag because there was real no improvement I didn't bother to go back. If there was a slight improvement I would have gone back to them ... But ... there's no improvement. (*speaks softly*)
- R: You said that you did the five kilometres at the Ou Voetpad Mountain race?
- P9: Ja, it's actually more walking than running.
- R: So you're walking more than you are running?
- P9: I'm walking now ... yes ... I say I'm running, but I'm actually walking. Ja.
- R: How would you personally define injury? ... If someone asked you to explain to them what an injury is, what would you say?
- P9: I will say I will say an injury is if you feel consistently every time that you run or or move around pain at the same place. Because to me pain is a warning sign. There's something not right. So and if it was physically possible for me to run through the pain as the GP said

because I think sometimes you do get a pain and if you keep on running it goes away. But this pain didn't go away. It just increased up to a point where I couldn't ... move. I couldn't, ja I couldn't move like I should move when I run. I couldn't go through the motion of running. ... So it's not like ... Like for instance if you if your toenail is giving you problems you can still go through the motion even if there's pain. But I couldn't. I couldn't physically run anymore.

R: So you define injury as something that causes consistent pain and prohibits movement?

P9: Mmm.

R: What do you think about running through pain?

P9: ... I think you've got to be very careful. But in instances if your doct, if you go to the doctor and the doctor says, um there's no real problem there if you you can run through the pain, then I think it's fine if you can do that. But to me pain is a warning sign. So, if you keep on running through the pain you are injuring yourself ... all the time so it just becomes worse ... And I don't wanna have an injury that starts as a minor injury that in the end means that I can't live an active life anymore because I've got so much pain every day I can't move around.

R: Have you ever been injured before?

P9: I got one under my foot, plantar fasciitis. I went to the doctor, he gave me an injection, it was very sore and then and he said I should get new shoes which I did and then it went away. So that was so quick I don't even regard that as an injury.

R: Has anyone said that your present pair of shoes may be the cause of the problem?

P9: Ag that, er the last time when I went there, when they gave me the injection they said, ja maybe it's the shoes, but personally I think they don't know what they ... They just ...

R: Grasping at straws?

P9: Yes. ... Er if they really thought it was the shoes then surely they should have said that at the beginning. I don't think they really ... They're grasping in the dark. So really ... I can do that on my own account. I don't have to pay them to ... to er maybe this, maybe that. No, ag no.

R: Have you tried someone else?

P9: No, er ... Apart from the GP and the Y I haven't. I'm really considering going to a homeopath.

R: What was your initial reaction when you realized you may have an injury?

P9: Extreme disappointment because I was training to run a marathon in Paris. We were going, the tickets were bought. Everything was sorted out. We're going to Paris. I'm going to run a marathon through the streets of Paris. And then I've got this injury. I knew I wasn't very fit at that stage so I knew it's gonna be a touch and go whether I was able to finish the marathon in the er within the cut-off time. But that's a, that's a risk I was willing to take. It's a challenge. I was willing to do that and with the knee I couldn't train ... like I was supposed

to train. So it ... physically precluded me from training like I should. So it was extreme disappointment.

R: Did you go to Paris?

P9: Yes, we did. My husband ran ...

R: And you watched?

P9: Yes ... it was very painful. (*giggles*)

R: How did that make you feel?

P9: Ja, ja. It's extremely disappointing.

R: How is the injury affecting you now?

P9: ... I would still like to do triathlons. I would like to do the Ironman, but it's very difficult to do something like the Ironman if you can't run ... I would like to do that 50 kay thing at Mont-aux-Sources. You can't do it if you can't run. There are huge portions of that race where you have to walk and where you have to climb, but other at least I should be able to run for lit for little bits every now and then. So I can't do it if I can't run. And I'm not a walker where I want to walk in the street up and down, and up and down, and (*mimics power walkers and laughs*) I would like to do more adventure racing and the only way I'm going to do that is if I'm able to run. Even for a little bit.

R: So you're disappointed and frustrated?

P9: Yes and I I feel it's not as if I expected it to go away by itself. I went to two diff different doctors and I didn't get any results whatsoever. And the my GP is a runner and a cyclist himself ... So it's not as if he's a poluka when it comes to running injuries or sports injuries. I went to the Y. Surely they should know what they're doing and I didn't get any benefit whatsoever. If there was even a small increase ... a small improvement then I would have said, okay do more of this, do more exercises. Strengthen the quads and all the other muscles even more. But if you go through all that, strengthen all the muscles, but you've got no improvement whatsoever ...

R: You have been struggling since January?

P9: Yes. It tells me maybe that's not the problem.

R: Did the injury just happen or did your knee get sore gradually?

P9: It just happened. It was like one day I was still fine when I was running and the next day I ... feel the pain.

R: So, you have no idea of what the injury is exactly and no idea why it happened?

P9: No, not really. A a week or two before I got the injury I did leg extensions at the gym. So er initially I thought maybe it's that. So, it is possible that the leg extensions I did at the gym could have injured the knee. But it only injured the one knee ... which is also possible. I mean you don't work equally hard on both legs. So and er I fell off my bike when I was still at um school. Then I fell from above on both legs. I don't know if that maybe there it was lingering there all the time and then when I started real run train very hard at the beginning of the year at ... So actually I really don't know.

R: How do you usually spend your day?

P9: ... Well, for the past few years I worked every day. So I went to work every day. Now that I'm a housewife I clean the house, I try to do something there. I go for a walk. I take the kids around to all their activities in the afternoon, go to the gym. ... That's about it.

R: Could you describe your typical day?

P9: Well, at the moment I would get up, get the kids sch ready for school. Then I would come back, do the five kay walk and then I would be around in the house or what go to the shops. Um in the afternoon I would pick up the kids again, take them around. My younger son is going to the gym. They've got a program now for kids. So I take him there and then most of the time I would I would be doing something like in the circuit. Then I would go home. The other son has hockey. So I take him there and prepare dinner and go to bed.

R: And when you were working?

P9: Mmm, I would get up a little bit earlier, take the kids to school, go to work. Because um I was a trainer I, while I was busy because obviously you would move around quite a bit and you would be on your feet the whole day, basically the whole day. And then while I was preparing my work, sit at my desk for mostly the entire day. Then again after work I would go pick up the kids. My husband and I do some spinning um fairly frequently so sometimes we would and spin. ... Um, ja.

R: Were you experiencing more stress than usual just before you got injured?

P9: No. ... Er, when I told my boss in December that I am gonna resign in the beginning of December I was like ... laughing. I was just finishing everything off knowing I'm gonna resign in a month or two so I didn't start anything new at at work.

R: So, you were basically winding down?

P9: Ja, there was things to do, but I wasn't stressed about it because I knew ...Ag, I still had to finish things, but there was no long-term stress if I can put it like that. So, er the only thing I was stressed about was the marathon, the Paris marathon. That was my main ... aim at that stage. ... So I can't say I was stressed out at work when it happened because I wasn't. (*chuckles*) I was extremely relaxed.

R: Because you were leaving?

P9: Yes, I was leaving. So if there were political problems or they had problems with the training schedule for the year, I just sat there when we and I thought, mmm. (*laughs*) So that wasn't my problem. So I just finished everything I had to do. Er, all those political issues I didn't bother 'cause I wasn't going to be there.

R: At the moment are you having any treatment for the injury?

P9: No. ... One day I think I'm gonna rest. I'm not gonna for a month or two and then the other day I think maybe if I run just a small portion every day maybe that will work. So I actually don't know what to do.

R: When they tested the strength of you're your legs did they find that they were weak?

- P9: They've got those machines, the cybex machines that they measure the the strength of your leg and they said my leg was a little weaker than it was supposed to be, but it's not as though I couldn't walk or something. And then er because of the exercises the muscle did strengthen. It was nearly where it was supposed to be. ... It didn't make any difference to my injury. ... It didn't make any difference whatsoever. ... Surely if that was the problem, if my muscles were strengthened 20 or 30% it must have made just some difference to the injury. If that was the problem, but it didn't make any difference whatsoever.
- R: So, have you lost faith in them?
- P9: ... If I go, go there again they're gonna charge me money. They're gonna say, no this, no try this, no maybe this.
- R: I suppose it can be expensive.
- P9: Ja! I mean if there was any benefit whatsoever I would go there again. I'm willing to pay anything if I have a slight improvement. But if there's no improvement whatsoever, why should I pay to go there?
- R: You said you saw a biokineticist. Did you also see a physiotherapist?
- P9: Yes, I had a physio as well.
- R: Did you just go to one physiotherapist?
- P9: Just one person. She was also there. So I saw three people there: the doctor, the physiotherapist, the biokineticist. I paid everybody with no difference whatsoever. ...
- R: So at this point you don't know what is going to help?
- P9: No, I don't know.
- R: You don't know whether to rest, run or go somewhere else?
- P9: No, I don't know.
- R: How do you feel when your husband goes running?
- P9: Well, I try not to think about it too much. If he goes running, I go walking so it's not as if I have to stay at home. It's not as if I can't do anything. I can still spin so we go spinning two or three times a week. I can still ... walk. I can, but I don't like swimming that much so I don't swim except when it's time for the Midmar Mile. So I don't swim at the moment. But I go to the gym; I can do the circuit so it's not as if I have to be totally inactive. So that certainly helps. It's only when I watch TV and see that race in the Drakensberg and I think, ag I would love to do that. Then I want to run, but I've got a problem. So, then it's very difficult.
- R: Would you like to run Comrades?
- P9: No, no I wouldn't like to do Comrades. I would like to do tri, the Ironman and eventually the one in the Drakensberg or Tip of Africa. Things like that.
- R: And the Two Oceans?
- P9: Ja, I would love to do that again so that I can get a medal.
- R: Did you go down to Comrades this year?
- P9: Yes, my husband ran.

- R: And it didn't affect you because you don't want to run it?
- P9: No, that didn't bother me at all. No, I don't have any um wish or desire to do the Comrades. That that doesn't bother me.
- R: Why don't you want to do it?
- P9: The Comrades?
- R: Yes.
- P9: I ... Er, personally I'd rather do something that has more endurance and more ... difficult a run. More of a ... challenge to me, than just running, running. ... But swimming in the sea, coming back, cycling for a 180 kilometres, then do a marathon, I'd like to do that.
- R: Are you still in contact with other people who run?
- P9: Apart from my husband?
- R: Yes.
- P9: Yes, definitely. I'm I'm on the management team of the running club and I see them basically every Saturday. Not every Saturday, but we're going away this Saturday, this weekend to Rustenburg for the race there ... I would actually like to do that, but I can't run, so. And if everybody is waiting back at the camp, then it's not gonna be nice.
- R: What percentage of runners do you think get injured every year?
- P9: ... I would say almost everybody has aches and pains. But may maybe an injury that mean you can't run anymore, I would say about 20% ... or that really makes it a battle to run.
- R: Have you had any tips and advice from people who run?
- P9: No, initially I thought my knee was ITB. So they said you should do this and do that. ... Ag, I didn't even listen to that because it wasn't ITB. It was this thing. ... Um, but apart from that I didn't really have any advice.
- R: Have you found that now that you are injured other runners have been telling you about their injuries?
- P9: Noo ... not really, no.
- R: What do you find very difficult about being injured?
- P9: The fact that I can't run and I can't do what I would like to do ... in the sense of the races I would like to run.
- R: Have you considered going to a chiropractor?
- P9: No.
- R: Would you consider going to one?
- P9: Yes.
- R: I suppose you would do anything?
- P9: Yes. (*chuckles*)
- R: Except have an operation?
- P9: Yes, I'm not going to have an operation ... because it doesn't impact on my lifestyle. Only when I'm running. So to go for an operation, all the costs involved and then afterwards you find, oh I can't walk up the stairs anymore. I don't want that. I'm not that desperate.

- R: Have you learnt anything about yourself because of this injury?
- P9: ... Mmm ... um ... I think I've learned that if I can't do one thing like running I will find something else to do like I'm still walking. I didn't stop completely. And at some stage I'm able to make a decision for myself in the sense that you go to a doctor who's supposed to be the expert, but at some stage you can't ... Maybe, they're not much of an expert. You, at some stage you've got to make a decision yourself and decide, this is not working for me, this is not the problem. You've got to find something else. ... So exactly what that something else is going to be, I'm not sure yet.
- R: Have you learnt anything about running because of the injury?
- P9: ... In which sense do you mean?
- R: Let me give you an example: some injured runners find they need to stretch more.
- P9: Ag ja, I've got lots of things that ... maybe I can do this, maybe I can do that. ... But if ... except for stretching. Now in the new Runner's World there's this new technique. You've got to lean forward while you're running. But then I've got to run to do that. And I don't know when I'm gonna, if it's worthwhile for me to run to see if it's going to work.
- R: Is that technique the one that emphasizes what part of your foot strikes the ground?
- P9: I'm not sure. Something like that. You've got to lean forward and it's not your heel you should touch with first. It's the mid-foot and all kinds of fancy things. I don't know if it's going to work.
- R: Where do you see yourself going from here?
- P9: ... I will definitely try some new solutions. Either go to a chiropractor or somebody else. I would like to go to a homeopath as well ... and see if it makes a difference. But I don't think I'd like to go back to ... the normal doctor again because I didn't get any benefit there. I want to try something completely new.
- R: Why do you think runners get injured?
- P9: I think sometimes you start too fast with too much. So you put strain on your entire body. So I think that's definitely a factor. And I think if you have a previous injury or get hurt maybe years before and now you're putting strain on those muscles or ligaments or whatever then it might result in an injury.
- R: Why do you think runners overtrain?
- P9: Because suddenly you have a goal and you want to achieve it and sometimes that goal can get a little bit too much for you.
- R: Had you increased the distance you were running just before you got injured?
- P9: Yes, but if that was the reason it should have gone away by now because I'm not running.
- R: Is there anything else you would like to say about running or injury?
- P9: No, I have no words of wisdom.

INTERVIEW WITH PARTICIPANT 10

R: How long have you been running for?

P10: About 25 years now, but like not continuously. On and off, you know. But but like 25 years. After varsity, when I started flying basically. I was flying overseas for a while and that's the only sport that you could do, you know, that doesn't entail being in one place. So ja, about 25 years.

R: 25 years.

P10: So now you can see why I have an injury. (*laughs*)

R: Why did you originally start running?

P10: Basically because of the that. I was like very involved in like sport and stuff. And then when I started flying, you know, you're not here. You can't partake or participate in a ... team sport. So, then ... it was quite an amazing, my first run was at Elandsval airport ... or not airport, at the hotel. And it was like 300 metres and the guy said at the time, now that was your first run. I said, no but you know I'm not even tired and he said to me, that is what you should always say after you've had a run. And I said I absolutely wanted to do more and he said, that is exactly how you should feel after every single run in your life. Ja, so we started off with 300 metres at Elandsval.

R: You said you have not run continuously since you started?

P10: You know, er if I say not continuously, you know there was injuries, there were injuries and there were illnesses and stuff and then I was sick for a few days or 40 days or mumps last year er at my age. I was off for a month and er you know um ... And children and you know all kinds of stuff that's in my logbook. Um, but ja it's been it's been a long time. There was a time where I was much more competitive where it was like very important. And then like now it's just for clean clearing my brain. I need the wind through my brain on a daily basis. (*chuckles*)

R: Were you ever in a position where you didn't run for a whole year?

P10: No, never. No, never. I've always ... Ja, a week or two or whatever illness might have taken. I think this is the longest time that I'm off and I've been off running six months now.

R: Obviously not now, but how often do you train a week?

P10: Um, definitely six days a week. One day off ... But I I don't run far. You know, I'm I'm I also feel like a five kay run. Just 25 minutes a few times as a daily run. But then I go fast over five kays. I don't I don't ... like long distances on the road. You know, many kays and ... I don't like ... I'm not a Comrades runner.

R: You've never done it?

P10: No, no I haven't. I haven't an urge to do it and I don't think I'll ever want to do it. I've often said I'll do it, but I won't train for it ... which is stupid of course (*chuckles*) but it just takes up too much time.

R: What races have you run?

- P10: Well, the Barberton I've done for the for the Two Oceans, 56. I hated every single second of it. I did a couple of 32s which I really enjoyed. I did a couple of marathons which I didn't really enjoy. Um and then I've done lots, many, many 10s and 21s.
- R: What distance do you prefer?
- P10: The older I get, the shorter it becomes. (*laughs*) I like the 21. You know it just before it like really hits you one shot it's over. And 10 kays is very hard because you really, like right from the beginning you're pushing it hard. A 21 is is good, but I mean I've changed in terms of how I approach my running, you know.
- R: What do you mean?
- P10: I mean I used to be quite competitive. Um, I did do quite well in running and then you know it just passes you by and you wait for another birthday. So you fall into another category and you like really go for it again. Um um but I just like do it you know nowadays for fun. I like to you know to either like go the same time or better than the last time I've done. I'm not competitive anymore.
- R: So you're running against a stopwatch?
- P10: Mmm.
- R: Not against people?
- P10: No, no.
- R: Did you once race against particular people?
- P10: There was a stage that I was like running competitively. I used to win races and stuff, we had to, you know. ... Ja, that's what like it was all about.
- R: Are there any particular races that stick out in your mind as being the ultimate?
- P10: The ultimate nice one?
- R: Yes. The ultimate one in terms of enjoyment and the ultimate one where you ran very well.
- P10: ... Where I ran very well was um, it was a night race, it's a 15 kay race at whatchamicallit now Thabu Tshwane. That was in Gauteng North and I ran a good time there and er I ran well and I was just like you know you know that feeling you could just run forever and and I did a good time. And that was a fantastic race. The worst run I've ever had was Two Oceans. Um, everybody said, ah you'll never get tired. You can look at the ocean. I never saw the ocean. My personality like, I like to do something, I give 150% and then er it must be over. Then I want to do something else where I can give 150%. So, you know. You asked something else about the best race?
- R: Yes, you've told me about a race where you did your best time. What about races where you didn't necessarily do a good time, but enjoyed tremendously?
- P10: Okay, Long Tom 21 was one of the most ... Oh, there were actually two. Long Tom was ... amazing. It was just so beautiful. It was just you know ... um and it was kind of an easy race because it's downhill for 18 kays and then it's like flat but it feels like you're on a mountain as from there. That didn't bother me because I just ran it because it was so ... so different and it was a privilege to run there because like you as a woman can't run there freely if you

want to, but there was like you could. Then the other run that was ... extremely wonderful was the Mabespoort ... um ... because you've got such a funny race. Looking that way it, the one way it was uphill and then the other way was also uphill. (*shows*) You had to stand and see which way it was going. So I think it was a gas race. But it's the most beautiful race I've ever run. I love being close to nature and ex experiencing it ... it on in that way. It's not as slow as walking, it's just right. (*laughs*)

R: You've spoken about being close to nature and letting the wind run through your brain. What other benefits do you experience because of your involvement in running?

P10: You know I find it so different to maybe gyming and all that. You need very little, in a way you need very little time. You put your shoes on and you just go and it's almost that freedom of of just being. And ... like something that I really do miss now that I'm injured I I didn't see the winter arriving. I didn't feel it on my skin and now I don't feel the winter on my skin. You know what I'm saying? So ... um it's just in a different dimension to the way I experience life basically. You know I I would if I could run every single run on my own, but due to the crime factor and all these sort of things you can't. But I love and also it's a very spiritual thing for me because that's my time with God, I talk, we send e-mail (*chuckles*) and um ja it's, you know, er very creative when you're running, you're thinking a lot and that one hurts. And you know we also get away and it's just ... The best what I have is when I get back I can do so much more without realizing.

R: Do you feel you are less creative now that you can't run?

P10: You know definitely in the beginning. It was like slow. It was like gyming wasn't giving me what I was used to because you're always surrounded by people who like look what you're doing and ... Um , you know when you try swim, you would get the instructor up and down from the aqua. How many times? I just want to be left alone and ... you know, you can't really be creative when you're surrounded by people all the time like, you know, telling you things to do or asking your questions. Um ja, I need my own time. And ja, definitely I wasn't able to have it as I ...

R: Is that what you miss at the moment?

P10: I miss the er ... What do I miss? The miss the ... I don't know, the rejuvenation of what? I dunno. It's just like, it just feels so ... much better. You know whether you run five kays or 10 kays or 15 kays you just feel good. ... and that is what I miss.

R: Do you experience any disadvantages or negative consequences because of running?

P10: How do you mean?

R: Let me give you an example: some people say running interferes with their social life, others say there are no disadvantages and others reckon injuries are the only disadvantage.

P10: Oh ... no. I don't I don't think running has disadvantages. Yes, sometimes we are at a braai or something and the next day you running. You know you keep on like watching the clock and you know you must be up the next day. And yes, I don't sleep well at night, but it's not like ... You know, also lately when I do go to a place and it's very nice, not now, but before,

I would actually say, okay fine I'm not going to race tomorrow. I'll sleep late and see what ... you know, go and run later. And, but yes in a way but I also think it depends on how your family works with you or against you in terms of that. If you've got a husband that runs it just makes it so much easier because the whole family decides everyone is getting up. If you don't have that support it's more difficult, yes. ... So, there's a little disadvantage to your marriage as well. You're throwing a sign that we must go home and ... um ja and and and you know it's actually not worth it ... if you're running the way I do.

R: Your husband doesn't run?

P10: He used to, but he got injured. (*laughs*) And um, ja no he can't run anymore. He loves to and and he would love to but he's got knee problems so it's not going to work ever again.

R: What did your training program involve before you got injured?

P10: Okay, it was um a six day week, right. Um, sometimes I only did five days because I sometimes felt by the fourth day I really just can't. But um I'd say a six day week, a six week program and a week at leisure with active rest, like six kays a day, just like to recover. And I found that if I didn't do that like one week recovery, I would really get like sick you know like flu or something something. Um, but it would be on a Monday it would be like hills or um ... ja, normally it's hills or a hilly route. On a Tuesday a flat ... 12 roundabout, ordinary roundabout 12. On Wednesday is a long run. On a Thursday it used to be speed, um either track or a or a er tempo race. Friday, rest. Saturday, a race. Sunday's a long Club M run and then ja ... But I would normally throw in other stuff because that to me is quite boring. I like to do different things.

R: Like?

P10: For example, when we do track-work and they do ten 400s, I will do four 400s. There's a hill at the track. Then I'll hit the hills, go back, do two two two 400s, once up the hill again and come back and do like two 200s ... just for variation, you know. Or say, for instance, they are doing five 1 kays, they would do the same thing five times. I don't do that. I'll go with them, I'll do a kay with them, then I'll do my own little kay down Lynnwood Road, I'll do one kay at Phobians and then I'll do the last kay on the way home. I like to be different. You know like ... I play when I run.

R: How many kilometres a week were you doing?

P10: Um, er roundabout 80 ... 80. Eventually it came to ... As the injury got worse it became 60, 50, 40 and I think then eventually 35 and then 0, 0, 0.

R: Have you always run about 80 kilometres a week?

P10: Um ... ja. I struggle to get over say ... I've done more. I think one week in my life a 100 which was very nice, but I mean you basically run useless miles. I wa like between 70 and 80. That that just like gives me my little daily injection ... and I do the races okay and if I train harder then I do pick up things. And is 110 kays a week worth it for three minutes. I don't know. (*laughs*)

R: Do you find you get injured if you do more?

- P10: I think I get mentally injured. I just don't have the er I I just don't want to go again the next day. You know what fascinates me about these people who run so far, like if they do the Loskop, that's 50 kays now. Then the next week they'll do 42. Um, I don't have that in me, I don't have the strength. I don't know what it is ... I don't.
- R: Back-to-back runs of 40 kays on consecutive days seem to be favoured by a number of runners.
- P10: You see that I can't do. I guess I can do it, but ... I I don't know. It would be hard for me. It would be a mental struggle basically. ... No.
- R: Do you always train in a group?
- P10: Um ... no, I don't ... because my group is very um ... they just do the same. I mean I can run every single day, I can run the other way and I'll meet them. So, you know that's not me. I can't handle. I've ... got a friend that used to be a South African champion in er Stellenbosch and he like used to sms me my little program and that's like intense. You know, you do your hill and speed work, but differently. And you would do your tempo run, but differently. They ... Er, we've got one specific person in our group that if you decide to ... um say sprint all the way up to a hill, she would like say, where are you going? What's you doing? What did you have for breakfast? (*mocking tone*) I want to enjoy it.
- R: And have variation?
- P10: Ja and you know like when I decide I want to do the whole hill, I want to do the whole hill because that's also a barrier for me to overcome. I don't want to go halfway up and have water. I didn't want to do that. I wanted to go the whole way.
- R: So do you usually run on your own?
- P10: No, I generally run on with them, you know the longer runs, but the the fun things I do on my own because they never do it. Look there's long runs, the Wednesday runs that I always do with them once a week. And er, the 12 kays flat I don't do with them. I just do my own thing. And also on a Thursdays if they go to the track, I'll join them like go out with them, but I do my speed work on the road. You can tell me any day to do 21 minutes or 32 minutes or whatever I love it. It's fast, quick. It suits my personality like whow! You just go.
- R: Do you run with a heart rate monitor?
- P10: No. I think I think it's a self-inflicted barrier. Um, I sometimes say to people in my work, listen you can train with a heart rate monitor, but please don't race with it because I think you you like hold back quite a bit without realizing it. It's also like this whole barrier about trying to race a 40 minute on a 10 kay. You know, the moment you run without a watch somehow it's like hey, jisliaak, here I go. 39 minutes and 30 seconds. But with the wa watch you know you you just can't seem to do it. So, I I find people are so scientifically orientated that they forget that you can actually feel and when that feeling's gone you, it's just like something's on your arm giving you telling you information. And I think you take it away a lot by who you are, what you are and how do I feel running this race in this state, you know.
- R: Do you find it difficult to understand runners who use all these gadgets?

- P10: I I I do understand them. Once I ran with one of those little things where it goes off every kay and then I'd also think, whow you just ran another kay. But I don't want to do it like that. I don't want to ... You know, sometimes you just want to be.
- R: How do you personally define injury?
- P10: ... Ja, that's a whole problem for a runner to define. It's like some say an injury is only when you can't run anymore. But it is when when you are eina at a point and it is a lot like a cut from a knife on a finger. It's like er, you know, overuse or maybe you just did the wrong thing. It is basically when you're eina. To me, that's an injury but now to define can I run with this injury or is it going to damage it more or is it going to benefit me or can you know run through it. Um, previously in my life I have run through the same injury as I have now and it went away eventually. Now at my old age (*chuckles*) I tried it and it didn't go away. ... But I think a person knows, you know if it's really serious and you know when it's ... You know when it's a proper ITB and you know when it's like a funny feeling in your knee. Um, never happened before, never, you know you like continue running to say after a week and you realize, jiz you know it's getting worse and it's not going away and physio is not helping and what not, what not.
- R: Is this the worse injury you have ever had?
- P10: Well, this is the first time that ... Er yes, I guess so. I had an achilles tendonitis that also kept me off the road for a few months um which was, in a way, you know, you're still I dunno. You could run if you had to. But with this it the pain is so excruciating I can't. I just can't.
- R: You mentioned that you have had this injury since the beginning of the year.
- P10: Ja, er in one way, I've had it since the beginning of last year. Then it was just a distant pain, it's a dull ... pain um ... that goes away while you run and it comes back. But it wasn't like you can't couldn't walk. ... Now some days it's like I can't walk ... you know ...
- R: You said it really got you in January?
- P10: Ja, it basically what happened, I know happened, it just like jumped from one leg to the other leg. Well now I've got it in both feet. And, you know, they the doctor found it quite funny because normally you only have it on one side. And um ... I dunno.
- R: What was your initial reaction when you realized that this injury wasn't going to go away so quickly?
- P10: You know what I did. I found found and I've had injuries before and like the previous time, you know, last year's mumps at my my very old age. I always say to people I didn't ... You know the Afrikaans saying, "Sy het nie in die dood ongedraai nie, nie by die dood, in die dood.. That's where I turned it around. Coming back from the mumps, I was off for four weeks, no six weeks. It hit me hard hey. And um ... what did you ask me? How did I know ...
- R: What was your initial reaction when you realized you were injured?
- P10: ... You know it seems like kind of, okay fine. So I'm restricted to the gym and then the other thing is, thank God. I've still got the ways and means to train. And now I've still got

everything now going for me. Others can't jump and go. I can still do everything else. It's difficult to, you know, break away from the little group that actually irritates me. (*laughs*) It's difficult to break away from them. It's difficult to see people you know that run with you and hey, where were you this morning? You don't want to repeat the fact that you've got problems, you know, like an injury. And um it's it's you have to adapt and I think I did have a little bit of depression for a while. Not like major depression, but you know kind of why must this always happen to me, you know. And and that kind of thing you know; you ask a question and you don't get an answer. But ... you know as I say I am quite creative in what I do in terms of my training, now even. And ja. You have to adapt or die.

R: So if I asked you how the injury is affecting you now, would you say that you have adapted?

P10: ... I would say I have adapted, but I wouldn't say I wouldn't like to get back on the road and run. ... I did a walk of eight kays this morning and everything was like, whow! It I was like outside, people thought I was going to the track and then they didn't pitch. Only one pitched and said, everybody cancelled because nobody wanted to do track. So I thought, okay let me go do ... some walks. I walked fast and I loved it. It was outside, I was on my own. It was outside, I was on my own. Um, you do that but but you do miss it. ... You know, it's almost like the death of a person. You you miss the person, but you do adapt. You have to.

R: Earlier you spoke about having achilles tendonitis years ago. Have you had any other major injuries?

P10: You know, the only injuries I ever had were on my feet. And the reason why I suppose was when I was very young, seven years old, I fell through a glass door and I cut my whole achilles. And I had to learn to walk properly again. And I've got a strong mind and I just decided I will walk properly. I used to do exercises and I'd do it again. And then I started walking and fine. And therefore, running to me is kind of a gift, you know. And I love it. And I was a good little runner when I was like ... I went to school at five and I was like a very good runner in in our area and what not, and was in the newspapers and stuff. And I think I could have given Zola and all those names a go (*laughs*) if it didn't happen you know. Um, if, um you actually run ... because it was not the achilles that was hurt that gets injured, it was the other foot. And fu funny enough this injury also started what I thought was the stronger foot and then it went over to the weaker foot, ja. I suppose it comes from then.

R: Did you run at school?

P10: Um ... when I was about Standard 3, you know, I started. I was good. I enjoyed it. I loved it. But I made sure I came fourth in the sprints so that I could run relay. I didn't er like too much stress. It was like that, but I loved the the relay. So I made sure I was fourth in the, you know, like in the 100 metres so I could do that.

R: Did you run other track events like the 400 and 800 at school?

P10: No, never. It's cause I could hardly run around the rugby field. I was very fast over short distance, like the 100 metres. But I I I didn't like it either.

R: You said you felt this injury coming on gradually. How did it happen? Why do you think it happened?

P10: You know that's a very, very sensible thing you're asking me because I thought in the beginning it might have been my shoes and you know like the kind of shoes I was wearing 'cause I'd worked quite hard and er you know I put in a softer inner sole and that made it worse. And then it became, you know, like now I have to do the icing and everything and I don't know what brought it on. I can tell you what the doctors say because I've got, I did the, I've done now everything. And they thought it might be high cholesterol which is extremely funny because I am healthy. And what they say is like sometimes the cholesterol is like affecting your blood circulation under the feet. It is actually like, you know, where's there's now, where there is normally like 10% underneath the feet, there is now 0 and that's why it just doesn't want to ... And then they'll say, well thank goodness you running has like saved you from a heart attack. Then I say, ag ja weet. Oh my gosh.

R: Do a number of doctors say that it's high cholesterol?

P10: One doctor I went to, er er a sports doctor said, you know when last did you have your cholesterol measured? So I said, you know I don't think I've ever done it and if I have done it, I'm not aware that anything is wrong because no one has ever come back to me on it. And then I happened to bump into the doctor that did all these funny tests and he like actually said to me, how high is your cholesterol because it is funny that you're getting it in both legs and because you're too light to have an actual foot injury, you know. Then I went to another person who threw his eyes up to the roof and said, you know, he's never heard anything like that. And then I went into the internet and sometimes they say it depends on what article you read on the internet, but the internet kind of confirmed that that if you do have high cholesterol it could ... eventually ... cause problems down ... okay. ... You know it's it's the same with someone else I know who has the same injury and she's also got high cholesterol. ... Another guy that's got the same injury in my group that we run with, both feet also got high cholesterol. So we think that maybe there's some connection there.

R: That's a very interesting connection.

P10: Ja, ja ... well it makes sense doesn't it?

R: Yes, it's a very interesting connection. ... How do you usually spend your day?

P10: Well, I first get up and take my daughter to school. Then I've got until 9.30 in the morning to do my own thing. And that is normally my time out. I run, I gym, I whatever, I see patients until er about 2.30 er 1.30. Depending on how my daughter's pro er er situation is, like I see if she's got sport long enough for me to see someone I do. Um if she hasn't like er sometimes like with the tennis I have to be there because it's er ... dodgy area, not dodgy area but you know. So I sit there and wait and do some reading or I write reports or whatever. So that's that. Evenings I see patients depending what evenings it is. Others I just sit in front of TV and feel lazy. And ja, that's it.

R: You spoke about cholesterol. Do you think stress has anything to do with that?

- P10: Oh ja, I think so. ... Er, with the cholesterol?
- R: With the cholesterol and the injury?
- P10: I don't think with the injury as such. I think maybe the cholesterol, yes um because I'm not working on what I should be working on, my PhD. And and it's like that. You know, you start dreaming about what you are supposed to be doing. I don't, on the one hand I want to give it up and on the other hand, I don't want to. Just as I think I'm going to give it up, a new patient comes like to talk and what not, and I think if you can be introduced with a little bit of a title, it will be better. You know, you do have, um what is it? ... Ag ja, whatever. And you know South Africa how it works? You a something. You really know, now you're cool. But I don't know. Then on the other hand, I think to myself I'm doing, what I'm doing, I'm doing well. I love what I do. I don't want to go wider, broader um ... But you know, it's like always. But then you think, but you know you've got the opportunity. And I believe in opportunities. And and it's such a struggle for me to get someone to say like do that. I should actually use the opportunity, but I'm not ... and it's bothering me.
- R: So would you say that there is a link between high cholesterol and stress, and therefore, between injury and stress?
- P10: I could say that. I could say that there could be a link which is the high cholesterol as such. The running kind of ... You know, the other thing that happened now was like I spend hours at doctors. Like now you know all of a sudden it's now the heart as well. Um, now I have to go on Monday, the thing was made like three months. I'm seeing this man. I spend hours at doctors which I really ... you know if you're if you're a person who's like a healthy person, but now as they say you may have a heart problem. Imagine? Can you imagine how I am stressed now? Ja so, you know I might have cancer as well so go and see. Um, so ja, it's all stress.
- R: Had your training program changed just before you got injured?
- P10: Before I got injured, on one leg? No, no. No, no, I always had. What I didn't do so much was like the speed work. It was like, you know, I fell into the trap of running with the group again and that was frustration. So, I didn't do as much speed work as I used to and that to me was quite funny because normally they say speed work causes it and er, nothing else.
- R: What about stretching?
- P10: You know I always do so. I always have my little program that I do. But as the doctor I went to said, um 20 years ago with four pairs of shoes she never saw any foot injury. She saw other stuff like you know a knee injury or whatever. She said she's seen freak injuries like a crack and she said the shoes are ... they either make it too scientifically or I dunno.
- R: How many kilometres do you get out of a pair of running shoes?
- P10: Um ...I ... I I, you know they always like say keep a book in terms of how much. But I just like, there's like a funny pain that starts in my knee and then I realize, no wait maybe you should like start looking for a new pair of shoes. And and I don't know. It it ... maybe like I can't say six months. Anything about six months. I don't know. I looked at my shoes the other day

and there are many shoes now because I've tried different shoes. (*chuckles*) And I looked at them, brand new Brand D that, also those that like started off the injury, not the injury but just like a little niggle. Maybe they were a nightmare pair of shoes. And then it's true, then I should change. You know people will say, you know I've done my 800 kays with these shoes; I need new ones. I don't go that way. I I do a little bit more, I use my body. ... I've tried everything. The gel shoes, you know Brand D gel shoes; eventually you see pieces of gel on the tar. Those shoes were the ones that really made it worse. Then when I put in the softer soles, inner soles it really made it worse. ... So ...

R: Have you been to a physiotherapist?

P10: Oh yes. ... Is it here or, all of them like to ... I've been to a physio.

R: And it didn't help?

P10: No ... I think maybe, maybe...

R: You said you've been to a sports doctor and a physiotherapist and are going to a heart specialist. What else have you done?

P10: Oh, you know the splint that you sleep with, I've done that. I've done the rolling of the ball. I've done the rolling of the ice. Um ... I've worked on my core stability. Um ... I also went to a Chinese doctor when I met this other doctor who made the appointment with the guru of South Africa. But I know ... Oh yes and I had one foot injected.

R: With cortisone?

P10: Yes, which is the worst thing I could have done. Because that ... And eventually I went for a sonar and they say it's an atypical plantar fasciitis. Not the typical plantar fasciitis. I thought, no wonder the things that they do. Oh and I went for a special little things that they, you know the orthotics. And that hurt me so badly because it really irritated me. So, I dunno.

R: And acupuncture?

P10: Acupuncture's the needle?

R: Yes.

P10: That was the Chinese doctor. I was on my way and then someone said, wait. Oh and then what I also heard that my next step that they actually shoot, like you shoot the kidney stones. You know, you know that machine that breaks down kidney stones. I have to go to the guru now. Let's see what, like phew maybe I've got arthritis or something else. But it's not arthritis.

R: Did the physio give you exercises to do?

P10: Um, she basically said use a er what do you call it, a shin splint. Not a shin splint. That's an injury. Um er er er a foot, you know you sleep with it on. It's like a boot. Can you imagine me with two boots? (*chuckles*) He um suggested that and the ultrasound. You, but but I don't know. I didn't find. It's the worst, it's the funniest thing. Sometimes you don't feel anything. Then you talk about it and it all starts burning underneath your foot. It's like, you know, you can't believe it. Someone will say to me, how's the injury? I would say, it's

amazing, it is like actually healing. And then the next four days will just be so eina again. It's like walking on a piece of bone inside. It's strange. I dunno.

R: What factors do you think will facilitate your recovery?

P10: Mother Nature, time and patience.

R: Do you think that with these three things it will get better?

P10: It will have to because I think all, I think the body can heal itself. Er, I think already I've listened, you know, because everybody has an opinion and they can just tap your shoe and show you what they've done.

R: Are you talking about runners?

P10: Other runners, ja. And you know, it's fine because like sometimes it is fine. I've had injuries where and it started in the foot, underneath the foot and in a day's time it was gone. I've had, but I think it's a little bit more ... you know, like. I I just ... You know, I gave myself a year and maybe like if it takes another year not to run, I'll become a good swimmer. You know, that's it. It it will heal itself. I know it will. I I believe nature healing. You know, it's time is your best ... Mother Nature, she will.

R: Do you think it has improved by resting?

P10: ... Ja. It um, you know, like when I get up in the mornings it's not that excruciating and walking around Brooklyn, I walk around with a bit of a smile nowadays, not like (*pulls face*) you know, mouth down. So ja, it has to come better. ... It it just depends on what I do as well. Sometimes if I walk on the treadmill and you know, I put my heels down hard because the treadmill is a bit soft, you know then the next day it's eina. But I feel it if I run in the water without touching the ground it ... it's fantastic that evening and the next day it's so sore I can't believe how sore it is. So I can't say to you that this is good and this is bad and and ... Two weeks it was fine and last week it was so sore I didn't know what I did.

R: So you haven't done any running besides running in the pool?

P10: I can't, no ... It's just too sore. What I do now is walking-wise what I would have done running-wise. My little one plays hockey on a Wednesday for about an hour and a half. Then I would take that time and I'll go and walk which I found nice and refreshing and all that kind of thing. Um, so what I'm starting to do that. You know then I look in the newspaper the other day, a whole lot of winning times. Oh my goodness, look at winning times. Then okay there is another sport I can like start doing. Swimming is definitely not for me, that I realize. But maybe walking just to enjoy it.

R: Are you the only one in the family who runs?

P10: Um ... yes, yes. There's only three in the family, but yes. (*chuckles*)

R: Do they give you the necessary support now that you're injured?

P10: ... Um no, I don't get any support. I, I don't but I don't talk too much about it. I think my husband uses the accounting saying: you know, what the hell? Even when we went down to Cape Town and his secretary had to book us back he said to me, I have to tell Dawn whether er what day you're running the Two Oceans? So I said, you know haven't you

realized that I haven't run since January? So you know he doesn't really know because like I don't talk about it. I also come back from a race and joke. Nobody will ask how it was unless I happen to win it. Then it's how much money? How are you going to spend it? But they don't really ask. No. My husband, definitely not.

R: Would it be easier if people asked you about the injury?

P10: No, I would hate that. I would hate that. I don't like that. You know ... it keeps on keeping that that flame alive. It's the same when I run, I'll do it, I'll do it alone. I'll suffer. But I'll suffer on my own. I prefer that. Don't don't come and like, you know, like say something you don't mean or whatever. I don't like that. You know, you go girl. (*uses a gruff tone*)

R: You mentioned earlier that you are still in contact with the group you run with and you also indicated that runners tell you about their injuries. Do you experience this a lot?

P10: Oh yes. They talk about their injuries.

R: And compare them to yours?

P10: Comparing them to mine and how long it took them to um ... to go ... you know how long it took their injury to go away. Like for example, you know when you run over Klapperkop (*giggles*) and just as you turn into Klapperkop I asked the guy a question, just a normal question and I thought, ah today he won't answer me because he likes talking about his injury. Ah, Klapperkop at the top. Ah, down Klapperkop. But like can't I do this on my own? I didn't ask for that information. I really didn't want it.

R: Was the question related to injury?

P10: Ah, ja. Ja. It was. It was. I actually asked him ... I can't remember what I asked him. I asked him who did he go to, I think. Then he started like, you know, when it all started when he was about 20. So it took a l-o-n-g time to finish the conversation. You see that's why I want to be on my own. I don't want ... Here I get information. I don't want more information there.

R: Do you find all the bits of information confusing especially if it's different and contradictory?

P10: Um, you know I've worked it out myself. I think I know it will go away if I look after it properly. And yes, maybe when someone says, don't get the green insoles, I would go and buy the green insoles and like put them in for five minutes and then see I've made a mistake. And you know this one will say, he wears this in his shoes and I'll try it and if it doesn't work straight away, throw it away or I will I will like discard it. ... Um, what I've realized with an injury you have to go, you know, to maybe one person, to just that person, whether it's a physio, realize that is one you can trust. And um I was doing that for a while and then all of a sudden I started going to different people, different doctors and what-not to see and um, you know, but that is like my own ... I'm not patient with it.

R: I suppose that if you go to one person they may refer you to someone else?

P10: ... Well, they then refer me to um their physio. You know, their little group that work together. You know what I'm saying. One doctor will refer, this is the only person that can deal with it. And ... then like ... er the one who like who heard I wanted to have these shots

or whatever. (*chuckles*) Um, he knows um like this guru and you know I think, I suppose I should have seen him long time ago, but then again previously ... um he didn't really help when I had, you know, the foot injury and ... But ja, you know, I think he but he couldn't fix this. But I think once the thing is inflamed and it is like, you know, it is a continuous thing. But the front foot thing wasn't inflamed or anything. He built in this huge orthotic right there. I ran a 32 kay with a huge blood blister, we came second, our little team in Ironman and I've never had a problem again. So you know, I think you must also know at the time who to go to. But it does, it is confusing. ...

R: What about the advice you get from other runners?

P10: Ah you know you go jah, jah, jah, jah.

R: And you take no notice?

P10: I don't now anymore, no. No.

R: Did you before?

P10: When I was, the first time when I had the same injury when I was younger I did. And you know I would listen to all the little stories and you went to all the people they referred you to. But now when you older, you realize, you know ... ag all these tablets, all this money, all this everything. ... Ah, I forgot to tell you I also had it strapped ... like strap, strap, strap so hard it feel like um with what's these white things?

R: Transact plasters?

P10: Ja, that helped. That helped a lot. That was just straight after the injection and then like you know it helped and then I don't know if it was the injection or what happened there, but then then ... But that helped. The strapping. It didn't take the injury away, but the strapping helped.

R: Are you not using them anymore?

P10: Ag no, it was just such a schlep. When when you done a run, not run, when you've like done something at the gym and you have to shower, either keep both feet must be out of the bath or you can't like shower properly because your feet get back. Then you have to redo the whole thing. Ah, it's a schlep hey. I think that if the pain is as excruciating as it was, I would still have done it. I actually did it last weekend, just for the day. So think if the pain's really there I would go back to it even if it's a pain in the neck.

R: What do you find particularly difficult about being injured?

P10: Um ... I think it's basically not to be able to ... what you love doing. And you know the question comes up when is it going to heal? And if I, like say it's like two years time, three years time, will I still want to run? Or and then I think to myself, is it a way that someone up there is showing me, you know, me something. Same with my flying, I didn't want to stop flying. You know I loved it. I didn't ... Then I fell pregnant and I always say is if I have a child. I would stop immediately and I gave 24 hours notice and that is the only way I would have gone out of it. But now what my question is is, you know, it's actually good for my soul I think so why can't I continue with it? You know what I'm saying? So you know you start

questioning it and I don't know. I don't know. I believe everything's got a reason. But what the reason is?

R: Have you learnt anything about yourself and running because of the injury?

P10: I have learnt, yes, that I am a very strong-willed individual. Sounds like now I'm blowing my own horn now. But I am strong and every time I do come back. Doesn't matter how bad or how ... you know, um. And the other thing I don't just like go back to what I've done, but like I find other ways. And but you can hear I am actually a person doing my own thing, wanting to do it on my own, kind of thing. So yes, I think there's a lot of inner motivation and maybe ... again it's just like proved to me I am a strong person. I know someone else who's crying because of the same injury, but I refuse to cry. I've still got my whole body. So I must be thankful for that.

R: Have you learnt anything about running because of the injury?

P10: Yes, that it it um ... yes, that it can take up a lot of time. That your friend can become running. I don't want to really become like that because I must say I'm part of the group and I'm not really. You know if if you're with them now they just talk running. And they live from one day to the next day like that which ... Well maybe I haven't like seen it now only, I've I've seen it all along. But you just become aware of it. Maybe because you're not. You know they like go to a race and okay there's how did you do? But then they're already talking about the next race. And you know you stand a little bit outside the group and you realize running can ... you know, just eat up your whole life.

R: Is there anything else you would like to add?

P10: (*chuckles*) Didn't I say enough? ... No, you know, I think they're days when I take my hat off to ... Natalie, what's the name? Natalie, the swimmer?

R: Natalie du Toit.

P10: Yes, she could have actually said, okay this is it. This is the end of me. And she did it in a different way. And I think you can. In any way you can do things in a different way. You you just have to find avenues to um satisfy what you're looking for.

INTERVIEW WITH PARTICIPANT 11

R: How long have you been running for?

P11: ... Er ... 12 years.

R: Why did you originally start running?

P11: Because I was overweight and I wanted to lose weight.

R: That was the main reason?

P11: The main reason.

R: Why did you continue running?

P11: Well, then I got the bug. *(laughs)*

R: How often do you run a week?

P11: Now I've decreased significantly. Last year, er the middle of last year 'till now. Um, I now run if I'm lucky three times a week and present kilometres, about 20.

R: So, at the moment you're running about 20 kays a week?

P11: Mmm.

R: How many were you running before you got injured?

P11: Oh ... um, at least 45.

R: Did you run virtually every day?

P11: Ja.

R: What did your training program involve?

P11: Um ... well, I used to run marathons, um ... and half-marathons mainly. Very few marathons. And it involved running, I had a long run on a Saturday like 15 or 16 kilometres. Um and then I would run at least three times a week, ten kilometres at about a pace of about five and a half kays, no five and a half minutes a kay. That was my best ever ... because I'm slow.

R: Did you have a set program with things like hills and speed work?

P11: Oh yes, farklek, hills, ja. It's um, that we'd do on a Wednesday. We'd either do hills or farklek.

R: You speak about we. Did you train with a group?

P11: Ja, er a bunch of people at Club M in Bryanston.

R: Did you belong to Club M?

P11: Yes, I still do and I run for Club T.

R: I was under the impression that if you are a member of Club M you have to run for them.

P11: No, not necessarily. You don't have to join their club. ... You see, what happened was that I was just merrily running away with Club M. I started doing fift, you know 15 minutes and then built up, built up, built up and um then I, soon as I was able to run 10 kilometres my coach, because we were very lucky to have a coach. He was a Comrades runner and he was building up for his tenth Comrades, tenth Two Oceans. So he took me under his wings and said, right. Now I am going to train you to be a proper runner. And I screamed and ran away for the first couple of months. But then he got his hands on me and he actually said, I'm going to make you run Comrades. And I couldn't believe it and um then I started.

That was in 97 and I ran my first, my only Comrades in 2000. So he got me going slowly, but surely. And then in 2000 um I ran ... several marathons. I ran Two Oceans Ultra and Comrades. But then what happened since then is that work took, my whole career changed. In 2002 my business died. I used to have my own business. And then um I had a year where I did sort of very little. Um and then I decided to be an estate agent and I actually started working in ... February last year. February 2005. So I had two years where I was fiddling around. I tried doing insurance but um that didn't work. And then I became an estate agent and that's where the problem started. ... Because I ha, first of all I no longer was able to get to my Club M group because as an estate agent you have to take people to see houses after hours ... and um I did have an injury. I had an injury. I've always had this sciatica problem, even when I was doing Comrades. Um 10 days before Comrades, I'm sorry I'm jumping around.

R: That's no problem.

P11: Ten days before Comrades I got runner's knee. And I ran Comrades with runner's knee. Um and it started five kays out of Durban. It was the up run. But I got through it with pain killers and patches. Nobody was going to stop me running my Comrades. And I did it in 11 hours 33. I think I could have done it in a much shorter time, but ... with this injury. And I've always had, ever since then and every year it's being getting worse, is my sciatica. Down the left leg. And it sometimes on the longer like Om-die-Dam 50, um I'll start at 35 kilometres I'll get a floppy foot. It just didn't want to lift and run. It feels like it's unconnected. Anyway out of that ... er um um came another injury. A piriformis problem. Um, it's all connected to my lower back ... problem. Um, physiotherapists who do x-rays told me I have spurs on my spine and that's the seat of the problem. And a couple of years ago I started doing core exercises. And ... I had to do them every single day. And that really solved my problem. But as soon as I became an estate agent I couldn't do them every day because it takes at least half, 40 minutes to do them and um I just didn't have that time. So, my core started getting weak I suppose. Um, my employer said that I wasn't supposed to run. They didn't want me to run because I had to er ... I could run at six o'clock in the morning if I wanted to. But I don't I don't want to run at six o'clock in the morning. I like to run in the evening. I run early in the morning on the weekends and I still do. But um ... my three nights a week for my 10 kays or more would be my normal. And they stopped me doing it. And so gradually I got less and less fit and ... Then I left them and joined another company and I was with them for six months and she fired me. She tried to call it um ... retrenchment, but it was actually ... it was being fired. She kicked me out! ... With no reason, just that she had changed the operational requirements and structures of the business. That was in February this year. I mean it was like cutting me off at the knees. Er because as an estate agent you have to work six months before you start getting any rewards. ... Um ... and ... you know it put a huge dent in my life. *(tearful)* Huge emotional trauma ... and ... I'm still emotional about it. Anyway I took it to the CCMA and I taking it to court. But it takes a year to get there, to

labour court. And I've got a very strong case. And she's still attacking me because I left her, well had to leave her, found another job in February this year and ...

R: Also as an estate agent?

P11: Yes, with another company. Um ... and then I broke into Fourway Gardens for them. I was working in Fourways Gardens with her before. And I broke into Fourways Gardens. I've been working extremely hard. Um and I've only been had time, honestly, to run 10 kays on a Saturday morning and er my five kays twice a week, maybe three times a week. And I can't go to Sunday races because I've got a show day every single Sunday except for two since then.

R: You said that you ran the Comrades in 2000. Did you enjoy it?

P11: I loved it. It was the best day of my life.

R: Would you like to do it again?

P11: Absolutely.

R: Why didn't you do it in 2001?

P11: Um ... oh, I had um I had a bad injury. I had um ... ITB. I was just starting to build up my training in January. And er ... I got this terrible ITB and I had to have the operation. And um I it took me four months to heal. And then it was really starting again. ... And then at the end of that year I had another operation which stopped me running for about six or seven weeks. So that was 2000 and 2001, 2002. Beginning of 2003 we moved here. And that was another disruption. Um ... my husband has got a problem with me running distances like Comrades though. He doesn't want me to because I lost a lot of weight. I was ten kilos lighter than I am now. ... Um ... and he said I was stringee ... and didn't think I was feminine. And er he now says no he doesn't want me running marathons. ... Um, they are bad for me and I can only run 21s.

R: When you ran Comrades how many kilometres did you do in the build-up to it?

P11: Oh ... we did in all 12 ... just over ... um not 1200. Just over a 1000 I think.

R: The six months before?

P11: Ja, but um. Typically we'd do a 25 on a Saturday, um a time trial of eight and then three. So that's 25, 35, 25, 55. About 65 kays a week.

R: You spoke about core exercises. Have you done any other gym work?

P11: Ja, ja. I used to do gym as well. The nights I didn't go running I went to gym. And I'd do 40 minutes on the treadmill. Um, that's on a Tuesday and a Thursday.

R: That's also running?

P11: Ja, also running. Um ... and then ex, you know, circuit or weights and swimming as well. I used to swim twice or three times a week. I used to do about er four kilometres.

R: During the whole week or each session?

P11: Ja ... um, but then I was super fit.

R: Did you find that weight training helped your injury problems?

P11: I didn't do it long enough. ... Again time. I didn't jus, I didn't have the time. Swimming helped enormously with breathing. Um ... but now ever since I've started this job as an estate agent ... this year I've got I've picked up an injury which just won't go away. I've had acupuncture, I've had the guy who does the yellow pages, SA. He couldn't get rid of it. He's a physio and a kinesiologist. A got me through me through Comrades with runner's knee. I swear he did. But he can't get rid of this. What it is I've now got is um ... it's er where the hamstring meets the bum bone. And it's literally a pain in the arse. And it's got so bad that I can um I have difficulty lifting my left leg. Every time I lift, try it once, it's painful ... and that was when I first spoke to you couple of weeks ago. It was it was at that stage. Since then I've been to see S twice. I've had some acupuncture and I've been upping my running. ... And this is totally confidential I've decided to change my job.

R: To something else besides being an estate agent?

P11: No. Another estate agent. But now big corporate instead of a one man band because I've been caught out by a rather unethical boss. The first one fired me and stole my my sole mandate which she gave to her other agent ... and did me out of a lot of money. And this one, now I've opened the estate for her ... because I normally have three or four show days a week ... she now says, oh no no no, you share in my company. So you have to give your colleagues, you know the lazy ones who haven't got a show day. I have to put them in my show day ... and they earn half my commission ... if the per, if they get a buyer that day when they are sitting with their bottoms in a chair on my show day. I negotiate the deal, I write the ad that attracts the buyers, I get the show day, negotiate the show day and I've got to give away half my commission. And I I said no. She said, you're your colleagues don't like you because you're mean. ... Mean? It's just I've been working so hard and now the fruits of my labour have come after six months and I've got to give those show days away. And she said the only the only time you can have a sitter. Because that's how other agencies work; you have sitters you employ. Um and you know they just look after the the prospective buyers and show them the house. You train them. But they earn a salary. And they earn a portion of your commission, not half. Um because ... for example, last weekend I put one of my colleagues in one of my houses. Er um somebody came in and wanted to buy it. She showed them around. She didn't know they wanted to buy it. They left and then they phoned me. Right. Because my name's on it. We want to buy the house. I have to negotiate it and er she earns half my coms just for being. The only option I have is I can use my husband as a sitter. So it's another pressure because he is forced therefore to work for my boss. Um, otherwise he must run the risk of me losing half my commission to one of my colleagues.

R: And you have to have a sitter?

P11: Ja, because if I've got four show houses I can only sit in one, you see. But I mean I've been completely demotivated and that's when this injury got really really bad and I could hardly lift my leg up when I was running.

- R: So you feel that there is a link between injury and stress?
- P11: Ja, definitely. ... A mental ... how you feel about yourself, how you feel about your work, how motivated you are. It's all linked. It's all definitely linked.
- R: When you've been able to run as much as you like, what benefits do you experience because of running?
- P11: Um ... I'm very happy with my body and my weight. I felt great. Um ... I wasn't prone so much to drink alcohol as much as I do now. Um ... I was... lighter in spirit. ... Then you know I'm also one of these people; I'm afraid I don't think I'm that great at working. I would rather not work, but I have to you know for financial reasons. Um I I get very motivated when I doing something either, I mean when I wasn't working I collected money for the SPCA. But I used to run raffles and get prizes. You know I loved the negotiating thing. So I wo, I you know I benefited from that. Um, just everything in running is like freedom. It gives me a feeling of freedom.
- R: You spoke about the Comrades as being the greatest day in your life. What other races stick out as being great?
- P11: Om-die-Dam ... Two Oceans.
- R: I believe that is beautiful.
- P11: It's wonderful. Um ... Om-die-Dam ... Oh ja, Eland Elands marathon, I loved that marathon. Um ... and ja, all the marathons. You know they all seem like such a challenge. And what I enjoyed very much was seeing my time come down.
- R: What is your best marathon time?
- P11: Um ... 4.28.
- R: What's your favourite distance?
- P11: Now ... It was 21, but I'm not 21 fit anymore. Now I'd say 10, 10 or 11. I ran ten and a half this morning. It was great. I just ran the whole way.
- R: And to race?
- P11: Um, to race ... I think um 21 or 32.
- R: What is your best for a 21?
- P11: Er ... just over two hours.
- R: You have spoken about the benefits of running. Do you experience any negative consequences because of the sport?
- P11: Ja, I got very wrinkly and I had to go and have um, what do you call that um ... lazer treatment. Um ... my skin is not terribly elastic and when I lost the fat I had this hanging skin which didn't which ... I hate getting photographs of. I stopped getting photographs because it's always damn ... They catch my skin running behind me, you know. Um ... other negatives, my husband remarked that I've become very closed in terms of interests, you know. But like I ... running was my life. Every day was running. ... The most important priority was my running. Um ... I didn't want to go to a book club. I didn't want to go out for a

drink. I didn't want to do anything. I just wanted to go and run. And then if there was time after, I'd go out and have dinner or drinks or whatever. Um ... ja, both were disadvantages.

R: What other interests do you have?

P11: Well, I used to paint quite a bit. Um ... and if I didn't work I'd probably spend much more time painting. Um, in fact, when I wasn't working, I went to art classes and I loved it. ... Um ... and I went to art school as a youngster. That was my training. Um ... and other interests? Well, I read. I don't like TV. So I read. Um, animals and animal charities. Um and I like belly dancing ... I used to do pole dancing and tap dancing ... lessons in the last couple of years, but that's a bit strenuous now for me.

R: How would you define injury?

P11: Pain.

R: Pain?

P11: Ja and it stops you. It's a pain everywhere. It stops you from doing what you enjoy. ... Um ... in my case it's a pain in the bottom when I sit too long. ... It's a constant reminder that it's there. Um, it's dreadful. It's er a occupational hazard if you run.

R: If you feel any little niggles when you run, do you regard that as an injury?

P11: Nah.

R: Not?

P11: Ahah ... I had, they had to ... actually hold me back from running when I could hardly run 500 metres with ITB. ... I carry on regardless unless it's really ... You know like my ITB I had to stop 'cause I was like limping ... at the beginning of the run an ...

R: So would you regard it as an injury when you cannot run or when the pain starts to get bad?

P11: When pain gets like Tim Noakes says: you go through level one and you think, okay I've picked something up. And you think, ag it's only a niggles. Then it gets to level two and you leave off running for a couple of days. Then it gets ... to level three and it's every day, every run. It gets worse and worse and worse. Level four for me is when it actually stops you. That's when I'll stop.

R: And that's when you will call it an injury?

P11: Jah.

R: Do you get concerned when you feel niggles?

P11: I do. Ja. And then I try and stretch more or ... um ja, stretch more during, before the run and after.

R: When did you pick up the injury you have now?

P11: ... March, April. About then.

R: Did you have any warning signs?

P11: Jah. You know I started feeling a bit stiff ... in ... the bum and I thought, ah it's the piriformis again because that one I had it that badly when I was starting to train up for Com second Comrades. Um, I had the ITB. That hit me at Om-die-Dam. But in the January um I got very bad piriformis after doing a time trial very quickly. And that actually stopped me walking for

a couple of days. Um, but I thought that was just again this year and it's not. Definitely the attachment of the hamstring to the bum.

R: So basically the tendon?

P11: Yeh, but I think that there's some other problem as well, but only that it's it's all connected to the sciatica as well and lower back. But that only comes up at about 19 kilometres if I'm doing 21. And I've only done one 21 this year which was Dischem ... and I did that so slowly I didn't get any injury ... 'cause I was running with a friend who had just started.

R: So you think it's connected to your lower back?

P11: Mmm, I do. But it's interesting that it's now become ... You know, it became acute for a period of time. And it was really, really, really bad. Um ... and that was about the time that my boss, you know, told me about this new rule. About having to share my show days ... and that was like, I couldn't believe. Not another mistake I've made. Not another company I shouldn't have joined. ... Ja. Whew!

R: Do you find that when you are under stress, like the unethical behaviour you've experienced, that you tend to want to run more?

P11: Yeh, I do but I can't because my job is so demanding in it. There's not enough hours in the day to get all the things that I have to do, make all the contacts I should. Um ...

R: How would you describe a typical day in your life?

P11: Um, typically I'll get up in the morning at about seven. Um, I normally take the dogs for a quick run around the park here 'cause we're lucky to have a park which is only about two kays. Um, then come back, have breakfast, get washed and dressed. Then I start; either call and come in, and I've got a little study here. And I tend to get involved because I work around here. Either take out people from here or on the phone here. And I only er, other than that I've never gone into the office before 11 in the morning. And sometimes only at lunch-time. But it's not that I've been goofing off. It's that I've been working here or taking people out in this area. Then I normally stop for a salad, take a salad with me. Um and then do my calls, phone calls, work. Um, I usually go and canvas um ... 'till about seven twice a week. Um, normally once a week I'll have to take someone out for an appointment after hours. Mondays, I used to go belly-dancing, but now I'm helping someone set up a company so I have to go to that instead. So I only get back about 8.30, have dinner ... and a few drinks. Always a few drinks. And um chat to my husband, go to bed. And that's every day. Um, my running days I will specifically stop working at five o'clock and get the hell out of there. No matter what. Only if I have to take someone out to an appointment or take an offer ... um do I not run on a Tuesday. And if I don't run on a Tuesday, I try desperately to run on a Wednesday as well as a Thursday. Fridays are slightly different because I have to do the shopping, some shopping and um, you know, um personal things. So I normally do that Friday morning, go to the office Friday afternoon and err ... Saturday is a running, I run in the morning with my mates in summer at 6.30. Now it's 7.30. Then I normally have appointments, take people to see houses. Um and then Sunday is a show

day. So I normally sleep in a bit on Sunday. Then one day in the week I do. Um, sleep in until about nine, go and make my husband and I some breakfast, prepare, get for my show day.

R: So it's quite heavy?

P11: It's hectic! You know, I've got to the point where I haven't had time to go and buy clothing. ... So I think, oh well that's good you know. In a way you're saving money. But by the same token I can see that my presentation is fluttering a bit, you know.

R: Does your present boss mind if you run?

P11: No, she's says you mustn't stop running. She's happy because her son is a runner. She doesn't mind me running.

R: Unlike your last boss?

P11: Jah ... not the last one, the one before that. She said I couldn't run. 'Cause I worked one um for two months. I was head-hunted by the woman who then fired me six months later. She said, look you can run but I was, I spent time trying to build the business and so cut my running down voluntarily ... um to twice a week with the Saturday morning runs. And um ... she didn't care if I ran or not. My current boss, she expects you to work late, at least twice a week. ... Um, so if you go and run twice a week then she expects you, to see your face, you know, after hours at least twice a week.

R: What was your initial reaction when you realized you had another injury?

P11: Ah! ... Horror. Now I'm going to put on even more weight. Um ... because nothing is as effective in terms of weight control. When I've been injured before I I spin or I swim. Um ... but I haven't done that for so long.

R: Because of time?

P11: Mmm. But now when I I got this injury I thought, oh no. ... Um, I've gotta fix it. So first first thing was feeling really down about it. But then right make an appointment to see an acupuncturist ... um, as quickly as I could get to get it fixed. ... But, you must understand with this new job it changed my whole attitude towards running as well. Before nothing would come between me and my running. It was like a religion. I was gone, boy, five o'clock in the evening, come hell or high water. No way would I make an appointment after that time. But now if somebody says I want to see you at half past five, to see a house ... I've changed. I've I've become more, you know, I I will take them. I'm not such a fanatical runner as I used to be.

R: Do you miss not being a fanatical runner?

P11: In a way, I do, ja.

R: You mentioned having acupuncture and going to a "yellow pages" man.

P11: It did um, but he's so incredibly busy. But you know the ac acupuncture ...

R: Does he do acupuncture as well?

P11: No, I went to a Chinese gentleman, a Chinese doctor. A chiropractor. And he gosh, he gave me the needles like you won't believe. About six or seven. And it was really quite

sore. And um he kept on pushing me to go on this eat for your blood type diet. He kept on and on and on. And that ... hacked me off a bit because I don't believe in that diet. Um, but you've got to eat lamb and turkey only if you're a certain blood type. And he kept pressurizing me so I stopped going to him. And I thought let me go back to S because he helped me all those years ago. And the trouble is I went to S only once and it helped me enormously. It's helped me tremendously. But I can't get back to see him.

R: Because you're busy?

P11: Because no, he's busy. He um, I've asked his assistant for an appointment and she's just never come back to me. ... So it's in my mind to phone him on his cellphone on Monday and say, listen you know.

R: Does he practise full-time?

P11: Ja, but he's incredibly busy. He's ... You have to like wait a month before you can see him, you know ... unless you're lucky enough to get a ... a cancellation. It's funny. I dunno er um I don't think it's him because he told her. ... This was on about the 2nd or 3rd of August ... no end of July. He said that he had to see me. He told her he had to see me in two weeks. Well, that two weeks came and went. And er ... As I say it's on my agenda to phone him.

R: But you did say the injury had improved?

P11: Oh ja, much. It's much improved now. ... But if I run every day it gets worse again. ... I have to have a break. I can maximum run two days running. Then I have to have a break.

R: Have you been to a physiotherapist?

P11: He's a physio. He did a bit of physio. More kinesiology.

R: Have you been to any orthopaedic surgeons?

P11: No. ... This other bloke, the Chinese bloke, was a chiropractor. So he sort of ripped my bones a bit, but he did more acupuncture than anything else.

R: Please tell me about the other injuries that you've had?

P11: The ITB?

R: Yes.

P11: Well that was when I was getting ready to do Comrades number two. And I firmly believe ... that it's, that as a result of going to a flipping podiatrist who put orthotics in my shoes and who recommended I buy the top of the range of Brand A anti-pronation shoe which is the kk. And it's a really rigid shoe. And I ran um I ran Om-die-Dam in those shoes and that's when I picked up the ITB. Okay, maybe it was coming anyway. But that I'm damn sure did it. Putting orthotics and the most rigid shoe you can buy um when I used to, when I've always worn Brand O anti-pronation, but not the top of the range. I gave those flipping shoes away. They cost me R1300.00.

R: Then what did you do after that with the ITB? Did you struggle through it?

P11: Nah. I did. I tried to struggle through it, but it just got me. It was that bad. Um, I went to see this er surgeon. Dr M, MR. And he said, ooh ja. Definitely we're going to do the cut. So I had the cut. I said, well look I want you to do it as soon as possible because I want to run

Two Oceans. And it was um ... March ... 18 months ago. And that was awful. I used to drag myself off to gym and I started doing Pilates as well.

R: I have heard Pilates is very good.

P11: Ja, but it's just very expensive. Very expensive. Like having a personal trainer.

R: And the sciatica nerve?

P11: Jaa, that only bothers me when I step up my distance quite dramatically. If I was to step up my distance to doing three um 10 kays runs a week plus the long run on the weekends I'd get that back again.

R: What medical explanation have you been given for these injuries as well as the spurs on your back?

P11: Age. ... My podiatrist at the moment says that he can't believe that I run because I've got terrible bunions and my toes do that. (*uses hands to demonstrate how toes go into one another*) You know I've got a big bunion here and the big toe points there (*inwards*) instead of forward. And he said, you've got no toe-off. How do you run? That's probably why you're so slow. He thinks, you know, that could lead to some of my injuries.

R: Did he recommend that you have the bunions removed?

P11: No. He said, don't have an operation whatever you do. But my yellow pages man said I'm stressed out de luxe. ... That was from kinesiology that he's practicing on me. Um and he treats me for that. And just that one appointment felt and the weekend away, I had a weekend away as well in Cape Town and that was wonderful.

R: So you definitely have been experiencing stress?

P11: Ummm. ...

R: What about your training program? Had it changed just before you picked up the injuries?

P11: No, er my training program has diminished.

R: Had it already diminished when you picked up the injury?

P11: Yes.

R: So you are attributing your injury to stress?

P11: Mmm ... and unhappiness and emotional damage. I mean this flipping woman who fired me she's trying to, she sends me lawyers' letters saying I've defamed her. She told the estate management that I was given illegally a database of all the residents of the estate by um one of the security guards. Except that's a lie. I've no I've no such thing. All I did with that young security guard was to ask his boss one day if I could have a guard, hire a guard. I would pay him to come and sit with me because I had a show-house out in Bryanston out of er this estate and I thought, whoow I don't want to be sitting in one of these show-houses and have you know ... be exposed. Anyway, it's because she keeps on firing me with letters and I have to keep on reacting. I must be giving her a hard time ... in the market. I'm taking away some of her market share, but she just you know it's it's emotional damage. It's reminding me of that, of what happened to me in February ...

which um in a small community like we're in made me feel terrible you know. It looks to the outside world like I'm not employable.

R: Earlier you spoke about doing core exercises. Has anyone prescribed more of these exercises?

P11: Well, I haven't been back to that biokineticist. I went to a biokineticist with my own set of exercises because I kept on having this floppy foot. This was a couple of years ago when I was still running seriously. Um and I went to him and he said, all your problems stem from your lower back. It's weak and your stomach is weak. Your core is very weak. So you've got to do these exercises. And um, ja he prescribed these exercises for me. But then when I became an estate agent I didn't have the time to do the exercises and ... gradually you know it diminished.

R: What factors do you think will help your recovery?

P11: I don't know if it's possible as an estate agent but to have more balance in my life. ... To be able to do my three nights a week running. Or maybe you know I must come right in another way and try to run in the morning instead um ... so I can fit everything in. But the terri the trouble is I know from a Saturday when I run a ten in the morning I can't work at the pace I work at until seven that night, you know. Um ... but that would be the best thing for me, to have more balance, to work less hours, to have more running time and time to do a bit of gym as well.

R: Do you think that will be possible when you change jobs?

P11: Well, after the first few months because I have to prove myself there again. ... You see half my problem is that I could start running in the morning but ... it's ... I suppose it's stress on my marriage. You know my husband likes to sleep in the morning. He's just not an early riser. He works very hard and he works until, you know he'll work late in the evening. He likes ... he doesn't like to get up before seven ... really. And if I get up it disturbs him. 'Cause even this morning, you know, I put on a torch on and ah forgotten my flipping make-up. Got to go and get my make-up out the drawer. And the drawer creeps open and you know, I've got to get the toothbrush which means lifting up the curtain next to him and you know, I know that if I do that every morning I just know that we're gonna have a ... It it won't be comfortable.

R: And he doesn't run?

P11: No! He thinks I'm stark raving mad. *(laughs)*

R: He's never tried it?

P11: Yes, he did and er it hurts his back. He's a good runner. He started going to Club M with me and boy he was rocketing around that field. But um he just ... After a while he just said, no way. I'm not running. I don't like running. I think it brings back bad memories from when he was a kid. ... Being made to run cross-country and being made to run with a full army kit.

R: Is there anyone else like a close friend or the people who live in the estate *(participant interrupts)*

- P11: That runs?
- R: Yes.
- P11: Yes. Oh yes ... um, I've got a very good mate that I run with now. Um, she's a little bit slower than me, but she's getting there you know. And um, we she gets me going on a Tuesday and a Thursday. We keep each other going.
- R: That helps you?
- P11: Ja ... and then on Saturday morning we have a group and you know, you're expected there. So you've gotta get up.
- R: Are you getting tips and advice about your injury from those you run with?
- P11: Not really. ... But they sent me to the Chinese doctor ... um because one of my ... I used to with her at her pace. She's much faster than me now. Um, early last year I was running with her. She's now a real hotshot runner and she's got a terrible injury in her shoulder. She can't seem to get rid of this shoulder and it's from running. And she's a fervent runner. ...
- R: And she advised you to go to this doctor?
- P11: Dr K. Ja.
- R: I think that often injured runners may get very confused because of all the advice they get. Have you experienced this?
- P11: Oh ja. Especially diet and races.
- R: Have other runners made you scared when you've told them about your injuries?
- P11: No. All of my mates have always been very supportive. Um ... I'm just desperately sorry that my coach. He um backed off after he'd done his 10. And now he's put on like 20 kilos and he doesn't run at all. And he was the motivation. He motivated so many of us middle-aged women to to run Comrades. He got us together and it's sad to see him ... back off. He was very motivating. But I. No, everyone's been very supportive. Just one or two friends when I've had ITB said, do not run! We're not going to let you run and er ... Well I thought it would go away in a minute once you start running. You get these aches and pains and once you start running it goes away.
- R: I believe ITB is not the nicest injury.
- P11: Mmm, it's a killer. When it's really acute. I mean maybe it would have gone away. I don't know. Dr MR said it wouldn't. Now it's been perfect. Touch wood. Nothing. Not another pinge twinge. Nothing.
- R: What do you find particularly difficult about being injured?
- P11: Well, it's the lack of enjoyment and lack of ability to run. And it's pain when you are running.
- R: Have you learnt anything about yourself and running from this injury as well as the other injuries you have had?
- P11: Um, from the ITB injury I learnt throw orthotics away and do not believe in orthotics. It was a very very expensive lesson. Um, 'cause I reckon I would have done Comrades the second

year and if I'd done Comrades the second year I would be in a much more confident position now. Um ... what was the question again? What have I learned ...

R: Yes, what have you learned or discovered about yourself and running because of the injury?

P11: I've learnt that I am always going to be a runner. I will not give up my running because of injury. Um ... no matter how pressing and ... devouring my work is I will always run. Um ... and it's taught me that I can actually battle through with the right mental attitude ... I mean that runner's knee at Comrades was a build-up. ... Um, when I went to physio for the 10 days before Comrades every day to have it worked on 'cause it was really really really sore um ... that I did it and I learned that my mental attitude overcame that injury. I must say though that I wasn't able to run for a couple of months after that.

R: Is there anything else you would like to add about running and injury?

P11: Um ... injury I think ... I very much looking forward to the outcome of your research because I have a ex, I know that it's linked with stress and the way that you're feeling about life and the bad habits that you may have picked up like over-reacting and over-drinking. And those evolve as a result of something else. So, to be able to understand the chain that leads up to injury would be fascinating. And I believe that is can really ... Running is the most wonderful thing in the world. It gives just the normal Joe like me, it gives me a sense of who I am, that I belong, that I am an athlete of some standing. Maybe very low. But it gives me a place to understand where I am at. It gives me a confidence. It gives me something I didn't have before. Not only a reason for living, but makes me feel one of the team. It gives me the ability to to be a member of the team. Um and it's given me humility as well because there's ain't nowhere to go on the road, you know. You you're there with every normal citi citizen and you've just got a pair of shorts or a pair of trousers and that's you boy. And it teaches you to be happy with that. To be happy with less, you know. It's also taught me not to be afraid of cold nights. I'm not afraid of cold nights. That's when I love to go out. It's taught me to be more in touch with the elements, to be part of the universe in which I live. Isn't that wonderful?

INTERVIEW WITH PARTICIPANT 12

R: How long have you been running for?

P12: About 11 years.

R: Why did you originally start running?

P12: Um, 'cause my father started running about a year before (*chuckles*) and er I was very unfit and er err and it looked interesting and er I, ja and it looked like a good way of getting fit and er so I started running.

R: Why did you continue?

P12: I I enjoyed the races. Er go and do 10 kays. I started with ten kay races and I went to one that was like whow. It was like there's so many people that jog in the morning, run in a race and er it was part of this world that I never knew existed. And it also made me feel good fit-wise and 'cause I'd never really been fit. And I was about 23 years and I'd never been too fit. I'd always been a bit lazy. So I mean I found it it really got me going and er enjoyed the the races and then and then started the training.

R: How often do you run every week?

P12: Er, now the last race it would be Monday to Friday I'd run twice. Maybe three times. And then every Saturday, every Sunday. That be that became my formula. I er, you must tell me if I talk too much.

R: It's fine; carry on.

P12: I I've started running in about 95, ran a bit April and May, and then started again in August after the winter. And I'd run the 10s and I'd train a bit and go to ... October and ran my first 21 and I enjoyed it. And I ran another 21. I started learning, you know, what running's all about, road running. I knew nothing. I really started from nowhere. By January just by by luck I met up with the right people and I started going to the races on a Saturday. And all of a sudden you find out Comrades is the thing. And ... found a er marathon the end of February and just started running a little bit more, pushing my mileage up and ran a marathon. And and that was 96, February and er started running from there. Marathon, another marathon and it was like I must do another one and then I can run Comrades. And I think that's because in this country everything is Comrades. If you're a road runner and run the road running races everyone just talks about Comrades and it just came quickly and I enjoyed it so much. And maybe I was a student and I was single. You know, something that filled something and it was different. I got fit and my running was very quickly Comrades. From my first Comrades it was year in and year out. Everything revolves around Comrades. My running career revolved around Comrades from the beginning. And er so my training did and and so er I got into my routine of, you know, training during the week two or three times and on the weekend. That year I was a student. The following year I started working and with work it was easier to run more mileage on the weekend than during than during the week. And that became my routine year in and year out and and I stick to a formula. Once I had my formula from my first year I was sort of, I would tweak it

from year to year, but that would be my formula of how I would run up to Comrades every year. That was my training of um of of how I trained. And that's how I got into it and it's carried on going. Er, ja.

R: When you speak about a formula do you mean (*participant interrupts*)

P12: My training?

R: Yes.

P12: My formula would be for would be marathon at the end of February, early March. And then that would be the first one and then every year was a bit different. It maybe one or two ultras and a marathon. So get three or four long ones, marathons or ultras. And then Comrades I'd run about 1200 kilometres from January to June. My least I think was 1180 and my most was 1310. So you can see I'm very close. That's in nine years. This was the only year that it differed because of my injury. I I differed a lot. So that was and I stuck to that. I knew how my mileage more or less every month I had to do. Er a few years differed slightly, but I stuck to that every year. Qualified more or less the same time, ran more or less the same races, did more or less the same amount of running and to get to Comrades. And er then after Comrades a long rest. Start again maybe run in August Sukusa or something. Ran very little until the end of the year, put on a lot of weight, get very unfit, start again in January. And as I got older it got more and more difficult to start in January (*chuckles*) and er er but but that was my running formula. That's that's what I you know I I ja. Er er that was more or less what I lived like. Start in January, work my way up and resting in the second half of the year.

R: What did your training program or formula involve?

P12: Okay, I only jogged. I was I was a jogger through and through. I had no quality work. No speed. No. Hills? My my runs would include hills and that. But there was no farklek, no speed work, no nothing. It would really be Tuesday. It started off I used to run in the evenings like five, half past five or or and then at varsity. Okay, first was a bit different. I was at varsity so I could run in the mornings as well, but through my work career it was either five. Half past five in the evening or half past five in the morning. It was Tuesday, then maybe Wednesday and Thursday er and then that would be 10 kays, 10 or 12 kays. I'd just go out to run my hour. 'Cause I really run at six minutes a kay pace. That's my pace and er 5.30 if hard. And it would really be during the week of just do your 10 kays and do your hour. No matter how tired I was or didn't feel like it or even if I did feel like it, it was 10 kays or 12 kays. Get your 20 or 30 kays during the week. Saturday mornings 21. Sunday, 15 to 20. And that would give me 50 to 60 kays and on that I'd tweak it to get a little bit higher. Er on a public holiday I'd be able to run another 20 kays just to push it to 70 or 80. I always run between, in January let's say 50 kays a week and then from February between 60 and 70 kays a week. And that was it. Never pushed it up to. I'd get maybe twice, two weeks from January to Comrades I'd have 70 kilometres or more. The rest would be 60 kays a week and really by doing during the week those, getting in two or three sessions of ten and then on the

weekend a 21 or a 32 and then a er er er 15 kays on a Sunday. That would be my week and and I just pushed weeks. Get weeks of a close to 60 kilometres in a week as possible and er build-up. Easter weekend push it higher up. Public holidays, run a 21 or 15. Push it higher and that would add to my week. And that would get me to my 1200 kays.

R: So your aim was to do 1200 kays between January and Comrades?

P12: Yes, yes for Comrades. No no no quality work. I did get faster, I did improve my Comrades times. I made, I'm more of a distance runner. I, my, my 21 kay times were roughly on average one hour and 55, between an hour 50 and two hours. But you know that would be and I'd run around there. In the last couple of years I've slowed down to two hours, but mainly in my running career it was around there. In the last two or three years my average is closer to two hours. And I'd sometimes wanna do better and break one hour 50. But nothing really to go out and say I'm doing fast work or I'm doing this, I'm doing that. My 10 kay routes or my 15 kay routes would include Klapperkop hill and would include long hills. But no up and down a hill, now I'm going to do hills. Maybe ja I'm going to run up Sibelius Street today or I'll run up Herbert Baker today and it would be included in my run. But no no quality work. But I I got my times down and there was a stage where I I ran pretty good times at Comrades. My best time was 9.19, 9.29 and that that was I think just because I was training and I was fit. But but I always knew that to break say nine hours, I needed to think about training with quality. But okay Tuesday nights it's speed work or farklek or it's hills. And I knew I didn't want to do that because it wasn't part of the enjoyment of my running. My running was social. My running during the week was just to get mileage in and on the weekend it was a race and social. And I I never really needed, I didn't need those better times to do that quality work. I was an out and out jogger and I'd just go out and jog like that. And I enjoyed it. And we debated with my friends, yes we'd need to do this and I'd say no maybe next year I would do it. And I I never really did it and I never needed to and er er ja. So that's the type of runner I was. I was just a jogger ... er on distance. Time was not overly important for me. And another, I'm not a, I'm not really overly competitive. I mean I do have little competitions, but I'm not. I'm not the type of guy who always has to beat this person or has to do that. Er, my father is actually more competitive than me and sometimes it's important for him to beat me and that. And I'm just, you know, so er you know it's never really affected me. When I'm fit, I'll do better and when I wasn't fit, I'll do worse.

R: And it didn't matter?

P12: It didn't, not not that much. As I say there are one or two things I've got, but but generally I'm not, I would say I'm not comp. And that could have been a problem in my running that I wasn't ambitious or competitive or that. Er, yet I'm happy with what I achieved. I mean I think my, my best time I'm more than happy with what I did. But yes there I never really pushed it because the enjoyment I got out of it was what I wanted.

R: How many times have you run Comrades?

P12: Ten now.

R: Did you run it this year?

P12: This year was my tenth ja. I I I missed one a couple of years ago. I got whooping cough. I was, I got whooping cough and it took three months out of my training. There was no way I could do it. But then I missed number three, but I needed to get my tenth. It was very important. (*chuckles*) And I and and this year I ran my tenth and this is when I got injured. This year my first bad injury. I've never had a bad injury. I've had little niggles. I I must say I've almost haven't had an injury. I've had the odd shin splints, but nothing. But I got my first major injury this year. It's er and that affected Comrades big time and I was lucky to finish it. Only because I I knew I'm was running out of time. My last three years I'd finished in 10.50, 10.48 and I was getting less and less fit every year. I could feel it. I wasn't I wasn't enjoying it as much. I was just doing it to get to number ten. I was I think I started running my tenth already after my seventh. I was already talking. It was my sixth and I was already talking about getting to ten. So it was really everything was built on this year and er and and the last three years I'd just been talking about okay eight down, nine down, just for my tenth.

R: Are you going to do another one?

P12: No yet, not for a couple of years. Not not not in a long time.

R: Don't you want to do 20?

P12: No! God, no! (*laughs*) Not at all. A friend of mine wants to do 25 so then he doesn't have to pay for his 26th. One of the rules is once you've done 25 you don't have to pay. But I I I'm I'm I'm happy. I'm also, my life's changed. I got married three, four years ago and that obviously changed priorities in time. Running was a major part of my life. So. And that changed my priorities. Er and it's become harder. So er ja. Er er I'm not going to do it again. I'm just glad it's over. (*laughs*) Ja.

R: Have you enjoyed the Comrades?

P12: Yeah, very much so. Not maybe the last. Oh ja, I've enjoyed every one actually. I've enjoyed every one. My my running's become a bit stale in the last two or three years, but but I've loved it. It's been, it's really been so brilliant for me and for I'd say most. My running life was wonderful. Er er amazing. Going away going away to all the towns to run the races. Er the big races: Loskop, Barberton, Cape Town for Two Oceans. Er even to run Hartebeespoort. Then to go away for the smaller races. I did that. Not a lot, but I did that. That was always fun. Weekends away. It was always fun, even with the family. It's nice to do that. Er ... ja, so I enjoyed that. I allowed it to overtake my life but er and and, but now I've got a kid. I've got another one on the way. I've got to put more time into that. It's very difficult on a Saturday to go out in the morning when there's, you know, a kid that needs to be looked after and that type of thing. So I'll do it again and er ja, I'm already saying 2010 if they make an issue out of it like they did in 2000. Maybe then. I have a, not that's it's important, a pact. Four of us signed this certificate. We promised that we'd run

Comrades in 2025. (*laughs*) We did it about four years ago. We said we'd all run it in 2025. But er so I don't think, ja.

R: Have you preferred the up or the down run?

P12: I used to prefer the up um because it was shorter. (*laughs*) I never found any any difference in difficulty. I er I was, because I feel I'm more of a ... stamina I can keep going. Strong to keep going and er everyone always said. I could run the pace I ran my 21s in I could run my 42s and my 50s and quite even split, but I could. It was almost the same pace. Just keep going at that pace no matter what I ran. Er I and up or downs did not make much difference er to me. Er, I used to prefer the up I think, but when I started getting less fit I'd start preferring the down because it's easier to run down when you tired than to run up and when you're tired I found you can almost fall down er like when you're running down. But the ups you've got to walk them all the way to the downs and er the amount of walking I did this year and last year. Er you've got to walk a hell of a lot on the Comrades you'd rather want the downs and and the running portion of it. Er. But ja now I don't. I thought just maybe the downhill is easier because the more downs. Er, but I think in the over the long period I think up, I preferred the up. Er, not that I found it easier. My my philosophy I think about Comrades is ... when you run 60 kilometres and you've got say 30 to go it doesn't matter if you're going up or down you're the same sore. And and that's, and so that's my answer that there's no difference. You're just as sore ten kays to go whether you're going up or down. Er I don't think it makes a difference. No.

R: What other races that you have run stick out in your mind as being great?

P12: Er Loskop I liked. Er ... what else? Ja, Loskop. Oh, the long ones. I I loved Jock. Jock of the Bushveld I liked. It was a hardish race and I used to run it in May when I was quite fit and er I enjoyed that. I used to try run that as easy as possible, but as good a time as possible. Almost test my fitness. Er and to feel good without doing too much damage and pushing for a better time. Er, ja those. Oceans, I've never. I I like Oceans. I, the route's magnificent. As a spectacle it's nice, but I've always found it hard. I've always found it hard to fly down the day before and and run this very one race and come back and carry on training where Comrades is the event and you you taper down for Comrades and you run it at your peak and you rest. Oceans, you don't taper. Friday, you have to take time off. You run this race, have a couple of days' break and you're back on training and it's and it's. So that I've always found it a tiring experience. It was a tiring holiday. It was a lovely holiday to spend time in the Cape on a public holiday, but it was always so tied up. Ja er and the 21s, there are lovely 21s. I used to love going to Skukuza. Er, Pretoria News is my favourite race. The one er in October when it used to go through town. It doesn't go through town anymore. They've changed it now to Lynnwood Road. That was because it was my first and my first 21 and my PB's on that route. I trained one year speed. The one year I trained in October to get a bit of speed so I did a PB there. So that's always been my

favourite. Ja, err ... I did a lot of races. Bronkhorstspuit. I liked running in the open. I liked the races that run out in the country.

R: Besides running what other interests do you have?

P12: (*chuckles*) Um, I l'm fan, l'm quite, watching sport, following sport. Cricket and rugby, l've followed all my life. Er, but that's more watching, not playing. Er, I played at school: cricket, rugby, soccer. After school I only ever played squash. Er um did a bit of gym work, squash, running. But interests. Very interested in cricket and rugby, national and provincial. What other interests? Ja. Er, ja normal, reading, watching TV. Nothing um nothing too big.

R: What benefits do you experience because of your involvement in running?

P12: Er, it's fitness. It's fitness and personal health. And social, you know, friends. You know I had friends from it and er we became good friends from it. Even people I knew from before running who or from school; one or two people I met again running and I became friends with them again and er it became, ja it was a circle and the fitness. Felt better, you know, felt more fitter and healthy.

R: Have you experienced any disadvantages and negative consequences because of running?

P12: N...o. Well, at the moment, but the problem at the moment is family. I've got a wife and a kid and one on the way. Um, I don't get the time anymore to go out or it's compromised and that type of thing and er it does, it doesn't take up a lot of time but especially on weekends it's difficult sort of. You know, it's it's not as easy as it was to to go to a race every Saturday morning and like train every Sunday. And that's er, so you know I can't race, go to the races I used to go to and do as much running as I wanted to or used to do.

R: How would you personally define injury?

P12: Injury, I dunno. Something that would ... stop me from running comfortably. Er, ja.

R: Would you carry on running?

P12: Ja, even if I carried on running but it would it would affect my running. It would affect the comfort in my running. So. It would. An injury is something ja that would er affect my running. It would either stop me or make my running less comfortable. Er, ja ... it would stop me from running comfortably.

R: When I spoke to you on the phone you said you had a stress fracture?

P12: Ja, my metatarsal.

R: What happened?

P12: Er, l'm not too sure when it started. Er, it could've now I think maybe end of January, early February, but I can't remember which races I was complaining. But I know I think the February race was ... I ran my first marathon this year middle of March. I dunno the Saturday, maybe the 18th or something of March. Because my marathons had been getting later and later because I was less and less fit. And I know, I remember then I specifically was in discomfort. And and I. Can't remember now, but I remember a race back, I think Bronkhorstspuit which is around the middle of February. I could've even been

in discomfort then on my foot because it was discomfort on my foot so it could've been middle of February, but I and that was already the middle of March that that I remember then. So I'd been carrying it then for a while and it was a discomfort on my foot. Didn't know what it was. Thought maybe it was from tight laces. Er, I could run a bit, but it was just sore. Sometimes I could run and it would disappear and other times it wouldn't. I'd only been running the most 21 kays at that stage. Er, I remember running my 10 kays, my training. It was always sore. Every time I went out was it sore? Oh yes it is. Sometimes it would go away, sometimes I would forget about it, but it was always there. It never really got better, it never really got worse. And er I always wanted it to go away so I did nothing about it hoping it would go away (*smiles*) and really did very little about it thinking it was tight laces. There's nothing you can do when you're a distance runner and and I just wanted to carry on and get to Comrades. Okay, that was still early stages. I just didn't want to stop. I was taking even longer to get fit so I couldn't afford a lay-off and er I could still run at least even though it was a bit sore. Um, you know as far as I can remember ran that marathon. I thought, oh well I got through that marathon. Even though it was sore, I got through it. It was under four and a half hours which was pretty much okay for my fitness at that stage. I just carried on. But it was always there and I got to Two Oceans. I think this year was the 15th of April. And I got to the week before Oceans. And I got to the week before Oceans. And the weekend before ran the 21 on Saturday and I was sore and I started thinking, hold on maybe I should try and find out what this is before I go to Two Oceans. Very last minute. Stupid. I mean I suppose you know all the mistakes like leaving it and trying to ignore it and all of that. But I pretty much knew what I was doing. I let it happen because I, you know, wanted it to go away and stuff. And on the Monday went to my doctor who knows, he's a house doctor but he knows the injuries and he looked at it. Went and prodded it and felt the foot and everything. Nothing. Felt no pain. No one could touch down. I'd been to physio already. I could've been to physio a week or two before that. Physio: no matter what he touched, no pain. No matter how he touched it there was no pain. Yet when I landed on my foot in a running thing or walking it was sore. I had to walk on it and if I landed under my foot, I could feel the pain shoot through. But no one could touch it. So and it's also maybe, phew didn't know what it was. You know stress fractures they also say gets worse when you run, doesn't get better. This one was sort of, I could walk it and that stuff. Anyway, Monday went to the doctor and he also prodded and that. And he said, wow. At least you've got to get ... You've got to see that it is not a stress fracture. You've got to try because if it's not a stress fracture they can maybe inject it with st. What's that?

R: Cortisone?

P12: Cortisone, which I've never had any cortisone injection before. But they've got to make sure it's not. So they sent me for er for a ultrasound. Nothing. The person at the er the radiologist said, you know what maybe we should do an x-ray. So they did an x-ray.

Nothing. Okay. Went back to the doctor, said it's nothing. Well, he said it's nothing. I don't feel it ... You know what, you know there's nothing I can do. So I ran Two Oceans and it was sore. You know the problem with Two Oceans is I landed up parking so far I had to walk about 3 kilometres to the start. And I, by the time I had walked to the start I was in such pain. Really. It was so, it was at its worst. I started Two Oceans after having walked for about 25 minutes and and that had caused, the walking was causing it as well. So I hadn't even started yet and I was already in discomfort. And I got through Two Oceans helluva slowly. And I was able to sort of um worked up my running style of trying to get rid of it and run on the side of the road. And I got through Two Oceans in 6.38 which is quite slow for me and said, I've got to sort this out. I've got two months to go to Comrades. There's definitely a problem. It's not going to just go away. ... And my mindset was once more and secondly, I've come as far as running Oceans. If you can run Oceans, you can run Comrades. No one can stop me. I'm just going to go through it. I'll run with an injury. I don't care. I can run it. And I I made an appointment the day I got back. It was, hey it was 15, 16, 17. Must've been Monday 24th. Stayed in Cape town a week. Er with a sports doctor at Q here. And I made an appointment to see her. She's a specialist sports doctor. Anyway, I went to see her. She pushed and prodded and couldn't feel anything and she said to me, hop on your foot. And as I hopped, it hurt. She said, okay there's obviously something there. But she said, can't er inject with er cortisone. Then she sent me for a partial MRI scan because I'd told her I'd gone for x-rays. Sent me for a partial MRI. Went that afternoon for a MRI which I thought was quite drastic. (*chuckles*) Er, went for a MRI and it came out a stress fracture in the second metatarsal. It was clearly there. And er ... said to her, well ...

R: Which foot?

P12: It was ... the right foot. The second, the second toe. It's on the, it's not actually on the toe. It's more on the foot. The metatarsals go all the way. It's the equivalent of there. (*indicates on hand*)

R: So it's on the top of the foot?

P12: Mm no ... well yes, it's the bone inside. If I point there or there (*indicates on foot*) I can take it as the second metatarsal but the second toe, er but it's not actually on the toe. When you say your toe, you know your your your foot, your things need to go all the way to over there. (*points to foot*) So it's because it was on my foot like there and every time I land, the pain would shoot through like I was getting a stabbing sensation through. And I couldn't pinpoint it. Wherever I went, when I went for my scan and the the guy who did the er, even before when they did the ultrasound. They'd say, where is it? I'd say, okay it's round about there. I couldn't pinpoint it and if I don't feel it, it's even harder. And when I do feel it, it's like a it's like a shooting pain going through. So it's not like and it's hidden, it's on the bone, so. But ja. And they found it, the tear or the cut or the stress fracture. Er, a odema they call it. I think the word's odema, o-d-e-m-a. Odema. And they found it and they said ja no it's there. So ... I phoned her up and I said, you know. She says, well he told me you've got to

rest for eight to ten weeks. Nothing. Then I phoned up the doctor and she says, ja eight weeks come and see me. Don't do anything. Come and see me and I'll tell you, you know then we'll decide how much more rest you need. You said the only way to check if it's gone is physical which I imagine is hopping and testing and that type of thing and but it's a long, long process. I said, I've got eight weeks to go. I can run even though I'm in discomfort. I can run. It's my tenth Comrades. I'm struggling more and more. If I stop, it's again next year. I'm not going to be able to do it. I want to finish this damn race, get the green number and not have the stresses of running and this because it's also becoming very stressful. I didn't enjoy my marathon this year and even Oceans I didn't enjoy this year. All the stress before and running. You know and all of that stuff. So I as I said I'm definitely running. She said as a doctor she can't tell me I can run. I said, okay you don't have to tell me. I said, I don't know. I'll go back on the treadmill or I'll I'll try find other ways of getting fit, not really knowing what I was going to do. She said, go see this woman and she gave me the name. Um ... J, she's got a swimming school up there in Suburb B. She she teaches kids to swim or she's got kids who teach kids to swim. But she also does rehabilitative injuries. Okay? I dunno if she's qualified or anything, but the doctor said I must go to her. And I know someone else who had been to her and said she was good. So I phoned up immediately. Er, it was just before the long weekend, end of April. I said I have a crisis. I have to run Comrades. You've got to get me, train now, from the last week of April 'till June and get me to run Comrades. And I went to see her and she started telling me how you run in the water with a belt. You don't touch the floor, different exercises and then I can do spinning as well and that type of thing. She gave me exercises for the weekend and then I went to her every Tuesday and Thursday at half past 12 midday. I would go to her for an hour session. And I'd do Tuesday and Thursday with her. Wednesday morning at the gym on my own and in the swimming pool. No, not in the swimming pool. Wednesday morning was cycling and a bit of rowing, and Saturday and Sunday was spinning class or cycling and the swimming pool at the gym. And I'd go to her Tuesday and Thursday. On Thursday she'd give me a program for Saturday and Sunday at gym. She gave me programs how to swim which strokes, running to do, backwards, forwards. She'd give me the program for the weekend and I'd come back to her every Tuesday and Thursday. And that's how it worked. Every week. Not running once touching the er floor. And and from already after the MRI scan, it was really about ten days after Oceans I wasn't feeling it walking in my foot anymore. And I believe it started healing already quite a while before. But anyway. You know, Oceans you can't say it was healing. I went to her for a week, two weeks and three weeks in the middle of May. And she said, don't run, don't even think about running. And yes, I sort of thought it was keeping me fit and I felt quite fit doing what she was doing and doing all this cross training which I'd never done. I'd hardly ever had time to cross train. I mean, here I was cross training, feeling okay. I felt quite fit and all of that. And she said, er it was about the middle of May and she said, I want you to do ten minutes on the step

machine. It was one Saturday morning. And I went on the step machine and after four minutes I felt it. I hadn't felt in two weeks and I felt it. Went back to her on Tuesday and said I could feel it. And and from there onwards every day I could feel it again in my foot. It was back. It was there again. Went back to her and she says, ja you see it hasn't healed properly. Because that's what happens with a stress fracture. You need eight, ten weeks to heal. You may not feel it, but it's still healing and the minute you check it again you're going to feel it. You just put your pressure on. So we carried on in the pool. Got to the end of May and I said, okay this is done. The end of May was two weeks after I had rested it. She said it's too close. She said, you're just not going to be able to run. We discussed it and we decided it was more important to get to Comrades injury free without having run at all than test it or try to get kilometres on the road but be sore. I could've put 100, 150 kilometres on my legs in the last week of May and June to try and get the kilometres, but then I would get injured. And she said it's more important to be injury free and have no kilometres on the legs. So I thought, okay fine at least I'm exercising. And on the 7th of June she said to me ... on the 7th of June she said to me, go for a five kay run ... er ... and so she said go for a five kay run. And I went for a five kay run on the 7th of June and she ... And and it was half an hour and it was (*chuckles*) ... it was a strain. I struggled with my breathing a little bit. I think it's because I'd been sick with a throat infection. Okay, foot was fine. Foot was perfect. Never felt it at all. But my confidence was shot. At five kays my legs were okay. I wasn't really sore. It was only five kays. Body felt fine and that. I'd struggled with my breathing and ... and and and how can I run Comrades if I haven't run since the middle of April and I started struggling. I started saying like how can I do this? Anyway I went back to her. She said, okay then you don't do too much running. On the weekend which was the weekend before Comrades, the weekend before was Saturday five kays, Sunday five kays together with the swimming and all that type of thing. So I ran five kays Saturday, five kays Sunday. I felt quite good, the breathing had come right, I had just had a bit of a throat thing and er two comfortable half hour runs and I did my other stuff around it to give myself what, two hour session: the cycling and the er swimming. The swimming is also therapeutic. I kept on saying, I've run five kays three times, how can I run 90 kilometres? How do you cheat, how do you cheat something so massive? You can cheat little things. You can get around and and and like you don't have to be prepared for things and you can get to it. But how do you get through the ultimate in running without having really done it and and by just, by not having run on my feet. Er er I'm not a a talented guy by nature. I'm okay with er a a runner physique. I don't have an athletic physique. I put on weight very quickly, I get unfit extremely quickly. I'm not one of these guys like my friends who can just ... and and now I've got to run 90 kilometres with having just done, by not having run. And that I struggled big time with my mind with that. I obviously told myself I am fit and I am ready and if I've done Oceans I can do Comrades, I've kept that fitness. But that was my biggest pain leading up to Comrades. Er, but at least the injury had healed. It seemed like it had

healed 100%. It seems like that from having like that. Um, there was no discomfort. I'd run two 30 minute five kay sessions. There was no discomfort. Er I'd blindly followed, I was almost blindly made following this thing. I was going, literally going from week to week enjoying the change, try trying not to think about it in May, trying not to think about the repercussions and sort of saying. 'Cause I was so married to my logbooks from year to year to year, my formula of 60 kays a week and er and at the beginning of May I would have er middle of May I would have run Jackie Meckler which is 50 and I normally run that comfortably. I used to do Jock, but now Meckler. I used to do that that 50 as along run an an and that would sort of say, okay well if I could do that and I felt pretty okay, I'm ready. I had nothing to test. Then I'd do my last 21 at the end of May. It was Brooklyn Square and I'd run it and I'd say, gee I felt pretty good. Wasn't even tired afterwards. All these little things that I had every year that I ... Er, it's my check and balances to give me confidence when I got all nervous. I had none of that er er the week or two before Comrades to fall back on, to say I must be ready or worst case scenario I'm ready or that type of thing. And er er and I had to approach this Comrades with er with this nervousness and and over and above that my tenth and this is it and I'm finally getting this green number and I don't have to run it again and I don't have to worry about or have the stress knowing I have to run it and finish it again. And this is all I have been working for and I just want to get this green number. And and now I had the added pressure of just finishing which is pressure in itself and this injury and will I finish it? I realized I wasn't going to finish it in 11 hours. Er, thank God they'd made the 12 hour cut-off which I not really in favour of, but this year I was. (laughs) Er er and thank God I had 12 hours or so I realized I must be able to finish it. I'd finished all of them under 11 so I, you know, so you know. I can walk a lot and there must be a way I can get to halfway. My biggest fear was I wouldn't really even get past, get to 30 or 40. It was the up run. A lot of uphill. The the first half of that race there's no gi, there's no real place where you can cruise down or run and that. And and I know about the hills before the hill and and you run. It's uphill between the big hills. You know, it's not just you and I know them pretty well. I'd already run five. I'd actually already run five, it was my sixth up. I'd run 4 downs because I ... So I'd run five ups already and I knew pretty much what lay ahead and what was and the hills in between. And it's not just Cowies then Fields then Bothas. It's in between. Even the start. And really I was pretty nervous. After 20 kays the wheels could fall off. I could be finished. I haven't run ... further than five kays in two months. How am I going to get to 20 or 30? Not even a normal 20. A hard 20 and a hard 30 and a hard 40. An and that was the fear of my mind. I actually realized if I got to halfway in er five and a half hours, normally I set myself five hours, five and a half hours halfway. I'd most probably make it. Because if I'm nearing that time in x formula and I know from experience then I'm fit enough to go through. But the fear was how am I going to get there? Is it possible for me to get there? And er and that was my mindset before. And er, ja.

R: Did your rehab exercises just involve running in the water?

P12: Yes, er the there's a buoyancy belt I'd wear. It's like a round thing. And and it was literally the running motion in the water without touching the floor. No pressure on my feet. It was normal running. Then it was scissors with the legs. And going backwards scissors, forwards with the legs, more down scissors, bending the knees up. There must have been five different styles of getting from one side to the other. Er and she would have a program like to five lengths scissors and then do five lengths sc er five lengths going backwards kicking like backstroke kicking. Do five lengths normal running and then the different speeds. Er go faster and faster, speed up or go slow. And then she had a very important thing which I struggled with which she was actually quite shocked how bad I was at it, by doing it without breathing. So so run halfway without breathing or do the exercise, do the half a length without breathing to to get the VO, I think that's what she said. To get that up. I was quite bad at that and and I I could never get right what she wanted me to do. She actually had to make it shorter. Er, like you know the different colours on the lanes. Do two lanes without breathing, two lanes with breathing, two lanes without br and and a lot of it entailed also the breathing was a big part of the exercise of starving er the muscles of oxygen and getting them stronger. And that's what it was. It was lengths and lengths and er.

R: Did you do any swimming?

P12: Not proper swimming, no. Just running. Er, she did for on one weekend she said swim 60 lengths which I found that a little hard. (*chuckles*) Like at her it was 40 minutes or 50 minutes of up and down with her telling me what to do. But then the Saturday and the Sunday would entail say either a spinning session or 40 minutes on a cycle machine. And she'd give me what to do: two minutes fast, two minutes slow. She actually gave me nice programs that I've kept because they're good if I decide to do it one day. And I'd go say 40 minutes either spinning classes and then in the pool, I'd be about half an hour, 60 laps, 70 laps in the pool. Doing different laps.

R: What was your initial reaction when it was confirmed that you had a stress fracture?

P12: ... I think I was, I I wasn't down. I'd never, I was actually quite, I wouldn't say excited but it was almost as if now I know what it is, I can move on. I wasn't sort of a oh my God my running's over. Well I'll carry on. I've had this injury for since March even February er and I've been able to run all the way, even Oceans. Surely I can go another two months. And er so but now I know what it is ... I I can deal with it. Er, it wasn't er it wasn't what am I gonna do, what am I gonna do? Or I'm in the doldrums. It was just a I'm going forward. It was just like when run Comrades. I'm just, carry on going forward. I'm not going, I'm not going to look around. I'll take this injury with me. If it was that bad that I couldn't run I would have to see. I couldn't run physically and I wouldn't have run. But I was prepared to risk injury, I was prepared to risk going in a cast. I was stupid enough to do that just to get that er that that I wouldn't have to run Comrades again. Er, that I wouldn't have the pressure of having to run it again. I'm sure I'll run it again and I and I understand one year I didn't want to run it and I actually ran it better and I had a better year than I thought

because I took the pressure off me and I understand how important because if I take the pressure off it's so much easier. And er if you just take the pressure off my mind that I don't have to run the marathon or I'll probably do it again. That's why I think if I if I , okay you see that I'm not that fit, but if I get a year where I start training and have the time to train I'll most probably run it just because I don't have the pressure to run. Er and just because I don't have to run that first qualifying marathon it will be easier to run it if if ... And I knew I needed to get rid of this pressure to run Comrades and I knew it was always going to be there.

R: To get your green number?

P12: To get my green number. And if I have to do this again next year, I'll have to start with a marathon, have to run an ultra and another because I at least have to do three long ones. It's er ... So when I heard that I had this injury it confirmed what I already knew so it wasn't a big changing thing. But it meant I'm going ahead. I'm going ... as long as I can run and jog and keep going like ... I'm going until it's really that bad, that bad. And if that day, if it's on the day of Comrades that I can't do it, well at least I've I've got there. I've tried my best and it's not for want of trying. Er, ja, so.

R: Why do you think you got injured?

P12: Um, I think it's because I'm running with a lot more weight and unfit. And every January I'm carrying more and more weight. My weight fluctuates a lot. I've put on quite a lot: five, six, seven, eight kilos ... fluctuation between January and June. I've already put on since Comrades about five kilos and I can feel it and it's bad and I'm struggling to keep it down. And I think every year I was putting more stress on my body because I was getting less fit and as I get older it's more harder to retain my fitness. So I'm getting my mid-thirties now. I get er I lose my fitness quicker. So I think I was starting more overweight and therefore, it was more of a strain on my body ... er when I was running for my training. Er ... and I'm a believer in what Tim Noakes calls running old and I don't know if that's psychological or whatever. But I read that after ten years your body gets running old and I'm a believer in that. No matter how old you are physically if you run distance running you've got ten good years. And and I even believe that I got injured because I told myself ten good years. This is actually my eleventh because I missed a Comrades so I messed it up at ... But I've had that theory and I always tell people about it and I always want to go back to the *Lore of Running* and find it and I never do because I think it is in there somewhere.

R: It is.

P12: And er er and and so ja why did I get injured? I think it was just ... tired, old. Ja, tired. The stress of the long periods of time. But more specifically maybe because I'm heavier and I'm running heavier and er something had to go somewhere over a long period of time. I'm told that it can happen to anyone and it just happens. Er, ja.

R: How do you spend a typical day?

P12: A workday?

R: Yes.

P12: Er, wake up. I mean I don't know how much detail you want. Ja, er ... get ready for work. I do sit down for breakfast with my wife for about 20 minutes. Er, we have a little one now. Um when I do exercise I do it in the morning. Er I'll wake up early and I'll go then. I enjoy ... I even go to gym in that period and I do it in the second half of the year and I'm going to stop doing it now. Then go to work. Then I'm at work for most of the day, come home any time between five and six in the evening. It really differs. Then have supper and watch TV.

R: Did you experience any additional stress before the injury besides the pressure of wanting to run the Comrades for the tenth time?

P12: Stress before the injury or during the injury? I'd say in June I was quite stressed in May. And there are additional stress. My wife's, life gets harder and harder, time gets quicker and quicker, more and more stressful. And work gets more and more, and time gets less and less from year to year, month to month and whether it's work or family life I think er it's it's the same with everything. I think it's more stressful. We have to do more and time goes quicker. That same theory applies with my work and it applies with the family. Er, you know another child on its way in a month's time. Just more to do, more stresses in my life, more changes in my life for my wife and I. And er and er, ja so every year does get more stressful. There's more and more stress, more and more strain. Er er ja, I think ja: I don't know how I handle it. *(laughs)*

R: Does running help you cope with stress?

P12: Does running help me? ... Er, this year it didn't. This year it it ... That's why my running has become more of a stress than anything else. The the my running has become more of a I have to do it, I have to, you know. My first marathon when I qualified was the McCarthy. I had to find a marathon. I had to do it. It was helluva stressful. Think of the days leading up to it. Normally it's nice stress. It's excitement and you know you get nervous for it, but it it was jus. The build-up of me having to do it is just getting more and more, it's getting worse. I find more and more pressure build up of having to qualify and having to because of this green number. I put an enormous amount of stress on. I I realize too much. Er , the US Open Golf was the same weekend as Comrades and Phil Nickleson .. had won ... I think he'd won the last two Opens or he's won the first two majors this year and he was going for three. He wanted to get three in a row, if it was three majors or whatever or a hat-trick of three US Opens. And they said to him, gee it's so stressful. This year you can win three. He said, ahh ahh. He said, I only have to win one US Open this week. I like every other guy. And this was the week before Comrades. I thought, I only have to run one Comrades. I'm not running all ten. I only have to run one Comrades. I'm not running all ten. I only have to run one Comrades and it was quite a relief to me because it was so interesting that I heard that because it shows how much stress one puts on one's self. It's a lesson in life that I'm no different from any other guy in the field. I thought, ja I putting all this stress onto myself and er it's my tenth and I'm going to get ten, but I only have to run one Comrades. So yes, I did

stress myself out with it. And and it's not something I, my running, I was often asking myself and I've asked myself the last two years, am I still enjoying my running? An and it was a lot less than before. I was. When I went to a race, even a 21 on a Saturday when I went out and I ran it, I enjoyed the event and I enjoyed being there and I enjoyed doing it. But the surrounding things of of er missing out on a late Friday night again or or having to go to bed early or not helping my wife with the kid or ...er saying no to an invitation when my family was invited out or whatever. You know, on Saturday morning leaving early or the baby wakes up during the night and I sleep or also coming home on Saturday late, those were stresses adding to it and and it and I wasn't enjoying that because it was affecting my running. It's all very well working, even when I was working in my career, being single where I could run whether 21 or 30 to a marathon on a Saturday, come home, lie on the couch in my parents' home or wherever and watch TV for the rest of the day. If I needed to go shopping, I'd run out for an hour, do my shopping, come back and carry on lying on the couch. Now there's so many other things in my life and other and running was such a high priority that it was affecting other priorities in my life. And that was the the big stress it has and and and and I'm glad, well I wanted to, I had to get rid of the running because of the other priorities. The question that comes out is er do I really want to get rid of that running? Do I really? Am I fooling myself in saying I'm getting rid of it? Or am I getting rid of something that's actually going to keep me sane? I I don't know. I've thought about that, but it's the only one that's got to give. My wife understands, she says you've got to keep fit, you're putting on weight and must go. But she also knows it takes away time. If I say to her, sometimes I say I'm going to gym, she says ag no. She's struggling, she's now eight months pregnant and that type of thing. And you haven't gotta another hour, an hour and a half, and that time. On the one hand she wants to support me. On the other hand it's a bit difficult because it also means I'm away. So, do I want to get rid of my running as a whole? No, I want to carry on running, I wanna carry on running the Saturday races. But I want to get fit during the week to be able to run and fit enough to do nicely. Um, without the goal of Comrades, will I do that? I don't think so because I blindly trained for Comrades saying I don't have an option. I can carry on talking, I actually enjoy that. You must tell me if I'm talking too much. I I don't have, when I ran Comrades people said you're mad. You know Monday's a public holiday, you're running Saturday morning. I'm waking up early on a Saturday morning and during the rest of the week. The rest of the week I was waking up at six o'clock, Saturday morning I was waking up to be somewhere else to start at six. Sunday, I'm going out okay and then any public holiday came and I was running say two hours. And and even if I was tired or I was pushing higher mileage I enjoyed and I never questioned whether I had to do it or not because I had to do it whether I was tired or not. Then if you take away that end result, you say. You know ... I I, since July, where we now, I I take a tog bag. I pack it on a Monday morning, I put it in my boot to go to gym after work. I think I've been to gym twice. Comes Friday I take it out of my car and I haven't used it.

But every day I've stayed at work till half past five or six and I've come home instead of leaving work a little early, say five, ten past five and go to gym for an hour. I, you know, I don't have to do it so I'm I'm. My work's more important and my family life's more important. So er I don't have to go to gym and I don't have to exercise. And er that's what loses out and er I'd like to do it. And er I think I will find time again. I know now it's difficult. So, specifically 'cause my wife's going to have a baby next month. Then it's going to be harder thereafter. But I'd like to in December start training again. We don't go away. Train over the Christmas period a little bit, go to gym. Start in January with the races. Maybe not do 21s, instead do 10s. Maybe not do as much without the pressure. If I find the time to do it I'll land up enjoying it even more. You know I don't think I'll ever run a marathon or certainly not next year. But I could also land up in a situation where I never find the time. And it's always too hard and I don't have to do it. If I don't have to ... Well you know we're going to Jo'burg Friday night, I won't Saturday. Or I'm a bit tired, I won't and I'll land up doing nothing. Er ... I don't know where I'm going to land up, but I would like to, I'd like to carry on running. And and I and I when I say I don't want to run Comrades again, I don't want the pressure to have to run it again. I'm glad it's over. But I do feel that it was an important part of my life and it should remain. And it kept me fit, kept me feeling healthy, gave me a release. I enjoy going up there and seeing the people I knew I know and that type of thing. And I certainly know I need it to keep sane. Err ... and there is a little bit of a regret in me that I won't run it. (*laughs*) Er er er that I won't, but I have other priorities that are far more important and no matter how much I liked running, that's what got to give. So ja, I do have a regret. But ja, I'm going to try keep at it. Ja. Ja. Ja.

R: Are you over the injury?

P12: I'm over the injury.

R: How did you get on at Comrades?

P12: Comrades was ... injury-wise was brilliant but ...

R: The injury did not bother you?

P12: It didn't bug me. Never came back. That injury never came back. In my stiffness of the two or three days afterwards the foot was a little bit sore in that spot and I could feel it and I thought, is the stress fracture back or not? I'm not too sure because I'm just sore all over. And I realized it was probably 'cause I'm just sore all over and it was a bit sore there. Never came back afterwards. Not, no. Then after Comrades I never ran for a month. Now I've run two 10s and I've run about six times altogether on Saturdays. That's it. But it's not there. And Comrades went went good, but I wasn't as fit as I thought I'd be. Well er I was as unfit as I thought I would be. And I got through it purely, you know I got through it because ... I was sort of fit, but I persevered. I know how to persevere. I know how to run the race on necessary sources. And I just looked after myself. And I walked a lot. And I never pushed on the hills. And I, the big hills I walked and the downhills I ran. And I ... I ran it on memory and it was a mind thing. I never once in the race, and I've had this for a couple of years

through experience, said to myself, I wish I was at the end. What am I doing here? No matter how good a runner you are and well-prepared, those first couple of Comrades: What am I doing here? I've run for five hours, I run 42 kays or 42 kays to go. Everyone goes through that and I went through it as well the first couple of Comrades. I thought, why am I doing this? Even the marathons you have that thought. You get to 25 kays, what am I doing this for? Nothing. I was totally to be on that road till five, half past five and I was strong. I don't know if it was ten years experience of Comrades. And I was strong and I knew I'd just carry on going. I had that at Oceans as well. And I and I never, at the worst part of the race say to myself, I shouldn't have done this. I was mentally strong strong and I kept go, whether it was walk, I could walk for long periods without saying, if I carry on walking like this I'm not going to finish. I knew I could walk for ten minutes whereas early in my career you walked for a minute and you think you've lost it, you're never going to finish. I knew, I knew I could walk, I knew stretches. I thought to myself, a lot of people must be seeing this and thinking, this is not a hill I know. Where am I? Do I have to go all the way up there? And they must be thinking, ag I'll get round there, I'll wait on the other side, I'll go down and it will be okay. It was the experience that kept me going. I was I must've been, you know my body was strong enough to get me through. And er I got there and I got to halfway in 5.19 and I and I knew I had roughly an hour 25 for every ... 10 kays. And I knew I could just walk 10 kays in an hour and a half. And I just walked a lot and ran the downhills where I could run and catch up a few minutes here and there. And and and and get through it and ja. And once I got to halfway I realized that I most probably make it and as I got further I realized I could definitely make it. I've just got to be mentally strong. You know all the mental things of Comrades that I've learnt over the years from listening to people: keep going forward. Don't waste time and this and that and the other. And I and I and I got ja, got me through um on the day by er ... I was more sore afterwards than I'd been with all my other Comrades. Not a lot but really I was sore. I was sore. Normally you're very sore the day after, sort of sore the next day and and you, the third day you feel your legs. Here I was really sore for a few days. My le, my body had taken more strain which shows I was less fit. I really was sore for a few day and it only started getting better then. I was less fit er ... but I had to get over and done with so I wouldn't have to do it again.

R: You spoke about enjoying the social aspect of running earlier. Do you often run in a crowd?

P12: Ja, er ... I ran a lot with my father. He ran a few Comrades and I ran one or two with him. I actually tried to help him through one. He would come to the races. You know I lived with my parents until I got married. But I had my own friends as well. He had his own friends. I had my own friends. So ... er ... so race-wise there was always someone to talk to at a race whether it was my friends or my father's friends. And as I've got slower the last couple of years I've found there was less people to talk to because everyone was growing apart in their running. But there's always someone to run with and to talk to. You know, training-wise

yes. There were a lot of times I'd start a season there was always someone who would meet me and run. It was normally with my father, but there was always someone else. Er like one friend was running there so we'd meet and you know, Tuesday afternoon, Wednesday afternoon. There was er always someone who would er join us. We have a crowd in the mornings, 5.30 who runs, quite a large group in Suburb X. That wasn't really close friends of mine but it was social, but I did have two or three really good friends in the running community. One guy was about three years younger than me, but I'd known him from school. Very friendly. We actually went into a bit of a business venture together. Then there was another guy from school who I was friendly with. My age. And I ran with him. And then we'd go away, once or twice a year. We'd find a race and all go away together er ... for the weekend and we'd run together. I'm not really the big drinking type who'd run a race and sit drinking for three hours afterwards. Not that type. But er it was, there was always a social aspect of it.

R: Do you miss that?

P12: Now I have got a family so I don't need it. You see I I at that stage it filled, I didn't have a void in my life, but it was a nice comfort thing that I started running, that I started getting involved, that it created a nice social thing for me when I was in my early twenties. It created a nice atmosphere for me and it was nice to be involved in as a social thing. So it was more important then. It was important and it helped me get through my twenties I suppose without having a girlfriend or a wife you know. So that was great, such a wonderful part of my life because it filled something I may not have had. Er ... that's why it was so wonderful. Er, now ... and I I used to say, I used to think that I'd like 20 Comrades one day because I'd never get married. You know there there was always that fear. You know that I'm only running because of my marriage type of thing. So I think it's certainly much better that I'm married with a family and that fulfills the needs of my running. And it certainly does. So ja.

R: While you were injured did you get tips and advice from other runners?

P12: Um ... not really. I know someone. Er er, a lady who I ran my first Comrades with who had a groin injury and she'd also been to J. And she also got through Comrades with pain and that type of thing. She she but I know her but haven't sat down with her and debated the issue. But she said to me, you can train in the pool. The fact that it had been done by someone I knew before and it, you know, to take the stress off her running. She used it as cross-training more than rehabilitation like I did. She used to run lengths to help, but mine was a full out, don't run at all. Er, but ... you know.

R: Do you find others tell you about their experiences with injury?

P12: I know people who say they were and this and that, but no one goes into the details. Ja. I was injured and I rested. I was injured and I did this. Ja.

R: Do you find runners are pessimistic about their chances of recovery when they are injured?

P12: I I think ultra distance runners ignore their injuries and just run through them or get injured and don't run. Most people who were injured say, Yeh! I was injured and and I carried on. Yes, I missed Comrades that year because of that injury and I couldn't come right. But jeez I ran for four months trying to then I stuffed myself up so much. I missed Comrades because I stuffed myself up, not because I was injured in the first place. But ja er, you know, most people just run through it or just run less.

R: Did any runners who knew you were injured make you scared about your chances of recovery?

P12: I've had people ... I don't know about runners. I've had people do that. I just ignored them. I was strong enough in my own view. I've run for 10 years. I've had people who have said to me, if you carry on running you'll have six operations. Oh no, I've had that. No, a stress fracture. If you make it real bad, they'll have to operate. You won't be able to. Oh, I'll have an operation after Comrades. I don't care if it takes six months or a year afterwards to heal.

R: Did you learn anything about yourself because of the injury?

P12: ... Er, I don't know. I I think ... I think I may have learnt enough about myself before the injury to get myself through the injury. I I think I may have because of my experience because of what I know to get myself through the injury. So I don't think ... because I was never in despair. When I I, when the reality hit and I I went for the MRI, and they told me it was a stress fracture it wasn't, oh my God what am I going to do? I never had sleepless nights. I needed a plan of action. I thought, I'm going to work out and I'm going to do it and I told my wife. But I need to find someone to help me, to train me. I'll pay them if I have to pay them, but I'm going to get through it and this is what I did. ... But er I I didn't have to learn that because of injury. I think I'd already learnt from Comrades about pushing yourself and all that. I mean I I am quite whowed by what I've achieved and what I've done and that type of thing. And it made me feel good. I was never a great sportsman, I was never good at sport. I played all the sport but I was never good at it. So Comrades gave me something. I mean by just finishing it is an achievement. I think I'd already learnt all of that so I just had to carry on with that. Er, ja. Did I learn anything from this injury? Perseverance and keep going and set a goal. But I knew this beforehand. I learnt it at varsity with studying. It just a case of doing something. That whole panic thing that I had two weeks before the race. I kept telling myself, at least you've done something. You've run in the pool.

R: Is there anything else you would like to add?

P12: No, I think I've said enough. My wife told me to warn you. But that's my year and how I got through it. Er ... ja. With an injury ... by hook or by crook, I'll finish this damn race. *(laughs)* And get it over and done with.

INTERVIEW WITH PARTICIPANT 13

R: How long have you been running for?

P13: Started in, my first race was in November ... 1992. I joined Club S in January 93. That's when I started running.

R: Why did you originally start running?

P13: Started running because um I'd gone off on pension. Er ... to give you a little bit of background I ... took early retirement. Er, in those days they weren't giving out golden handshakes. So, it was over a three year period that negotiations took place. Um, so I went on pension in at the end of April 1991. My first wife passed away in February 1991. The same year. They kept me on until we ... ended up doing other, you know carrying on at work. But I felt that I needed to get some exercise and I had a bicycle and I ... It was I suppose towards the end of 91 that I met my second wife and ... we ... both went cycling. We were staying in Sasolburg. We got married in '92 and the bicycles were stolen. So I felt that I ... still needed to do some something to keep reasonably fit and bicycles were expensive so I decided to go running. And the first race that I ran was here in Pretoria. We'd moved to Pretoria from Sasolburg. And it was the Sunset 10 Miler. Towards the end of that race somebody called out to me and said to me, oom as oom maar ordenlike skoene gehad het, sou oom baie beter gehardloop het. Er, I had a pair of these R 25 takkies. What did I know about running shoes? So um, but the bug had bitten and er ... that's how I got started.

R: Did you play any sport before that?

P13: Um, my first wife and ... I played bowls for ten years. Um, but bowls was taking over my life and I I tend to be very competitive. Um ... I'd had a very good year. At club competitions I normally got knocked out right at the beginning of the season, but this particular season I went through to the singles in the handicap and the mixed pairs in the handicap pairs and the chosen pairs and the mixed, ag and then there was the district competitions. And so I said I'm not entering any competitions for this coming year. And my wife said, well at least let's play the mixed pairs. So, okay fine I entered the mixed pairs. But the cancer took over and we had to withdraw. And um, so I just stopped playing bowls. I've still got my bowls. Whether I'll go back to bowls or not I don't know. Before that um raising the children I hadn't played sport from ... when I was newly married. That was in the 19 ... 50s, I played hockey and soccer and softball. Once you get married and building a home ... building a life for your family and your children, that tends to take a backseat. And um, we started playing bowls. And that's when I started playing sport again and that was about 19 ... 79 or so. We played for about 10 years.

R: How often do you run a week?

P13: Trying to go out ... four mornings training and a race on Saturday. So it's five days a week.

R: What distance do you cover during the week?

P13: Nowadays not distance so much. It's more um ... time. We get together at five o'clock in the morning and tend to be back at about ten past six. Somewhere around there. We've got er an old chap that runs with us. He's about 76. Very slow and we tend to walk a lot except on two of the days when we do speed training and we're supposed to do hill training. But Mondays and Wednesdays we we tend to take it easy. I've come to the conclusion that I need to build up my stamina and so it's a case of running ahead, doubling back, running ahead and doubling back. We did that yesterday and Wednesday is supposed to be an easy day.

R: What does your training program involve?

P13: We've got ... I've been doing this for quite a number of years. In fact when I joined the club the the then coach came around and spent two hours with me, talking to me er about running, gave me a program which I still basically use. Four days, Monday to Thursday and then a race on Saturday. Er, after he left I went and got the dictionary out because, you know, I thought you know for a Christian this is not the sort of language I expect. He was using words like farklek and a whole lot of other words which were completely new to me like pronate and supinate and those sorts of words. But that's basically the program I've followed since 93. Mondays and Wednesdays are relatively easy days. Tuesdays we do speed work and Thursdays we do hills. We've got different routes that we run. Um speed speed work we've got an area at Zita Park which is marked up to 200 metres and at the moment we're in the process of building a base again. So we do four. The lap is is is a kilometre. So we do um four laps of of 200 metres. So that's 12 sets of 200 metres and we finish off at the moment with one lap of 400 metres. So er and then the hills. We've got three routes that we use and it's not hill repeats. When we get to a hill we go at our own pace, push it up the hill.

R: How many kilometres do you (*participant interrupts*)

P13: On average a week?

R: Yes.

P13: The majority of races I do these days is ten kilometres. I do about five, five, I set a target of five 21 kays um a year ... I would say ... four nines are 36, 46, somewhere around about 45 to 50 kays a week.

R: You've mentioned running 10 and 21 kay races. What races have you run? ... Have you run the Comrades?

P13: I've done one up, one down, done the Two Oceans, the the Ultra Two Oceans. Done Loskop, done Elandsvallei, did the 42 and I did a 42 in Sasolburg ... maybe one or two other 42s. ... But a number of years ago um ... I was selected for AGN to run in the SA 10 kay Championships down in Port Elizabeth and that was the first time they had the 60 age category in them. And I ... the wind was that bad that it was headline ... in the PE papers. So you must know it was it was blowing. And we did three laps. Small field compared to our normal Saturday races. Started too fast ... and with about a kilometre to to go I was

leading in the age category, but the wind was from behind me ... and I couldn't run fast enough. You know I couldn't, my stride wasn't long enough and I eventually crashed onto the tar, tried to get up, fell down again, tried to get up and I fell down again. At that stage the marshals took me off. I was taken off to hospital, got a couple of stitches in my forehead. Counted something like 27 cuts and bruises, but I'd injured my knees ... and that was ... somewhere round about November ... end of November. ... Went down to the coast on holiday in December, but I couldn't sleep at night because of these injuries. My knees were hurting. Got back to Pretoria and I went and saw um a orthopaedic surgeon and he said I had a blood clot and would be back running within two weeks. I eventually started running about seven months later. I'd been a biokineticist, I'd been to a physio. I eventually got to see DP who's the knee specialist. He um ... examined me, x-rayed and sent me for a MRI and then came back from the MRI and he says, I know what your problem is. It's a build-up of fluid somewhere at the back of the knee. I can operate, but let's give it some time. But by August ... if it's no better then we'll operate. By the end of July I'd been off running for seven months at that stage and I started running. It was about February the following year that this knee problem started coming back again. So D operated in June of that year. But he's got quite a backlog waiting list there. Er and at that stage he said to me, forget about long distances; stick to 21s. And there's 10s, 15s and 21s. And that was more eight, nine, ten years ago and I'm still running.

R: Did he remove your cartilage?

P13: Cleaned it up again.

R: What is your favourite distance?

P13: ... Er, at the moment I'd say 10 kays.

R: What is your best time for 10 kays?

P13: ... My best time on on on 10 kays and bear in my mind that I started running when I was 58 and it takes time for your body to adjust to running um because about four years later that I started running reasonable times. Um my, I think I was 60, 62 when I did quite a number of 10 kays under 40 minutes. I think my best was 38 something.

R: What was your time at Comrades?

P13: Ah that was interesting. My first Comrades I did with one of my sons and after 10 kays he was developing tummy cramps. So I would run on ahead, sit on the side of the road, clap the runners as they went past, then run with him for a little while and then run up ahead and sit on the road and ... and that went on until we got to 70 kays and I said to him, son, we're not going to make the cut-off at this time, at this pace. So it was at that stage that he pulled out and um ... my time on on on ... it was an up run was 10.41. I've got a photograph in in in my study crossing the finish line arm-in-arm with Willie Loedof. Um, we're good friends. And er my down time was a terrible race. I I ... stopped thinking when I came to Fields Hill and I raced down Fields Hill, got to the bottom and I had to walk the last 14 kays. I

couldn't even run across the finish line. Um, from the hips down everything ached. My time there was about 9.41.

R: Did you enjoy the Comrades?

P13: ... I'm glad I did it. Let me put it that way. The the, especially at the start. The atmosphere. It's something that you need to experience. Um, on the road there's always company there. But my my my second Comrades I didn't enjoy as much as my first one. My first one I finished reasonably fresh because I'd been coasting. The I I I I tend to push myself rather hard. Um ... Two Oceans I finished in just under five hours. The Loskop I started off very slowly with a buddy of mine. He had to make a pit-stop. I finished in ... just under four hours I think. ... Ja, I was the first grand master to finish and as I crossed the finish line the marshals grabbed me, took me to the medical aid tent and put a drip on me. I I'd really pushed it over last, when I saw that I could, I think it was five hours, four hours. I dunno. Forget what it was. But er it it it was quite a reasonable time.

R: Besides running, what other interests do you have?

P13: It varies. Um ... we, I've been a member of Club S for 11 years, was registrar for ten years. I don't know how long I've been putting out the weekly newsletter. ... For the province I still do the league result processing. That takes quite a bit of time. At the moment I bought a software program that I can take LPs, clean them up, put them onto CDs into MP3 format. Um, I tend to do that as well. I get up at er somewhere at about three o'clock in the morning, work on the computer for a while. At the moment I er ... this morning I was busy with the security gates. I'm putting up shade netting for the carport. We caravan er ... I I don't seem to have lack of something to do.

R: What benefits do you experience because of your involvement in running?

P13: ... Er, the the one I can only praise the Lord for this. I'd ... run the Two Oceans quite a few years ago, about 96, 97. And on the way back I discovered blood in my urine. So it was panic. I eventually got back, saw the GP and he said, it's about time you started having your blood tested for PSA. So, regularly I had my blood tested for PSA. I went to see a urologist and eventually the urologist said, it's about time we did a biopsy. Did that. He said, whatever there is is benign. Don't worry about it at this stage, but we'll carry on monitoring it. And it was in 2000 that ... he said, it's time for another biopsy. That was in April. It was clear. I did the Wally Hayward 10 kay. That would have been on the 1st of May, two weeks later. That was in the morning. In the afternoon I experienced a pain here in my chest. (*points to chest*) Er and I went along to the emergency. So they did some tests and came to the conclusion that it was a kidney stone. I must get hold of my urologist. I couldn't get hold of him. Is there anybody else that you know? The only other one knew that I knew is AM. He's the, er his wife is in the club. So I contacted A and then Monday I went into to to to hos the urology hospital and they spent the day doing tests. And eventually late, late that afternoon they took me into theatre to do an internal. I think that was on the Tuesday. Came out, went home and then the following Monday he, his

receptionist phoned, said he wanted to see me. (*whistles*) Panic! Take my wife along, hold my hand (*chuckles*) because I know it's not prostate because I had it tested two weeks ago and er it must be something to do with the kidneys. We sat down there ... and when he'd done the internal he'd taken monsters as a sample as well. He'd done a biopsy. He'd discovered cancer there and ... huh I've never been so relieved to hear I had prostate cancer because there's nothing more serious er. So, ja. Er, I went in, had the prostate removed and um that was mainly due to the benefit from running. ... because I take that back to the Two Oceans. ... And er here I again, I I honestly had the Hand of the Lord ... because if my urologist hadn't been away overseas he wouldn't have taken a biopsy. The fact that I went to A. He decided to take a biopsy. So ja, I've a lot to be grateful for.

R: Do you experience any disadvantages and negative consequences because of running?

P13: ... I'll take a rain-check on that one because nothing comes to mind. (*chuckles*)

R: A lot of runners find that running helps them to clear their minds and alleviates stress. What about you?

P13: Yes, um ... what has happened on more than one occasion is I've had a fight with my wife and the next morning I've gone out running. Even though I'm in a group we don't always talk. Er er I find that quite often I'm still having this conversation pointing a finger. Then I've got three fingers pointing back at me. By the time I get home the Holy Spirit has done a complete circle and I go and apologise to her. And that's happened on more than one occasion. Yes, er ... it gives you time to think. It gives you time to share with with the group we run with. It's great.

R: How would you personally define injury?

P13: ... As far as running is concerned something that prevents me from running.

R: Do you regard aches and pains as injuries?

P13: As far as niggles are concerned and little aches I tend to listen to what my body is saying to me. Quite often ... I find that, for example, when I run too slow in the mornings my knees start hurting. I need to vary my pace and then also I tend to run up the side of the curbing and back just to vary the camber and takes the pain away. It doesn't stay there. Um ... it's something that works for me.

R: You said you take heed when you have niggles and aches. But have they ever stopped you from running ... or do you only stop when running is impossible?

P13: ... I I've never experienced that sort of thing. My injuries have been such that there's no way that you can run. ... Yes, I experience, like all runners who experience niggles and pains, you. Sometimes I've woken up in the middle of the night screaming with the cramp in my calf and committed to a race the next day. Two o'clock on a Saturday morning you're waking up with this tremendous ... Well, this happened this year. ... Calf muscle cramp whow is just terrible. From dead asleep with a wide awake scream er and when you wake up eventually in the morning the ache's still there. Not when you're running in the SA

cross-country championships in the afternoon. ... So, you keep quiet about it and at the start of the race you wonder if you're going to finish it or not.

R: Please tell me about the injury you've had this year.

P13: My youngest son is is is over in Germany for two years and we decided to make a holiday out of it. We toured Ireland for three weeks and Scotland for ten days. And when you're on holiday like that you can't run regularly. I I tried to run every second or third day for 50 minutes. Not the same as regular running. My son had entered me in for a a half marathon in Germany and er it was an incredibly tough course around a dam and a cycle track. I ran my second or third slowest time ever and I'd been running good times before we went on holiday. I then, that was like on the Saturday. The following Saturday I ran the Marcel van 'Slot. 15 kay. And Marcel van 'Slot has some very steep downhills ... and I suspect what I did was that on the second lap I must have done one of those downhills too fast. It's the only thing I can come to the conclusion. I didn't experience any pain or soreness at that stage or when I finished the race, but Saturday afternoon my lower back started hurting and eventually I couldn't even put down a cup of tea. It it it well ... went and saw the doctor. He said there's nothing structurally wrong and he gave me an anti-inflammatory that lasted for a week and then I went to EE, the physiotherapist. I can tell you about that.

R: Please do.

P13: I have a tremendously high regard for E. I've always used her. She's um, right from the time she started doing her thesis work. She lectures. She lectures physiotherapists. She's got rooms in a house with a couple of doctors. So E worked on me for one, two, three; that was the first week. One, two, three for the second week I think and it was at that stage I heard her talking about looking for a patient for a po post-graduate examination. I said do I qualify? She said yes. I said well I'm available. So I went along the following day for ... being a patient for this with two examiners, post-graduate student. This is an experience. Between the two of them they are discussing you as though you weren't there. *(laughs)* So they they ask questions to start with for the post graduate student. They ask questions and then they start examining you. You know, his one foot is pointing out that way and his one shoulder is a bit lower than the other. All these sort of things: prodding and probing. At the end of an hour er when I went out, E came and said, it's it's it's very good news. There's nothing structurally wrong. You've got er a muscle imbalance. Um, give you one or two additional exercises for for stretching in the mornings. And er that was it. That meant I I was off for ... about ... four weeks I suppose, four or five weeks.

R: That you didn't run?

P13: Couldn't.

R: What was your initial reaction when you realized you had hurt your back?

P13: Do something about it. Find out what it is. You know, it's the not knowing. So that was the procedure that I followed. I went and saw the GP first, had the x-rays done. And there was

nothing structurally wrong. And then the physio. Er ... ja! It was a case of doing something about it.

R: Earlier you spoke about the knee injury you picked up in PE. Did that just happen or was it caused by stresses etcetera over a period of time?

P13: The first injury that that really hit me ... that I became aware of injuries. I'd been running for about two, three years and I was now ready to take on my first 42. That was the Hyper-to-Hyper. Spoke to the club coach beforehand. He suggested I take a banana with me. In a starting field of I dunno, the best part of 1000 there was one poluka with a banana and that was me. At about 35 kays I I threw the half banana that was still left; I threw that away. I experienced a pain on my left knee. It was, I've got a photo in my study of myself finishing that that, just before the finish of that that 42. In those days we had sponges. I had a sponge in my fist and there wasn't a drop of water in it. It was squeezed that tightly. I had never heard of the term ITB, but that is what I found out I had. It was painful. Ja, but that didn't keep me out of running for, you know, for any any length of time. It was the first time that I experienced the er ... something very painful in running.

R: What other injuries have you had?

P13: Things that that that have kept me out of running. Um, the worst one was was my knee after the fall when I was out of running for seven months.

R: Was that injury a result of the fall?

P13: ... I hadn't experienced cartilage problems, pain. Okay. ... Now when I experience cartilage pain I know what it is. If I had experienced cartilage pain at that stage I didn't know it was cartilage. So, I can't answer your question categorically and say that I hadn't had cartilage pain before that. But it wasn't that painful that I couldn't run.

R: How far away from the finish were you when you fell?

P13: I was about a kay. One more kay to go.

R: How did you feel when you couldn't finish the race?

P13: ... Didn't feel anything. You know ... just sore. I don't think I was experiencing disappointment or anything like that. Um ... maybe; you know we're going back quite a few years. Maybe it was very much a case of um in the beginning, why did you start so fast? Ja ...

R: You said that when running downhill at Marcel van 'Slot you hurt your back? You mentioned a muscle imbalance?

P13: What er er ... As far as that is concerned, at a stage when ... it didn't settle, I went to a biokineticist. ... Er, C. I went to E. I was told, don't run down hills and from there onwards my whole training technique changed and er for the better I think. Um, I tend to shorten my stride going down, pull back when I'm training and when it comes to the hills, even when we're on a recovery run I lengthen my stride and I think that that has helped me a lot. ... Another thing that has kept me out of running of course is er the prostrate operation I had. ... I had a decompression operation on my shoulder. That me off, put me out of running for I

suppose two months, three months. And the following year I had to go in again because as it turned out he found there was a sliver of bone still there and when that was fixed I thought, well that's gone, that's sorted out. But those those are sort of major things that have occasionally prevented me from running.

R: You mentioned that you get up at about three o'clock in the morning. How do usually spend your day?

P13: I er ... I work on the computer until ... going out for a morning run. I then come back and make my wife some tea. ... We then pray together. ... This morning I was, have been working on the gates and yesterday I worked on the gates. The day before that I went around buying bits and pieces that I needed. Last week, when we got back from overseas we found that a dog had decided our front door was a place to go and do its business. So we ... we spoke to the neighbours about that. I stay in a townhouse complex. And so things went quiet for about two weeks and then it started again for two days. And then stopped again and then came up again. And of course the wife was getting very upset about this, that and the other things. I listened to this and eventually decided what I want to do. I want to know whose dog it is because I'd spoken to the neighbours a second time and they said it's not their dog. We're taking it out on their dog. It's tough. So, er I got some bits and pieces from ... one of my chaps that I run with and we arranged a alarm an alarm system so that the ... if the dog does come in through the security gates I've got some fishing line and it will just touch the fishing line, and this will set our front door bell ringing, non-stopping ringing. So um, tat was last week. This week, the gates. There's always something to do. It just doesn't stop. And of course, in between I try fit in working on these LPs. Er, my wife's talking about, we've only been away caravanning once this year and that was down for the Two Oceans when I did the half marathon. It's about time we went caravanning again. So, we need to go before the school holidays.

R: Were you experiencing any more stress than you usually do before you got this injury as well as when you have got injured previously?

P13: ... No. ... Not that I'm aware of. Um ... no. The only thing that was a bit stressful this week was that I sent out an e-mail to a number of people about the AGN 21 kay walking championships. And I referred to the woman that had done the presentation that she had a go and I put in inverted commas and ... in the nicest possible way. And then I went onto say to summarize what Z had said: if the sport of walking was to grow it was up to the walkers to do something about it. I didn't think it was negative, but I got a blast back from her in no uncertain terms. So I spent most of that day putting together a reply. And er I sent a reply to her saying that it's unfortunate that she sees my e-mail as negative, but I had intended it to be constructive and um I apologized to her for that, but I I didn't apologize for sending out the e-mail. Subsequently, I've had a number of e-mails. One was from Y. Very positive. ... Over the years I've I've, for example, I quickly get a. The AGN tends to have a quarterly meeting with the clubs and and their road running commission. And er at last one

I was given a memorandum to, I've I've been pushing for ... five year interval in the age categories for the championships and for the SA championships and in fact, I've given up. I'd, in fact, put forward a, somehow or other an e-mail had been sent to me about the ASA AGM. Any motions? So I put together a motion for this thing saying this is what ASA had done. The Masters Association consulted all the provinces and that was then put forward for an ASA SA championships. ... So I sent it forward as a motion. And AGN didn't seem to be doing anything, but I'm also a member er of the Masters Association and I happened to meet the president of the Masters Association and she took it up with the president of the South African Masters Association. And he was annoyed that I hadn't taken it up with him. ... But he took it up, he took it up at the ASA AGM and so from next year five year intervals. ... I said to the chairman of the the, at the meeting, I said, Mr Chairman excuse me I I'd been battling with this for so long, but so so the intention is to to introduce this for the AGN championships next year. But X said that there should be time criteria. You can only get your medal if you achieve this time. So I was been given a job of doing this. Er, I put together a set of times, sent it out to select people, they came back to me. Six felt that the times were too easy. I I'd started with 80% of the people finishing getting medals. Brought that down to 75%. PJ felt that it had to be allied to the selection criteria time and ... so worked out times to PJ's specifications and about 50% of people get medals. And then I'm putting forward a third proposal that there is no qualifying times. If you win the championships, you are the champion. Klaar. Er and this meeting is going to take place on 2 November. In fact, I'm going to get up. Er er when I have to talk about this, I'm going to put forward a proposal that we scrap the AGN championships. I've been involved in running since 1993 and we've gone through a painful process of presenting medals. They were presented after the race. That didn't work because people went home. They decided well hand them over to the clubs and we then built up a three year backlog that weren't presented. They then went back to presenting them at the race and at the 10 kay the race organizers are dictating to the ANG er AGN when your presentation will take place. So the 10 kay guys stick around for the 21 kay prize-giving as well. So I, in fact, was saying we AGN which is more pre prestigious, the race gold medal or the AGN gold medal? The AGN must tell the race organizers that is when we'll be presenting our medals. And what happens ... er most the recipients especially the silver and bronze go home. It's a painful exercise that you are going through. When I suggest they scrap the AGN championships I know they won't agree to that. I want to suggest doing it the way cross-country does it. As soon as you have three senior men, present them. Soon as you get the three women, present them. Don't wait for the grand masters. Now what happened, why I sent out this e-mail, they, for the walking, they only presented the gold medals. The silver and bronze had to go and collect them from a gazebo. What sort of recognition is that for achievement? And furthermore, all your peers have already gone home.

- R: Going back to your injury, you said you were given exercises to correct a muscle imbalance. Is that what your treatment involved?
- P13: Ja. ... It, it was one of those injuries that had to heal itself with time.
- R: When they cleaned up the cartilage in your knee, were you given exercises to do?
- P13: ... I think they they, yes they would've but I think the main thing that has stuck with me fromm ... This would have been about 97, 98 or somewhere around there. Er, the thing that has stuck with me is to avoid running down hills.
- R: I would guess that being in the position you are in you have not lost contact with other runners when you have been injured.
- P13: On the one occasion um and I think more runners should, on one occasion. Um, of the things that I did and I think more more runners who are injured should consider doing this. I phoned Club P. I said, I'm injured but if you need another marshal I'm available. Er and then on another occasion I said to GA do they, if you're looking for someone to help at a water point I'm available. And of the two it's it's quite an eye-opener to go to a water point because that was a lot of work.
- R: When you have been injured have you been given tips and advice from other runners?
- P13: ... Er, I suppose I have. Nothing nothing really comes to mind. The ... I know that on occasions I've been guilty of that sharing with other runners who've had a problem and I've said to them, I've said um I've found that this works for me. Okay, you can try it, but you must work out what works for you. Um, for example, I the one thing that I've already mentioned is that I run up the camber and then I lengthen my stride, vary my stride length are little things I found works for me. I tend to run on the left side of the road with the traffic, but at five o'clock in the morning that ... isn't the main problem. And the reason is the camber suits me more. Other people it it it, you know, it's not an issue.
- R: Do you find that other runners tell you about their experiences with injury?
- P13: Yes, it it it it happens and of course one of the things in in my age category when we get to hear a ... Other people know about the prostrate cancer operation that I've had. ... And more than one guy has come and spoken to me about it and er ... asking very personal questions and and er you're the person to share with and encourage them.
- R: What have you found particularly difficult about being injured?
- P13: ... I would say that my my biggest problem is psychologically with with ... an injury is that I'm basically getting unfit and ... I know that I've got to climb that mountain again. ... It's, I think that's it in a nutshell. Um, the biggest worry is ... I'm getting unfit, I'm getting unfit, I'm getting unfit.
- R: Have you learnt anything about yourself and about running when you've been injured?
- P13: ... Injuries, learning about myself? I think my my my wife tends to pick this up more than I do. Um ... the ... I am not sure it's a word that she has used, but it's it's almost the single-mindedness to get back. Um, the shoulder op, those exercises that I had to do in the sh in the morning when I was showering. (*demonstrates an exercise for his shoulder*) Doing those

exercises. And, in fact, there was one league race coming up where I actually ran with my arm still in a sling. Walk, run, walk, run, walk, run. Um, it was a case of doing er five lamp poles and walking two and then running five and walking two. It's amazing how um what sort of time you can do when you do that sort of thing. You'd be amazed.

R: I've heard that some recommend it in training programs.

P13: Really. Er, it's just something that has worked for me. No one has ever told me to do it.

R: Is there anything else you would like to add about running and running injuries? Any words of wisdom?

P13: Ja, you you going back to lamp poles, I've found that um ... I think that I would have stopped running a long time ago if it wasn't for ... coming together with a couple of guys in the mornings. It makes it makes an amazing difference. Coming back from injury I I tend to take about two to three weeks before I joined them. But now with with this chap being so slow, it's not really a problem. But what I would do is I'd st start off by trying to run, for example, maybe seven and a half minutes out and seven and a half minutes back. And very quickly seven and a half minutes out, seven and a half back was too much. Scrap that. Do lamp poles. Two lamp poles, walk one. Two lamp poles, walk one. It's, it works for me. It might not work for you. Um, but then over a period of weeks you find that you can run for 20 minutes without stopping. And suddenly without being aware of it your fitness is coming back.

R: Back to where you were?

P13: Not necessarily. Um, after my back injury I I tend to have set myself a target time for a race that won't put me under any pressure while I'm running in. And so I monitor my splits as I run. If I do a 21 I split it up into three races: 7, 14 and 21. And I've had a good race if my last seven is faster than my first seven regardless of the time. And the same with with the 10 kay. If my first, if my second five is faster than my first five I've had a good race. Coming back from this injury I my target was ... um I used to be able to do 45 minutes very comfortably. Not to put myself under pressure lets aim for 50 and hope for 45. Er, if if I took longer than 50 I'd be disappointed. Somewhere in between 47 and 48 would be great. Er my time I I think it was 45 and a half. Something like that. So, hey that's not too bad. Then the following one, right lets go for 45 this time. And very early on I'd check my splits. There's no way I'm going to make it. Um, at the halfway mark I'm ... about 24 minutes. So there's no way I'm going to make 45. But I went those last five kays. I finished in 44 and a half. I made up about three minutes. The last five kays was just over 20 minutes. Ja, okay there were declines, not steep ones. And then the one that we ran on Saturday, Tuks. A lovely route. Geepiz, it was a nice route. Um, my times were fairly reasonable at the the halfway mark and er I thought, well I've got a good chance of breaking 45. And er I got to 43 and a half. So it was great. I'm starting to get there again.

INTERVIEW WITH PARTICIPANT 14

R: How long have you been running for?

P14: Well, I mean I ran as a child extensively. Er, I did a lot of cross-country as a child and then er through high school I basically stopped. And after high school I started running on and off just kind of exercise thing. And then um from er ... let say a year and a half ago running ... training running, you know. Training er for um, you know road races. So I'd say a year and a half or just over a year and a half I started running.

R: Why did you start running?

P14: You mean back as a child or back now when I started again?

R: Go right back if you wish.

P14: I mean as a child I just I just loved running, you know. So I loved it very much. And now again I wanted to start running because I had this kind of unfulfilled ... ambition. You know because I I totally blotched it in the high school. I just stopped running and I probably had quite a lot of potential and I just stopped running. So I sort of wanted to get back into it again and see what I was capable of. And and long term view is also just to sort of be able to er to be able to run for healthy reasons, to help me live long.

R: How often do run a week?

P14: Well um, at the moment just because I've just come out after quite a long period of not running I'm just trying to get back into it again and I'm not that ... At the moment it's two or three times a week. I'd like to get it up to four or five. That's what I was doing previously just before I got this injury.

R: What does your training program involve?

P14: Well, it depends kind of what um er, it depends exactly what our goal, our immediate goal is. I train with another guy who has been running for years. He's almost 50 now and he, you know we kind of run together. So it depends if we're trying to train at that moment for a quick 10 or for a marathon or what. So that that it always a Saturday long run and then er we also do some tempo runs. And often especially if we want to do a quick 10 then we put in a lot of speed work. Three times a week speed work, usually even around a track or around something where we can pretty much gauge how many minute kays we're running and then, you know, push ourselves to do like a 800 metres quick pace, rest for the same distance that we ran for, then do another 800 metres quick pace, you know. Then do some 400s. You know that kind of thing.

R: Do you do any farklek?

P14: Er, no I think we kind of read somewhere farkleks aren't that that profitable. But sometimes though if we are doing a run and you know we just want to put in a little extra into that run. Let's say we're just doing like a 45 minutes run and we just wanna do a little bit more. Then you know we'll just, sporadically we'll just say, we'll do this kay quicker whatever. You know do five minutes a kay then slow down again. ... But maybe maybe more like like either we go out and do a quick run and we keep that pace or we we run quick, you know, like let's

say at our pace that we want to run. Let's say when we were training for for 10 kays and we wanted to do a 39 minutes 10 kay, so then we gonna train about three, three minutes 45 seconds a kay. So it's just a bit quicker. Then we do the 800 metres at that pace, you know. Do 800 metres. Let's say we can do it in, I can't remember the time. But let's say it's two, two minutes 45 or three minutes. Then you rest for three minutes, but not sitting. Just keep walking. But you're not running you know. So it's not really farklek.

R: How far do you go on your long runs?

P14: Well, I mean it depended really. The longest we had was when we were training for the marathon was, I think it was one one ... On Saturday we went out for two and a half hours or two hours and 45 minutes. But then otherwise I mean, you know, we we even go a half marathon for a long. I mean we don't go a 1.45. That's usually the time we put in. We don't go over a 1.45 for a long one. So it's just kind of ... so it's not really really a long run. Usually when I mean a long run, it's like a half marathon at a slower pace. That's about five minute kays. Usually we do about five and a half, six minute kays for about an hour and a half, an hour and 45 minutes.

R: How many kilometres a week do you run?

P14: Well when we were running now prior to me getting these injuries we were doing I dunno, if I had to count it up ... We were maybe doing, let's say let's say at least three times a week about eight twice and a ten, let's say nine kays. 27. Then long run on a weekend maybe let's say 15 ... 15 kays. So let's sat it was 15, 42 minimum. That's the minimum. That's what we were doing pretty much.

R: And maximum?

P14: Er well, I mean if we fit in a half marathon at the end of the week which is basically, half marathon we never really, we never try to race half-marathons, they're just like part of the training. So I guess it'll take it up a bit and ... actually not more than 55. Between 40 and 55.

R: What races have you run?

P14: Ah 10s we race. The only marathon, I've only run one marathon and that was the Deloitte and Touche. That marathon. At at stage we were running nicely, but I got sick just before the marathon so I like got flu. So I went to the doctor and he said to me, well if you rest and don't do any running during the week then you can still go and run it. But it was a bit difficult because I, you know, had a lot of phlegm and everything. So my time was a bit slower than I wanted. It was 4.27.

R: What's your best time for 10 kays?

P14: Well 40, 40 minutes and one second. *(laughs)*

R: What about 21?

P14: Never never raced it. We just just do it, I mean I think I've done a 1.42. ... So that's just com pretty much comfortable, you know. Not really trying to race it like a 10 kay where you feel nauseous.

R: Are there any races that stick out in your mind as being memorable?

P14: Ja, the 10 kay one when I did 40.01. That was memorable. We trained very hard. I was really ready for the race. I was running with my partner, but he was like he had picked up kind of a light injury. He had to rest before and he was having a down day so at the beginning we slacked a bit. I was running with him then he told me no I must go. Then I had to, well the last two kays I had to run in seven minutes to get it; you know, to get it under 40 and I missed it with one second. So it was quick. Three and a half minute kays was very difficult at the end of the ten kay. I also liked that that Voetslaan Pad. What's that one? That ten miler.

R: That was in July wasn't it?

P14: Ja, ja. I like that kind of races too that are off the road.

R: I believe that that race has been highly ranked by Runners' World readers.

P14: I liked it a lot. I really liked it. Because I like cross-country. If I can run a cross-country race I do. And the thing is also interesting. They start off with a canon ... which you know, scared the hell to death. Everyone was standing there and this canon WHOOO. (*laughs*) And then here all these guys mounted on horses during the race hiding in the bushes and that sort of thing. And then obviously going up the mountain which is quite a killer hey. You go on a little hiking path, but it was fun. And the Deloitte marathon was nice. I struggled but I was really happy that I ran it.

R: You run up Klapperkop in that race, don't you?

P14: Mmm ... At that stage I was running with the wrong shoes and that really messed me around hey. That messed me around. It was a long time and I never realized what it was. It was bad.

R: You say you were running with the wrong shoes?

P14: Ja, it was proper, proper shoes. Anti-pronation shoes that I need, but the shoe was just a defect shoe. It was a ... it was a Brand V shoe and a lot of guys complained about that shoe which I learnt from my neighbour. But er the shop where I bought it, ten guys brought back that shoe, just that shoe. There was something wrong with it. People got blisters on the inside of their feet. And not not on the places you usually get. You know you had it (*touches side of foot*) over here in your foot. It was very strange. I got these blisters like this (*shows size*) you know. Like an old 50 cents ... after every race, if I run 20 or 5 kays. So I just learnt to cope with that. Then I know for a fact is what was happening was I was trying to compensate for that. Then after that marathon I got an injury in my foot, you know like a kind of ... something there in the muscle of my foot where it started hurting. Then just after that the knee on the same leg. So I think it had a lot to do with that shoe.

R: Did you take them back?

P14: Well, I mean eventually I just ran with them until they were finished. ... You can't really take them back; I mean once they are past a certain point.

R: I suppose you have to take back unsuitable shoes within a few days.

P14: Exactly. ... You know, the thing is you know the guy was like ja er just try take out the inners; you know put new inners in. And I tried that and it kind of worked. But actually at the end of it all he said to me, well actually there is a problem with the shoe and ... So now I'm running with Brand Y. It was a budget option and I'm very happy with it. ... They were out of the country for a while. Now they're back and they are well priced. They're everything I need. So. And I really like, they're a very light shoe. Very light. I like it a lot.

R: How many kays do get out of a pair of shoes?

P14: Er, I don't really count kays. I've always told myself I should, but I don't. It's more just like time. And then then I shoe glue them because obviously the soles wear through. But I think it's a basically a year.

R: Are there any other races that you would like to run in the future?

P14: Well I'd definitely like to go and run one or two 10 kays. I like the 10 kays a lot. If I weren't training with this other guy it would be probably all I'd train for. Just quick 10 kays an ... and even try, maybe even because actually I was an 800 metre athlete and that's what I think I'd be really good at because I've still got a lot of speed. So I'd I'd really like to do the ... But in terms of the road races obviously I'd like to do Comrades one day ... I'll do that and maybe also, maybe if I ... I'm going to move to America now. So maybe I'll go run some marathons there if I can. But I mean I'll gonna definitely keep training. Then in my break because I've got a very busy schedule. Then maybe in June and July we'll see what marathons there are.

R: And cross-country?

P14: Ja, I like that too ... I must say I actually, the only thing that I like probably even a little bit more than running, I love hiking. So every holiday we go to the Drakensberg. So one day I'll do a bit of adventure racing I'm sure. I don't know much about it at the moment, but just something that combines running and hiking. I'd like to do the Knysna marathons and stuff where you normally run up mountains.

R: So you would like to do races like the Harrismith Mountain Race?

P14: Exactly. I like those type of races.

R: Besides running what other interests do you have?

P14: Hiking. That actually competes quite a bit with hik running. Now I mean this holiday I'm doing five day hikes. I'm doing now the Otter now in a week's time and then I'm doing another big grueling five day hike in the Drakensberg where we summit and everything. So the point is then it's like ... interfering with your training. So it's ten days and it's not only that: you get exhausted afterwards and sometimes you also ... it it might even aggravate other injuries you have because hiking's quite strenuous on your knees. So that is a bit of a problem because I can't say no to a hike. Then I also do other stuff like reading and that sort of thing.

R: What benefits do you experience because of running?

P14: Well er, it definitely makes you fit. I think you sleep better. You feel more conscious of your health. You walk upright. I also feel a lot better during a run, definitely I switch off. ... Go for a run. It's nice. You know.

R: So you enjoy it?

P14: Ja, I really enjoy running. I really enjoy it when I train. In fact, I enjoy training more than running on and off. Because when you run on and off it's like every time it's a strain on getting started again. Like right now, I'm at that point getting into the habit again. Whereas when you train you just train. Period. Whether it's raining, your mother's birthday, you run. (*chuckles*) You don't have to think about it every time you try and convince yourself to go. You just make the decision: I'm training. This is my goal. I'm doing that. And I actually like that more. It makes it easier on my mind. It gives you a goal, you know, and it becomes more than just exercise.

R: Do you experience any disadvantages and negative consequences because of running?

P14: ... Um, honestly not really. I mean injuries and things are really troublesome, especially because a lot of people can't always you know give you that much advice about it really. That's just er a bit of an irritation when you've got to ... ag, start up again and ... So I don't really see, I mean I think when you start training, that's what I don't like much about a marathon which is why I said just now, you know, more of my real honesty you know if I was just running by myself which isn't really difficult but if I had my own choice and if it wasn't for my training partner I would go and do more of the shorter races. Leave out the longer races because the longer races you spend more time on the road and I have a feeling it's worse for you, you know. And especially because I'm still young I know that I still have the speed in me. So there's no reason for me to have to go for the lon longer ones. You know, you have your choice really: that's where you excel. But now I can still run quick 10 kays or five kays or as I said even an 800 metre. I would like to train for that. The thing is I think it's more time if you train for the longer ones. So it's a bit of a time factor.

R: How would you personally define injury?

P14: ... Well I mean it's just as if something goes wrong ... then you aren't able to run anymore, I mean. I try to run through the stuff, but sometimes it just gets so bad that you can't run. Then that stinks. Then it's like more of more of the fact of getting back, is for me to try and accurately diagnose without spending thousands of rands ... on doctors. Then everyone tells you, you just have to rest but usually that's not actually it. You know there's something that's wrong. The injury is the symptom.

R: Do you regard it as an injury if you can run?

P14: Ah no.

R: And if you have niggles, aches and pains?

P14: Ah no. It kind of like depends. I I try to always keep running, so. I mean I've done that lots. No niggles, I mean I just keep running because I mean that's just part of it. Er, you get that. So you have to also. And like I said just now when you're training you have that kind of

attitude of I'm going to run. You have to because otherwise you'll be on and off the whole time and you get nowhere. ... So I prefer to really be training. So when I am training then I'm just like um ... I just prefer to keep on unless I'm real have to stop running. Ja.

R: Could you please tell me about the injury you have just had?

P14: Well, it was kind of the la latest thing I've had was very, very strange. It was the inflammation of ... patellar bursitis. ... Very strange.

R: What's that?

P14: Bursitis is a, it's not a tendon, it's not a muscle, it's a sac. But that's all the guy could say because it was sitting on top of my knee-cap. It wasn't sitting in the knee itself. It was a strange thing. I could pinpoint where it hurt. (*points to where it hurt*) But I got that after I ran what is it, a 21. After not running so much I went straight into a 21 and probably ran it a bit too fast, but I felt good that day. So I ran it and then straight after I got this thing, you know strangest thing. Right here, sitting on the knee-cap. (*points to where it hurt again*) I could actually pinpoint it. If I pressed it here, it would still maybe hurt. So that was the latest thing, but that went away pretty quickly. Then before that the thing that kept me out for a long time was, what was it? I had shins at one point. That was just kind of, that was the worst thing because no one can really tell you what to do. Some people say you must run through it, others say you must rest it out, ice. You know it's like the classic one: rest, ice, you know. (*laughs*) No one can really tell you what to do you know. Anyway, you know, I had shins. I had that thing in my foot after the marathon where I couldn't run for a while. It's also like little, well not little. Well, the shins was bad. And the other thing, I think that after the shins ... I started to cramp and stuff. I'd been running for a while and get a lot of these little injuries. ... But this bursitis thing was the last one. Before then I think it was also a knee. I think it was a knee problem. I don't think it was shins. The shins was before that. (*chuckles*) I think it was a knee problem. ... I can't quite remember now ... knee, shins, feet. Mainly shins and knees.

R: What has your initial reaction been every time you have picked up an injury?

P14: Try to keep running. Try to say life's is not bad as it looks when I'm limping. Try to get running. I've got a I've two friends who are physios and they always laugh at me because of my wanting to start running. Then I try to run through it and if it gets too bad I go into depression. (*chuckles*)

R: Are you over the injury now?

P14: Ja, it seems like it you know. It seems like it. ... I'm not having problems.

R: And your shin splints?

P14: Ja, I'm over it.

R: What did you do about it?

P14: Just rested. I rested a lot with the shins. Er, I think I rested for ... er the shins were, I think it was the shins that were really bad. I should keep better track of the stuff, but I just try to forget about it. But the one thing I had was for eight weeks hey, two months, a really long time.

Doing virtually nothing. Going for walks. ... Ja. ... And then this last one, the bursitis was quick. That was a weird thing. It was strange, that inflammation, that bursitis.

R: Why do you think you picked up these injuries?

P14: Probably too much too fast. Ja, too much too fast.

R: Did you go for treatment? ... You mentioned earlier that you don't want to spend thousands.

P14: Ja exactly. No. You know the thing I've been I've just got my running partner. He's around which is quite nice. So every now and then I ask him a little bit. But then mainly I just read up myself, read up Tim Noakes. Then like I said I had that friend who was a physio, but the problem is at the moment he's he's not working as a physio and when he did work as a physio he worked mainly with geriatric people and and it wasn't like sports sports. So he doesn't always know that much but he was able to research for me. Like he help he diagnosed me with bursitis and I think he was spot on. So he also do some things and you know, tell me well. But there's not much they can really tell you. So the one time I actually made an appointment to see that sports biokineticist, sports, that lady at er F. Dr T, I think it is. Apparently, she's quite good. So anyway I made the appointment, then I er pulled out because I just actually realized what it was. And my medical aid I was on was not going to cover it. So basically all I've been able to do is just sit on the couch. They can put you on those expensive machines or you can rest and ice it. *(laughs)* Rest and ice it. You know, RICE.

R: How do you usually spend your day?

P14: Well, work in the morning. I don't run in the morning ... except on a Saturday. You know I don't like waking up early. So, I work in Mi Midrand so I have to be out of the house early. I have to leave at quarter past six. So it's not viable for me me to run before that and even if I could I don't think I would really 'cause it's just ... I prefer running in the afternoons. So I work, go to work, come home, try to nap if I can. I try to rest before so I can get a lot out of the training. Because I'm a teacher I usually get back early. We have break at ten o'clock so I usually eat a big meal at 10 o'clock. I eat a big meal at ten, come home. Have a snack, then rest if I can and then after the rest run. My stomach's not full, but I've got a lot of ... energy built up. Try to go to bed early too.

R: If you think back to each time you have picked up an injury, had anything changed in your typical day just before you got injured?

P14: ... No, I don't think so. I think it was mainly just the training. I don't think it was anything other than the running ... that caused the injury. ... But typically what the one thing now is that I started a lot more like I said and that is gonna be difficult to try and find a balance. I realized that. But that's not my typical day either. That's more like your recreation. You know, go away for a weekend for hiking instead of for running when you must go out for a long run the weekend you know. So? But other than that, nothing.

R: And your training program hadn't changed either?

P14: No. Just the training obviously was getting more intense. Definitely. I mean I ran; to give you an idea, I ran um ... I started running in about September. So it's actually a little less than a year and a half. I had been running on and off, but that was when I started. I worked to run a 10 kay. That was in August. Before that I hadn't even run a road race. So I ran a 10 kay September 2005. So I ran a 10 kay and I ran with this guy ... and he was like whow! Oh my goodness, what is he running ten kays and he's like getting out of here. So I was like, this guy's crazy. But I tried to stick with him for two kays and then he just left me. So I was like, I ran with him and because he pushed me a bit at the beginning I ran 46 minutes which was pretty good for my first 10 kays. Then I ran the next 10 kay. This is after quite a small amount of training. I then ran 41 minutes. 41 minutes 40. So that was my second 10 kay race. But the point is that's more like your I guess your natural capability, but then after that we started to train, you know to try and get quicker, to get sub 40 and ... But even by the time I had run that 41 we had been training then so ... I think that was, that was the Tukkies one, the er um Chamberlains. What time of the year is that one?

R: October.

P14: Ja, so between September or August and October then I ran my first 21. So then definitely after that we started to train and really starting to keep track. So definitely the training got more intense.

R: And you believe that is linked to your injuries?

P14: Definitely, ja. The training and then also pushing myself. ... You know it just took a little bit too much. That's what I think.

R: Do you think stress had anything to do with it?

P14: No, I don't think so. No stress from work. No.

R: Did you experience any stress because of training?

P14: Well no, I wasn't stressed about training. No. I don't think so. No. I think it was really physical. I was, we were ... very happy trainers. ... No, happy to train and happy to run. No. I don't think it was that. No ... maybe. You do get pretty stressed about it. So maybe you are, but I don't know.

R: When you ran 40.1 did you pick up an injury soon after that?

P14: Straight after that, ja. Immediately. Ja, that was quite a let down because we had an immediate goal after that which I read in *Runners' World* we should. ... But straight after that I was just kind of like ... you know. But ja that was also because I was running with the wrong shoes. That's what complicated it. I really think that those shoes put me back a lot. Because because I, you know, you're just sore after a race. But I was limping. I was standing in the shower on one leg washing my foot and then I was falling over because the knee had been weakened during the race. I also got sick straight after that. Your immune system just goes down when you push yourself like that.

R: Earlier you said that you got no treatment for the injury, but you just rested.

- P14: No, I spoke to many people who are experts. But no treatment, treatment. I iced it too. Tried to stretch. I always try stretch.
- R: You mentioned listening to experts. Do a lot of people give you advice when you're injured?
- P14: Um well, I mean the thing is I belong to a running club, but we don't actually run with the running club. So we're not that surrounded by runners. So it's just me and my partner. So ... and then basically you know I have some friends who are physios even though they don't run. So they don't give help to runners because they realize it's out of their league. They don't know what it really entails. So I just mainly have this one friend and he gives me advice if I ask for it. Then I read Tim Noakes quite a bit.
- R: Noakes says rest is seldom the (*participant interrupts*)
- P14: Ja, I've read that. Ja. Exactly. Because that's not a solution you know. It could it could help temporarily, but it might not solve the problem.
- R: If someone at a race finds out that you have an injury, do you find them relating their own experiences with injury to you?
- P14: No ... no ... mainly because just like I say we don't hang out that much with runners. It's mainly just him and I. And when I go to a race, we just run. Ja.
- R: What do you find particularly difficult about being injured?
- P14: Well, not being able to run. Probably the worst is to not know what the problem is. I hate that. I hate, I hate the fact that there isn't ... that much, you know, that much knowledge even about running amongst medical practitioners. It's actually no one who's really clued up. ... Er, so I think it's just that not knowing exactly and then also knowing that you're losing out you know. Also losing the momentum you had. Having to catch up again.
- R: What factors do you think help you recover from injury?
- P14: Well, I think rest.
- R: And besides resting?
- P14: ... Um ... I dunno. ... I guess somehow the body just has to ... But it also just depends on what on what it is. Sometimes it just has to get better. Other than that, I don't really know.
- R: Do you go to gym?
- P14: Um ja, I do. I try to. But just once a week and I don't really know what I'm doing there. I go to Club D's gym. So it's got all the weights that the other gyms don't want. But that's literally just to, but especially actually. But that's the other thing that helps me to recover or is crucial while you're recovering is to still get some exercise which is not easy because all I actually want to do is run. I definitely don't want to swim you know. I wouldn't mind cycling, but I've never got around to buying a bike, so. But I think it's very important to keep doing something you know. That's what I did realize. The thing is I also play this other game called the ultimate frisbee which is kind of like er ... I guess it's maybe a bit like touch rugby to give a simple comparison. It's short bursts. Stop, start, then turn around quickly. That kind of stuff. And I have a feeling that's probably not good also for my legs. A little bit

like hiking. It just gets in the way a bit. And sometimes what I do is, well they play on Saturdays. So often what I do is, I can't say no to that game because I like it so much. But then what I do is I go for a one and a half hour long run in the morning where my legs are just light you know. Then I go and play that in the afternoon. And that hurts a bit. But I think that that actually definitely contributed to my ... injuries. I realized that at some point in time because ... But I do think though that if you do that in a measured way ... you know you do something also other than, also do something, you know basically like cross training. And you strengthen the other muscles and that kind of thing. You know, like basically running backwards and running sideways and not just running forward and not just doing the same kind of thing and using the same muscles.

R: Have you learnt anything about yourself and running because of your injuries?

P14: Er ... I just learnt to go, to to measure myself a bit more, you know not to be so so over ... because I'm so competitive. I mean my running partner is almost 50 and he'll beat me any day on a half marathon or on a marathon. I've got no chance. If it was a bit shorter ... And he uses me to push himself because he's got no speed. So we are always gunning one another you know. And I just realize you've got you've got you've got to pace yourself otherwise, that's been my problem in terms of over-exerting myself. And then you get put out. You're going to have to spend time somewhere. Either you spend take time to get up to a certain point or you get to that point apparently quicker and then you spend time wrestling with your injuries. *(laughs)*

R: Is there anything else you would like to add about running and injuries?

P14: No, I just really like running. I think people, a lot of people ... I mean I think it's a very, a very healthy kind of recreation. I was a running coach too at my school where running was going down the tubes because they didn't have enough interest. And I really saw a lot of people bunking because they were trying to get them to run. And they were involved in all kinds of terrible things, drugs and that. I think it's really helpful. If he's got a bit of talent, get him to start running. It's really enjoyable. I think you have to do long ones. That really helped me a lot. And if I can run for an hour and a half it's no issue for me to go run for 30 minutes every day. So long runs have really helped me because in the past I've always run quick. Long runs have helped me become er more confident and also to be more consistent. But then you also need to do speed runs. That's what I realize. Otherwise you you er just run slow. 'Cause for myself I also want to do some quick races and you can't just be doing long runs. If you do you, if you do your speed runs for too long or you do your long ones too quick then you get injured.

R: How has it affected you when you haven't been able to run?

P14: You feel like your day is less meaningful.

R: Have you lost contact with your running partner?

P14: No, no. I see him all the time. But actually I lose quite a lot of contact because you can just never spend that same amount of time. It's usually running time with that person every day.

No, it upsets everything because it becomes part of your ... how you spend your day, definitely.

R: So there's a gap?

P14: Ja, definitely. And I think it affects many different parts of your life.

R: For example?

P14: Ag, even your work can be affected by it. You don't have that, you don't have that same schedule so. And and what ends up happening, I think your body is just going down. You just lose out.

R: How does it make you feel when you see other people running and you can't?

P14: Oh come on! You know how it feels. It's terrible.

INTERVIEW WITH PARTICIPANT 15

R: How long have you been running for?

P15: Twenty-eight years.

R: Why did you originally start running?

P15: Well, I was in the defence force and everyone went drinking at night and I just couldn't do that so I went running ... after work.

R: So that's why you started?

P15: Ja, I had nothing else to do.

R: Had you run before?

P15: No, a little bit but I did other sports, not running. Rugby, judo.

R: Why did you continue running?

P15: I was stationed at a radar station where I worked in the airforce and there were other guys running and they were training for the Comrades and I thought I'd just join them. So that's why I continued. There was, you know I was with people who were running, were training for Comrades, ja. ... And I found I enjoyed it. From the beginning I like I liked running. Ja.

R: How often do you run a week?

P15: Now, five times a week.

R: What distance do you cover every week?

P15: Um, I'm trying to build up to Comrades again so now I'm doing about 50 kilometres a week.

R: What does your training program involve?

P15: ... Three days vary from 8 to 12 kilometres and then one day I do speed work or hill work and then on the weekends I do at least two hours. Two hours or 20 kilometres. That's for January.

R: What will you be doing by the beginning of May?

P15: What really, the only that really changes is the long run on a weekend which becomes a four hour run ... and er a longer one during the week. So somewhere in the week, in the middle of the week a two hour run and then on the weekend a longer run, er four hours. And then the other stays the same, still a speed work session and two shorter; call them whatever you like, recovery runs.

R: Do you still do hill work?

P15: Ja, hills and speed I really like. One week hills, one week speed.

R: You've obviously run Comrades before?

P15: Ja, 14 times. Ja.

R: Have you enjoyed the Comrades?

P15: Not all of them. (*laughs loudly*) I actually started 16 times. Twice I didn't finish. So yes. No, I didn't enjoy, initially I really enjoyed Comrades. Up to a certain point when the crowds became so much I, I didn't like that. So I started doing other races like 24 hour runs and and things ... other than a big group. You know, you couldn't judge your pace. You couldn't

run the speed you want to. You know there's just too many people, especially if you're like a bit at the back.

R: Have you found that there are too many people around you at Comrades from the beginning of the race until the end?

P15: Very much. Ja. Today it's just crowded ... ja. So it's nice to just go and jog, but ... it's just like the same as a few years back.

R: What is your best time for Comrades?

P15: 6.59. ... Then I had time to train. (*chuckles*)

R: And your worst time?

P15: Um 11 ... 49. ... 11.49, ja.

R: So you've had very different experiences at Comrades?

P15: I've had both, ja. ... It's it's about how much you train. ... It's just that.

R: You don't think one can train too much for it?

P15: Yeah, for sure.

R: How much distance do you cover from the beginning of January until Comrades?

P15: In those years, when I was studying. I studied in Stellenbosch. I was at the Military Academy and um, we were a group of runners. So in January we did ... Well from January to ... Comrades was then in the middle of May, after end of May we would um go to about 1600 kilometres, ja. ... Today, obviously I only do half of that.

R: Is that because of time?

P15: Change of priorities I think. You know then it was like all for running. I studied and I ran. I had no family, nothing. Then um when I got married I had a little girl. So I just spend more time with them. You know it's nice to go and run, just get home and run. But I leave them at home and I don't see them. So, um ... I got other priorities.

R: What other races have you run that stick out in your mind?

P15: I've only run Two Oceans, but the the ones that I really liked I ran four ... 24 hour runs. ... See how far you can run in 24 hours.

R: Round a track?

P15: Ja, it was not just a track. It was a longer track, but like ten kilometres ... track, ten kilometre circle. Um ... and there I ran , one year I ran 175 kilometres in 24 hours. So that er that was something I would remember. And I ran the Washie. That's er, you know that one.

R: Yes.

P15: I ran that one. That was nice.

R: Doesn't that race start at night?

P15: Ja, you run through the night, from Port Alfred to East London. Ja. ... And then I've run um ... about 110 marathons and longer. Ja.

R: Are there any marathons that stick out in your mind as being memorable?

P15: Ag, obviously the first time that you run under three hours, that was in Stellenbosch. And then your quickest marathon, that was also in Cape Town ... during Two Oceans run. There I

ran 2.49. ... The first time I ran 16 kilometres in under an hour. It's like your PBs that you remember. ... Oh ja, a nice race is the Karoo Marathon. It starts in Laingsburg, it is an 80 kilometre run and you run ... dirt road, hardly anyone. That's a nice experience, ja.

R: I get the impression you prefer ultra distance races to shorter ones

P15: Ja, as for now, ja the longer ones are really tiring now. I think as you get older um ... for now I like the half marathon. I still enjoy running a marathon say twice a year.

R: Do you run a lot of marathons in your build up towards Comrades?

P15: No, not too much, um let's say er three or four, one a month from starting next next, starting March really, not next month.

R: Besides running what other interests do you have?

P15: Er, I had an injury at some stage and then I started swimming. So I've done the Midmar Mile a few times. Um, for now that's about it. I do a little bit of gym work, but I don't really enjoy that. I just do it because I think it helps as well. ... But at this stage, no, that's all I do.

R: What benefits do you experience because of your involvement in running?

P15: ... It feels healthier, whether it is, maybe if you look at one (*chuckles*) but serious it keeps me fit, it helps to keep my weight down. It gives me a bit of confidence. You know, even at work other people just sit and do nothing, you just have this feeling you can do wh whatever they tell you. You can just do it. ... I don't like to speak about it, but you get that feeling. Um ... and you know, now I'm different. I don't run to impress anyone anymore, but like when you were young you like to, you know win medals and win awards and things. Ja. Today is much different: I just enjoy it.

R: Do you experience any disadvantages because of running?

P15: ... If any time away from home. ... But I think I don't really count that. I just have to do that, that that will help me to be ... fitter in the long run, more healthier. But there's no ... not that I can think of.

R: Do you experience any negative consequences because of running? ... Some runners view injuries as the negative consequences of running.

P15: No, I've been very lucky. Ja. But I've had a bad taste though.

R: Some runners feel that running interferes with their social lives.

P15: No, I don't have that feeling. Er ... we, I don't go out, we don't go out, we don't to all around town and that.

R: How would you personally define injury?

P15: Anything that slows you down, that slows down your training or your your running speed or that stops you from running ... where you can't do your best. Not that you have to run flat out every training session, but you can't do what you have to do to get to your goals. ... Then obviously something's wrong. ... When you can't ... what's the word ... opti, when you can't run optimum.

R: How injured do you have to be before you decide you cannot run?

P15: Very. (*laughs*)

R: What about niggles?

P15: No, I think that's just a runner's thing. No, a little niggle won't stop you. No. You rather just slow down or hobble along. It's stupid sometimes, but that's what we do I think. But as I've grown older I I I don't run more easier because I realize if I don't run today, like if I start getting a cold I just skip two days and I'm better. But if I keep, if I keep running, you know, I might not run for a week. But you just learn how your body ... um copes with these things. So you realize if you start getting hurt or feeling something wrong just stop for two days and you recover and build up your system again and run. So ja, I stop easier than before.

R: You said that the injury that you've had has cleared up.

P15: The main one's cleared up. (*chuckles*) So, ja.

R: Could you please tell me about the injury that you've had?

P15: I've been really lucky. I ran for, I ran 10 Comrades without skipping anything and it was like, I really en, it was good. Then I started um ... Halfway through a 50 kilometres I started vomiting and um I went to Tim Noakes, I went to um S, what's the other guy? Dr S, he used to work here at MA, er MH. And in Cape Town I was at Tim Noakes and they gave me all sorts of different things. ... Um ... but it didn't help. Always I could never finish, if I finished a a Comrades without vomiting it was really great because it didn't, like for five, six years it didn't happen. I was just sick every time. And I tried so many different things. I you know you think it's eating. You're eating something wrong or um, once I did have food poisoning and it started from about 30 kilometres, but that was different. And then um at some stage my right leg started dragging. But the vomiting I didn't connect to that at all, at that stage. And because of this I just couldn't run anymore. So I went for, they even put me on a traction thing. They thought it was my back. Um, for physio, er all sorts of things. It didn't make a difference. I really spent a lot of money and it didn't work. So I thought. Okay this is where I start swimming now (*chuckles*) and it took me six months to get over to the side, not to run. It really was, after all the years, very hard not to go run. But I er it was fine and I um started swimming. And then one day I phoned up er my sister had a boyfriend, he was a doctor, he was a doctor. So I phoned him, asked him if he had some idea. He said, come to this other guy and they took a scan, a MRI scan of my back. And the guy called me in afterwards and he says, there's nothing wrong with your back. It was really pleasing to me, but then what was wrong? And and they found that in er the er nerve that goes down your back, goes through your bum here and through your muscle into down the leg. And in your back here, there's a piriformis muscle. And the piriformis was much bigger than it was supposed to be and that was squeezing against the nerve. And that's what made the leg lam. So this squeezing against, you know you get the pain feeling in your leg. That's why they treated my back. And what he did was he he injected botox into that muscle. Botox the women use. And the muscle was paralysed and it became smaller. Like within within three weeks I was running without anything. I just ran like before. It was great, unreal and that was fine. And then ... last year, last year in um ... no a year, a year ago the same thing

started happening with my left leg and I knew what was the problem. I went to a doctor here. I've got a friend who's a neurosurgeon. I said, just take botox and inject that thing. And he did that and he said, but we can't stop there, that won't solve the problem. It solved it last time, but it won't be long-lasting. So he did that and he sent me to a physio here at the R. And U and the biokineticist got hold of me and for two months I spent time there. And one day she was doing stuff on my leg and um like massaging me and pulling me and stretching me and that. They gave me all sorts of different exercises. And she asked me whether I was nauseous. And I said I didn't feel good but it's mild. Because when your nerve gets pinched and worked on so much, you, most people get nauseous. And then we realized that was the cause of me vomiting ten years ago. All the time. This nerve just gets irritated, irritated until you can't take it anymore. You know your mind says it's okay. You hurt, you hurt in a marathon. After 40 kays everything hurts. So you don't see that as something wrong. You know, you just hurt and you just carry on running and that just caused me to vomit. So I've been on treatment there for, I was on treat, I was being, I was treated for about four months ... and um ... you know, the problem was that that thing went away. The problem was I I, the last 10 years I've only been running and doing nothing else. Before that I played hockey and soccer and swimming and I did all sorts of different things. And I stopped that and I just started running. Just running doesn't work um work on these muscles in your back and your bum and your what's this thing at the back here? Anyway just long, slow running doesn't do anything to those muscles and they don't work. So the other muscles must work more which includes your piriformis. That's why that thing grows, you know it stands and the other muscles aren't doing anything. So the piriformis is overworked and grows bigger and it squeezes the nerve. So I'm doing a lot of exercises now that um works these other muscles. So I'm running much easier. I'm running actually a different stride and on the stride and I've no pain which is great. The other little things are hurting because of that which we are working on. But that that problem (*points to lower back*) here is gone. My achilles now is hurting because I have a longer stride and I stretch more. So just the little stretch is hurting it, but hopefully that will go away over time. It's not serious thing now. It's something that will go.

R: So the injury was caused by a muscle imbalance?

P15: Ja, which which ... which shows the symptom was that the nerve was being pinched in the end. But because the piriformis was overworked and the others weren't working, ja.

R: It is an interesting fact that nausea is a sign that one has pain.

P15: Ja, it's been proved. And I had tried so many things. They gave me anti-sea sick pills or something to try. In the end I tried everything. ... But that was the injury which stopped me, but it's okay at this stage and hopefully, I'll keep doing those other exercises and they will stay away, ja, ja. ... But it's really necessary to not only run, to do the other things as well. Because your body not ... Running Comrades your mileage is high you know. It's just not a

whole sort of healthy thing I think. You can run and run Comrades, but you won't do it forever like that.

R: How long did it carry on for?

P15: The nauseous thing?

R: No, from the time it became difficult to run, when your leg started dragging.

P15: I didn't run for about six months. Ja.

R: Earlier you mentioned that before you had the first botox injection you started swimming. How long didn't you run for then?

P15: No, I was just running a little bit, but not not I couldn't run a marathon. I just I'd just ran five on a day, every now and then just to just to do it because it didn't hurt that much when I didn't run for long but when the legs start dragging, you know that looks like, you look like a slob running. It doesn't ... and you don't feel good. And you you just don't run properly so ... Ja, that was about six months and I registered nothing. I just started swimming. Ja.

R: Have you had any other injuries?

P15: I've never been injured where I couldn't run. I've really been lucky. Ja. ... Ag, ja like once, long ago I bought new shoes and they were very soft and my achilles got so hurt, like a month before Comrades that's when it happened. And every day before a training session I took painkillers. And that's how I finished Comrades and I. So, I ran under eight hours, but on painkillers. (*laughs*) But I knew the reason. I just changed the shoes again and it was okay. Ja.

R: What was your initial reaction when you realized that you couldn't run?

P15: No, you don't want to accept it because I'd been running for 20 years, no more, 23 years about. And you just think, okay I'm getting older, but is it? You know, I'm 47. I'm 47 and I can't run anymore. I I couldn't cope with that. That was like difficult to accept ... because I thought I thought I could run as long as I could. You know, I can't run and I'm not even 50 yet. And um ... ja I was, you can ask my wife. I was different for a while. ... Unhappy in a way. You know it's not like you wanted to be unhappy, but but it took me six months to realize, okay forget running now and do something else. You've done enough running now, you've done all these funny things. And it took me some time to accept that; I didn't like it. I didn't want to do anything else. Um, I was ... I think I was not a pleasure to be with for a week or two, but after that it was better. But I was down, you know.

R: But now your injury is better.

P15: Ja, but you have this thing. I think it's changed my outlook this the running hing. You know you rea, you realize it can stop anytime. So I'm not that focused. I'm not that ... It's not the main thing in my life for sure anymore. It used to be quite and I'm actually quite happy it changed a bit because it gives, it takes your whole system, your whole being. And sometimes I I don't think it's good. (*chuckles*) My times ain't that good anymore, but it's fine.

R: How do you usually spend your day? A typical day?

P15: Quite boring. (*laughs*) I get up at six o'clock, I do morning wash, I read the bible, my little girl wakes up and er we eat together. Um, my wife doesn't work now. We moved from Jo'burg to Pretoria er about 10 months ago. So, so she hasn't been working. So then I take my daughter to school and go to work which is at V. I'm a lecturer there. You don't give class. You give class maybe once a year for two weeks flat out. So I sit there and I type my assignments, I type the exam papers. I mark the assignments. They phone, about 40 of them a day phone, I explain work on the phone. Sometimes they come and see me. From the office, depending how busy the day is I leave ... around ... If I really have a lot of stuff to do, four o'clock you know. But we we allowed to do stuff outside as well so I'm, when I do my research I usually do it at home. Or I leave like two o'clock, go home, spend an hour or so with my wife and kid, do homework, play something, go cycling. Then I go run, often she cycles with me as well. So we spend a lot of time together, then half-past five, six we eat. Then our evenings are quite busy. ... um, we visit Christians on Campus group. So we get along, we get together with students very often. We have er a room somewhere up on the campus where they are there now. We sort of take care of them. We read the bible with them. Um, we invite them for dinner in the evenings in our homes. So Mondays we have something where the brothers of the church come together and we pray. Tuesdays we have people, Wednesdays we have people, Thursdays we have er open night. (*chuckles*) Fridays we pray together, the whole church. Ja.

R: Were you experiencing any more stress than usual when you got injured? ... Or was the injury caused purely because of a muscle imbalance?

P15: Stress like in the mind?

R: Stress at work, stress at home.

P14: Ja, you see the difference because you are fed-up that you can't run and it somehow affects you. Um, I'm not sure why. You probably know more, but I've read things that they say you build up this thing that's like a drug when you run a lot. And that's gone. So all of a sudden you have this need to do something and you can't do it. You gotta, er you gotta do, you know you've been running for so many years and you have to do something. So I'm sure that's caused some sort of stress. Er, I don't know how how it came out. I was just down for sometime. And after that you just have to cope with it, but surely it did. Work-wise ... not directly ... but because you you're just inside, you're not going. Something that used to make you happy is gone. So you try to get something else to fill that gap.

R: Would you attribute stress to the cause of your injury?

P15: Stress, no.

R: Purely the mus (*participant interrupts*)

P15: Purely the way I trained.

R: Do you think you overdid it?

P15: I just ran; I did nothing else. That caused it. Ja ... ja.

R: What does the treatment that you have had for the injury involve? What exercises were you given and often do you do them?

P15: When I started er there were some exercises they asked me to do and I couldn't even do them. I was amazed, I just couldn't do certain things. It's like the muscle is so under-developed that I couldn't do it. I couldn't do what they showed me to do. So it took me two months and (*chuckles*) I think they really felt sorry for me. (*laughs*) I had this ego trip, but it was fine, I thought they can help me so I didn't care. It took me long. Then after two months, I had to do these things once a day. But I wasn't running then. So it took me like 40 minutes to go through this set of things. It was just quite simple, basic things, especially core exercises. Okay, I've got a whole list of things that I do. Now I do them once a week, but I realize I maybe should do them twice a week because they really feel, it really feels good when you do them. I can really s, I can even skip a run and rather do these things which can take me like an hour because I've got extra ones.

R: You mentioned core exercise. Do you use those balls?

P15: Ja, well a ball. The thing I couldn't do at first was balance. They had this piece of plank with this wheel. You had to stay on this and do certain things and I couldn't do that. I couldn't stand on one leg. They they said stand on one leg for a minute. I couldn't do it for three seconds. I just couldn't do that. And now I can do it for a minute already. Um and stomach exercises, these side muscles, not the main one here. (*points to centre of stomach*) It's not like building a six pack, it's something else. And something you work this muscle here. (*indicates*) You lie on your side like this with a straight body um and and squatting in a certain way, squeezing a leg er a ball between your knees. Um, at first when I did that my legs couldn't, there was just nothing. ... So building building these core sort of muscles. ... Running backwards, I do that, I still do that. At that time, when I started running I would run er 100 metres backwards and then ... For every one I run for, er for every five I ran forward, I had to run one backwards. So if I run 5 kays, I had to run 1 kay backwards. And it's like quickly you adapt to it and you can do it. But these muscles really hurt for the first few weeks because there was no muscle. And then you slide some, you know you slide like this, in this way and picking up your legs at the back, kicking your bum. All these types of things. They added them one by one as I went along. In the end I had this hour's work.

R: Did they make you do any weight training?

P15: No, there was no weights.

R: No leg extensions or curls?

P15: Oh ja, what they did in the beginning they put me on their machines especially for this hamstring thing and ja, there you could see how you were building up or not. I had to do that until I was a certain strength and then they let me go and do the other things. So that was really hard. It was like, I was really sweating, just to do these things. I had to get to a certain level before er I could run again. They said it would take me four months and I like

really worked hard and after two months I could start running again, but slowly and backwards and ...

R: So your treatment lasted for four months?

P15: Four months, ja.

R: Do you still go to the centre?

P15: Ja, I go there. I I, well I give them feedback. I think they experience something new there because when I came there the first time they didn't know what to do. So, it was the physio, the biokineticist and er that doctor there, Dr U. They sat together and checked me out every now and then, you know they were talking to each other to see what they could do. So, they they told me they were they'd never experienced that before. So they also sort of ... learnt something. They weren't sure what to do so they ... I was like a, what you call them ... ja a test tube whatever. But er it worked well.

R: So you believe that these exercises not only helped your recovery, but will help your running?

P15: I will keep doing these exercises as long as I remember them. Ja. I jus, all of a sudden I walk up the stairs in a different way. I just run easy you know. ... I I used to run 40, under 40 minutes for ten kays and then that, I mean obviously after that happened I could never run that again. And in December I ran 41 minutes on ten kays with two months training. I was amazed. I just ran so easy. So ... it really makes a big difference. Even if I don't run, those things just keep your whole body in good shape. So I will, I'll keep doing them.

R: Are these exercises linked to pilates in any way?

P15: I don't know what pilates is. I've read people do it. I don't know what it is.

R: The emphasis is on strength and flexibility.

P15: Flexibility I believe in. I've been stretching more as well. Um, I never stretched; for 21 years I never stretched and I ran the best times ever. Then when I started stretching it didn't seem to work. But that's not the reason. But now I do stretch. Flexibility especially helps. There's no question. ... Um, that and ... um, ja I will keep doing that.

R: Are you the only one in your family who runs? Does your wife run?

P15: Ja, she ran for Western Province, 100 metres. But just 100 metres, ja. And then when we met we ran a few half marathons together, but since she had the the baby and she's stopped for quite a while. Now she's running again, but she's doing 8 kays and ja. My mom never ever moved, did anything. (*chuckles*) My dad was a runner, also liked sprints. Ja.

R: When you were injured did your wife understand what you were going through?

P15: Ja, she's always supported me. I don't she understood. ... Um, she often used to tell me that I was different, what was the word ... beneuk. ... Ja, but that was the time ... bu but it didn't influence our relationship, but it ... maybe it did in a way. Ja, because I wasn't what I used to be. ... Luckily, it didn't last that long. (*chuckles*) I I knew what the problem. Yes, no yes she did too. She just said, well just go and play outside or whatever you do. (*chuckles*) So ja.

R: Did you remain in contact with people who run?

- P15: No, I'm not a social runner. No.
- R: So, after a race you go straight home?
- P15: Ja. ... you know the first time I've ever gone to an after race tent. You know they have these tents and you have a drink with them, I I run by myself. It's just my situation. Wh when I was in the airforce it was different. I was studying at the MA. We were together there and then we ran as a group. Two of us ran ... always ran together. Then when I moved away, you know when you come home no one really runs that much. So, I've been training alone for many years. So I don't ... I like to go when I want to go, run my own pace. It's just easier. Sometimes I run with people. But no I'm a social, I don't do it because I want to social.
- R: So haven't you got any running friends?
- P15: No.
- R: I suppose then you didn't get too many tips and advice from others when you were injured?
- P15: No, because I didn't have too many running mates. I didn't ... at that stage I was running by myself.
- R: Did you get advice from people who don't run?
- P15: No, the only thing I did was I kept getting the runner magazine, *SA Runner*. The last one they speak a lot about core training. I I read some things there. It happens, you know you see these things. You just read through it and you don't ... Some people read pilates and all these things. Since I've been with these people, doing this core training I see how much they write about that.
- R: So it helps?
- P15: Ja, well so many people talk about it. It should should be important. Ja.
- R: Some runners always have a better story to tell about their injuries than anyone else.
- P15: No, you hear them talk. Ja, they talk so much rubbish. That's another, I know it doesn't have anything to do with your research, but you you know in 1979 when I ran the first time it was great. You were like three starting together and you chase someone or ... now there's such a bunch of people and they squirt the girls and they make jokes and they talk rubbish an and I don't know, I don't go for that. Maybe the people who talk about their injuries don't have friends.
- R: Do you find that those in the medical profession, who don't run, understand runners' injuries?
- P15: Ja. No. I went to a doctor again that time when I was trying to find out what was wrong and I said to him, when I get to like 40 kays I start to get nauseous and he said, you know you shouldn't be running 40 kays. And when they start like that, what they going to do for you? Most doctors don't know what to do. They're not runners and don't know what. No, they can't help you. That's what I found. I went to a few. You know I don't speak to people much about running. Except the few that I'm with, the few in the church. And

obviously there are young students and they speak about it. But outside of that we don't speak much about running.

R: Have you learnt anything about yourself and running because of this injury?

P15: About myself ... I know that I like running (*chuckles*) because I miss it if I don't. I've learnt that your mind is very strong. Your mind can go ... you can push yourself to vomit you know. ... You don't worry, you just go for things. Two Oceans last year it was the worst I've ever felt and I just thought I had to go under six hours and I made it, but man I felt like ... um, I just about passed out when I was finished. Hey, your mind's strong. And I felt, I dunno. I've been running so long I don't know anymore. It makes a difference. (*laughs*)

R: What did you learn about running because of the injury?

P15: It's not so good just to run. You need to do something more. Just running ... a lot of people say they run. It's fine to run, but if you just run, you're not going to run until you're 70. You don't run like well until you're old if you just run. I think all the good runners do other exercises. ... Er, what was your initial question?

R: What did you learn about running because of the injury?

P15: Ja and and er ... absolutely and the amount that you train in relation to your results. If you're going to run a silver Comrades, you have to train for a silver. If you don't train so much you will hardly get there. I mean with my sort of level of running. If I train less, I won't make it. Er, how much you train is how much you per perform.

R: How many silvers have you got for Comrades?

P15: Only two (*chuckles*) one up, one down.

R: What do you prefer, the up run or the down run?

P15: The downs. I ran half an hour quicker on the downs. Although it hurts much more. No, but the downs are always quicker for me, but it hurts to go down. And with the ups I think you have to train hard. I mean it's like it's like up, uphill for how long? To halfway. It's a marathon up hill. You need strength, you need to do something more. It's down this year. So I'll see. If I can run a marathon under four hours I'll go for it.

R: Is there anything else you would like to add? Any words of wisdom?

P15: (*laughs loudly*) Regarding what? Anything?

R: About running itself and running injuries?

P15: ... Ag, I think you, I think you need to use the right shoes. It took me a long time to get to the proper shoes. I run with motion control, my feet are very flat. So before my I'd get blisters and all sorts of, I thought I got it because because of of you know the long run. And then when I got the proper shoe then I realized man my feet are feeling much better. It didn't burn underneath or differently. So shoes are very important. Some of these guys in the sports shops can help you. Some haven't got a clue, but some can help you. They let you run in their shoes and I've taken shoes back and that. You know what they've advised and they've given me other ones which which is good. So then the proper shoe would help you. Then your knees and everything, you know, should last better. If you run in the wrong shoe

everything can go wrong. So that's something that's important. And you know to train consistently and don't stop for a week and then run seven days and stop for a week. Rather run every second day; it's better for you. You know you can run your best times a month after Comrades. If you want to run a PB half marathon you must go a month after Comrades. That was my experience. Now, I used to do it before Comrades and then Comrades I used to suffer. Then I just trained up to Comrades and didn't try anything. And then a month after Comrades I ran my quickest half. I ran the Washie. All these runs were after Comrades. Comrades was like a training run for something. And Comrades is not everything. I've seen that. Many think you haven't run Comrades you haven't done anything. You can't spend so many days on the road for one day. If you have a bad day, then you're down forever. Comrades is fine, but it's definitely not everything. Er, people too much focus on that. Too many people just train for one race ... which is fine. If that's all that matters in the year, one day. You must enjoy running. If you don't like to run, then you'll suffer. ... Just another thing, what I've found the last year: doing a long run in a group or with someone helps. Alone, I battle. Er, now you have someone to be two or three hours with. It's much easier. It doesn't feel like four hours anymore. It's just easier. Ag, even yesterday we did some speed work. It's much easier to do it with someone. Ja. Um, I say I'm not a social runner, but it does help to go with someone your level, it does help. Ja.

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