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.
<table>
<thead>
<tr>
<th>Participant</th>
<th>Gender</th>
<th>Age Category</th>
<th>Type of Injury</th>
<th>Years of involvement</th>
<th>MBTI preference</th>
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</tr>
<tr>
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<tr>
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<td>Groin and stomach muscle tears</td>
<td>15</td>
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<tr>
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<td>Knee</td>
<td>5</td>
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<tr>
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<tr>
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</tr>
<tr>
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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.

4.2.9 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.

4.2.10 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 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!”

4.2.4 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.

4.2.5 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 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 22 minutes. 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 niggle.”
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 ultramarathons, 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 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 downhills 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 of 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 sciatic 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 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
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 sciatic 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 Harismith 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
cased 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
cased 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 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 to 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 did 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.

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Table 4.3: Exact MBTI scores of participants

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.