

Do female footballers ignore pain to stay in the game?

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(PhysOrg.com) -- There are key sociological and psychological factors that affect the way girl and women footballers experience pain, injury and risk according to a new study by a researcher at the University of the West of England.

Sociologist John Bird, says that the physical and biomechanical aspects of [injury](#) in [women](#) and girl footballers are well documented, but very little has been done to look at the sociological and psychological aspects that may affect the way injuries are perceived and reported.

John Bird carried out 41 interviews with players and support staff from the England women's team, an FA Centre of Excellence, an FE college team and a Football Academy team. Players ranged in age from under 10s to adult players.

John Bird explains, "Although existing research doesn't clearly indicate that women experience more sports related injuries than men, it is the case that they have more anterior cruciate ligament injuries – this is the ligament that stabilises the knee - than men and many of these are non-contact injuries. The causes are usually seen as physiological and managed and rehabbed through exercise. However, there is no systematic analysis of types of injury in women's football, and because it is still an amateur sport, only at the elite level is there comprehensive medical and physiotherapy support. Lack of such support plus an ethos of 'toughing it out' may mean that injuries are not accurately diagnosed and treated. This in turn can lead to chronic injuries developing by the

time players reach the elite level.

“I looked at the factors that affect the way girl and women footballers understand, discuss and manage their pain and injury and how far they disclose pain and injury to support staff. I found that girl and women players often minimise pain and injury when they talk about injuries they have had. They believe they have to ignore injuries, for example, to keep their place on the team or to support the team. They come to see pain and injury as an 'occupational hazard. For example:

“.. if I was injured I would want to play anyway ... I lied about when I had the operation so I could say I was fit

“[you only don't play] “when your ankle is so swollen you can't get your shoe on.”.”

“I play in pain to keep my place on the team...”

“I discovered a complicated set of reasons why players continue to play even when they are injured or in pain: they believe they have to be a risk takers; they want to keep their place on the team and don't want to let others down; they see it as an occupational hazard; their pain has not been diagnosed as being caused by an injury; they have injuries that are not serious because they don't impact on their performance. They are negative about players who give in to injury: “some people on our team they hurt themselves and they say like 'Oh, I don't want to play this weekend'.....it's like they can't be bothered.

“In the elite system between the ages of 8-9 when they start, and 14-15, the girls are socialised into an understanding of pain and injury, learn to normalise pain and become tough risk takers.

“Having injuries that are not correctly diagnosed can lead to players developing chronic problems later on. Whilst these factors may equally apply to boys' and men's football , the women's game has fewer rewards,

poorer facilities and because the game is associated with masculinity, women often feel they have to prove themselves, by for example being more tolerant of pain than the men. I discovered that there is a lot of pain and injury that does not get reported, and is accepted by the players.”

The research concludes that there are four sets of factors which impact on injury: biomedical, social, psychological and technological. John Bird says, “Most research has been focused on the biomedical aspects, and a little on the technological. For example, women are often playing in boots designed for men which may be too wide, and this may interact with pitches to produce less stability for the foot and leg. On the other hand, the social aspects – the impact of attitudes to [pain](#), age of starting sport, early specialisation in one sport, time spent training and playing - are not fully understood and documented at this stage. I would like to see greater research in this area, so that as women's football develops and gains more fans, the players are enabled to manage and avoid injury in a way that is best for the individual and for the sport as a whole.”

Provided by University of the West of England

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